



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 SM	1-800-225-8698	1-800-262-2873	(423) 535-1931/833-744-7587
TennCare <i>Select</i>	1-800-225-8698	1-800-262-2873	(423) 535-1931/833-744-7587
UnitedHealthcare	1-800-690-1606	1-800-690-1606	1-888-722-2601
Wellpoint	1-800-454-3730	(615) 316-2400, ext. 1061261288	1-866-920-6003
BlueCare Plus (HMO SNP) SM	1-800-299-1407	1-800-299-1407	1-866-325-6698

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 No

If No, what alternative plan was implemented?

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

Member Refused Services

Provide details why agency was unable to cover visit.

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:

Member Name: _____ Date: ____/____/____

Signature indicates Home Health Agency understanding of Contractual requirements for submitting missed visits and all home health agency intervention(s) for resolution as indicated in Division of TennCare Contract Reference A.2.12.23