



BlueCare Tennessee is an Independent Licensee of the BlueCross BlueShield Association.

# HOME HEALTH MISSED VISIT FORM

**When to use this form:** When there is a missed visit or future missed visit of one or more hours, report the information by calling or faxing to the appropriate Managed Care Organization (MCO) number listed below. All missed visits, including those called in, must be faxed to the MCO within 3 calendar days of the date of the missed visit.

**ATTENTION: Missed visits resulting in an unsafe situation or no back-up plan in the home requires contacting the MCO as follows:**

MCO Name	Business Hours	After Business Hours (5PM CST and 6PM EST Mon Fri)	Fax Number
BlueCare <sup>SM</sup>	800-225-8698	800-262-2873	423-535-1931/833-744-7587
TennCareSelect	800-225-8698	800-262-2873	423-535-1931/833-744-7587
UnitedHealthcare	800-690-1606	800-690-1606	888-722-2601
Amerigroup	800-454-3730	844-385-5244	866-920-6003

## Member Information

Member Name: \_\_\_\_\_ Member's Date of Birth: \_\_\_\_\_ Member ID Number: \_\_\_\_\_

## Provider Information

Home Health Agency: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Provider Number: \_\_\_\_\_ Contact Name and Office Location: \_\_\_\_\_

### Missed Visit Details

Home Health Services Provided with Frequency: \_\_\_\_\_

Date of missed visit: \_\_\_\_\_ Duration of Visit (ex: 7a – 7p, 3p – 11p): \_\_\_\_\_

Hours missed per visit (one hours or more): \_\_\_\_\_

**Please select all applicable reason(s) for the missed visit and provide complete details**

- Agency unable to staff
- Agency provided alternative staff and member/caregiver refused alternative assignment
- Environmental (e.g. infestation, unsafe living conditions, illegal activities)  
Provide explanation: \_\_\_\_\_
- Family/member behavioral issues (e.g. combative, inappropriate language or touching)
- Hospitalization
- Inclement weather
- Member/caregiver refused scheduled staff
- Missed visit associated with a home health critical incident
- Patient not at home (e.g. on vacation, MD appointment, with other guardian or parent, holiday)
- If other, provide an explanation: \_\_\_\_\_

**AGENCY UNABLE TO PROVIDE STAFF FOR VISITS**

Provide details why agency was unable to cover visit.

\_\_\_\_\_

Describe the back-up plan identified in the Plan of Care.

\_\_\_\_\_

Was backup plan implemented?  Yes or  No

If No, what alternative plan was implemented?

\_\_\_\_\_

What actions/interventions have been completed to resolve future missed visits?

\_\_\_\_\_

**MEMBER REFUSED SERVICES:**

Date MCO notified: \_\_\_\_\_ Name of Contact: \_\_\_\_\_

Date ordering provider notified: \_\_\_\_\_ Name of MD notified: \_\_\_\_\_

Was CPS or APS notified?  Yes  No If yes, date notified? \_\_\_\_\_

Name of person who refused care for the patient and relationship to patient.

\_\_\_\_\_

Name of staff person that member/caregiver refused. \_\_\_\_\_

- Date refused: \_\_\_\_\_

Provide detailed reason for caregiver/member refusal of service.

\_\_\_\_\_

What interventions has the agency implemented to resolve refusal of services with the caregiver/member.

\_\_\_\_\_

\_\_\_\_\_

Printed name and title of person completing form \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_