

Frequently Asked Questions for Providers about Amendment 9 to the Statewide Contract Missed Visit Reporting

Introduction

1. What is Amendment 9?

Amendment 9 is the most recent amendment to the [Statewide Contract](#) between BlueCare Tennessee and the Division of TennCare. The contract includes all the terms and requirements that BlueCare Tennessee and the Division of TennCare must follow for us to manage the TennCare program.

Amendment 9 became effective Jan. 1, 2019, and includes the following requirements:

- Home health agencies (HHAs) must have a backup plan to handle missed visits for each member.
- The backup plan should trigger as soon as an agency learns a missed visit is in progress or will take place.
- Agencies must report missed visits within **three calendar** days by submitting a completed Home Health Missed Visit Form. To download this form, visit bluecare.bcbst.com/providers/forms.html and select **Home Health/Provider Duty Nursing Missed Shift Report** under the **Office Administration** header.
- In addition to submitting the Home Health Missed Visit Form, if there is no backup plan in the home or if a member refuses two or more qualified HHA staff members within a 30-day period, please call the BlueCare Tennessee case management referral numbers indicated on the Home Health Missed Visit Form immediately.

While Amendment 9 included several changes applicable to HHAs, this document focuses only on missed visits and related reporting requirements. Future updates will address additional changes that may affect HHAs.

General Process Clarity

BlueCare Tennessee requires HHAs to fax a missed visit form, even when they call to report a missed visit. This missed visit form is placed in the member's file for documentation.

An HHA must fax the form **AND** call the phone number on the form when the following are true:

1. The missed visit will result in a safety concern for the member; **AND/OR**
2. The missed visit(s) is a result of the unpaid caregiver or member refusing two or more HHA staff within a 30-day time frame.

Frequently Asked Questions

Since Amendment 9 reporting updates went into effect, we've received the following questions:

1. What constitutes a missed visit? Do I have to report a partially missed visit?

A missed visit is any period of time one or more hours long that HHA staff doesn't provide home health services that a member's authorized to receive and that has been scheduled/implemented (see [Statewide Contract A.2.15.9](#)). Accordingly, if a member misses one or more hours of a scheduled home health visit, please report the time frame of the missed visit on the Home Health Missed Visit Form. For example, if two hours of an eight-hour visit are missed, the time frame reported would be two hours only.

2. May I report more than one missed visit on the same Home Health Missed Visit Form?

Yes, you may report more than one missed visit on the same form as long as all missed visits were due to the same reason and reported within three calendar days. You may **not** report more than one member per form.

3. If a patient misses a visit because they're hospitalized, do I still need to complete a missed visit form?

Yes. Please mark hospitalization as the reason on the form.

4. If the patient receives services from multiple medical disciplines (i.e., physical therapy (PT), occupational therapy (OT), social work (SW), etc.), should I develop a single backup plan or should each provider develop discipline-specific backup plans?
One backup plan may be appropriate if the plan is sufficient to meet the patient's needs.

5. May I report missed visits from more than one discipline on the same form? For example, if a member is sick and a caregiver cancels all home health visits for the week, can my agency fill out one form with missed visits for OT, PT, etc.?

Yes, as long as your agency only reports one member per form and all visits were missed for the same reason.

6. If a provider's inability to see a patient results in the patient being discharged, should my agency submit a missed visit form to BlueCare Tennessee?

Yes, the event should be reported as a missed visit along with an explanation of the reason for the missed visit and the outcome (discharge).

7. When should I notify the treating physician about a missed visit?

Please follow your agency's policy and procedures for physician notices about missed visits. We also ask that, in addition to notifying the physician, you notify us when a missed visit results from a patient's refusal of two or more HHA staff members.

8. How long should my agency maintain records of missed visit forms that have been submitted to BlueCare Tennessee?

Each HHA policy or procedure will dictate record retention. However, we reserve the right to request missed visit documentation on a case-by-case basis. All records must be maintained in accordance with the terms of the Statewide Contract and your provider agreement.

9. Does the missed visit form apply to CHOICES and Employee and Community First CHOICES providers and services?

No, Amendment 9 requirements and this form don't apply to non-medical CHOICES/ECF CHOICES providers and services. The missed visit form and the requirements summarized in these FAQs only apply to medical home health services.

10. Should my agency use the Home Health Missed Visit Form to report missed visits for private duty nursing patients?

Yes, this form should be used anytime a TennCare patient misses a visit for home health services, including private duty nursing.

11. Should I use this form to report missed visits for Medicare patients?

No, this form should be used for TennCare patients only.

12. Should I use this form to report missed visits for Dual Special Needs Patients (D-SNP)?

Yes, if the patient is receiving home health services through their Medicaid benefit.

13. Should I use this form to report missed visits for patients receiving in-home hospice?

No, you should only use this form to report missed visits for medical home health services.

14. If a visit is missed on a Friday, will I meet the three-calendar-day deadline if I submit the form on the following Monday?

Yes, visits missed on Friday may be reported on the following Monday.

15. If a caregiver cancels a member's Monday visit and my agency believes the visit may be rescheduled for later in the week, should I complete and submit the form or wait a few days to see if we can reschedule the visit?

HHAs have three calendar days to report a missed visit. If a missed visit occurs on Monday, you have until Thursday afternoon to report it. If you reschedule and provide the visit on Friday and have not billed for the service, simply send an update. If billing has already occurred, please submit a claims adjustment to our claims area per the normal billing process.

16. If my agency reports a missed visit that ultimately occurred, how can I make sure the visit is properly billed and paid?

You may file a corrective claim for billing per the normal process for submitting claims corrections.

17. If a visit is missed but then rescheduled within the same week, should I report the missed visit?

No, because the ordered visit was completed within the ordered time frame. If the service isn't provided during the week, your HHA must report the missed visit within three calendar days.

18. If a member chooses not to have a visit for personal reasons (the patient isn't feeling well today, for example) should I consider this a refusal of care?

This would be a missed visit due to sickness/illness. Please mark "other" on the form and indicate sickness/illness as the reason. Even though this is reported as a missed visit, it won't trigger a pattern of refusal.

19. Page 2 of the Home Health Missed Visit Form asks whether or not a backup plan was implemented. Does this refer to the physician's plan of care from the 485 or the family's backup plan that is enforced in the home?

The missed visit form refers to the backup plan established by the primary caregiver at the time of admission/intake – not the physician's plan of care from the 485. This is the backup plan that the agency has in place to cover any missed visits/shifts.

20. Who should I list as the "name of contact" in the Member Refused Services portion of the Home Health Missed Visit Form?

If the member has refused two or more HHA staff, or if you have a concern the missed visit will result in a safety concern, please list the name of the BlueCare Tennessee representative your agency spoke with when reporting. If a member or unpaid caregiver has refused two or more HHA staff within a 30-day period, you should fax the form and call us so we can set up case management intervention. Our goal is to resolve any concerns or conflicts that could trigger a pattern of refusal as soon as possible.

21. Should I complete a missed visit for PT (G0151)/OT (G0152)/ST (G0153) when these services do not require a prior authorization (i.e., pediatric services)?

There's no prior authorization requirement for pediatric therapy services, so we wouldn't need a missed visit form. We understand that intermittent therapy visits are often rescheduled within the same week, eliminating a missed visit. Additionally, as therapy visits are normally less than an hour, a missed visit in this situation wouldn't apply per TennCare's definition of a missed visit, which is one hour or more of scheduled services.

While a missed visit form isn't required in this situation, please call us if you notice continuing refusal or any barrier that could hurt the health or safety of the member. This helps us provide quality care for our members and allows us to evaluate the need for case management involvement.