

HEALTH PLAN OF SAN JOAQUIN			
Subject: Missed Appointments and Patient Recall			
Department: Medical Management			Policy #: QA04b
Applies to: Medi-Cal, Healthy Families			Scope: QI
Effective Date: 2/1/96	Revised Date: 4/12/05, 06/24/08	Approved by: Chief Executive Officer	

POLICY

- A.** The primary care provider (PCP) shall document missed appointments and follow-up contacts/outreach efforts in the member medical record. Documentation includes incidents of missed/broken appointments (cancellations or “no shows”) for PCP examinations, diagnostic procedures, lab tests, specialty appointments, and/or other referral services. Attempts to contact the patient and/or parent/guardian, and the results of the follow-up actions are also documented.
- B.** The Member Services Department, upon request of the provider, shall contact members who miss two or more consecutive appointments or three appointments in a six-month period. Member Services Representative (MSR) will inform the member of the importance of keeping scheduled appointments. If a specialist initiates the request, the specialist is expected to notify the member’s PCP of the missed appointments.
- C.** The MSR will make two attempts to contact the member by telephone within ten working days from the date assistance was requested from the provider. If the member cannot be contacted by telephone, the MSR will mail a follow-up letter to the member by the end of the tenth working day. The provider requesting assistance will be copied on the letter.
- D.** When discussing missed appointments with the member, the MSR will:
 - 1. Advise the member that his/her physician requested that HPSJ call to communicate his/her concerns.
 - 2. Explain that when a patient does not show up for an appointment it is wasted time that could have been used to see other patients.
 - 3. Advise the member that if he/she cannot keep an appointment he/she should always call in advance to cancel the appointment.

E. Members that Continue to Miss Appointments

1. A PCP wishing to have a patient reassigned may call HPSJ's Member Services Dept. The PCP must submit a written request to HPSJ accompanied by adequate explanatory and other relevant documentation.
2. PCP requests for reassignment of members shall be approved or denied by HPSJ within 20 working days of receipt of all required explanatory documentation subject to any right of providers or members to appeal the decision.
3. Providers cannot charge Medi-Cal patients for missed appointments.

REFERENCE

- A. DHS Contract, Exhibit A, Attachment 9
- B. CCR, Title 22, §51002 (Beneficiary Billing)
- C. Policy QA08, Quality Improvement Plan

Created by/Date	Revised by/Date	Revised by/Date	Revised by/Date	Revised by/Date	Revised by/Date
2/96	4/02	S.Steely 8-23-04	S. Steely 4/12/05	Trinchera 6/24/08	Reviewed by J. Scott 9/08