

## Policy and Procedure

| Policy Name:   | Missed or Cancelled Appointments   |   |
|--|--|---|
| Effective Date:  | Revision Date:   |   |
| Department(s)/Site(s):                                       |  |   |
| Document Owners:   |  |   |
| Approved By:   |  |   |
| Relevant Law/Standard:                                       | California Department of Health Care Services under Title 22, California Code of Regulations, Section 53230. (Requires the review and certification of Primary Care Practitioner (PCP) sites.)  Department of Health Care Services (DHCS) All Plan Letter 20-004, Facility Site Reviews. |   |
|  |  |   |
| Purpose:   |  |   |
| ·  | ed the opportunity to reschedule canceled and missed<br>ource inefficiency which impact upon the health of the   | • |
| Policy:  |  |   |
| •  | and/or canceled appointments via phone, text, mail or ocumented in the patient's record.   | r Email. At least two attempts to reach |
| Procedure:   |  |   |
| Staff or automated system will missed and/or canceled appoin | make two outreach attempts byntments.  | (phone/text/Email/mail) for             |
| Staff or automated system will                               | document outreach attempts in the patient's Medical  | Record.                                 |
|  |  |   |
| First Name Last Name –                                       | Title  | Date                                    |
| First Name Last Name –                                       | Title  | <br>Date                                |

The material in this document is a knowledge-sharing tool provided by the FSR team to enhance compliance with Facility Site Review requirements. All content is for informational purposes and may be used and/or modified according to site-specific practices. Ensure appropriate review and approval by site management prior to adoption.