**PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

**POLICY / PROCEDURE**

<table>
<tr><td colspan="3">Policy/Procedure Number: MP301</td><td colspan="3">Lead Department: Member Services</td></tr>
<tr><td colspan="3">Policy/Procedure Title: Assisting Providers with Missed Appointments</td><td colspan="3">☒ External Policy<br>☐ Internal Policy</td></tr>
<tr><td colspan="2">Original Date: 01/22/1999</td><td colspan="4">Next Review Date: 09/09/2027<br>Last Review Date: 09/09/2026</td></tr>
<tr><td>Applies to:</td><td colspan="2">☐ Employees</td><td>☒ Medi-Cal</td><td colspan="2">☐ Partnership Advantage</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☒ IQI</td><td>☐ P & T</td><td colspan="2">☒ QUAC</td></tr>
<tr><td colspan="2">☐ OPERATIONS</td><td>☐ EXECUTIVE</td><td>☐ COMPLIANCE</td><td>☐ DEPARTMENT</td></tr>
<tr><td rowspan="2">Approving Entities:</td><td colspan="2">☐ BOARD</td><td>☐ COMPLIANCE</td><td>☐ FINANCE</td><td>☒ PAC</td></tr>
<tr><td>☐ CEO</td><td>☐ COO</td><td>☐ CREDENTIALS</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="4">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="2">Approval Date: 09/09/2026</td></tr>
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**I. RELATED POLICES:**

A. MP316 – Provider Request to Discharge Member & Assistance with Inappropriate Member Behavior

**II. IMPACTED DEPTS:**

A. Provider Relations

**III. DEFINITIONS:**

A. Primary Care Provider (PCP): The provider responsible for coordinating a Member's primary health care services.

**IV. ATTACHMENTS:**

A. Missed Appointment Notification Form #29

**V. PURPOSE:**

To preserve and strengthen the provider-member relationship by educating members on the importance of attending and maintaining their scheduled appointments, thereby promoting continuity of care, timely access to services, and positive health outcomes.

**VI. POLICY / PROCEDURE:**

Members who miss two (2) or more consecutive appointments within the previous three (3) month period may be contacted by Partnership staff at the request of the Member's provider. If the request originates from a specialist, the specialist is responsible for notifying the Member's Primary Care Provider (PCP) of the missed appointments.

A. Providers requesting Partnership's assistance shall submit the Missed Appointment Notification Form (Form #29, Attachment A) to Partnership's Member Services (MS) Department.
B. Member Services contacts the member by letter or by phone to advise the member of the:
    1. Importance of keeping their appointments and promoting continuity of care, timely access to services etc.
    2. Repeated missed appointments, may result in the provider requesting transfer of the Member's care or termination of the provider-member relationship in accordance with Partnership policy and procedure MP-316 Provider Request to Discharge Member & Assistance with Inappropriate Member Behavior .
    3. Partnership may assist in identifying and addressing barriers to care through member education, referrals to the appropriate department, care coordination, transportation assistance, or other available Partnership resources..

**VII. REFERENCES:**

N/A

**VIII. DISTRIBUTION:**

A. Partnership Department Directors
B. Provider Manual

**IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:**

Senior Director of Member Services & Grievance

**X. REVISION DATES:**

Medi-Cal

01/22/99; 01/10/01; 01/16/03; 07/22/03; 08/10/04; 08/10/05; 06/16/06; 12/09/08; 02/01/10; 04/21/10; 03/12/13; 01/30/15; 04/12/16; 03/15/17; *05/09/18; 08/14/19; 08/12/20; 08/11/21; 09/14/22; 09/13/23; 09/11/24; 09/11/25; 09/09/26

*Through 2017, Approval Date reflective of the Quality Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

**PREVIOUSLY APPLIED TO:**

Healthy Kids (11/01/2005 to 12/31/2016)