Administrative Workflows

Quick Links:

- Beginning & Ending Your Shift
- Landmark First Administrative Scope
- Genesys Status Tracking
- Requests for Landmark Information
- Compliance Guidelines
- Address & Contacts Updates
- Appointment Confirmations
- Appointment Cancellations & Rescheduling
- Appointment Acuity & Intensity Conditions
- Appointment Details & Adjustments by Type
- Appointment Administration in Ubiquity
- Completing a TCPA Acknowledgement
- Call Documentation, Emails, & Tasking
- Documentation & Tasking in Ubiquity
- "Ubiquity Down" Call Completion

Training Tip:

LM1 PCCs can ***NOT*** schedule new appointments for patients.

Training Tip:

LM1 Clinical staff may be required to complete administrative work if there are no PCCs currently available.

Training Tip:

Calculate the ***LOCAL TIME*** of a Market prior to contacting Landmark / Optum employees in that region.

Beginning & Ending Your Shift

Logging Into Applications

There are several applications you will need to open prior to handling calls. Remain logged into these applications until the end of your shift. See below for details:

Login Checklist

Ubiquity **Requires VPN Connection*	Microsoft Outlook
Humanity	Microsoft Teams
NENA (EPIC) 911 Database	Genesys Cloud

Post-Login Checklist

- ✓ Login to the IEX Webstation: https://wfmshared.optum.com/wfm/webstation/home
- ✓ Review any emailed announcements / news in Outlook.
- ✓ Use your Teams chat to say "Hello" to your co-workers.
- ✓ Set yourself as "On Queue" in Genesys to start taking calls.
- ✓ Inform your team when you are going to lunch and on break using Microsoft Teams

During Your Shift:

- ✓ Set your meal and breaks statuses in Genesys and the IEX Webstation.

Ending Your Shift

- ✓ Report your time using Global Self Service (GSS)
- ✓ Log Out of Genesys
- ✓ Finalize any open notes in Ubiquity
- ✓ Check and respond to any emails
- ✓ Say goodbye to your peers in Teams chat

Landmark First Administrative Scope

Background:

Landmark First is always the first point of contact for incoming calls. Callers are often attempting to reach the local market offices, but it is our job to resolve their request remotely, if possible. If a request falls outside the scope of Landmark First, we will collaborate with local office staff as needed.

Compliance & Legal Considerations:

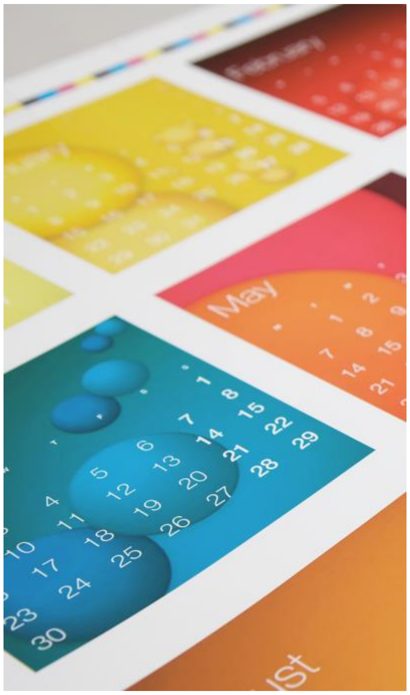
- Adhere to any and all compliance guidelines of the organization as well as state and federal laws when assisting our callers.

General Administration:

- Provide general Landmark Health service information.
- Update the patient's visiting address upon request.
- Update the patient's or caregiver's phone number or other contact information.
- Obtain verbal authorization for new authorized contacts.
- Record and document messages for providers & other staff members.
- Accurately document caller interactions according to approved templates.
- Create and send tasks to market staff members as needed.

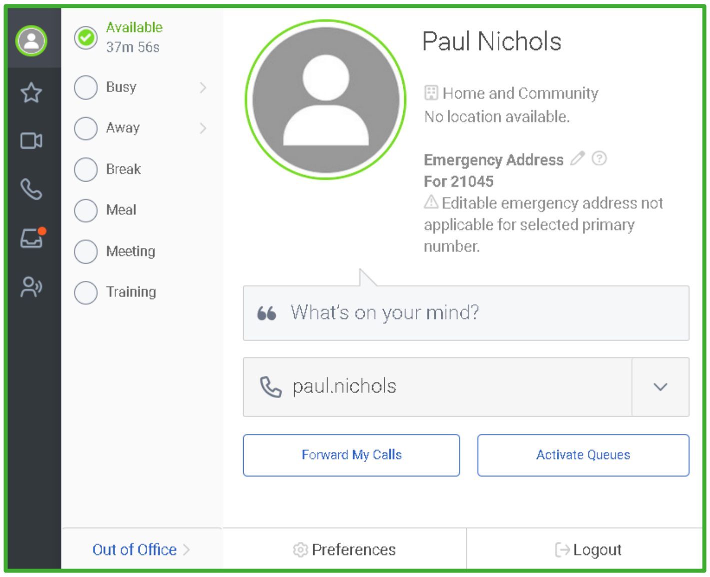
Appointment Administration:

- Confirm appointments.
    - Complete the required Covid-19 screening.
- Provide patients and caregivers with the correct appointment start windows.
- Cancel & reschedule the following visits:
    - Initial Visit 2 (IV2)
    - Maintenance Visits
    - Palliative Prognosis Visits
    - Telemedicine Visits for IV2, Maintenance, and Palliative Prognosis Visits
- Complete TCPA agreements as needed.
- Assigning appointment cancellation and rescheduling tasks to market staff.



Genesys Status Tracking

Throughout your workday, you will need to indicate your current activity using the status options available in Genesys:



Status	*When to Use*	*Recommended Time Limit*
On Queue	Used to take all incoming calls	Whenever you are working your shift and ready to take calls
Not Responding	Automatically assigned if you fail to answer an incoming call or message	Make yourself available for interactions as soon as possible
Available	Status to take Internal Calls Only	Do not use
Meal	Only to be used for lunch breaks.	30 minutes for a standard shift
Away	For bathroom breaks and misc.	Notify Supervisor
Breaks	Only to be used for scheduled breaks	15 minutes
Meeting	Only to be used for meetings.	Length of meeting
Training	Used during scheduled trainings	Length of training
Busy	Use sub-statuses only	(see the sub-status table)

Attention – Going Off-Queue

If "On Queue" selecting any other status will automatically take you "Off Queue"

Sub-Statuses:

In addition to the main statuses listed above, there are “sub-statuses” that pertain to documentation and LM1-specific activities:

Status	*Sub-Status*	*When to Use*	*Recommended Time Limit*
Busy	**Answering Service**	While reviewing / responding to an answering service message	While reviewing / responding
Busy	**Busy**	Do not use	(None)
Busy	**Callback**	When responding to a callback message	Length of call
Busy	**Documenting**	Documenting Ubiquity + Email on patient’s behalf.	10 minutes
Busy	**Triage**	When a triage request is received by a clinician	Length of triage communication (clinical only)
Busy	**Urgent Visit Documentation**	When a clinician documents an urgent visit	
Busy	**Urgent Visit Oversight**	When a clinician provides oversight to an urgent visit	Length of oversight (clinical only)
Away	**Away**	Do not use	(none)
Away	**Personal**	Bathroom breaks (example)	-10 minutes
Away	**System Down**	When there is a network issue or applications not responding	Notify Supervisor

Attention – Exceeding Time Limits
If your ACW exceeds the recommended time limits, please notify your Supervisor immediately.

Documentation & Idle Time:

The following conditions may apply to after-call documentation:

- After-call documentation should last no longer than 10 minutes.
- Unless otherwise instructed, use the Busy / Documenting status in Genesys while completing after-call documentation workflows.

If call volume is low, you may be instructed to go On-Queue while completing after-call documentation. This is referred to as “Idle Time” and is initiated at the descretion of a Supervisor.

- Idle time is implimented to keep the call “Abandon” statistic low and allows us to best assist our patients.
- If you receive a call while documenting during Idle Time, save your current work and anser the call in Genesys. Live calls will take priority over after-call documentation until the call is ended.

Personal Time:

The following conditions apply to Personal Time applied during your shift.

- Personal Time should not be used daily.
- Personal Time should not exceed 10 minutes.
- Notify a Supervisor via Teams chat whenever you need personal time before leaving your desk.
- Personal time should not be used as an extra break.
- Personal time requests may be denied during high call volume periods or when short-staffed.
  - Please use breaks and lunchtime wisely.

Supervisors will monitor an employee’s use of personal time and ensure everyone is held accountable to the same standard.

Completing Call Wrap-Up:

After each call, you must complete a Wrap-Up Code to provide a brief record of the call type that was handled. The full list of Wrap-Up Codes will become available in Genesys automatically after a call ends:

Available Dispositions:

Please match your Wrap-Up Code to the type of call that was handled:

- LM1 – 911 Activated
- LM1 – Call Disconnected
- LM1 – Cancel Appt
- LM1 – Clinically Managed
- LM1 – Confirm Appt
- LM1 – ER Advised
- LM1 – In-Person UV Dispatched (Clinicians Only)
- LM1 – Market Request
- LM1 – No Answer
- LM1 – Non-Patient Related
- LM1 - Outreach
- LM1 - PCC - Urgent Clinical Transfer (Buzz)
- LM1 – Reschedule Appt
- LM1 – Return Call
- LM1 – Transfer to LM1 Clinician
- LM1 – Transfer to Market Clinician
- LM1 - Voicemail
- LM1 – Wrong Number

Requests for Landmark Information

Example - Calls Received from Non-Enrolled, Non-Engaged, Patients

- ✓ "Hello. I received a letter from Landmark about getting some home care. Is this Landmark?"
- ✓ "I'm not quite sure what Landmark is. Is it a medical service?"
- ✓ "I already have insurance, why do I need Landmark?"
- ✓ "Are you a home-help aid agency?"
- ✓ "How do I get signed up for Landmark?"

What is Landmark?

As our company continues to grow, we should expect to receive more calls similar to those described above. The Landmark's Outreach team is responsible for acclimating new patients to our services; *HOWEVER*, you are encouraged to provide the following information when a caller asks about us for the first time:

- Landmark provides home health care solutions for patients with qualifying chronic conditions.
- Prospective patients should check their eligibility for Landmark services by contacting their health plan.
  - A health plan phone number can usually be found on the back of the prospective patient's insurance card.
- If the prospective patient qualifies for service, their health plan will contact Landmark's Outreach Team.
  - The Central Outreach Team will then attempt to set up an Initial Visit at the patient's home.
- While the prospective patient contacts their health plan, an email will be sent from Landmark First to the Local Outreach Team to advise them of the request.
- Prospective patients should be on the lookout for phone calls from Landmark or Optum Home Health as follow-up.
- If we are unable to provide services, we may be able to refer the patient to community resources in their area.

Attention – Non-Enrolled / Non-Engaged Patient Charts

Blank charts may exist in Ubiquity for Non-Enrolled / Non-Engaged patients. Please attempt to locate such a chart if contacted by a prospective patient.

Compliance Guidelines

It is the responsibility of ***EVERY*** employee to ensure the secure disclosure of confidential Protected Health Information (PHI).

Authorized Callers:

Authorized Callers are legal representatives who may receive information on the patient's behalf.

Identification:

Authorized callers may be identified using one of the following:

- ✓ Contacts listed in chart Alerts in Ubiquity's Clinical Summary section.
- ✓ Contacts listed in Ubiquity's Demographics section.
- ✓ Contacts listed in consent forms uploaded to Ubiquity.
- ✓ Power of Attorney listed in legal documents uploaded to Ubiquity.
- ✓ Contacts that the patient verbally approves by phone.

Unauthorized Callers:

Unauthorized Callers are individuals who have not been given the legal authority or permission to receive information on a patient's behalf.

Verification

A contact is considered unauthorized if:

- ⃠ Contact does ***NOT*** appear in any chart alerts in Ubiquity.
- ⃠ Contact is ***NOT*** listed in the chart's Demographics section in Ubiquity.
- ⃠ Contact does ***NOT*** appear in any uploaded consent forms in Ubiquity.
- ⃠ The caller does ***NOT*** have any legal standing to act on the patient's behalf.
- ⃠ The patient did ***NOT*** provide verbal authorization for the contact.

Although these individuals are not privy to receive PHI, they can request medical assistance for a patient or provide patient health updates.

- Therefore, the Call Transfer Flow Process is ***NOT*** altered when we are contacted by an Unauthorized Caller.

We ***CANNOT*** deny clinical care to our patients.

Example – Authorized Callers	Example – Unauthorized Callers
✓ Friends, family members, or neighbors who appear as contacts in the patient's chart. ✓ The patient's Power of Attorney (POA). ✓ Verbally authorized callers.	⦸ Assisted living facility staff. ⦸ Pharmacists or medication shipping centers. ⦸ Employees of a home help or disability services agency

What is PHI:

Note sure what information is protected by HIPAA? The categories of information below should be shared with Authorized Callers ONLY.

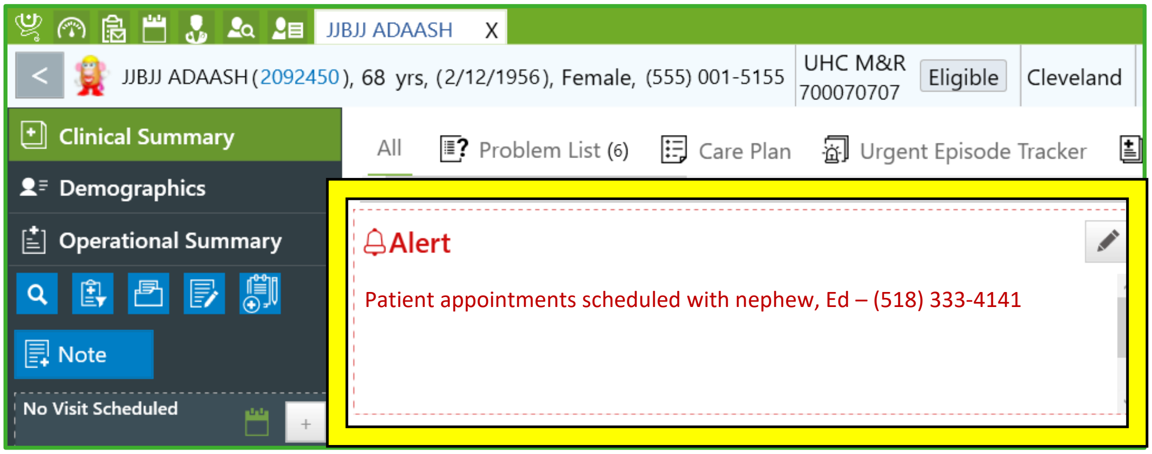
- Name
- Addresses
- Dates *(appointments, enrollment, etc.)*
- Patient or Contact Phone Numbers
- Patient's Fax Number
- Patient's Email addresses
- Social Security Number
- Medical Record Number (Including Landmark Patient ID and Optum ID)
- Health Plan Beneficiary Number
- Account Number
- Certificate or License Number
- Any Other Unique Identifying Characteristic

Attention – Unauthorized Caller Communication
Providing any Protected Health Information (PHI) to these callers is considered a HIPAA violation, and an auto-failed scorecard for PCCs.

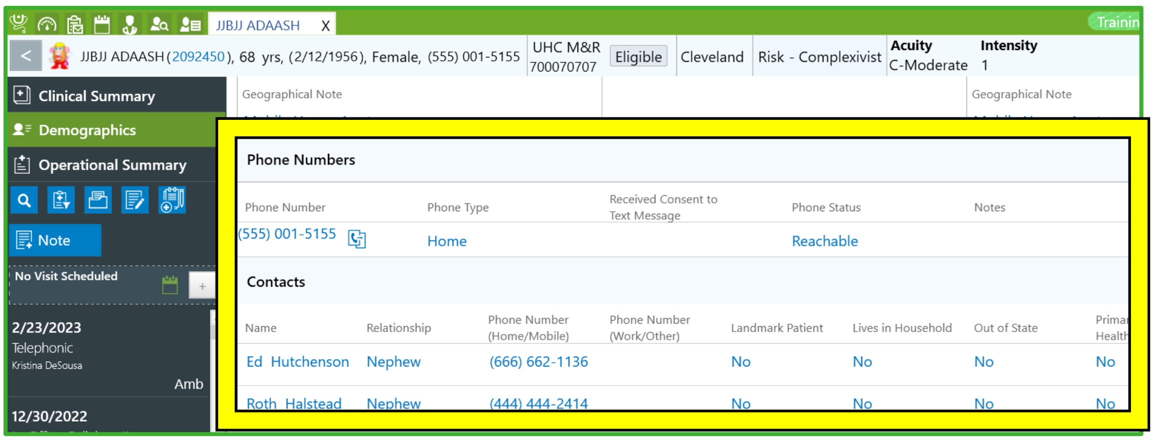
Caller Authorization in Ubiquity:

Check the following sections of Ubiquity to confirm a caller's authorization status. If not found in these sections, the caller is considered unauthorized.

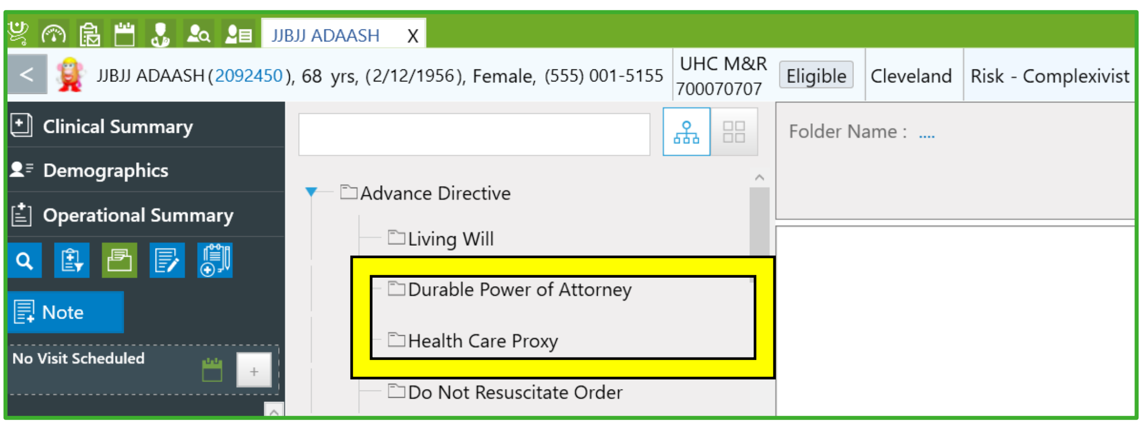
- The "Alerts" section of the patient's chart:



- The "Demographics" section of the patient's chart in a note placed with a contact phone number or listed under "Contacts".



- In uploaded legal / consent forms in the "Documents" section of a patient's chart.



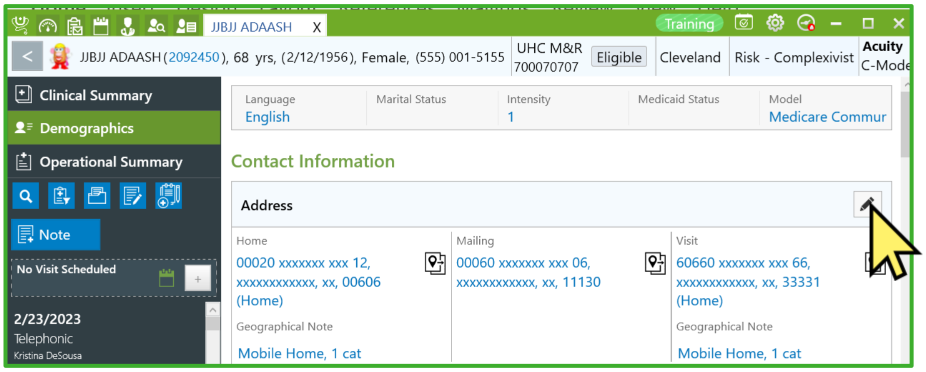
Address & Contacts Updates

A patient's Visiting Address or authorized contact listings may be updated if requested by a patient or authorized caller.

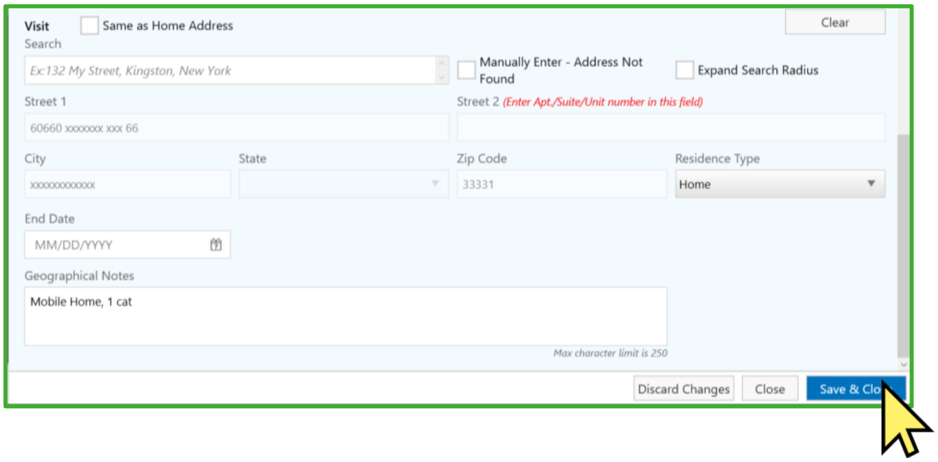
- If any aspect of the patient's chart us updated, please note any changes made in the "Action Taken" section of your Ubiquity note for documentation purposes.

Visiting Address Updates:

1. Navigate to the "Demographics" section of the patient's chart:
   - Locate the "Visiting Address".
   - Click the edit icon beside the "Address" label to update it.



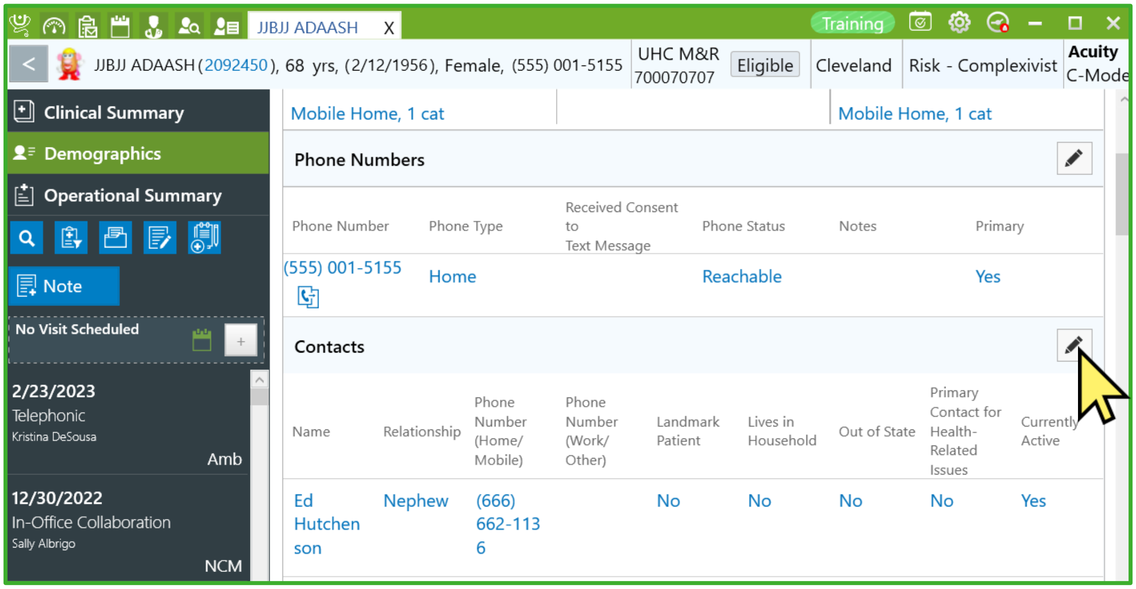
2. Update the necessary fields in the pop-up and click "Save & Close' when done:
   - Ask the caller if there are any special instructions for finding / entering the home and enter the information into the "Geographical Notes" field.



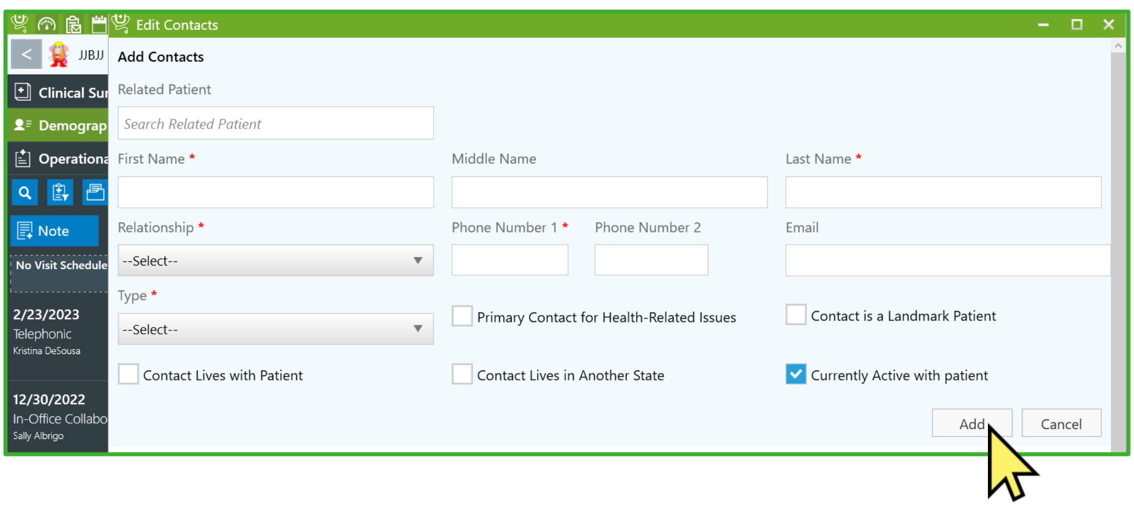
3. During your after-call documentation, add an "Action Required" segment with instructions directing a market CC to review the patient's upcoming appointments and identify any conflicts with the new visiting address.

Contacts Updates:

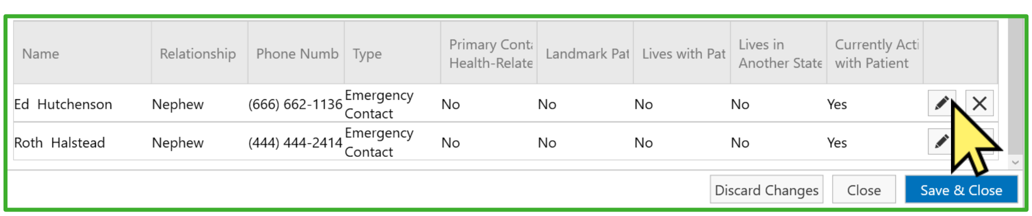
1. Navigate to the "Demographics" section of Ubiquity and locate the patient's authorized contact listings:
   - Click the edit icon to the right of the "Contacts" label.



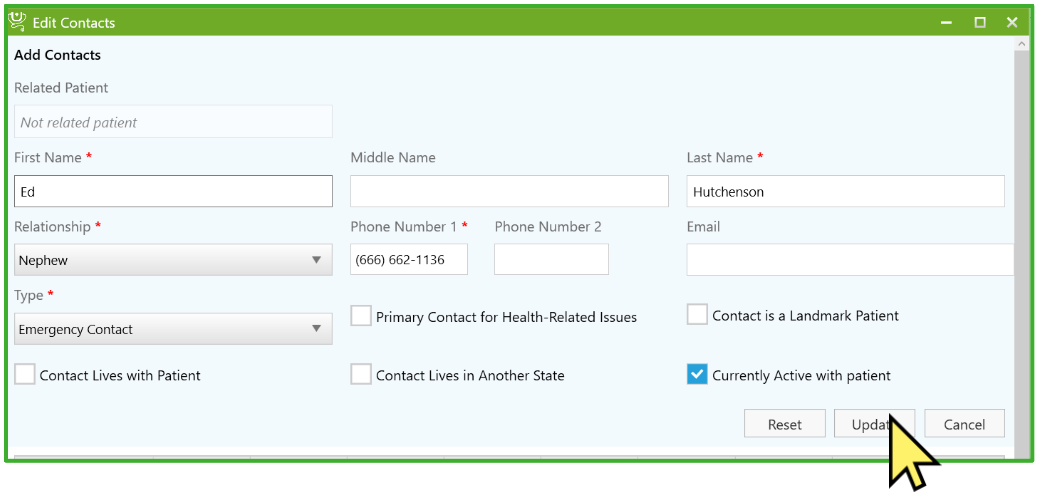
2. Update the necessary fields in the pop-up as needed:
   - If adding a new contact, fill in the necessary fields and click "Add".



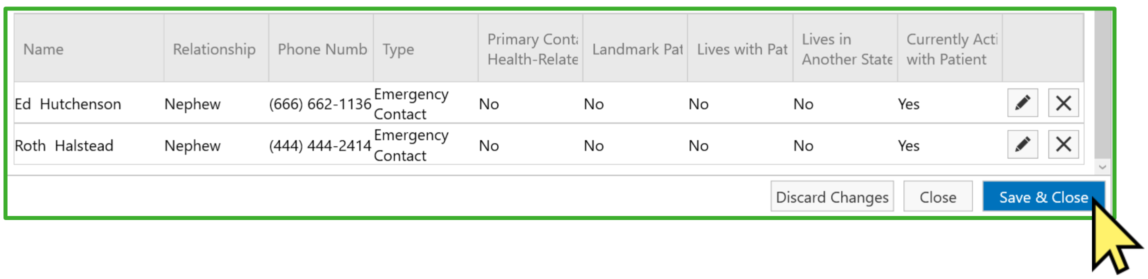
   - If updating an existing contact, click the edit icon beside the contact listing.



- The text fiels will populate with the contact's information. Make any edits necessary and then click "Update".



- Click "Save & Close" when complete.



Name	Relationship	Phone Numb	Type	Primary Conta Health-Relate	Landmark Pat	Lives with Pat	Lives in Another State	Currently Acti with Patient
Ed Hutchenson	Nephew	(666) 662-1136	Emergency Contact	No	No	No	No	Yes
Roth Halstead	Nephew	(444) 444-2414	Emergency Contact	No	No	No	No	Yes

Discard Changes | Close | Save & Close

3. Indicate any changes you made to the "Contacts" section in your after-call documentation.

Obtain Patient Authorization.

The patient must provide verbal authorization for any personal relation or acquaintance to receive PHI on their behalf if the individual does not appear in the Alerts, Demographics, or Documents sections of the chart.

1. If not already on the phone, politely request to speak with the patient to obtain a verbal contact authorization.
   - If the patient is not available, inform the caller that you cannot provide the requested information at this time and verbal permission must be obtained from the patient or qualifying legal guardian prior to the sharing of any Protected Health Information (PHI).
2. When speaking to the patient, ask them to confirm their first name, last name, date of birth, and full address including city, state, and ZIP code.
3. Once confirmed, obtain verbal permission to speak to the contact on their behalf.
   - If the patient confirms that they are providing an ongoing authorization, add the contact to the chart's "Contacts" section.

Appointment Confirmations

Overview of Step-by-Step Process:

Landmark First may confirm all appointment types.

Step 1:	Step 2:	Step 3:
Patient or caregiver calls Landmark to confirm an upcoming appointment.	Patient completes Covid-19 screening administered by LM1 and indicates no Covid-19 symptoms.	If Covid-19 screening is negative, LM1 confirms the upcoming appointment in Ubiquity's "Visit Details" window.

Covid-19 Screening Questions:

Patients must clear a Covid-19 screening prior to appointment confirmation. Please ask the following questions to complete the Covid-19 screening.

1. Do you or anyone in your home have fever/chills, cough/sore throat, shortness of breath beyond what is typical, or new loss of taste or smell?
2. Have you or any other persons in the home been diagnosed with COVID-19 in the last 30 days?

If a patient successfully clears the Covid-19 screening, please proceed with the appointment confirmation.

- Please also provide the patient or caregiver with the appointment Start Time window as listed in Ubiquity.

Positive Covid-19 Screen:

If the patient is experiencing symptoms associated with Covid-19, as indicated by the questions above, do ***NOT*** confirm the appointment. Instead, create and send a task to the Visiting Provider during your after-call documentation.

- Include an "Action Required" statement in your note for market identification.

Appointment Cancellations & Rescheduling

Appointments Managed by Department:

LM1 PCCs
Initial Visit 2 (IV2)
Maintenance Visit
Palliative Prognosis

LM1 Dispatch
Urgent Visit

Market CC
Post-Discharge Visit (PDV)
Palliative Co-Visit

Central Outreach
Initial Visit (IV)

Visiting "Staff Name"
Initial Visit – BH
Maintenance Visit – BH
Urgent Visit – BH
IDT Visit
Telephonic Visit
Palliative Management

Conditions:

LM1 PCCs will cancel / reschedule appointments ***ONLY*** if:

- ✓ The appointment type is within the LM1 PCC, APC, & Triage RN scope.
- ✓ The rescheduled visit date is four or more (4+) days from the call date.
- ✓ There is no immediate clinical / medical concern.
- ✓ The available appointment coincides with the patient's acuity and intensity.

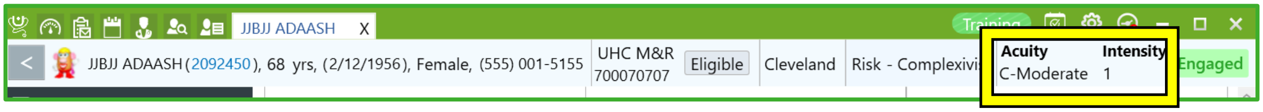
The appointment type, visiting provider / staff, and duration should ***NEVER*** be changed.

Example – Valid Appointment Dates::

SUN	MON	TUE	WED	THU	FRI	SAT
	1 Date of Call	2 Do Not Schedule	3 Do Not Schedule	4 Do Not Schedule	5 Check Availability	6
7	8 Check Availability	9 Check Availability	10 Check Availability	11 Check Availability	12 Check Availability	13
14	15 Check Availability	16 Check Availability	17 Check Availability	18 Appointment	19 Check Availability	20
21	22 Check Availability	23 Check Availability	24 Check Availability	25 Check Availability	26 Check Availability	27
28	29 Check Availability	30 Check Availability	31 Check Availability			

Appointment Acuity & Intensity Conditions

Every patient chart includes Acuity and Intensity values:



Acuity:

Acuity indicates the recommended frequency of visits that a patient receives:

- Acuity A and B patients are more clinically complex than Acuity C & D patients.
    - When rescheduling patients, look for available windows within the recommended Acuity-based timeframes.
    - This may require escalation to a market CC if Ubiquity offers no available windows for appointment rescheduling.

	A	B	C	D
Patient Condition	Declining	At Risk of Decline	Stable with Support	Stable
Visit Frequency	Once a Month or Less	Every 2-3 Months	Every 3-4 Months	Once a Year
Rescheduling Variance	One Week Before or After	Two Weeks Before or After	Three Weeks Before or After	Four Weeks Before or After

Intensity:

Intensity indicates a patient's willingness to participate in the Landmark program.

- Any accommodations or adjustments to a patient's intensity are detailed in the "Alerts" section of the chart.

	1	2	3	4	Closed
Intensity Level	Full Service	Partial Service	Minimum Service	Unreachable for Service	No Service
Level of Service	Full Service	To Patient's Specifications	Service Upon Request	No Service	Declined Service
Calls & Visits	Standard Frequency	Modified Frequency	Contact Initiated by Patient Only	Unreachable for Calls	No Contact by Patient Request

Appointment Details & Adjustments by Type

Appointment Quick Select

Initial Visit (IV)	IDT Visit
Initial Visit 2 (IV2)	Telephonic Visit
Initial Visit - BH	Post-Discharge Visit
Maintenance Visit	Palliative Prognosis Visit
Maintenance Visit - BH	Palliative Co-Visit
Urgent Visit	Palliative Management
Urgent Visit - BH	Telemedicine Visits

Details:

Appointment:	Description:
Initial Visit	Introduction to the program and sign paperwork.
Initial Visit 2	Initial Visit follow-up to review medical history / records.
Initial Visit BH	Introduction to the Landmark Behavioral Health program.
Maintenance Visit	Routine visit based on patient's Acuity & Intensity.
Maintenance Visit BH	Routine visit based on patient's BH needs, Acuity & Intensity.
Urgent Visit	Same day / next day visit for acute or urgent medical issues.
Urgent Visit BH	Same day / next day visit for acute behavioral health issues.
IDT Visit	Visits with non-Providers (e.g. Social Workers, CHAs, etc.).
Telephonic Visit	Telephonic visit that does not generate standard encounter notes or visit unit values.
Post-Discharge Visit	Provider visit within 3 days of medical facility discharge.
Palliative Prognosis	First visit and introduction to the Palliative Pathway program.
Palliative Co-Visit	Maintenance visits for patients in the Palliative Pathway.
Palliative Management	Combined Provider and Social Worker visit (75m visit length).
Telemedicine	A remote condition assigned to other appointment types.

Initial Visit (IV):

The majority of scheduling requests will be completed by the Central Outreach office:

- Phone: (877) 240-3112
- Email: centraloutreachscheduling@optum.com

Adjustment:	**Central Outreach Office Hours:** *(8:00 AM – 8:00 PM EST)*	**After Hours** *(Or Unsuccessful Warm Transfer)*
Cancellation	• Consult the Central Outreach Office for warm transfer.	• Email Central Outreach.
Reschedule	• Consult the Central Outreach Office for warm transfer.	• Email Central Outreach.
Adjustment Within 3 Days of Call	• Consult the Central Outreach Office for warm transfer.	• Email Central Outreach.

Because the Central Outreach and market offices operate on different schedules, additional conditions apply when contacting market staff.

Adjustment:	**Business Hours:** *(8:30 AM – 5:30 PM EST)*	**After Hours & Wrap-Up:** *(Or Unsuccessful Warm Transfer)*
Same Day Request for Information	• Check Visit Details in Ubiquity: ○ Provide authorized caller with information requested. ○ Consult the visiting provider or staff member for updates as needed.	• Task the visiting "Staff Name" listed in Ubiquity.
Same Day Adjustment	• Consult the visiting provider or staff member to inform them of the adjustment.	• Task the visiting "Staff Name" listed in Ubiquity.

*ALL CALLS **MUST** BE DOCUMENTED IN UBIQUITY!*

Initial Visit 2 (IV2):

The majority of scheduling requests will be completed by LM1 PCCs.

Adjustment:	**Business Hours:** *(8:30 AM – 5:30 PM EST)*	**After Hours** *(Or Unsuccessful Warm Transfer)*

Cancellation	• Completed by LM1 PCCs
	  ○ LM1 Clinicians and Triage RNs will adjust the visit if they receive the call first.
		• Completed by LM1 PCCs.
		  ○ LM1 Clinicians and Triage RNs will adjust the visit if they receive the call first.

Reschedule	• Completed by LM1 PCCs
	  ○ LM1 Clinicians and Triage RNs will adjust the visit if they receive the call first
		• Completed by LM1 PCCs
		  ○ LM1 Clinicians and Triage RNs will adjust the visit if they receive the call first

Adjustment Within 3 Days of Call	• Consult the CC Transfer Queue for warm transfer.	• Include “Action Required” in your after-call documentation.

Same Day Request for Information	• Check Visit Details in Ubiquity:
	  ○ Provide authorized caller with information requested.
	  ○ Consult the visiting provider or staff member for updates as needed.
		• Task the visiting “Staff Name” listed in Ubiquity.

Same Day Adjustment	• Consult the visiting provider or staff member to inform them of the adjustment.	• Task the visiting “Staff Name” listed in Ubiquity.

*ALL CALLS **MUST** BE DOCUMENTED IN UBIQUITY!*

Initial Visit - BH:

Behavioral Health visits are managed by the visiting "Staff Name" listed in Ubiquity.

Appointments + Details

Date of Visit	Start Time	Duration	Staff Name	ser Role	Visit Type	Status	Status Updated On	Status Updated By	Scheduled By	Scheduled On	Visit Details
6/21/2024	1:05 PM To 1:50 PM	2 Weeks 3 Days	Visiting Provider Here	provider h	Maintenance Visit - BH	Scheduled	6/3/2024			6/3/2024	>

Adjustment:	**Business Hours:** *(8:30 AM – 5:30 PM EST)*	**After Hours** *(Or Unsuccessful Warm Transfer)*
Cancellation	• Consult the visiting "Staff Name" listed in Ubiquity for warm transfer.	• Task the visiting "Staff Name" listed in Ubiquity.
Reschedule	• Consult the visiting "Staff Name" listed in Ubiquity for warm transfer.	• Task the visiting "Staff Name" listed in Ubiquity.
Adjustment Within 3 Days of Call	• Consult the visiting "Staff Name" listed in Ubiquity for warm transfer.	• Task the visiting "Staff Name" listed in Ubiquity.
Same Day Request for Information	• Check Visit Details in Ubiquity: ○ Provide authorized caller with information requested. ○ Consult the visiting provider or staff member for updates as needed.	• Task the visiting "Staff Name" listed in Ubiquity.
Same Day Adjustment	• Consult the visiting provider or staff member to inform them of the adjustment.	• Task the visiting "Staff Name" listed in Ubiquity.

*ALL CALLS **MUST** BE DOCUMENTED IN UBIQUITY!*

Maintenance Visit:

Maintenance Visits are primarily adjusted by LM1 PCCs.

Adjustment:	Business Hours: *(8:30 AM – 5:30 PM EST)*	After Hours *(Or Unsuccessful Warm Transfer)*
Cancellation	• Completed by LM1 PCCs ○ LM1 Clinicians and Triage RNs will adjust the visit if they receive the call first.	• Completed by LM1 PCCs. ○ LM1 Clinicians and Triage RNs will adjust the visit if they receive the call first.
Reschedule	• Completed by LM1 PCCs ○ LM1 Clinicians and Triage RNs will adjust the visit if they receive the call first	• Completed by LM1 PCCs ○ LM1 Clinicians and Triage RNs will adjust the visit if they receive the call first
Adjustment Within 3 Days of Call	• Consult the CC Transfer Queue for warm transfer.	• Include "Action Required" in your after-call documentation.
Same Day Request for Information	• Check Visit Details in Ubiquity: ○ Provide authorized caller with information requested. ○ Consult the visiting provider or staff member for updates as needed.	• Task the visiting "Staff Name" listed in Ubiquity.
Same Day Adjustment	• Consult the visiting provider or staff member to inform them of the adjustment.	• Task the visiting "Staff Name" listed in Ubiquity.

*ALL CALLS **MUST** BE DOCUMENTED IN UBIQUITY!*

Maintenance Visit - BH

Behavioral Health visits are managed by the visiting “Staff Name” listed in Ubiquity.

Appointments + Details

Date of Visit	Start Time	Duration	Staff Name	User Role	Visit Type	Status	Status Updated On	Status Updated By	Scheduled By	Scheduled On	Visit Details
6/21/2024	1:05 PM To 1:50 PM	2 Weeks 3 Days	Visiting Provider Here	provider bh	Maintenance Visit - BH	Scheduled	6/3/2024			6/3/2024	>

Adjustment:	Business Hours: *(8:30 AM – 5:30 PM EST)*	After Hours *(Or Unsuccessful Warm Transfer)*
Cancellation	• Consult the visiting “Staff Name” listed in Ubiquity for warm transfer.	• Task the visiting “Staff Name” listed in Ubiquity.
Reschedule	• Consult the visiting “Staff Name” listed in Ubiquity for warm transfer.	• Task the visiting “Staff Name” listed in Ubiquity.
Adjustment Within 3 Days of Call	• Consult the visiting “Staff Name” listed in Ubiquity for warm transfer.	• Task the visiting “Staff Name” listed in Ubiquity.
Same Day Request for Information	• Check Visit Details in Ubiquity: ○ Provide authorized caller with information requested. ○ Consult the visiting provider or staff member for updates as needed.	• Task the visiting “Staff Name” listed in Ubiquity.
Same Day Adjustment	• Consult the visiting provider or staff member to inform them of the adjustment.	• Task the visiting “Staff Name” listed in Ubiquity.

*ALL CALLS **MUST** BE DOCUMENTED IN UBIQUITY!*

Urgent Visit:

Urgent Visits are managed by LM1 Dispatch: lm1uehandoff@optum.com

Adjustment:	Business Hours: *(8:30 AM – 5:30 PM EST)*	After Hours *(Or Unsuccessful Warm Transfer)*
Cancellation	• Notify Supervisor. • Email LM1 Dispatch. • Task the visiting "Staff Name" listed in Ubiquity.	• Notify Supervisor. • Email LM1 Dispatch. • Task the visiting "Staff Name" listed in Ubiquity.
Reschedule	• Notify Supervisor. • Email LM1 Dispatch. • Task the visiting "Staff Name" listed in Ubiquity.	• Notify Supervisor. • Email LM1 Dispatch. • Task the visiting "Staff Name" listed in Ubiquity.
Adjustment Within 3 Days of Call	• Notify Supervisor. • Email LM1 Dispatch. • Task the visiting "Staff Name" listed in Ubiquity.	• Notify Supervisor. • Email LM1 Dispatch. • Task the visiting "Staff Name" listed in Ubiquity.
Same Day Request for Information	• Check Visit Details in Ubiquity: ○ Provide authorized caller with information requested. ○ Consult the visiting provider or staff member for updates as needed.	• Notify Supervisor. • Email LM1 Dispatch. • Task the visiting "Staff Name" listed in Ubiquity.
Same Day Adjustment	• Consult the visiting provider or staff member to inform them of the adjustment.	• Notify Supervisor. • Email LM1 Dispatch. • Task the visiting "Staff Name" listed in Ubiquity.

*ALL CALLS **MUST** BE DOCUMENTED IN UBIQUITY!*

Urgent Visit – BH:

Behavioral Health visits are managed by the visiting “Staff Name” listed in Ubiquity.

Appointments + Details

Date of Visit	Start Time	Duration	Staff Name	User Role	Visit Type	Status	Status Updated On	Status Updated By	Scheduled By	Scheduled On	Visit Details
6/21/2024	1:05 PM To 1:50 PM	2 Weeks 3 Days	Visiting Provider Here	provider bh	Maintenance Visit - BH	Scheduled	6/3/2024			6/3/2024	>

Adjustment:	**Business Hours:** *(8:30 AM – 5:30 PM EST)*	**After Hours** *(Or Unsuccessful Warm Transfer)*
Cancellation	• Consult the visiting “Staff Name” listed in Ubiquity for warm transfer.	• Task the visiting “Staff Name” listed in Ubiquity.
Reschedule	• Consult the visiting “Staff Name” listed in Ubiquity for warm transfer.	• Task the visiting “Staff Name” listed in Ubiquity.
Adjustment Within 3 Days of Call	• Consult the visiting “Staff Name” listed in Ubiquity for warm transfer.	• Task the visiting “Staff Name” listed in Ubiquity.
Same Day Request for Information	• Check Visit Details in Ubiquity: ○ Provide authorized caller with information requested. ○ Consult the visiting provider or staff member for updates as needed.	• Task the visiting “Staff Name” listed in Ubiquity.
Same Day Adjustment	• Consult the visiting provider or staff member to inform them of the adjustment.	• Task the visiting “Staff Name” listed in Ubiquity.

*ALL CALLS **MUST** BE DOCUMENTED IN UBIQUITY!*

IDT Visit:

IDT visits are managed by the visiting “Staff Name” listed in Ubiquity.

Appointments + Details

Date of Visit	Start Time	Duration	Staff Name	User Role	Visit Type	Status	Status Updated On	Status Updated By	Scheduled By	Scheduled On	Visit Details
6/21/2024	1:05 PM To 1:50 PM	2 Weeks 3 Days	Visiting Provider Here	provider ph	Maintenance Visit - BH	Scheduled	6/3/2024			6/3/2024	>

Adjustment:	**Business Hours:** *(8:30 AM – 5:30 PM EST)*	**After Hours** *(Or Unsuccessful Warm Transfer)*
Cancellation	• Consult the visiting “Staff Name” listed in Ubiquity for warm transfer.	• Task the visiting “Staff Name” listed in Ubiquity.
Reschedule	• Consult the visiting “Staff Name” listed in Ubiquity for warm transfer.	• Task the visiting “Staff Name” listed in Ubiquity.
Adjustment Within 3 Days of Call	• Consult the visiting “Staff Name” listed in Ubiquity for warm transfer.	• Task the visiting “Staff Name” listed in Ubiquity.
Same Day Request for Information	• Check Visit Details in Ubiquity: ○ Provide authorized caller with information requested. ○ Consult the visiting provider or staff member for updates as needed.	• Task the visiting “Staff Name” listed in Ubiquity.
Same Day Adjustment	• Consult the visiting provider or staff member to inform them of the adjustment.	• Task the visiting “Staff Name” listed in Ubiquity.

*ALL CALLS **MUST** BE DOCUMENTED IN UBIQUITY!*

Telephonic Visit:

Telephonic visits are managed by the visiting “Staff Name” listed in Ubiquity.

Appointments + Details

Date of Visit	Start Time	Duration	Staff Name	User Role	Visit Type	Status	Status Updated On	Status Updated By	Scheduled By	Scheduled On	Visit Details
6/21/2024	1:05 PM To 1:50 PM	2 Weeks 3 Days	**Visiting Provider Here**	provider bh	Maintenance Visit - BH	Scheduled	6/3/2024			6/3/2024	>

Adjustment:	**Business Hours:** *(8:30 AM – 5:30 PM EST)*	**After Hours** *(Or Unsuccessful Warm Transfer)*
Cancellation	• Consult the visiting “Staff Name” listed in Ubiquity for warm transfer.	• Task the visiting “Staff Name” listed in Ubiquity.
Reschedule	• Consult the visiting “Staff Name” listed in Ubiquity for warm transfer.	• Task the visiting “Staff Name” listed in Ubiquity.
Adjustment Within 3 Days of Call	• Consult the visiting “Staff Name” listed in Ubiquity for warm transfer.	• Task the visiting “Staff Name” listed in Ubiquity.
Same Day Request for Information	• Check Visit Details in Ubiquity: ○ Provide authorized caller with information requested. ○ Consult the visiting provider or staff member for updates as needed.	• Task the visiting “Staff Name” listed in Ubiquity.
Same Day Adjustment	• Consult the visiting provider or staff member to inform them of the adjustment.	• Task the visiting “Staff Name” listed in Ubiquity.

*ALL CALLS **MUST** BE DOCUMENTED IN UBIQUITY!*

Post Discharge Visit (PDV):

Post-Discharge visits are primarily managed by market Care Coordinators (CCs).

Adjustment:	**Business Hours:** *(8:30 AM – 5:30 PM EST)*	**After Hours** *(Or Unsuccessful Warm Transfer)*
Cancellation	• Consult the CC Transfer Queue for warm transfer	• Include "Action Required" in your after-call documentation.
Reschedule	• Consult the CC Transfer Queue for warm transfer.	• Include "Action Required" in your after-call documentation.
Adjustment Within 3 Days of Call	• Consult the CC Transfer Queue for warm transfer.	• Include "Action Required" in your after-call documentation.
Same Day Request for Information	• Check Visit Details in Ubiquity: ○ Provide authorized caller with information requested. ○ Consult the visiting provider or staff member for updates as needed.	• Task the visiting "Staff Name" listed in Ubiquity.
Same Day Adjustment	• Consult the visiting provider or staff member to inform them of the adjustment.	• Task the visiting "Staff Name" listed in Ubiquity.

*ALL CALLS **MUST** BE DOCUMENTED IN UBIQUITY!*

Palliative Prognosis Visit:

Palliative Prognosis Visits are primarily adjusted by LM1 PCCs.

Adjustment:	**Business Hours:** *(8:30 AM – 5:30 PM EST)*	**After Hours** *(Or Unsuccessful Warm Transfer)*
Cancellation	• Completed by LM1 PCCs ○ LM1 Clinicians and Triage RNs will adjust the visit if they receive the call first.	• Completed by LM1 PCCs. ○ LM1 Clinicians and Triage RNs will adjust the visit if they receive the call first.
Reschedule	• Completed by LM1 PCCs ○ LM1 Clinicians and Triage RNs will adjust the visit if they receive the call first	• Completed by LM1 PCCs ○ LM1 Clinicians and Triage RNs will adjust the visit if they receive the call first
Adjustment Within 3 Days of Call	• Consult the CC Transfer Queue for warm transfer.	• Include "Action Required" in your after-call documentation.
Same Day Request for Information	• Check Visit Details in Ubiquity: ○ Provide authorized caller with information requested. ○ Consult the visiting provider or staff member for updates as needed.	• Task the visiting "Staff Name" listed in Ubiquity.
Same Day Adjustment	• Consult the visiting provider or staff member to inform them of the adjustment.	• Task the visiting "Staff Name" listed in Ubiquity.

*ALL CALLS **MUST** BE DOCUMENTED IN UBIQUITY!*

Palliative Co-Visit:

Palliative Co-Visits are primarily managed by market Care Coordinators (CCs).

Adjustment:	**Business Hours:** *(8:30 AM – 5:30 PM EST)*	**After Hours** *(Or Unsuccessful Warm Transfer)*
Cancellation	• Consult the CC Transfer Queue for warm transfer	• Include "Action Required" in your after-call documentation.
Reschedule	• Consult the CC Transfer Queue for warm transfer.	• Include "Action Required" in your after-call documentation.
Adjustment Within 3 Days of Call	• Consult the CC Transfer Queue for warm transfer.	• Include "Action Required" in your after-call documentation.
Same Day Request for Information	• Check Visit Details in Ubiquity: ○ Provide authorized caller with information requested. ○ Consult the visiting provider or staff member for updates as needed.	• Task the visiting "Staff Name" listed in Ubiquity.
Same Day Adjustment	• Consult the visiting provider or staff member to inform them of the adjustment.	• Task the visiting "Staff Name" listed in Ubiquity.

*ALL CALLS **MUST** BE DOCUMENTED IN UBIQUITY!*

Palliative Management Visit:

Palliative Management visits are managed by the visiting "Staff Name" listed in Ubiquity.

Appointments + Details

Date of Visit	Start Time	Duration	Staff Name	User Role	Visit Type	Status	Status Updated On	Status Updated By	Scheduled By	Scheduled On	Visit Details
6/21/2024	1:05 PM To 1:50 PM	2 Weeks 3 Days	Visiting Provider Here	provider ph	Maintenance Visit - BH	Scheduled	6/3/2024			6/3/2024	>

Adjustment:	**Business Hours:** *(8:30 AM – 5:30 PM EST)*	**After Hours** *(Or Unsuccessful Warm Transfer)*
Cancellation	• Consult the visiting "Staff Name" listed in Ubiquity for warm transfer.	• Task the visiting "Staff Name" listed in Ubiquity.
Reschedule	• Consult the visiting "Staff Name" listed in Ubiquity for warm transfer.	• Task the visiting "Staff Name" listed in Ubiquity.
Adjustment Within 3 Days of Call	• Consult the visiting "Staff Name" listed in Ubiquity for warm transfer.	• Task the visiting "Staff Name" listed in Ubiquity.
Same Day Request for Information	• Check Visit Details in Ubiquity: ○ Provide authorized caller with information requested. ○ Consult the visiting provider or staff member for updates as needed.	• Task the visiting "Staff Name" listed in Ubiquity.
Same Day Adjustment	• Consult the visiting provider or staff member to inform them of the adjustment.	• Task the visiting "Staff Name" listed in Ubiquity.

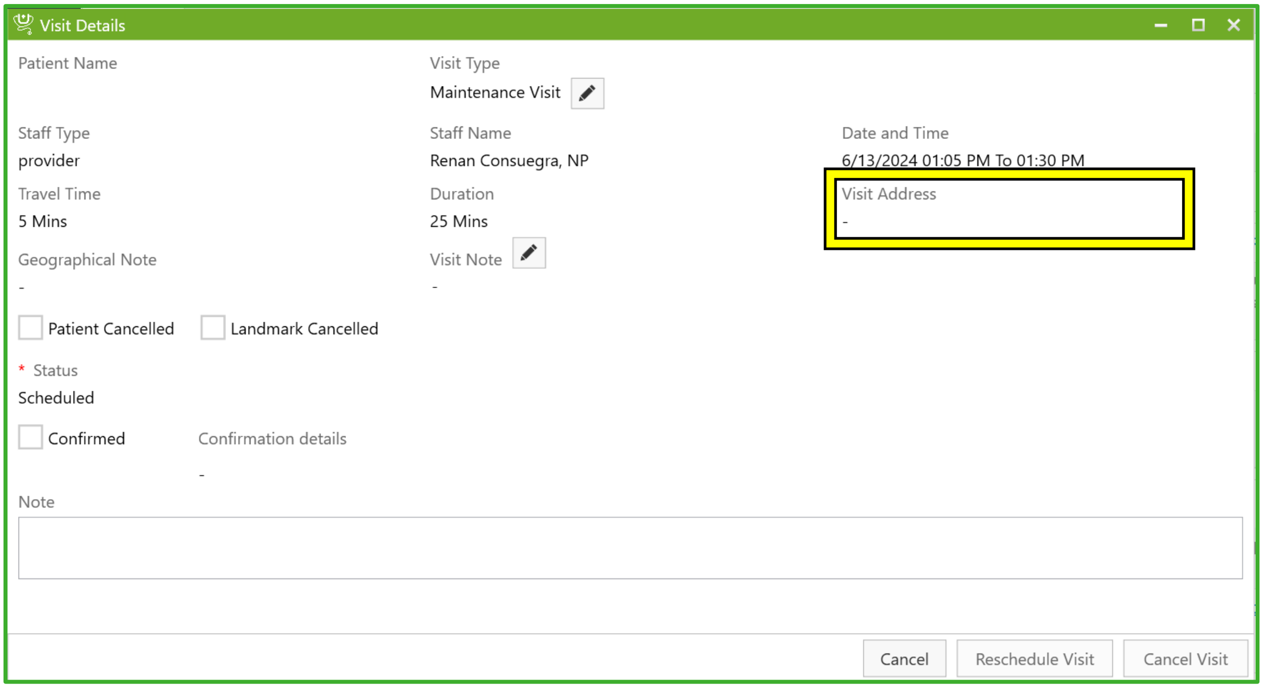
*ALL CALLS **MUST** BE DOCUMENTED IN UBIQUITY!*

Telemedicine Visit:

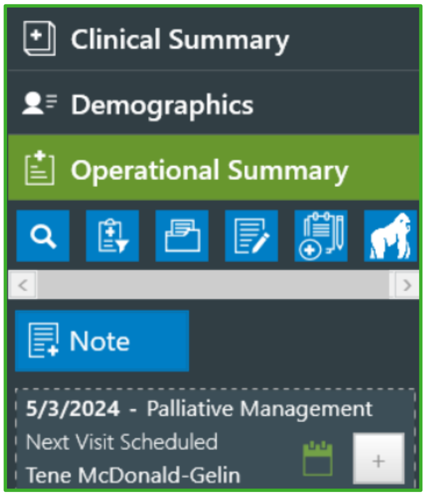
Telemedicine visits are remote variations of other visit types.

- The “Telemedicine” visit variation does not change appointment ownership or adjustment workflows.
  - LM1 PCCs will cancel and reschedule Telemedicine visits that fall within their scope.
  - Same day and -3 day adjustment workflows do not change if a visit is Telemedicine.

Telemedicine visits show no visit address in the “Visit Details” window:



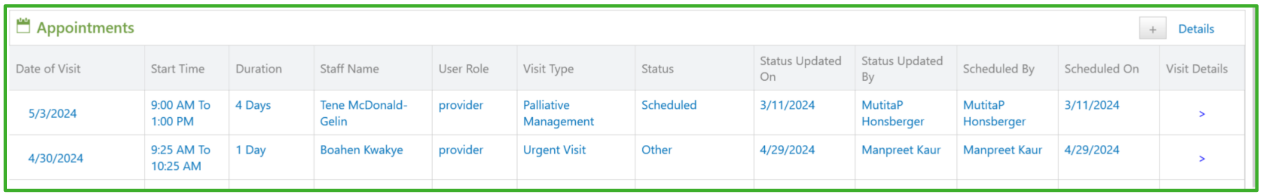
Appointment Administration in Ubiquity



A patient’s appointments, as well as their current status, can be viewed from the Appointments table found in the Operational Summary section of the chart.

If the patient has an upcoming appointment, it will be listed below the blue “Note” button.

The Appointments Table Layout:



Appointments

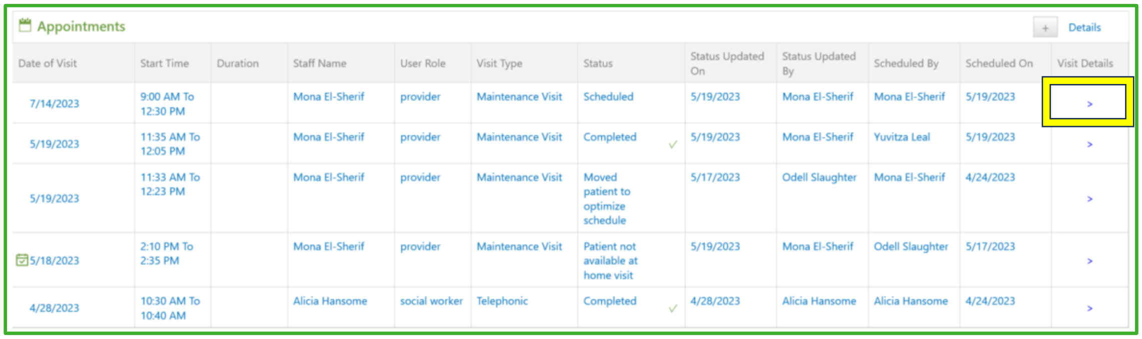
Date of Visit	Start Time	Duration	Staff Name	User Role	Visit Type	Status	Status Updated On	Status Updated By	Scheduled By	Scheduled On	Visit Details
5/3/2024	9:00 AM To 1:00 PM	4 Days	Tene McDonald-Gelin	provider	Palliative Management	Scheduled	3/11/2024	MutitaP Honsberger	MutitaP Honsberger	3/11/2024	>
4/30/2024	9:25 AM To 10:25 AM	1 Day	Boahen Kwakye	provider	Urgent Visit	Other	4/29/2024	Manpreet Kaur	Manpreet Kaur	4/29/2024	>

Table Column	***Description***
Date of Visit:	The date of the visit.
Start Time:	A 1-5 hour arrival window of the visiting provider.
Duration:	The time remaining between now and the appointment.
Staff Name:	The name of the visiting provider.
User Role:	The visiting provider’s title / occupation.
Visit Type	The type and reason for the visit.
Status	The appointment’s current scheduling status.
Status Updated On:	When the appointment details or status were last updated.
Status Updated By:	Who updated the appointment details or status last?
Scheduled By:	Who initially scheduled the appointment with the patient?
Scheduled On:	On what day was the appointment entered into Ubiquity?
Visit Details:	Click to open a pop-up including specific appointment details.

Confirm Appointments:

If a patient has a negative Covid-19 screening result, proceed to the Operational Summary section of their chart to confirm their appointment:

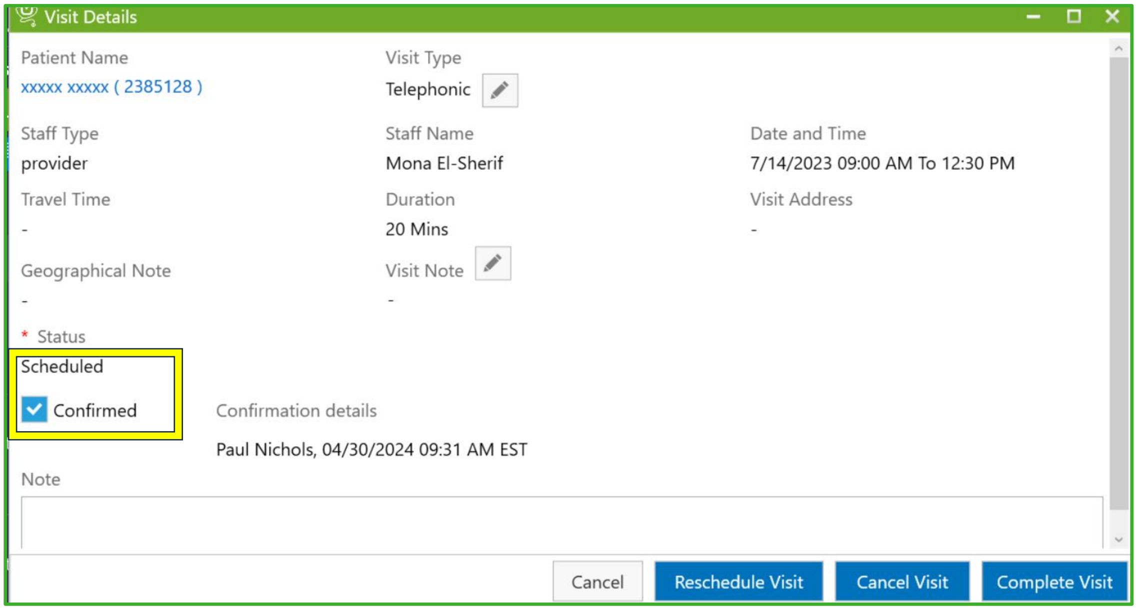
1. Select the button under the “Visit Details” section of the table to open a new pop-up window to display detailed appointment information and modification options:



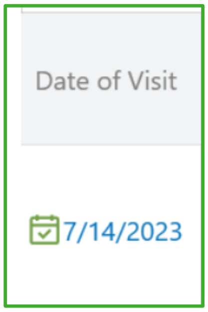
Appointments

Date of Visit	Start Time	Duration	Staff Name	User Role	Visit Type	Status	Status Updated On	Status Updated By	Scheduled By	Scheduled On	Visit Details
7/14/2023	9:00 AM To 12:30 PM		Mona El-Sherif	provider	Maintenance Visit	Scheduled	5/19/2023	Mona El-Sherif	Mona El-Sherif	5/19/2023	>
5/19/2023	11:35 AM To 12:05 PM		Mona El-Sherif	provider	Maintenance Visit	Completed	5/19/2023	Mona El-Sherif	Yuvitza Leal	5/19/2023	>
5/19/2023	11:33 AM To 12:23 PM		Mona El-Sherif	provider	Maintenance Visit	Moved patient to optimize schedule	5/17/2023	Odell Slaughter	Mona El-Sherif	4/24/2023	>
5/18/2023	2:10 PM To 2:35 PM		Mona El-Sherif	provider	Maintenance Visit	Patient not available at home visit	5/19/2023	Mona El-Sherif	Odell Slaughter	5/17/2023	>
4/28/2023	10:30 AM To 10:40 AM		Alicia Hansome	social worker	Telephonic	Completed	4/28/2023	Alicia Hansome	Alicia Hansome	4/24/2023	>

2. Check the “Confirm” option in the Visit Details window:



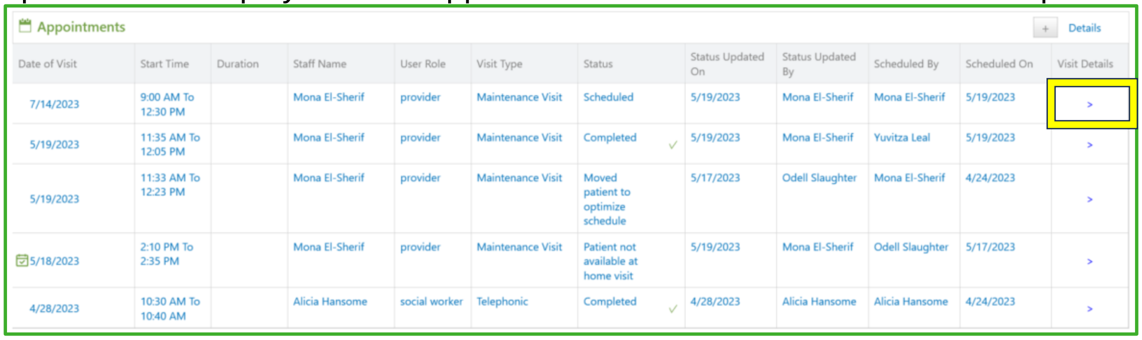
3. There is no save option for this function. Simply close the window once the “Confirm” option is checked. If successfully confirmed, a new icon will appear beside the visit date:



Appointment Cancellations:

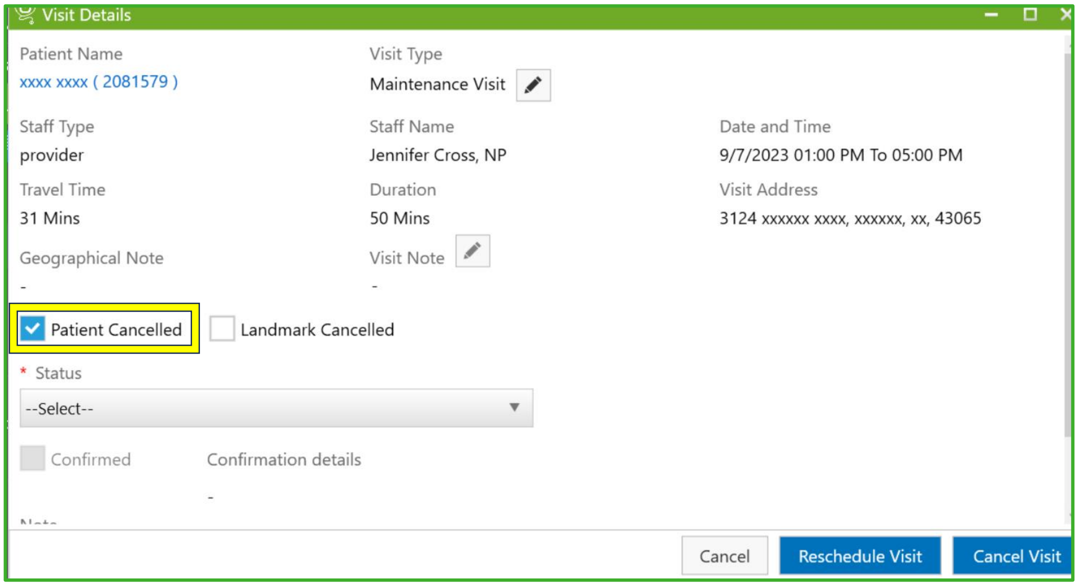
If a patient requests to cancel an appointment:

1. Select the button under the "Visit Details" section of the table to open a new pop-up window to display detailed appointment information and modification options:

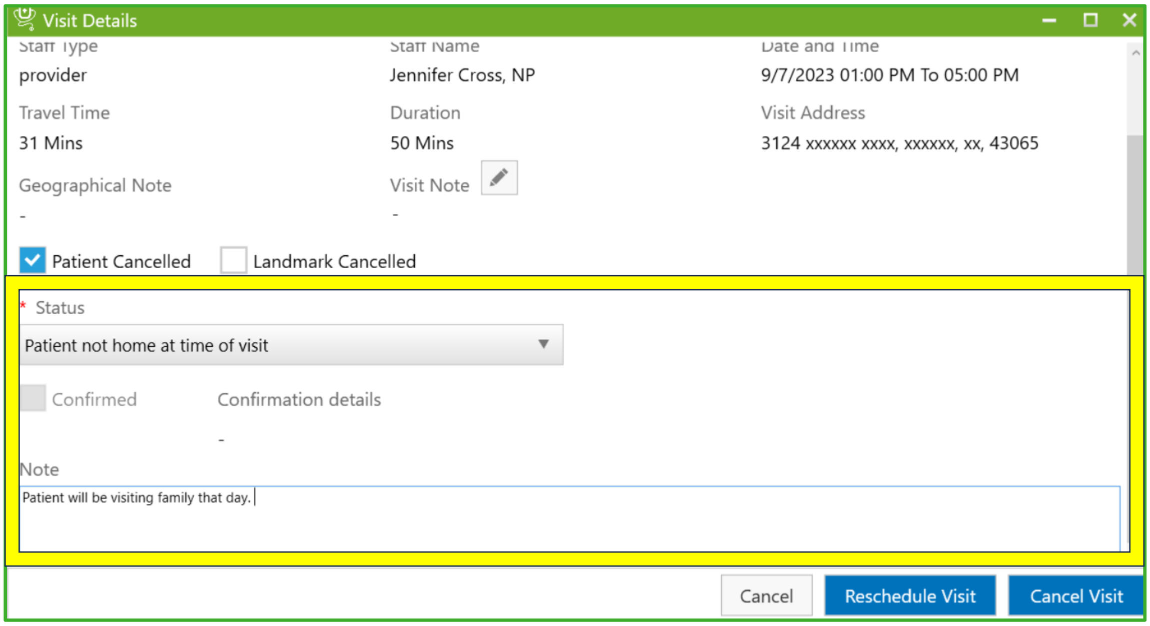

Appointments
Details

Date of Visit	Start Time	Duration	Staff Name	User Role	Visit Type	Status	Status Updated On	Status Updated By	Scheduled By	Scheduled On	Visit Details
7/14/2023	9:00 AM To 12:30 PM		Mona El-Sherif	provider	Maintenance Visit	Scheduled	5/19/2023	Mona El-Sherif	Mona El-Sherif	5/19/2023	>
5/19/2023	11:35 AM To 12:05 PM		Mona El-Sherif	provider	Maintenance Visit	Completed ✓	5/19/2023	Mona El-Sherif	Yuvitza Leal	5/19/2023	>
5/19/2023	11:33 AM To 12:23 PM		Mona El-Sherif	provider	Maintenance Visit	Moved patient to optimize schedule	5/17/2023	Odell Slaughter	Mona El-Sherif	4/24/2023	>
5/18/2023	2:10 PM To 2:35 PM		Mona El-Sherif	provider	Maintenance Visit	Patient not available at home visit	5/19/2023	Mona El-Sherif	Odell Slaughter	5/17/2023	>
4/28/2023	10:30 AM To 10:40 AM		Alicia Hansome	social worker	Telephonic	Completed ✓	4/28/2023	Alicia Hansome	Alicia Hansome	4/24/2023	>

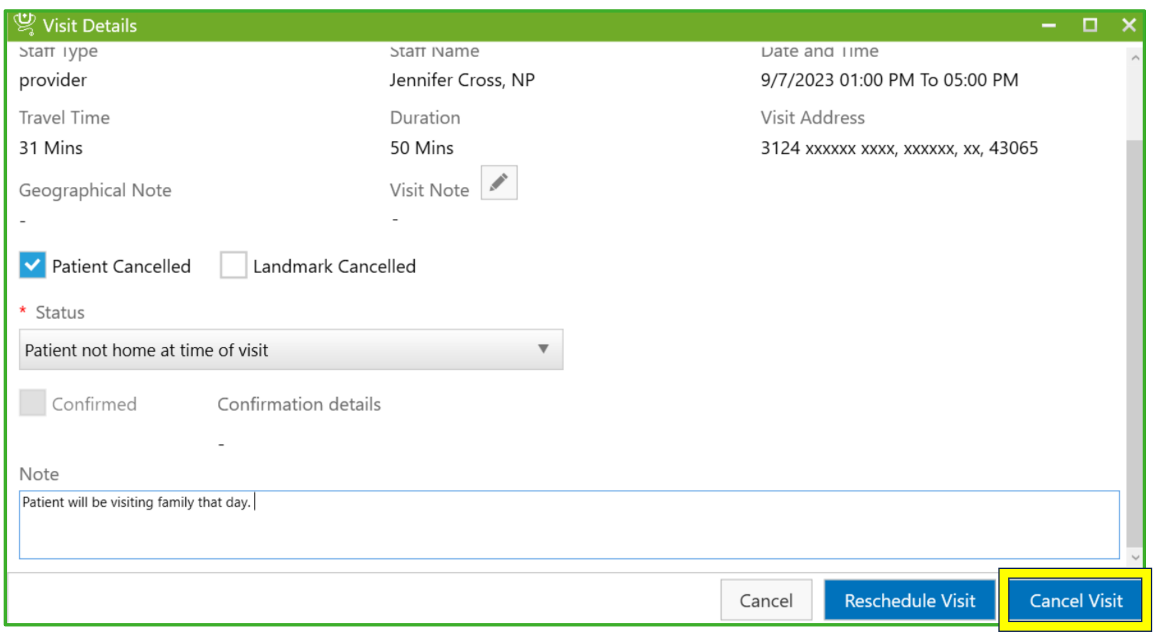
2. Check the "Patient Cancelled" option:



3. You will be required to select a reason for cancellation from the "Status" drop-down list and enter a brief note to indicate why the appointment was cancelled.

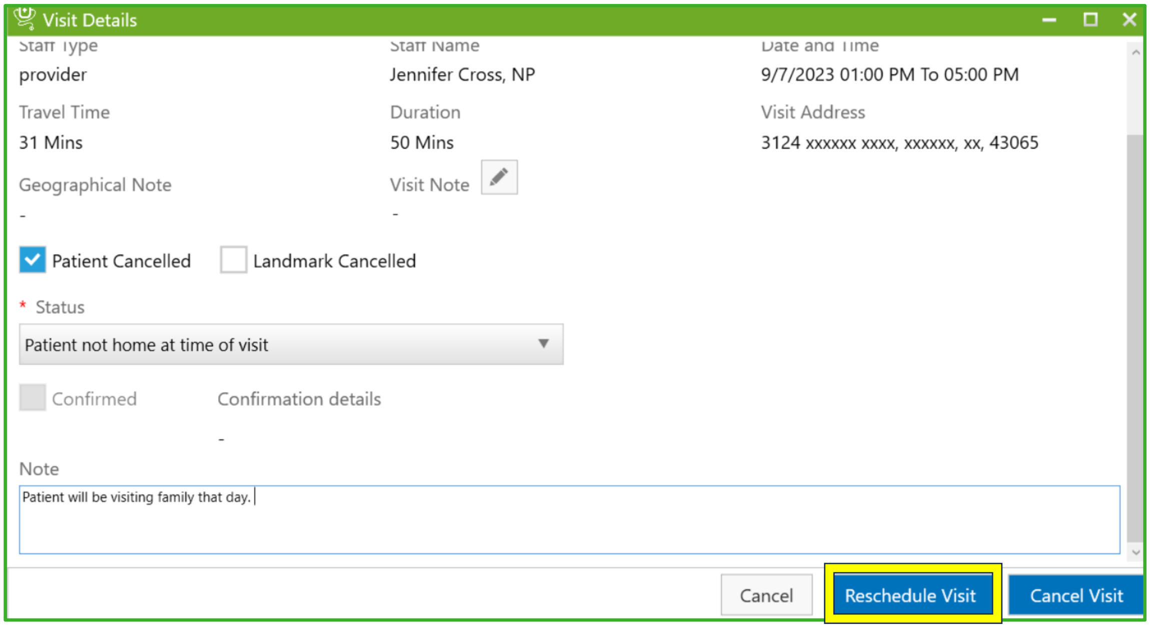


4. When finished, click “Cancel Visit”:

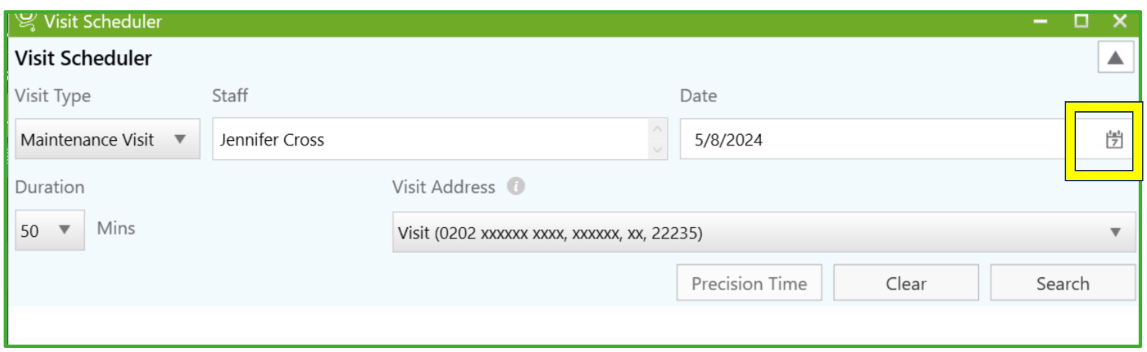


Appointment Reschedule:

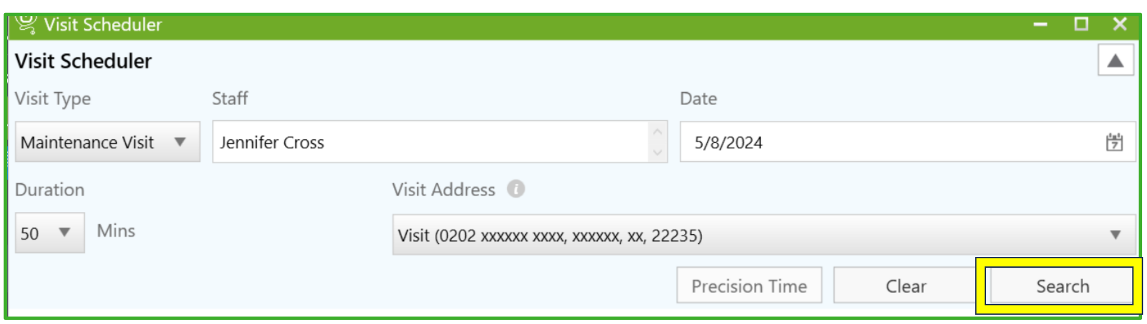
1. Follow the procedure for cancelling an appointment for the patient; however, click "Reschedule Visit" instead of cancelling it:



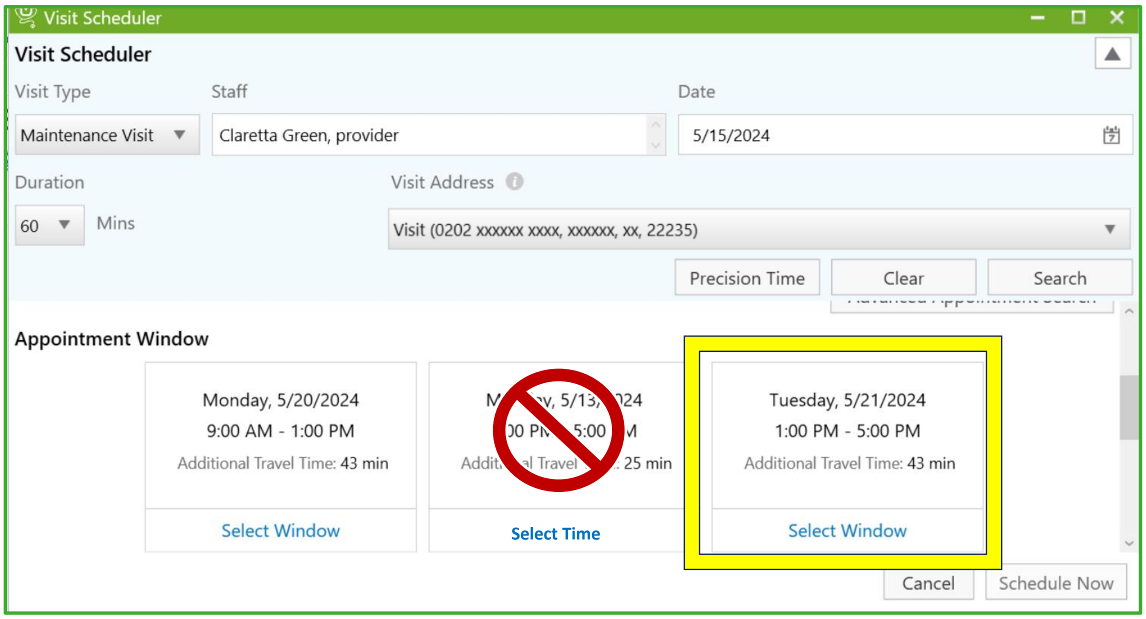
2. A second pop-up will appear to allow you to search alternative dates for the appointment. Navigate to the "Date" field and click the calendar icon to select an alternative appointment date:



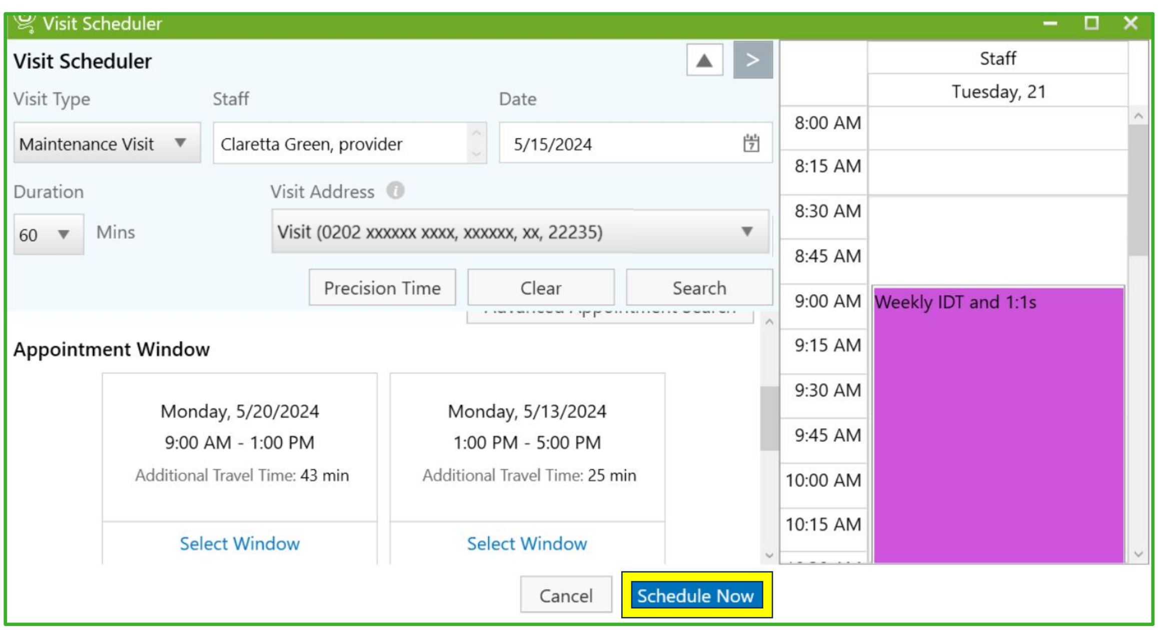
3. With a new date selected, click "Search":



4. Offer the available appointment slots to the patient. If the patient selects one, click on the "Select Window" option:
    - Ubiquity may display the original appointment date as an option, but do not offer this to the caller as one of the alternatives.
    - Do ***NOT*** select any appointments that offer a "Select Time" option as this uses Ubiquity's Precision Time function to schedule and may create conflicts in the provider's calendar.



5. Click "Schedule Now" to complete the appointment reschedule:



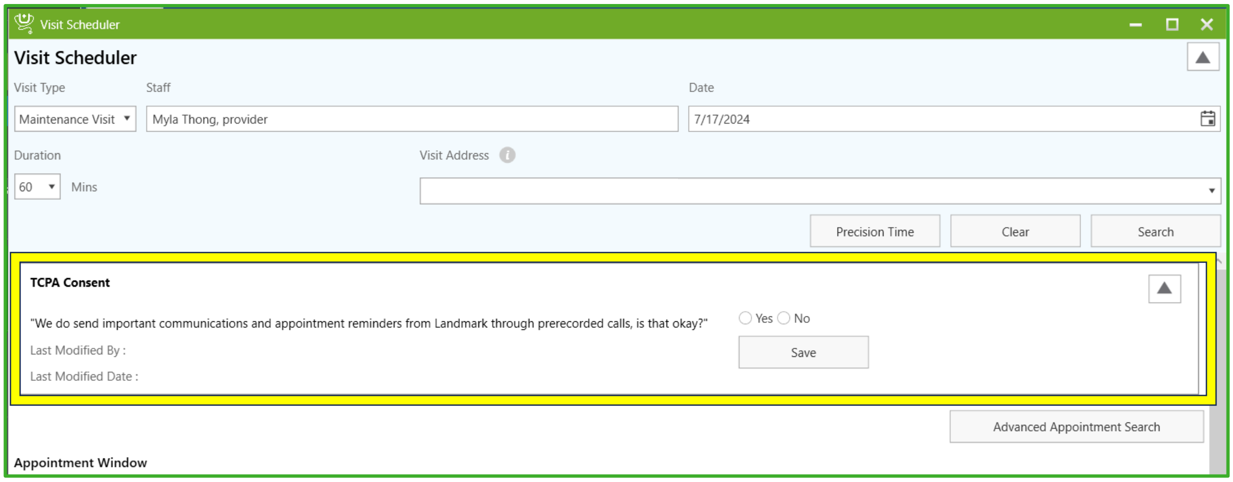
Completing a TCPA Acknowledgement

The Telephone Consumer Protection Act (TCPA) requires businesses to obtain customer consent before leaving artificial or pre-recorded voice calls on phones:

- With this law, Landmark must obtain a member's consent to receive automated calls such as appointment reminders.
- Collecting TCPA consent is the law and must be correctly obtained.
- You can only collect TCPA consent from a member or their Power of Attorney (POA).
    - ***DO NOT*** collect TCPA consent from a non-member or non-POA contacts listed in the Demographics section of the patient's chart.

When to Obtain TCPA Consent:

✓ Only if the TCPA agreement appears in the visit schedular:
- If you do not see the talking point on the scheduler tool, this means that TCPA consent was already collected from this member. Proceed with the call as normal without TCPA collection.
- TCPA collection may be bypassed if the member may be showing blatant agitation or rushing to get off the phone.



Script:

The following script ***MUST*** be used, word-for-word. Record and save the patient's response when complete:

"We do send important communications and appointment reminders from Landmark through prerecorded calls, is that ok?"

Call Documentation, Emails, & Tasking

After-Call Documentation Standards:

Use the following table as a guide to standard after-call documentation standards.

Documentation:	Standard:
Ubiquity Note	These notes create a "call history" for the patient to be referenced in future communications. • Required for ***EVERY*** call associated with a patient. • Follow the standard note template for LM1 PCCs. • Use the #LM1PCC Hashkey in the body of the note.
Email an LM1 Triage Mailbox	Emails should be sent to a LM1 Triage mailbox if: ✓ A patient / caregiver has a non-urgent clinical concern. ✓ Unsuccessful warm transfer to an LM1 Clinician. ✓ The caller can wait up to one hour for a callback.
Email LM1 Dispatch	The LM1 Dispatch department should ***ONLY*** be contacted if a patient / caregiver requests to cancel an urgent visit.
Task Market Staff in Ubiquity	Market staff are assigned Tasks in Ubiquity when: • After failed warm transfers to Market staff. • Market follow-up is required after hours.
Email the Central Outreach Office	Central Outreach offers an introduction and enrollment assistance to non-engaged patients. • Request to reschedule Initial Visits (IV). • If a Non-Engaged patient requests information about Landmark Services or enrollment.

Attention – After-Call Documentation

The quality of after-call documentation contributes to the quality of care that our patient's receive. All documentation should be clear and on-topic.

The accuracy, format, and quality of documentation is assessed in the PCC Call Audit Scorecard.

Ubiquity Notes:

- A note must be entered into Ubiquity for ***EVERY*** call related to a Landmark patient or prospective patient regardless of engagement / eligibility status.
- The Approved Documentation template ***MUST*** be used for each Ubiquity note.

Ubiquity Note Template:
(The #LM1PCC Hashkey can be entered into an open note to apply this template)

Caller's Name:
Caller's Relationship to Patient:
Patient Full Name:
Patient Date of Birth:
Patient Address:
Caller's Authorized Contact Status:
Callback Number:
Did the caller request to cancel an appointment?
If yes, did you offer to reschedule the appointment (if within PCC scope)?
Reason for Call:
Action Taken:

Example – Ubiquity Note for Clinical Concern

Caller's Name: Danny Mason
Caller's Relationship to Patient: Husband
Patient Full Name: Beverly Mason
Patient Date of Birth: 3/13/1961
Patient Address: 68 Center Drive, Porcelain Point, MI 48014
Caller's Authorized Contact Status: Authorized
Callback Number: (917) 974-2212
Did the caller request to cancel an appointment? No
If yes, did you offer to reschedule the appointment (if within PCC scope)? N/A
Reason for Call: Caller reports that patient has been feeling dizzy and lightheaded since this morning
Action Taken: Transferred to LM1 Clinician Cheryl

Example – Ubiquity Note for Administrative Work Completed

Caller's Name: James Clipper
Caller's Relationship to Patient: Self
Patient Full Name: James Clipper
Patient Date of Birth: 12/22/1957
Patient Address: 88 Derby Lane, Lake Dallas, Texas 75065
Caller's Authorized Contact Status: Authorized
Callback Number: (469) 228-7373
Did the caller request to cancel an appointment? MV 9/27
If yes, did you offer to reschedule the appointment (if within PCC scope)? Yes
Reason for Call: Patient reported conflicting appointments and requested MV reschedule
Action Taken: Rescheduled MV for 10/8

Criteria & Considerations:

Please include the following information in your documentation (if applicable):

- ✓ The name of the provider who accepted your call handoff.
- ✓ Include a confirmation of any updates you made to the patients contact information under the "Action Taken" heading.
- ✓ Indicate if you obtained authorization for a caller, if necessary.
- ✓ The type and date of any appointment with cancellation / reschedule requests.
- ✓ If contacted by an external medical facility, please include the name of that facility beside the caller's name.
- ✓ If a call was disconnected, was a redial attempted? This should be indicated in your "Action Taken" section.
- ✓ The results of a Covid-19 screening taking during appointment confirmations.

Information to Exclude:

Document facts that pertain to a patient's concern, communications, or health. When documenting a call, exclude:

- ⃠ Statements regarding provider availability.
- ⃠ Statements categorizing the patient as rude, moody, or angry.
- ⃠ Failed call transfer attempts.
- ⃠ Any reference to ACES complaints

Proofreading:

After-Call Documentation is subject to review for compliance and call quality assurance. Documentation accuracy directly contributes to the quality of care that patient's receive.

For this reason, ***ALWAYS*** proofread any notes, emails, or tasks before finalizing or sending.

Documenting Answering Service Calls:

Answering Service message after-call documentation does not utalize the traditional note template. Instead, the message should be copied to the Ubiquity Note under one of the following headings:

Documentation:	Follow-Up:
Administrative – Complete – (Your First & Last Name)	Administrative request completed by a LM1 PCC with no follow-up action required.
Administrative – Sent to Triage – (Your First & Last Name)	Clinical requests forwarded to a Triage Mailbox for LM1 Clinician follow-up.
Administrative – Action Required – (Your First & Last Name)	Market follow-up requests such as return calls.
Administrative – Central Outreach – (Your First & Last Name)	Initial Visit reschedule requests.

Example – Answering Service Message Documentation

Admin. Call – Complete – Paul Nichols

From: LM1answeringservice
To: Answering Service Genesys Skill
Caller Name: Ron Wheeler
Patient ID: 9876543
Callback: (412) 684-1127
Message: Reschedule visit for 9/15

The format of answering service messages may change depending on the services used to send and receive the email.

Documenting Triaged Calls:

In the event an email is sent to an LM1 Triage Mailbox as the result of a call, use the following statement in your documentation:

Ubiquity Note Template Guidelines – Triage Affirmation
Caller's Name: Caller's Relationship to Patient: Patient Full Name: Patient Date of Birth: Patient Address: Caller's Authorized Contact Status: Callback Number: Did the caller request to cancel an appointment? If yes, did you offer to reschedule the appointment (if within PCC scope)? Reason for Call: Action taken: Caller is agreeable to a call back. Sent an email to LM1 Clinical Triage inbox for a clinician to return patient's call.

Example - Triaged Call
Caller's Name: Ricki Doe Caller's Relationship to Patient: Self Patient Full Name: Ricki Doe Patient Date of Birth: 3/25/1963 Patient Address: 1226 Porcelain Road, Rochester, NY 14602 Caller's Authorized Contact Status: Authorized Callback Number: (518) 481-1776 Did the caller request to cancel an appointment? If yes, did you offer to reschedule the appointment (if within PCC scope)? Reason for Call: Patient is experiencing left foot pain and believes it to be gout Action taken: Pt. agreeable to a call back. Sent an email to LM1 Clinical Triage inbox for a clinician to return Patient's call.

Documenting Escalated Calls:

Use the following documentation methods as follow-up to a verbally abusive call:

Documenting a Verbally Abusive Call

Caller's Name:
Caller's Relationship to Patient:
Patient Full Name:
Patient Date of Birth:
Patient Address:
Caller's Authorized Contact Status:
Callback Number:
Did the caller request to cancel an appointment?
If yes, did you offer to reschedule the appointment (if within PCC scope)?
Reason for Call: Escalated to (Supervisor) (Name)
Action taken: Escalated & Documented

Example – Escalated Call

Caller's Name: Julie Shale
Caller's Relationship to Patient: Caregiver
Patient Full Name: Charlie Shale
Patient Date of Birth: 10/22/1962
Patient Address: 108 Beaker Ave. Apartment 4, Solace CA 95050
Caller's Authorized Contact Status: Unauthorized
Callback Number: (955) 253-4567
Did the caller request to cancel an appointment? No
If yes, did you offer to reschedule the appointment (if within PCC scope)? N//A
Reason for Call: Escalated to Supervisor Kayla
Action Taken: Escalated & Documented

Action Required:

Include an “Action Required” statement in your note for market review for the following:

- Unsuccessful warm transfer to the CC Queue.
- After hours when the CC Queue should not be consulted.
- Unable to identify market staff member to resolve the caller’s request.
- After hours request to reschedule Post Discharge Visits (PDVs).
- After hours request to reschedule Palliative Co-Visits.

Documenting a Verbally Abusive Call

Caller's Name:
Caller's Relationship to Patient:
Patient Full Name:
Patient Date of Birth:
Patient Address:
Caller's Authorized Contact Status:
Callback Number:
Did the caller request to cancel an appointment?
If yes, did you offer to reschedule the appointment (if within PCC scope)?
Reason for Call:
Action taken: Action Required

Example – Escalated Call

Caller's Name: Clifford Lemon
Caller's Relationship to Patient: Brother
Patient Full Name: Christine Tanner
Patient Date of Birth: 1/18/1949
Patient Address: 12 Stellar Circle, Hauler, ME, 04006
Caller's Authorized Contact Status: Unauthorized
Callback Number: (213) 423-0987
Did the caller request to cancel an appointment? PDV 7/8
If yes, did you offer to reschedule the appointment (if within PCC scope)? No
Reason for Call: Patient is no longer available for PDF and must reschedule
Action Taken: Action Required

Email Guidelines:

When after-call documentation requires email follow-up:

- LM1 Triage and Central Outreach emails can be found in the Markets Summary.
- Follow the standard subject line format:

Emails – Standard Subject
Patient's ID, Market or Metro

  - If no chart can be found for the subject of the call:

Emails – Standard Subject
Action Required: Callback

- Double-check to make sure that you have all the appropriate contacts added to the email:
  - Do NOT CC contacts when sending emails to Central Outreach.
  - Do NOT CC contacts to LM1 Triage Emails.

Email Example 1 - Contacting Central Outreach

Send

From: Central Outreach Email
To:
Cc:
Bcc:
Subject: Action Required: Callback

Caller's Name: Phillip Carstairs
Caller's Relationship to Patient: Son
Patient Full Name: Penny Carstairs
Patient Date of Birth: 2/17/1952
Patient Address: 33 Bachman Road, Quiet Hills, PA 19050
Caller's Authorized Contact Status: Obtained verbal authorization
Callback Number: (414) 902-3303
Did the caller request to cancel an appointment? IV 8/13
If yes, did you offer to reschedule the appointment (if within PCC scope)? No
Reason for Call: Caller requesting to reschedule IV so he can be home during the visit to assist
Action Taken: Emailed Central Outreach, Added Phillip Carstairs to Contacts.

**Copy / paste the Note from Ubiquity to the body of the email.*

LM1 Triage mailboxes are not under the Optum email domain and are considered external. Because of this, the information in Triage emails must be limited or the message will be blocked by Outlook.

- The subject line should include the patient's ID and Market / Metro.
- The body should list the patient's first initial, last name, and callback number.

Email Example 2 - Contacting a Triage Mailbox

Send

From: Market Triage Mailbox
To:
Cc:
Bcc:
Subject: 2212221, Maine

Patient Name: S. Bellows

Contact number: (218) 565-5512

Email Example 3 – Urgent Visit Reschedule Request

Send

From: LM1 UE Handoff Mailbox
To:
Cc:
Bcc:
Subject: 5432567, Jacksonville

Caller's Name: Sandy Tripp
Caller's Relationship to Patient: Self
Patient Full Name: Sandy Tripp
Patient Date of Birth: 5/17/1959
Patient Address: 909 Trellis Road, Nashville TN 37037
Caller's Authorized Contact Status: Authorized
Callback Number: (714) 214-3333
Did the caller request to cancel an appointment? Urgent Visit 8/11
If yes, did you offer to reschedule the appointment (if within PCC scope)? No
Reason for Call: Requested Urgent Visit cancellation. Patient no longer has stomach pain.
Action Taken: Sent task to *(Visiting Provider Name + Title)* & Notified LM1 UE Handoff

**Copy / paste the Note from Ubiquity to the body of the email.*

Tasks:

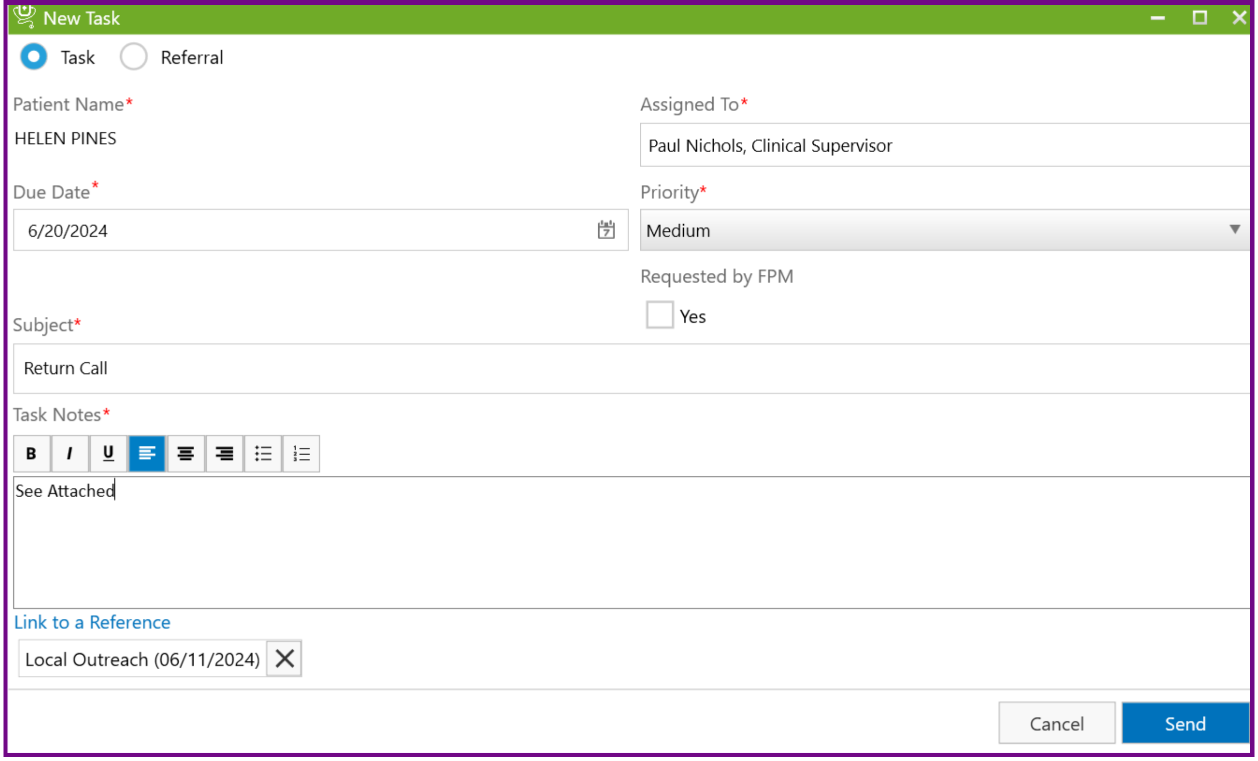
Tasks follow a simple format because the attached Ubiquity note contains all necessary information for market staff to review.

- Set “Assigned to” to the market staff member who should receive the task.
- Set “Due Date” for next business day.
- Ensure your Ubiquity Note is attached below the “Task Notes”.

Task Subject*
Appointment Reschedule
Return Call
New Message

Task Notes*
See Attached

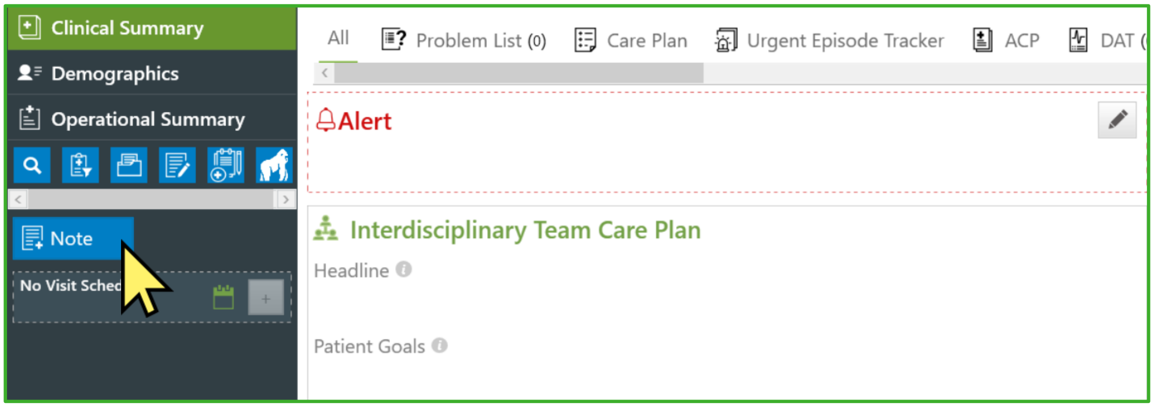
Example – Task in Ubiquity



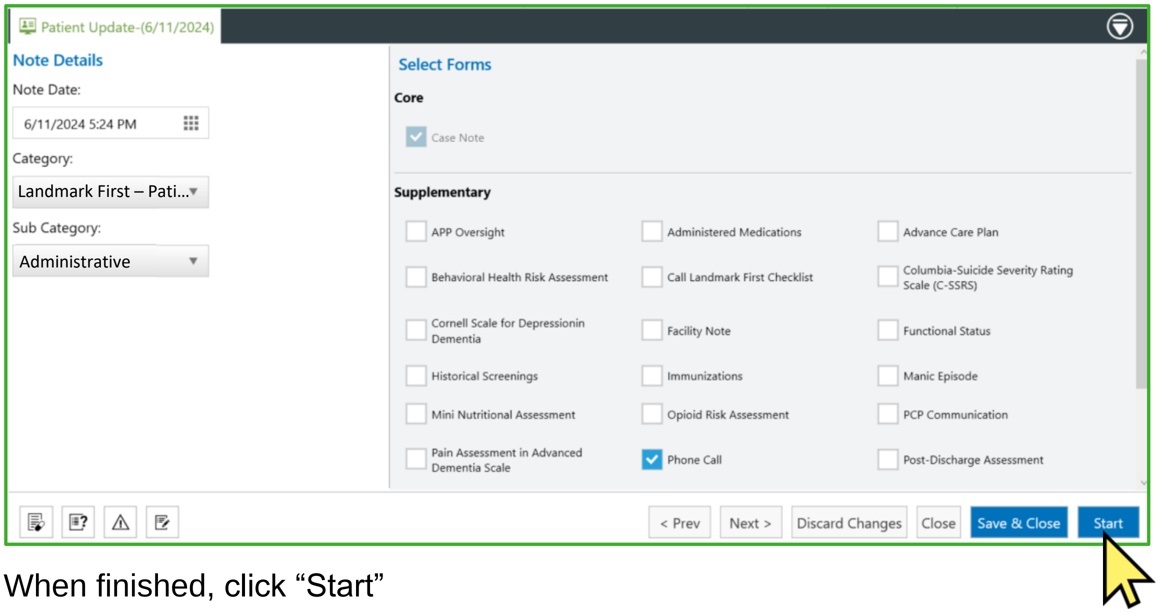
Documentation & Tasking in Ubiquity

Adding a Note:

1. From the patient's open chart, select the "Note" button:

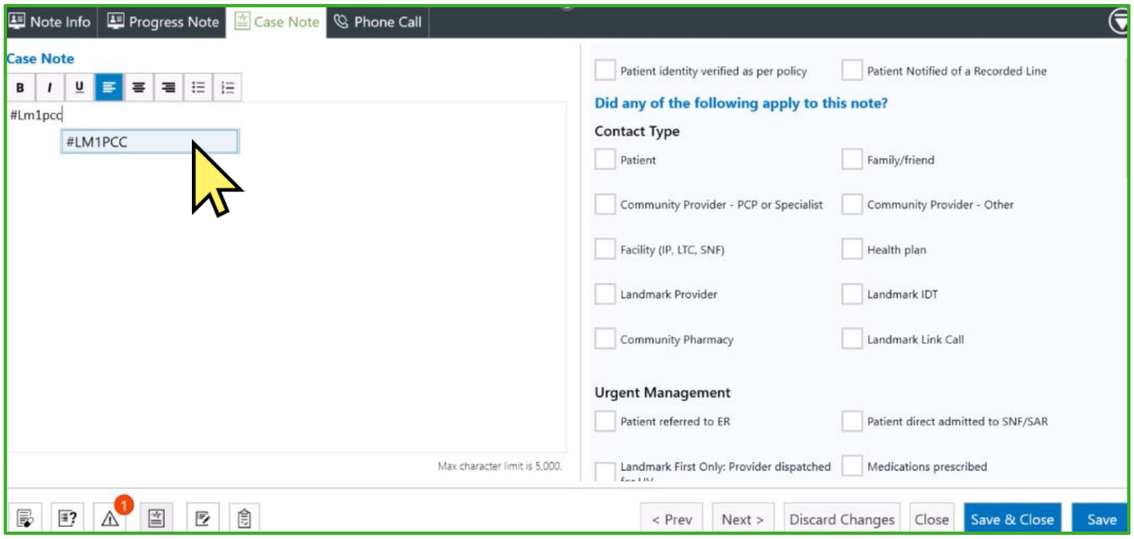


2. Add Category, Sub-Category, and Supplemental note information:
   - *Category:* Landmark First – Patient Call
   - *Sub-Category:* Administrative
   - *Supplemental:* Phone Call

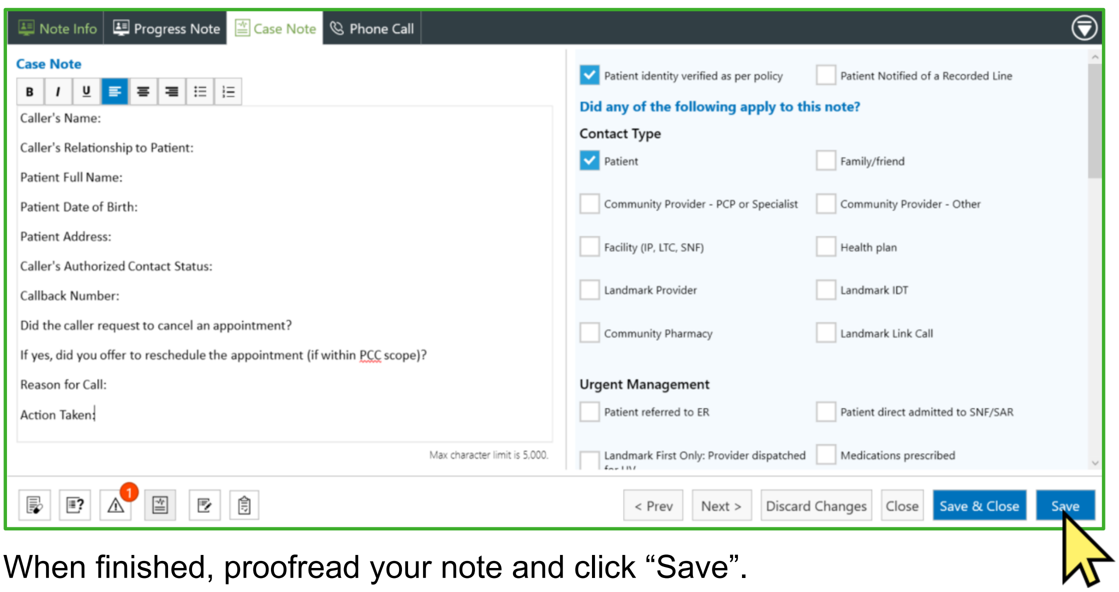


When finished, click "Start"

3. Use the #LM1PCC Hashkey to enter the current note template:

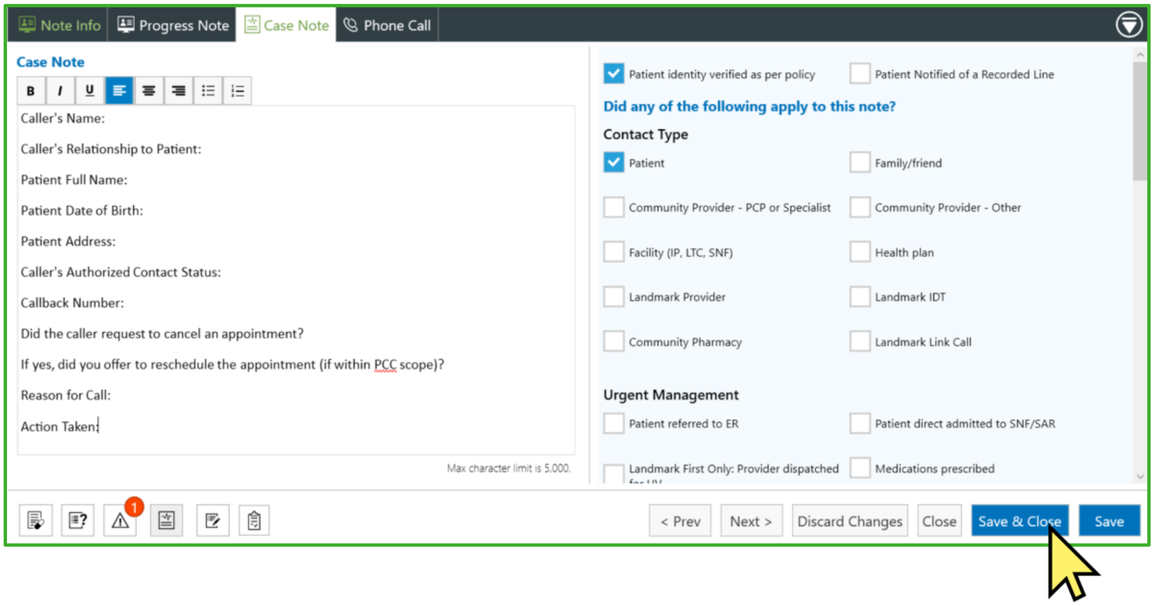


4. Fill in each section of the note template:
   - Check Note Type information.
   - Check Contact Type information.
   - Check "Patient identity verified as per policy"



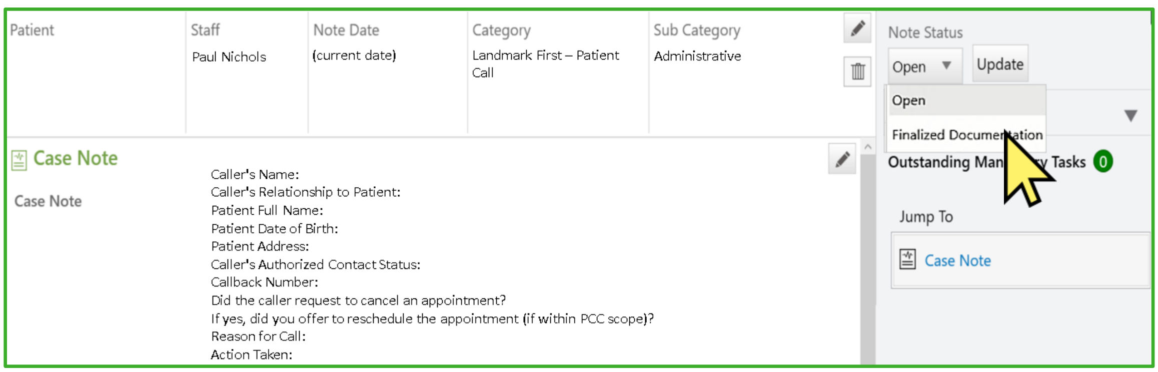
When finished, proofread your note and click "Save".

5. Save & Close your note:

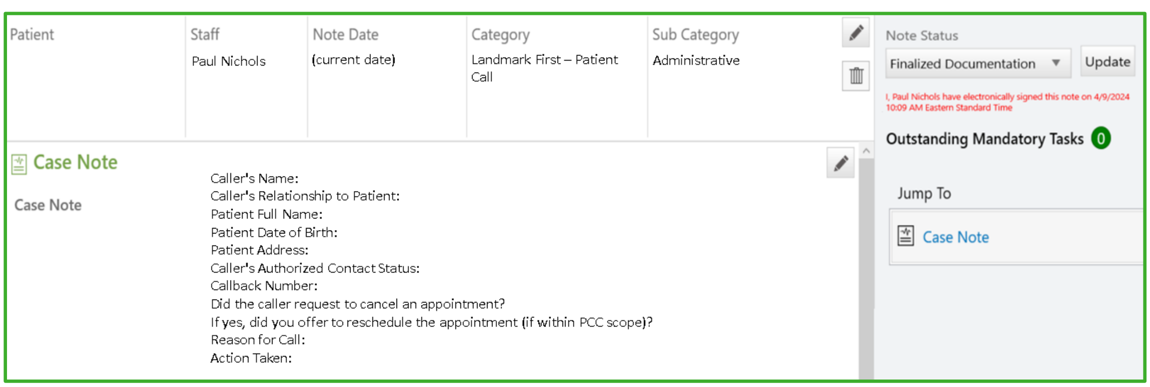


6. Select the “Open” drop-down menu:

- Select “Finalize Documentation” and then “Update” to complete your note:

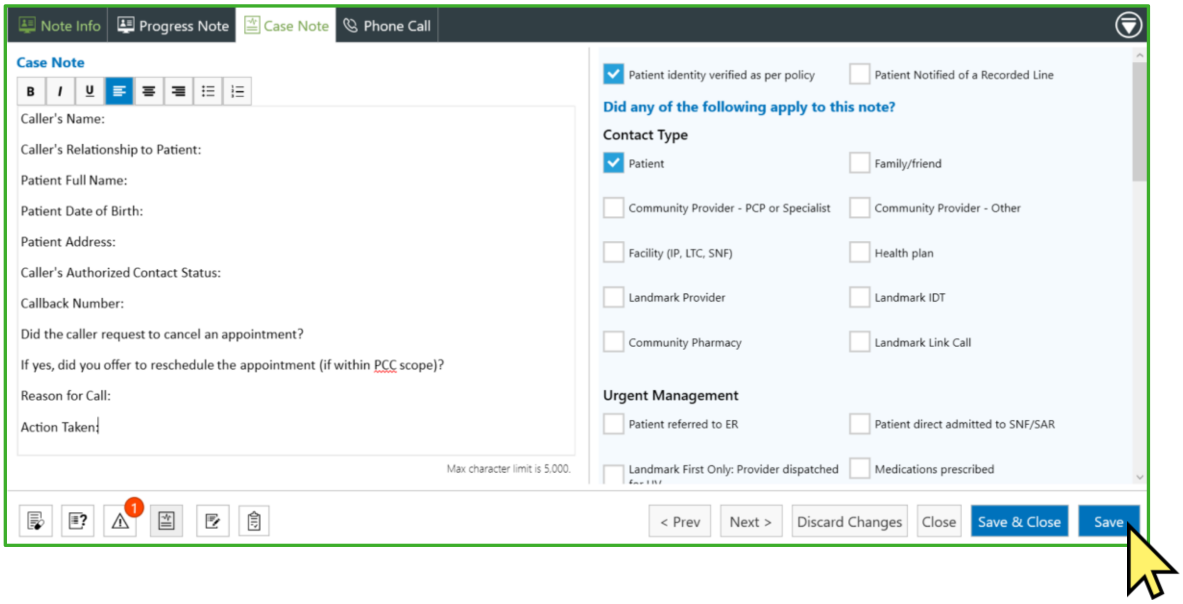


Your note should now be listed as finalized:

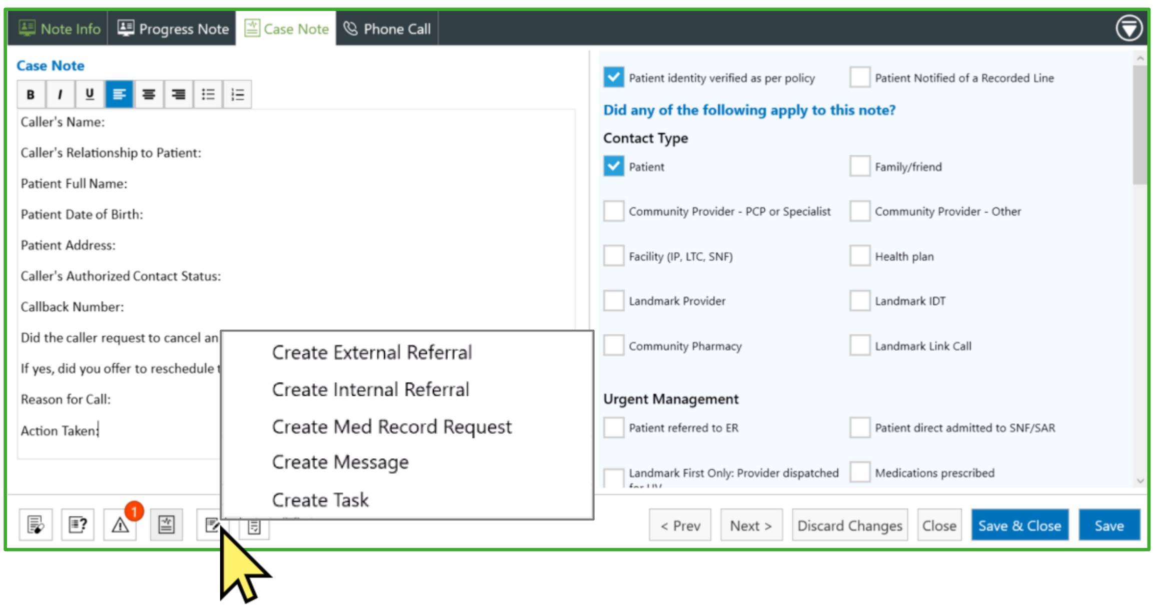


Create & Send Tasks:

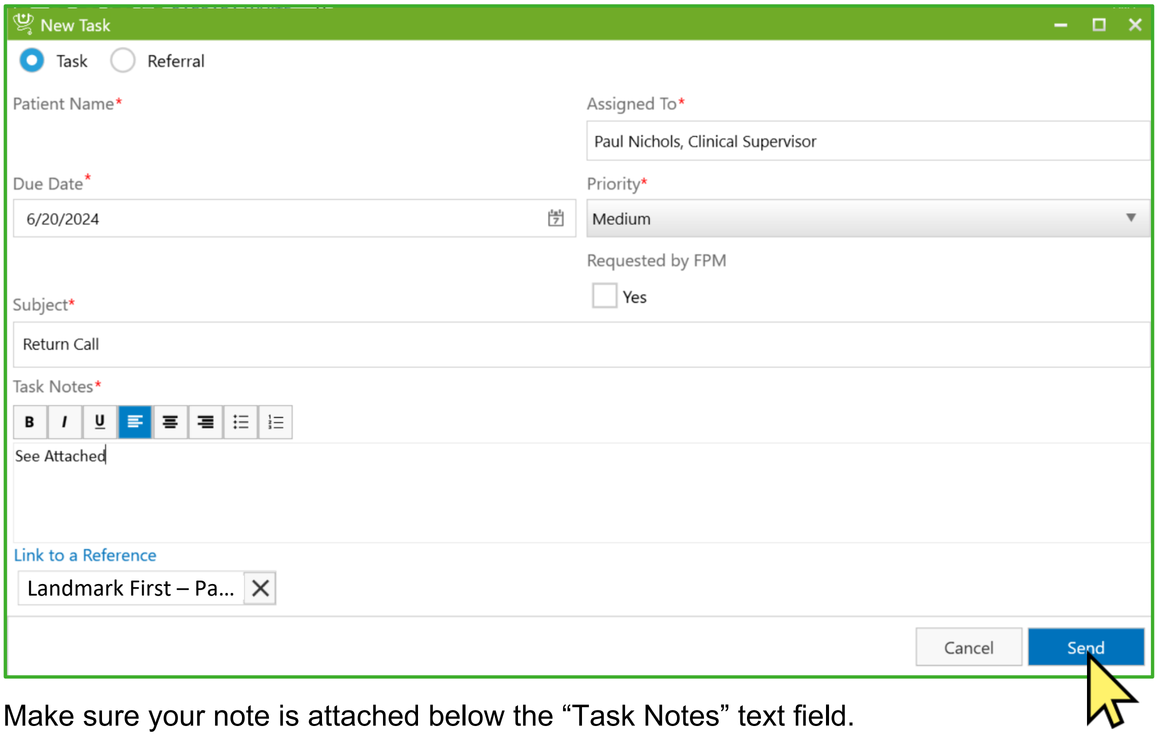
1. Tasks should be sent from open notes. Fill in all note text and check all supplementary entries ***BEFORE*** assigning and sending a task.
2. Save your note:



3. While in an open note, click the second-to-last button on the bottom-left corner of the note and choose the "Create Task" option:
   - The button displays a paper and pen icon.



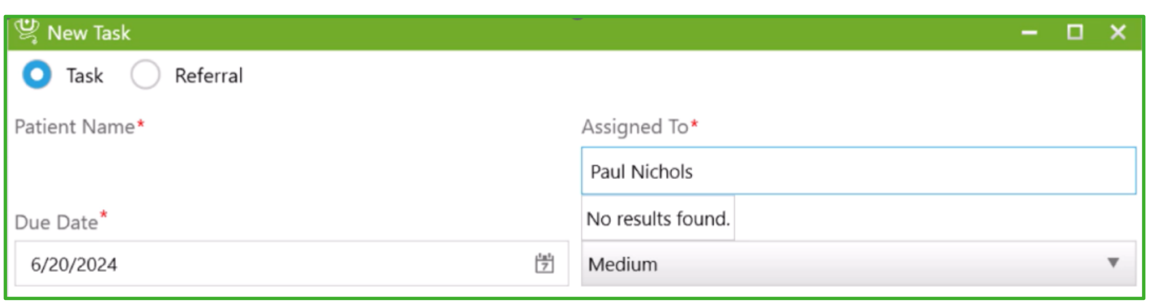
4. Fill in the task fields accordingly:
   - Assigned To: *(enter market staff member name here)*
   - Due Date: *(do not change)*
   - Subject: *(follow subject guidelines)*
   - Task Notes: *"See Attached"*



Make sure your note is attached below the "Task Notes" text field.

When finished, click "Send" and then close / finalize your note.

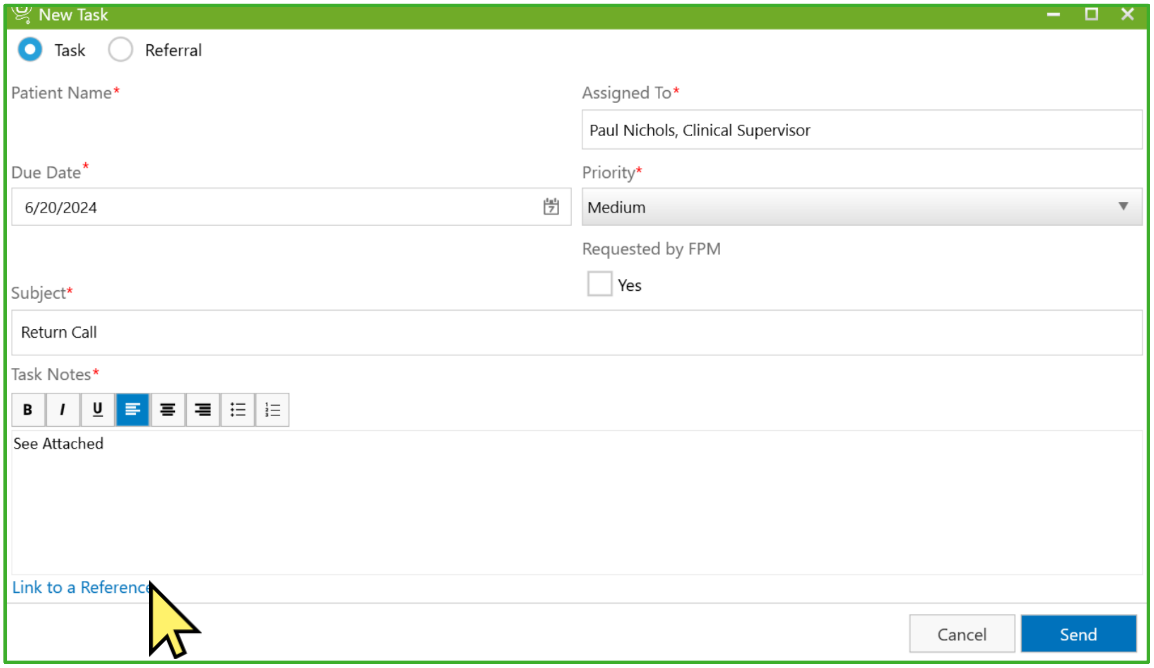
Attention – Searching for Market Staff
There is a glitch in Ubiquity that forces the application to display a "No Results Found" message when searching market staff for task assignment. After approximately one (1) minute, the correct results will be displayed. If nothing changes, erase the search field and try again.



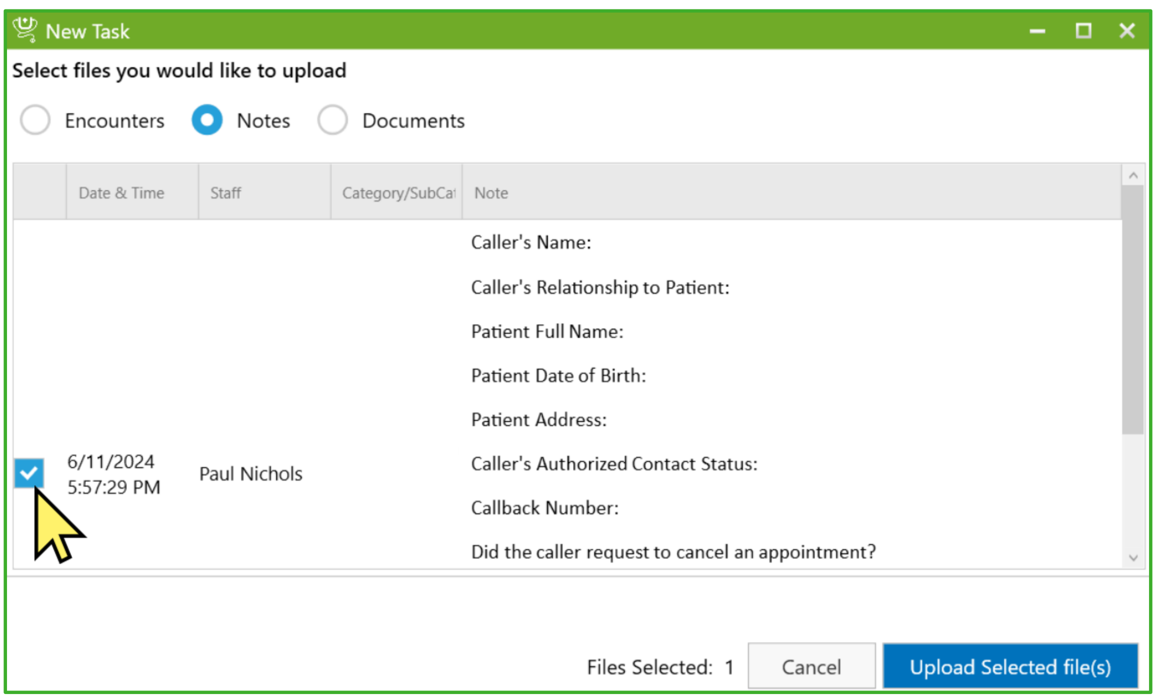
Manually Add Notes to a Task:

If the Ubiquity note is not attached to the Task:

1. Click the “Link to a Reference” option below the Task Notes entry field.



2. Select the “Notes” option from the top of the new pop-up window:
   - Check your note and select “Upload Selected Files” to complete the attachment and return to the task.



"Ubiquity Down" Call Completion

Ubiquity is an essential application we use every day to manage patient care. However, the application may be offline due to network issues, updates, or other circumstances that are outside of our control.

Interruption of Ubiquity services should NOT interrupt patient care.

Communication & Documentation Guidelines:

1. Your Supervisor or Manager will post a message in the APP / PCC Teams channels to announce the interruption in service.
2. You will receive an email from your Supervisor Manager with an attached "Ubiquity – Offline Tracker" document to be opened in Microsoft Excel.
3. Save the offline tracker to a location on your Laptop / Desktop that you will remember for later access.
    - The Offline Tracker is a spreadsheet that includes columns for each category of the documentation template (Reason for Call, Action Taken, etc.).
4. Use the offline tracker to take notes during calls.
5. SAVE OFTEN!
6. When Ubiquity comes back online, transfer your notes from the offline tracker to the appropriate patient charts.

Call Flows:

Ubiquity network outages DO NOT alter any call flows. Because we cannot view patient charts or enrollment statuses during this time, please treat all patients who call in as ELIGIBLE & ENGAGED.

Attention – System Management during "Ubiquity Down" Time
If a network-wide Ubiquity issue is encountered and announced, DO NOT restart your system unless given express permission from your Supervisor or Manager.