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| Policy Title: | Patient No-Show Policy |
| Policy Number: | ADMIN 400-005 |
| Effective Date: | 01/01/2017 |
| Revised Date(s): | 05/16/17; 2/20/2020 |
| Purpose: | Crouse Medical Practice (CMP) has a written process and defined standards for providing patients access to appointments. Crouse Medical Practice regularly assesses patient access and monitors no-show rates. |
| Regulation Reference (if applicable): | |
| Reviewed/Approved by: |  Carl Butch MD, CMP Medical Director |
| | Date: <u>2/25/2020</u> |

DEFINITIONS:

NO SHOW: Missing a scheduled appointment in the practice without calling to cancel or reschedule before the time of their scheduled appointment.

NO SHOW LETTER #1: Letter sent after first No Show Appointment in a rolling calendar year.

ADMIN400-005A

AUTOMATED APPOINTMENT LETTER: Letter sent after no response to NO SHOW LETTER #1.

ADMIN400-005B

NO SHOW LETTER #2: Letter sent after second No Show Appointment in a rolling calendar year.

ADMIN400-005C

POLICY: It is the policy of Crouse Medical Practice to assess its performance regarding patients who miss their appointments. No-shows are measured and monitored for internal (e.g., appointment at the practice with a provider) appointments.

PROCEDURE:

1. Each location will notify their patients by phone of their scheduled appointment two (2) days prior to their appointment date.

2. All new patients will be informed of Crouse Medical Practice's No Show policy upon their first visit to the practice. Highlights of the policy are as follows:
 - a. CMP requires all appointments to be cancelled within 24 hours of the scheduled appointment time.
 - b. **Two** No Shows in a rolling 12 month period may result in being discharged from the practice.
 - c. Patients will be informed of No Shows via mailed letters/verbal communication.
Forms: ADMIN400-005A and ADMIN400-005B
3. The No Show policy is referenced in the Office Policies on the CMP website and in the office consent manuals.
4. It is the responsibility of the staff to accurately mark all patient accounts with a "**No Show**" at the end of the day.
5. When a patient is a No Show for the **first time**, the appropriate staff will notify the provider and mail out No Show letter #1 (ADMIN400-005A) in the morning of the next business day after the missed appointment. The letter is to be generated through the electronic medical record (EMR) in order to have an electronic copy that is date stamped. The patient will be given 14 days to contact the practice to schedule an appointment. Failure to do so may result in discharge from the practice. The staff member who creates and sends the letter will create a TO DO in the patient's EMR for 15 days from the date of the letter and will place an appointment alert noting that No Show Letter #1 was sent.
6. On the 15th day, the staff member will check to see if the patient has scheduled an appointment. If the patient has not, the staff member will auto-schedule the patient and send the patient an appointment letter (ADMIN400-005B) which will identify the date and time of the appointment and will advise the patient to call the office to reschedule if the appointment date and time does not work for their schedule. The staff member will place an appointment alert indicating that the appointment letter has been sent.
7. When the patient is a No Show for the **second time** in a rolling calendar year, the appropriate staff will notify the provider and No Show Letter #2 (ADMIN400-005C) will be sent as above. With the second letter the patient will be given 14 days to contact the practice and schedule an appointment. Failure to do so may result in discharge from the practice. The staff member who creates and sends the letter will create a TO DO in the patient's EMR for 15 days from the date of the letter and will place an appointment alert noting that No Show Letter #2 was sent.
8. On the 15th day, the staff member will check to see if the patient has scheduled an appointment. If the patient has not, the staff member will notify the provider who will decide whether or not to recommend discharge from the practice, as below.
9. When the patient is a No Show for the **third time** in a rolling calendar year, the appropriate staff will notify the provider who will decide whether or not to recommend discharge from the practice.
10. If discharge is recommended, the provider will send a triage to the Practice Administrator who will triage the appropriate designated staff who will reach out to the patient to determine if

there are any extenuating circumstances preventing the patient from keeping his/her appointments.

- a. If there are extenuating circumstances, the designated staff, the Practice Administrator and the Provider will work with the patient to find a resolution.
 - b. If there are not extenuating circumstances the Practice Administrator will present the provider's request to the CMP Patient Discharge Committee for review and final disposition. (Please refer to CMP Patient Discharge Policy ADMIN400-006.)
11. All communications will be documented in the electronic medical record.
 12. Providers should make patients aware that it is important to keep scheduled appointments for continuity and quality of care.

QUALITY CONTROL: The Practice monitors the policy and procedure in the following manner:

1. Management will monitor weekly internal no-show rates with reports pulled from Medent.
2. Periodic review of the workflow associated with no-shows, to include the communication from scheduling to the care team and the care team to the patient; and the documentation of all efforts to contact the patient.
3. Annual audit of five records per provider for patients who did not keep their appointment to ensure appropriate follow-up and documentation, in accordance with the Practice's policy and procedure.

Date

Name
Address
Address

Dear _____,

Our records indicate that you did not keep your _____ scheduled appointment with _____.

Failure to continue under a medical provider's care may jeopardize your health. We advise you to contact our office within the next two weeks to schedule an appointment.

Please be aware that ongoing failure to schedule and keep appointments could lead to discharge from our practice.

If you have decided to place yourself under the care of another provider, please let our office know and we will update our records. We shall make your records available to that provider upon receipt of a written HIPAA compliant authorization from you.

Thank you for allowing Crouse Medical Practice to participate in your healthcare. We look forward to hearing from you.

Sincerely,

Crouse Medical Practice



DATE

NAME
ADDRESS
ADDRESS

Dear _____;

We have scheduled your next appointment with _____ for _____ at _____.

Failure to continue under a medical provider's care may jeopardize your health. If this appointment date and time does not work for your schedule, please contact our office as soon as possible to reschedule.

Thank you for allowing Crouse Medical Practice to participate in your healthcare.

Sincerely,

Crouse Medical Practice

Date

Name

Address

Address

Dear _____,

Our records indicate that you have routinely not kept your scheduled appointments with Crouse Medical Practice. Failure to continue under a medical provider's care may jeopardize your health. We advise you to contact our office within the next two weeks to schedule an appointment. Failure to do so or failure to keep future scheduled appointments may result in discharge from Crouse Medical Practice.

If you have decided to place yourself under the care of another provider, please let our office know and we will update our records. We shall make our records available to that provider upon receipt of a written HIPAA compliant authorization from you.

Thank you for allowing Crouse Medical Practice to participate in your healthcare.

Sincerely,

Crouse Medical Practice