

Call Quality Review & Scoring



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Training Tip:

The PCC Call Quality Scorecard is subject to change over time to meet changing Landmark First / Optum quality standards.

Training Tip:

The LM1 Training Team may use call recordings for live review while training new hires.

Training Tip:

Please DO NOT challenge a scored call without first speaking to your Supervisor.

The PCC Call Audit Scorecard

Scoring Criteria	Description	Max Points	Full Credit	No Credit	Half Credit	Total Points
#1	Greeting Must Include: "Thank you for Calling Landmark First. My name is "Name", Patient Care Coordinator"	6				6
#2	HIPAA Verification PCC attempted to confirm three HIPAA-approved identifiers during the call. <i>To ensure I am speaking to the right person, May I have the patient's full:</i> - Full Name - Birthdate (day, month, and year must be provided) - Address (street, city, and ZIP code must be provided)	15				15
#3	Phone Number PCC verified the patient's primary contact number and/or a good call back number. (PCCs should only provide the last 4 digits on file)	7				7
#4	Interruptions PCC did not intentionally speak over the caller at any point during the call.	12				12
#5	Holds PCC obtained the caller's verbal permission before placing them on hold.	10				10
#6	Provider Tx. PCC provided their name and role to the provider upon accepted transfer.	10				10
#7	Request Summary PCC accurately summarized the caller's request to the Provider upon transfer. (APC, Market Provider, or Triage RN)	6				6
#8	Empathy Statement PCC used at least one (1) empathy phrase during a patient or caregiver call: (I'm sorry you aren't feeling well today; I'm sorry for your loss; I'd like to take care of this for you)	7				7
#9	Courtesy Statement PCC used at least two (2) courtesy phrases on this call other than those used in the greeting? (Please; thank you; May I; I'd be happy to assist you; Thank you for calling Landmark First; Please allow me one moment to access your chart)	7				7
#10	Ubiquity Note Did the PCC document the call appropriately using the approved documentation template? For Appointment Verification Calls (no partial credit): - Did the PCC ask both COVID Screening Questions: 1. Do you or anyone in your home have fever/chills, cough/sore throat, SOB beyond what is typical, or new loss of taste or smell? 2. Have you or any other persons in the home been Dx with COVID19 in the last 30 days?	20				20
Total Points:						100.00

Auto-Fail Criteria

An auto-failed call will nullify the Total Points earned above and may lead to coaching or corrective action at the discretion of your Supervisor / Manager.

Scoring Criteria	Description	Auto-Fail Found
#1	HIPAA Breach PCC gave disclosed HIPAA restricted information without verifying the caller's authorized status.	
#2	Noise Quality Background or personally distracting noises were heard in the PCC's work environment.	
#3	Dialogue PCC used profanity or derogatory statements during this call. (Including hold times / Transfers)	
#4	Etiquette PCC exhibited blatant rudeness / negative behaviors or comments of any kind during the call?	
#5	Call Handoff PCC failed to follow the "hand-off process" and / or denied the caller clinical care? (small talk, unnecessary chatting, keeping the patient on hold extended time, etc.)	
#6	Call Flows PCC failed to either: 1. Follow the Call Transfer Flow Process 2. Return a dropped patient's call?	

Feedback:

Call Scoring Criteria

Expectations:

Call Audit Delivery	
Call Selection	Random
Audit Frequency:	Weekly
Delivery Method:	Email (<i>call recording + scorecard attached</i>)
Recipients:	PCC (Individual), Team Leads, Supervisors, Managers, Administrative Senior Leadership

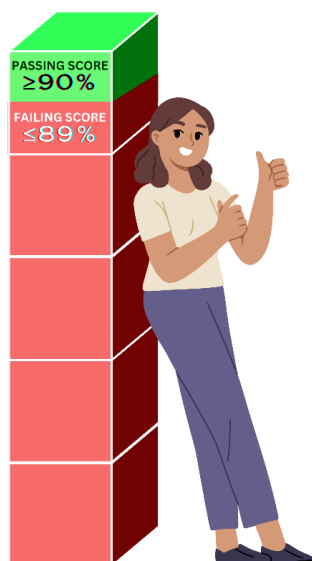
Every PCC will receive four (4) scorecards per month for a total of forty-eight (48) scorecards during the annual period.

Attention - Scoring Frequency Disclaimer

While it is expected that PCC calls are audited four (4) times a month, exceptions may occur to effect audit frequency, and therefore, the total number of calls scored in an annual period.

Please note that your calls are monitored on a day-to-day basis regardless of weekly audits. Additional reviews may be conducted by your Team Leads, Supervisors, or Managers.

Pass / Fail Criteria:



A call audit score is considered passing if the total percentage of points earned is *greater-or-equal-to* 90%. A passing score may still be submitted with additional feedback and call observations which the PCC is expected to review.

A call audit score is considered failing if the total percentage of points earned is *less-than-or-equal-to* 89%. A failing scorecard will be submitted with additional feedback and coaching recommendations which the PCC is expected to review with their Team Lead or Supervisor.

Scorecard Review:

Under normal circumstances, PCCs will meet with their Supervisor once per month to discuss the previous months scores. At that time, the Supervisor may offer minor coaching and general advice for call handling.

In the event that immediate coaching is needed as the result a submitted call audit, Supervisors or Team Leads will schedule a meeting with the PCC for immediate coaching and discussion.

Training Tip:

Actions, noises, and behavior that occur during hold times are considered during call scoring.

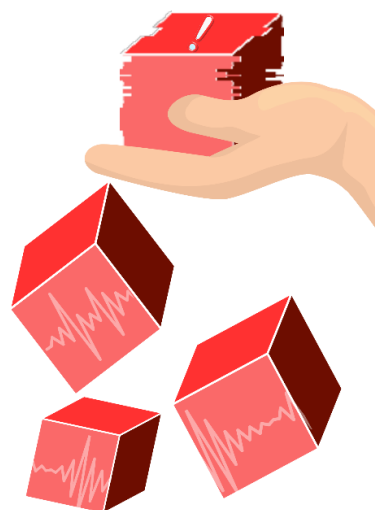
Auto-Failed Call Audits

If an auto-fail condition is discovered during a call quality audit, any points earned are nullified and the “*Auto-Failed*” score is submitted.

The context and circumstances of the auto-fail condition may lead to coaching, disciplinary action, or termination based on Manager’s discretion and the PCC’s prior performance.

In addition, repetitive auto-failed call audits may lead to disciplinary action up to and including termination at Manager’s discretion.

Please review the “Feedback” section of the PCC Call Audit scorecard for more information.

**Auto-Fail Criteria:**

- | | |
|---------------------------|---|
| 9. <i>HIPAA Breach:</i> | PCC gave disclosed HIPAA restricted information without verifying the caller’s authorized status. |
| 10. <i>Noise Quality:</i> | Background or personally distracting noises were heard in the PCC’s work environment. |
| 11. <i>Dialogue:</i> | PCC used profanity or derogatory statements during this call. (Including hold times / Transfers) |
| 12. <i>Etiquette:</i> | PCC exhibited blatant rudeness / negative behaviors or comments of any kind during the call? |
| 13. <i>Call Handoff:</i> | PCC failed to follow the “hand-off process” and / or denied the caller clinical care? |
| 14. <i>Call Flows</i> | PCC failed to either: <ul style="list-style-type: none"> • Follow the Call Transfer Flow Process • Return a dropped patient’s call? |

Call Audit Statistics

In addition to providing our patients with a reliable, responsive, and compassionate call experience, an individual PCC's call audit scores are used when calculating their annual raise. Please see below for details:

PCC Annual Raise Calculation		
Statistic	Description	%
Individual Call Audit Scores	≥90% - weekly call audits by the Quality Team.	25%
Abandon Rate by Team	≤5% - number of calls that are not answered by the team before the caller disconnects.	25%
Individual After Call Work (ACW)	≤20% - time spent after a call updating a patient's file and completing documentation.	25%
Individual Complaints / Compliance	≤3% - Complaints from internal and external customers per quarter	25%

In addition, a newly hired PCC must obtain 2 consecutive passing scorecards before they can qualify for overtime.

The Call Audit Challenge Process

PCC's will have (14) days after receipt to challenge call audit scores:

- A score of 90% is required to pass a call evaluation.
- All Auto-Fail Scorecards will require review by the Quality Team and PCC Manager for approval.
- Calls are randomly selected for review
(to ensure call quality adherence at all times)



If you disagree with the decisions of the Landmark First Quality Team, please express your views and reasoning in a professional manner according to our [Communication & Etiquette Policy](#).

Procedure to Challenge:

1. Before submitting a challenge to the Quality Team, please review your scorecard with a Team Lead or Supervisor to receive more information or coaching based on the score and feedback you received.
2. If, after this session, you still wish to submit a challenge for review, send an email to LandmarkfirstQuality@landmarkhealth.org
 - Be sure to attach original scorecard & call recording to challenge email
3. If any adjustments are made to your score based on your challenge, you will be notified by email with an updated scorecard attached.

Call Re-Evaluation

When a call is re-evaluated by the Quality Team, please be aware of the following:

- Challenging your score does not guarantee that it will be changed, or that it will be changed for the better.
- As new situations present themselves, Landmark First may update existing scorecards with new criteria.
- Any PCC / APP who receives consecutive / frequent failed scores is subject to disciplinary action or additional training as the situation deems appropriate.

Call Audits & Fraud Prevention

While the call audit scorecard provides specific call audit guidelines, the Landmark First Quality Team may discover additional concerns when reviewing calls that are not specific to scoring criteria. If an instance of suspected fraud is discovered during a call audit, the PCC's manager will be contacted and asked to investigate.

If a case of fraud is confirmed by the PCC Manager, the individual responsible may be subject to disciplinary action and possible termination based on Manager's discretion.

Training Tip:

It is everyone's responsibility to create a work environment of integrity, quality, and honesty.

If you witness a fraudulent activity within the company, please report it using the Fraud Reporting Line or Portal. More information can be found in the

Below are examples of fraudulent activities that, if performed, may lead to disciplinary action up to and including termination at Manager's discretion.

Examples – Fraudulent Activity

- Submitting falsified reports of systems issues, weather conditions, or other false circumstances to avoid taking calls.
- Manipulating Active / Inactive statuses within applications to falsify attendance reports, break times, or lunch periods.
- Failure to answer a call, email, or chat message within the threshold period.
- Failure to verbally alert the caller of call's answer, or remaining silent at the start of a call until disconnection.
- Intentional disconnection of a call / conversation or closure of email or chat applications.
- Transferring a caller, email, or message back to the queue without reason.
- Prematurely transferring a caller, email, or message to the back of the queue, or to another department or division without reason.
- Intentionally providing inaccurate information to conclude a call, email, or chat conversation.
- Refusal to take a call, email, or chat message.
- Intentionally placing the caller on hold for lengthy durations beyond the threshold period without reason.
- Intentional AUX or ACW jumping or intentional manipulation of AUX / ACW statuses to avoid taking calls.
- Remaining in a call beyond the threshold period after the caller has been transferred to the next level of support.
- Any other acts analogous to the foregoing.