

Policy and Procedure			
Policy Name:	Missed Appointments	Policy ID:	AA.005.01
Approved by:	Dental Director (signature on file)	Effective Date	1/1/2013
States:	All States	Revision Date:	N/A
Application:	All Government Programs and Commercial DHMO		

This policy applies for operations under Premier Access Insurance Company and Access Dental Plan. For the purposes of this Policy, Premier Access Insurance Company and Access Dental Plan shall be collectively referred to as "Premier Access".

Purpose

To establish standard requirements for providers' missed appointment policies and procedures, to ensure quality dental care in a timely manner.

Policy

All providers shall have procedures in place for following up on missed appointments.

Definitions

Missed appointment – Unless otherwise specified by the program contract, a broken appointment (e.g., "no show", cancellation) for which the member does not provide at least a 24-hour notice.

Procedure

Providers

1. At a minimum the provider shall make one attempt to contact the member by mail, email or phone to follow up on a missed appointment. Under appointment scheduling, Provide information if member is contacted and offered a new appointment schedule. Missed appointment follow up shall be documented in the member chart.
2. A provider's missed appointment policy, including any associated charges, shall apply equally to all patients (e.g. government and non-government program members). If missed appointment provisions are specified by program contract, those provisions shall supersede this policy and the provider's missed appointment policy.
3. Providers shall inform members of the office's missed appointment policy.

Monitoring

1. *Premier Access* shall monitor compliance with missed appointment requirements in accordance with Policy **AA.003.01, Access and Availability – Monitoring for Compliance with Standards.**
2. Additional monitoring activities related to specialty services are described under **Policy CL.003.01 - Referrals for Specialty Dental Care.**

References

Centers for Medicare & Medicaid Services (CMS) Manual System, Pub. 100-04 Medicare Claims Processing, Transmittal 1279 (October 1, 2007)

Medi-Cal Dental GMC and LAPH Contract Provisions, Exhibit A, Attachment 11, Provision B, Access Requirements

See also related policies:

Policy AA.003.01, Access and Availability – Monitoring for Compliance with Standards, Policy CL.003.01 - Referrals for Specialty Dental Care

Revision History

Date:	Description
01/01/2013	Written policy developed.