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**ULP Policy and Procedure**

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| Subject of Policy | | | | | | | Policy Number | |
| **Provider Clinic Cancellation with the Access Center** | | | | | | | DRAFT: SCO-DPT-DIV-001 | |
| Accountable Position, Department | | | | | | | Approved by | |
| Title, Department | | | | | | | Name and Title | |
| Effective Date | | | Revised Date | | | Review Due | Author | |
| mmm dd, yyyy | | | mmm dd, yyyy | | | mmm dd, yyyy | Name and Title | |
| Scope of Policy |  | Organization | |  | Central Business Office | |  | Information Systems |
|  | Administration | |  | Compliance | |  | Legal |
|  | Clinical Operations | |  | Contracting & Credentialing | |  | Marketing & Communications |
| X | Access Center | |  | Facilities | |  | Operations |
|  | Finance | |  | Human Resources | |  | Other (list) |

**POLICY**

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| **Purpose:** |  | The UofL Physicians Provider Clinic Cancellation Policy has been developed to provide clear expectations in the event that a Provider needs to cancel a clinic. The Policy also defines the process of approval needed prior to the cancellation. This Policy only affects Faculty Providers in Clinics that are partnering with the Access Center. |

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| **Policy Statement:** |  | The Provider Clinic Cancellation Policy has been established to ensure consistency among providers in all departments partnering with the Access Center for an improved patient experience. It is the policy of UofL Physicians to require appropriate approval for any provider bumps with less than 90-day notice. The Provider may be requested to provide make up sessions to accommodate the “Bumped” appointment if the current availability does not allow for a reschedule within 14 days. |

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| **Related Documents:** |  | Access Initiative  Provider Clinic Cancellation Form |

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| **Definitions:** |  | **Bump**- Any appointment that is cancelled by a provider for any reason. All attempts will be made to reschedule the patient within 14 days of their bumped appointment.  **One-Time Clinic Cancellation-** When one clinic session is cancelled for a specific date. |

**PROCEDURE**

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| **Procedure:** |  | **Advanced Notice Clinic Cancellation** |
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| **Responsible**  **Party:** | Clinic Cancellations with greater than 90-day notice | |
| Provider | 1. Cancellations/Change greater than 90 days must have the Provider Clinic Cancellation form submitted and signed off by:    1. Clinic Director of Operations    2. Department Administrator | |
| Centralized Scheduler (PC) | 1. Update the Provider Schedule | |
| Team Member | 1. Contact any patient affected by the change. (Access Center will perform this task for any Provider partnering with them) | |
| 1. In the event the Access Center is unable to verbally communicate the cancellation to the patient, the Clinic will be notified in case the patient arrives for the appointment. | |

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| **Procedure:** |  | **Short Notice Clinic Cancellation** |
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| **Responsible Party:** | Clinic Cancellations with less than 90-day notice is not permitted except with advance written approval from leadership: (cancellations of an emergency nature will be handled on an individual basis) | |
| Provider | 1. Submit request to Chair, Vice Chair or Division Chief, as appropriate, to explain extenuating and unusual circumstances. | |
| 1. Appointment list will be reviewed by the provider for scheduled visits that may need to be seen by another provider in the practice under the following considerations:    1. Patient visits with acute needs that can be safely and appropriately handed off to another provider within the practice    2. Patients with extenuating non-clinical factors such as transportation challenges, travel from distant home locations, insurance coverage considerations etc.    3. Patients who have been bumped once by a ULP provider within the past 90 days (Reference Appointment History in Centricity) | |
| Centralized Scheduler (PC) | 1. Update the Provider Schedule | |
| Team Member | 1. Contact any patient affected by the change. (Access Center will perform this task for any Provider partnering with them) | |
| 1. In the event the Access Center is unable to verbally communicate the cancellation to the patient, the following communication methods will be used when possible:    1. Text Message (if patient has opted in)    2. Mailer with a request to call and reschedule    3. Preparation to be seen at original appointment date and time | |

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| **Accountability Metrics:** |
| 1. Departments shall maintain a 90-day bump rate below 3% and a 30-day bump rate below 1% 2. For individual providers exceeding the targets listed above within a 12-month period, a resolution and monitoring plan shall be established by the Department Executive Director and submitted for approval by the Department Chair and Chief Operating Officer. |

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| **Revision History** |  | mmm dd, yyyy. Policy established.  mmm dd, yyyy. Revised to update XYZ due to new technology upgrade. |

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| **Disclaimer** |  | *University of Louisville Physicians (ULP) follows all federal and state laws and regulations. Where more than one state or regulatory body issues directives, for consistency, ULP will follow the more stringent guidelines.*  *This document is intended as a guideline and situations may arise where professional judgment may necessitate actions that differ from the guideline.*  *This policy is subject to change or termination by ULP at any time. ULP has full and final discretionary authority for its interpretation and application. This policy supersedes all other policies, standards, guidelines, procedures or information conflicting with it. If viewing a printed version of this document, please refer to the electronic copy maintained on the intranet to ensure no modifications have been made* |
| **Non-Compliance** |  | *Failure to comply with any part of ULP's policies, standards, guidelines, and procedures may result in disciplinary actions up to and including termination of employment, services or relationship with ULP. In addition, state and/or federal agencies may take action in accordance with applicable laws, rules and regulations. Any unlawful act involving ULP systems or information may result in ULP turning over any and all evidence of unlawful activity to appropriate authorities.* |



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***PROVIDER SCHEDULE CHANGE FORM***

***Changes to the schedule should be requested with enough advanced notice such that rescheduling of patients is kept to a minimum. Clinics should not be cancelled within 90 days of the scheduled clinic date.***

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| Clinic (Division) | Location | |
| Clinic Dates for Cancellation or Change | Date of Request | |
| One-Time Cancellation Reason for Request: Vacation Professional | |  |
| Number of Patients Affected | Clinic Session Cancelled (AM/PM/Evening) | |
| Make-up Clinic Needed? Yes/No  Explain Reason for Schedule Change: | Dates for Make-up (if needed) | |
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**Approval:**

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| Provider (Required) | Signature | Date |
| Medical Director (if applicable) | Signature | Date |
| Division Chief | Signature | Date |
| Vice Chair (if applicable) | Signature | Date |
| Chair (if applicable) | Signature | Date |