



**DEPARTMENT OF THE ARMY**  
HEADQUARTERS, US ARMY MEDICAL COMMAND  
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FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO  
ATTENTION OF

OTSG/MEDCOM Policy Memo 11-092

MCHO-CL-M

**03 NOV 2011**

Expires 3 November 2013

MEMORANDUM FOR COMMANDERS, REGIONAL MEDICAL COMMANDS

SUBJECT: No-Show Policy

1. References:

a. ALARACT 160/2010, DAMO-DASG, 282049Z May 10, subject: ALARACT VCSA Sends on Protected Health Information (PHI); <https://www.us.army.mil/suite/page/336433>.

b. Operation Order (OPORD) 09-36 (Access to Care Campaign), 30 Mar 09, and associated fragmentary orders (FRAGOs); <https://www.us.army.mil/suite/page/336433>.

c. OTSG/MEDCOM Policy 11-089, 25 Oct 11, subject: Improving Military Treatment Facility (MTF) Practices for Provider Template and Schedule Management; <https://www.us.army.mil/suite/kc/943142>.

d. OTSG/MEDCOM Policy 10-063, 27 Aug 10, subject: Improving Military Treatment Facility (MTF) Telephone Appointing Services; <https://www.us.army.mil/suite/kc/943142>.

e. OTSG/MEDCOM Policy 11-004, 19 Jan 11, subject: Appropriate Usage and Reporting of AudioCARE (AC); <https://www.us.army.mil/suite/kc/943142>.

f. OTSG/MEDCOM Policy 11-061, 18 Jul 11, subject: MEDCOM Policy for Procedures Following Missed Behavioral Health (BH) Appointments; <https://www.us.army.mil/suite/kc/943142>.

g. Military Health System's Guide to Access Success, 15 Dec 08; <http://www.tricare.mil/tma/tai/cguide.aspx>.

h. Health Affairs Policy 05-014, Aug 05, subject: Policy Guidance for Active Duty Service Member Enrollment to TRICARE Prime; <http://www.health.mil/HAPolicies.aspx>.

2. Purpose: To formalize MEDCOM-wide core objectives, business designs, and tools for consistent military treatment facility (MTF) no-show management which will improve patient access to medical care by limiting the number of appointments left open by beneficiaries not coming in for their scheduled appointment and/or not calling in advance to cancel their appointment. When a patient no-shows for an appointment, there is a cost to both the

patient and the system. Each no-show appointment represents a lost opportunity to provide healthcare services to our population, and hampers our ability to meet the Access to Care (ATC) standards and beneficiary expectations. Reducing no-show rates allow the providers to better plan their schedules to meet the needs of their enrolled patients and provide more comprehensive care during appropriately planned appointments.

3. Proponent: The proponent for this policy is TRICARE Division, Office of the Assistant Chief of Staff for Health Policy and Services.

4. Policy:

a. A no-show is defined as a patient who has an appointment, but neither uses that appointment nor cancels/ notifies the MTF of inability to keep the appointment.

b. When scheduling an appointment, MTF staff members will inform patients to arrive prior to their appointment time, generally 10 to 15 minutes, to allow for administrative processing and clinical screening prior to their appointment.

c. Upon arrival to the clinic, the patient will be processed for their appointment which will include validating and updating demographic information, validating enrollment status, updating insurance forms, and completing patient information data sheets. This process must not interfere with the scheduled appointment.

d. There are legitimate reasons why patients are late for appointments; therefore, this policy will be applied with a sense of fairness. Within reason, all efforts will be made to see patients who arrive late for their scheduled appointment.

e. MTFs will accommodate patients who arrive late to their appointments without causing undue delay to other patients reporting on time. The MTF enforces this policy to optimize patient centered care, timeliness of care, increase patient satisfaction, and negate further appointments being wasted. A patient arriving more than 10 minutes late will, in consultation with the clinic staff, either wait to be worked in, if possible, or reschedule the appointment for another day. If the patient has to be rescheduled for another day, the original missed appointment will be documented as a no-show. This will be explained to the patient. If the patient can be accommodated on the day of the original appointment, clinic staff must ensure that the appointment is not documented as a no-show, but rather as a kept appointment. Clinic staff will screen patients who reschedule their appointment to ensure the rescheduling will have no adverse affect on their health. Additionally, patients will be rescheduled into the next available appointment that meets ATC booking guidelines and paragraph 5.d., reference 1d of this policy.

f. If patients call/contact the facility/clinic to cancel prior to the appointment, they will not be considered a no-show.

g. There are times when a provider will not be available to see their scheduled patient(s) and in this case, the patient will see another available provider. However, this should be the exception and not the rule. Under this situation, the patient should not be listed as a no-show. Instead the clerk should provider-transfer the patient (in the Composite Health Care

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System (CHCS)) to the other provider and record the visit as kept. If no alternate provider is available to see the patient, then the appointment should be coded as "facility-cancelled" and the beneficiary should be offered an opportunity to reschedule the appointment. Providers that will be absent and have scheduled appointments should make every effort to have the scheduled patients notified and rescheduled prior to their arrival at the clinic.

h. Group appointments can be cancelled. They can be facility-cancelled or patient-cancelled. If the group appointment is facility-cancelled, it will cancel the appointments for all patients scheduled in the group. If, however, the group appointment is patient-cancelled, then only that specific patient's appointment is cancelled; all other patient appointments within that group appointment will still be present in CHCS (with an appointment status of Pending). In instances where patients will miss multiple group appointments (e.g., Temporary Duty, family emergency, vacation, etc.), all future appointments for the patient will be recorded as "patient-cancelled" provided the patient notifies the MTF. Additionally, if a Soldier is Absent Without Leave (AWOL) greater than 24 hours, the unit command officials should notify the MTF. This will allow the clinic the opportunity to patient cancel the future appointments and recapture the open appointments for other patients.

5. Responsibilities:

a. MEDCOM

(1) Post the monthly No-Show Report by the 20<sup>th</sup> of the month or the first working day after the 20<sup>th</sup> to the "No-Show" channel of the OTSG/MEDCOM TRICARE Division Access Knowledge Center (AKC) web, <https://www.us.army.mil/suite/page/336433>.

(2) No-show rates for all beneficiary categories as well as Active Duty only will be calculated utilizing the following formula:  $\# \text{ No Shows} / \# \text{ Kept Appointments} + \# \text{ No Shows} = \% \text{ of No Shows}$ .

(3) Establish and maintain a repository, on the AKC web, of no-show initiatives/strategies.

b. Regional Medical Commands (RMCs)

(1) Monitor no-show rates at MTFs within their region and assist underperforming MTFs within their region.

(2) Analyze, validate, and submit to MEDCOM promising initiatives/strategies which are proving to be useful in reducing no-show rates.

c. MTFs

(1) Meet target no-show rates of five percent or less using formula in 5.a.(2) above. To achieve this standard, MTFs must educate patient populations on medical no show appointment procedures and may incorporate measures such as briefing installation leadership on the cost of no-shows by organization and publishing articles in the installation

newspaper or electronic news bulletin, etc. Marketing strategies are located at the "No-Show" channel of the AKC web <https://www.us.army.mil/suite/page/336433>.

(2) Utilize AudioCARE automated appointment reminder processes/systems to the maximum extent possible in accordance with (IAW) reference 1e of this policy. Be prepared to implement additional strategies (e.g., email and/or text message appointment reminder systems) as they become available/approved.

(3) Market and otherwise support maximum adoption of TRICARE Online with special emphasis on making, cancelling and using appointment reminder tools.

(4) Provide a convenient means for patients to cancel appointments to minimize no-show rates by maintaining and centrally managing a "24/7" appointment cancellation accessible through central appointment's local and toll-free numbers. See reference 1d.

(5) Actively monitor all patient cancellations received via AudioCARE, via the Secure Messaging system (once available/approved) and via the MTFs appointment cancellation line to ensure availability of those appointments for other beneficiaries.

(6) IAW reference 1a of this policy, all MTFs will implement the MEDCOM approved no-show reporting requirement for Active Duty Service Members (ADSM), unless specifically granted an exemption by MEDCOM. The approved model, which has been loaded to the "No-Show" channel of the OTSG/MEDCOM TRICARE Division AKC web, <https://www.us.army.mil/suite/page/336433>, requires weekly reporting of no-show data to unit command officials. MEDCOM letters of exemption will also be posted to the AKC web. MTFs must ensure that reports divulge no more than the minimum necessary information to the commander. More specifically, the following must be excluded: specific clinic, reason for the appointment, Soldier's social security number, and diagnosis. Reports should only show the Soldier's name, unit, and date/time of the appointment. This no-show reduction program is critical to ensure we are fully meeting the Soldier's healthcare needs. At no time will MTFs disclose missed appointment information on family members to unit commanders as this would constitute a violation under the Health Insurance Portability and Accountability Act.

(7) Conduct accurate End of Day Processing procedures to ensure data quality/integrity of the information that is provided to unit command officials.

(8) Educate unit command officials/leaders about the ADSM no-show information they will be provided to include the need to maintain Soldier privacy/confidentiality and the Soldier's right to not be questioned about the nature of their medical appointments. Furthermore, educate them on the procedures to follow when/if they have data quality issues/questions regarding the information they are provided. Commanders should be encouraged to provide specific information if they disagree with the MTF's reported information (i.e., date/time of appt, and name of patient) so the organization can research the issue and refocus its data quality efforts.

(9) Limit facility cancellation rates to three percent or less. A facility cancellation is when the clinic cancels a patient's scheduled appointment. This action will permanently

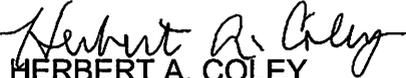
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remove the available appointment slot from the provider's schedule. All designated appointments will be facility cancelled in CHCS and as stated in paragraph 4.g, the individual clinic will contact all patients affected of their cancellation as soon as possible. Patients with appointments that were cancelled will be offered another appointment at the time they are contacted about the cancellation IAW ATC guidelines. If a cancellation message is left on the patient's voice mail, the message will indicate how the patient can reschedule their appointment after normal duty hours (if this capability is offered). If the patient is not physically contacted and is not aware of the facility cancellation and arrives for their scheduled appointment, the clinic will offer the patient an opportunity to be seen by another provider that same day if possible. If the patient requests a reschedule, the appointment will be rescheduled IAW ATC guidelines and paragraph 5.d. reference 1d of this policy.

(10) Telephonically contact, at a minimum, high risk patients (e.g., post-op patient, acute behavioral health (BH) patient) that no-show for a scheduled appointment. For missed BH appointments refer to the specific guidance in reference 1f of this policy.

6. Application process for exception to policy. Should the MTF determine that operational circumstances require consideration concerning this policy, the MTF commander may request an exception to policy by submitting an official request through the RMC to the MEDCOM TRICARE Division. The document must quantify specific reasons for the request, objective data to support the request, time frame for the exception period, and potential consequences of disapproval.

FOR THE COMMANDER:

  
HERBERT A. COLEY  
Chief of Staff