

Beacon Comprehensive Behavioral Health Management Policy and Procedure Manual	
Policy Name: Provider Appointment Scheduling	Accessibility, Availability, Referral and Triage
Date: 7-97 Reviewed by QI Committee: 5-07, 5-08, 5-09, 5-10, 7-10, 5-11 Revised by QI Committee: 5-06, 7-10, 5-11	Page: 1 of 2 Policy Number: AR-5

Purpose: To ensure that a Beacon Comprehensive Behavioral Health Management (Beacon CBHM) provider’s initial contact with patient is appropriate and serves the needs of the patient.

Policy:

1.0 Initial Telephone Contact and Scheduling

- 1.1 A provider or provider’s office staff should only contact a patient by phone if they are returning a patient’s call or the patient has given permission through Beacon CBHM for the provider to contact the patient. Provider or staff, when leaving a message with anyone other than the patient, including an answering machine, should leave only their name and phone number. No other identifiers, including type of doctor, nature of the call, or office name should be left in a voice mail message.
- 1.2 Providers should return all patient phone messages within one business day.
- 1.3 When a provider has telephone contact with a patient to arrange for an initial appointment s/he should assess the reason patient is seeking treatment in order to determine if referral is appropriate. Providers should also provide crisis intervention as needed.
- 1.4 Appointments are to be offered within the timeliness guidelines established by Beacon CBHM
 - 1.4.1 Urgent appointments are to be offered within 48 hours
 - 1.4.2 Routine appointments are to be offered within 14 calendar days
- 1.5 If provider cannot offer an appointment within timeliness guidelines, s/he is to refer patient back to Beacon CBHM for assistance.

2.0 Scheduled Appointments

- 2.1 If a patient walks in to a clinical practice without an appointment and it is clear the patient is covered by Beacon CBHM, the recommendation is for provider to call Beacon CBHM to register services and verify eligibility and benefit.
 - 2.1.1 Beacon CBHM staff will verify eligibility and provide a verbal registration number. A written registration notice is faxed or mailed within one business day.
 - 2.1.2 Beacon CBHM staff will be available to assist with crisis intervention and emergency services as needed.
- 2.2 If a Beacon CBHM patient arrives at a scheduled appointment and the provider does not have a copy of a Registration Notice, the recommendation is for the

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provider to call Beacon CBHM to register services and verify eligibility and benefit. The provider may also ask the patient to call.

2.2.1 Beacon CBHM staff will verify eligibility. A written Registration Notice with benefit information is faxed or mailed within one business day.

2.2.2 Provider should keep appointment as scheduled.

3.0 Rescheduled Appointments

3.1 When a provider must cancel a scheduled appointment, the following guidelines should be followed:

3.1.1 When possible, at least 24 hours notice of cancellation should be given to the patient.

3.1.2 When possible, a choice of alternate appointments should be offered at the time of the cancellation.

3.1.3 When the provider leaves a voice message for the patient, the provider should attempt to make telephone contact with the patient at least one time per day until an alternate appointment has been scheduled.

3.1.4 All rescheduled appointments shall be provided in a manner that is appropriate for the patient’s health care needs, and ensures continuity of care consistent with good clinical practice. Time frame for rescheduled appointments shall not exceed 48 hours for urgent cases and 7 calendar days for non-urgent cases.