AMENDMENT 9 TO THE STATEWIDE CONTRACT
MISSED VISIT REPORTING

FREQUENTLY ASKED QUESTIONS

This document was prepared by the Tennessee Association for Home Care with the assistance and guidance of the MCOs. Every effort will be made to continue to revise this document to include additional questions and answers. To that end, if you have additional questions not answered by this document, please direct them to maegan@tahc-net.org.

INTRODUCTION

What is Amendment 9?

Amendment 9 is an amendment to the "Statewide Contract" that exists between the MCOs and the Division of TennCare. The Statewide Contract sets out all terms and requirements that both the MCOs and the Division of TennCare must agree to and follow in order for the MCOs to manage the TennCare program on the Division's behalf.

The Statewide Contract is just like any other contract, it can be amended as necessary so long as both parties (the MCOs and the Division of TennCare) agree to the changes. Although amendments can technically be considered at any time, they typically occur on a semi-annual cycle – effective January 1st and July 1st.

Amendment 9 is the most recent amendment to the Statewide Contract and had an effective date of January 1st, 2019. Effective Jan. 1, 2019:

- Home health agencies must have a back-up plan to handle missed visits for each member.
- The back-up 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 (attached).
- If there is no back-up plan in the home or if a member refuses two or more qualified home health staff members, please call the appropriate managed care organization (MCO) immediately. Phone numbers are on the Home Health Missed Visit Form.

While Amendment 9 included several changes applicable to home health agencies, this document focuses only on missed visits and the corresponding reporting requirements. Subsequent phases of education will address additional changes that may affect home health agencies.

General Process clarity
The MCO will require a faxed missed visit form for documentation within the members file, even when the agency calls to report a missed visit.

To ensure quality care, the agency must fax the form AND call the numbers on the form when the following are true:

1. The missed visit will result in a safety concern for the member; or
2. The missed visit(s) is a result of the unpaid caregiver or member refusing 2 or more home health agency staff within a thirty (30) day timeframe.

If the Statewide Agreement is between the MCOs and the Division of TennCare, why do Amendments affect me and other providers?

Many of the requirements that apply to the MCOs serve to establish minimum standards that must be carried out in the MCOs' management of the TennCare program. For example, the Contract states that the MCOs must include certain requirements in their agreements with providers. The Contract also states that the MCOs must require that providers do certain things as a condition of payment. This pass-through governance affects providers, but more importantly, allows TennCare to remain compliant with their own agreement with Medicaid.

FREQUENTLY ASKED QUESTIONS

Since implementation of Amendment 9 Missed Visit reporting updates, TAHC and the MCOs have received the following common questions:

What if only part of a visit is missed? Does the agency have to report a partially missed visit? What constitutes a missed visit?
A missed visit is any period of 1 or more hours that a staff member of an HHA does not furnish home health services that an enrollee is authorized to receive and which has been scheduled/implemented (See Statewide Contract A.2.15.9). Accordingly, if a member misses 1 or more hours of a scheduled visit, please report the timeframe of the missed visit specifically. For example, if 2 hours of an 8-hour visit/shift is missed, the time frame reported would be 2 hours only.

Can more than one missed visit be reported per Missed Visit Form?
Yes, you may report more than one missed visit per form as long as all missed visits resulted from the same reason and each missed visit is reported within three (3) calendar days; however, you must NOT report more than one member per form.

If a patient misses a visit because he or she is hospitalized, must the Missed Visit Form be completed?
Yes, with corresponding reason ("hospitalization") marked.

If the patient is receiving services from multiple medical disciplines (i.e. PT, OT, SW, etc.) is it appropriate to 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.

Can the missed visit of more than one discipline be reported on a single missed visit form? For example, if a member is sick and caregiver has requested cancellation of all home health visits for the week, can the agency fill out one form with missed visits for OT, PT, etc.?
Yes, as long as the agency only reports one member per form and all visits were missed due to the same reason.

If a provider's inability to see a patient results in the patient being discharged, should the agency submit a missed visit form to the MCO?
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).

When should the treating physician be notified of a missed visit?
The treating physician should be notified per agency policy and procedure.
The MCO should be notified when a missed visit results from a patient's refusal of two or more agency staff.

How long should a submitted Missed Visit Form be maintained by the home health agency?
Each home health agency policy/procedure will dictate record retention; however, each MCO reserves the right to request documentation of missed visits on a case by case basis.

Does the Missed Visit Form apply to CHOICES/ECF CHOICES providers and services?
No, these Amendment 9 requirements and this form apply to medical home health services only, not non-medical CHOICES/ECF CHOICES providers and services.

Should the Missed Visit Form be used to report missed visits for private duty patients?
Yes, this form should be used any time a TennCare patient misses a visit where home health services are to be provided, including private duty.

Should this form be used to report missed visits for Medicare patients?
No, this form should be used for TennCare patients only.

Should this form be used to report missed visits for Dual Special Needs Patients (D-SNP)?
Yes, if the patient is receiving home health services through their Medicaid benefit.

Should this form be used to report missed visits for patients receiving in-home Hospice?
No. This form should be used to report missed visits for medical home health services only.

If a visit is missed on Friday, does the Missed Visit Form need to be submitted on Friday in order to meet the 3 calendar day deadline?
No, visits missed on Friday may be reported on Monday.

If a caregiver cancels a member's Monday visit and the agency believes the patient may be rescheduled later in the week, should the agency complete and submit the form or give the situation a few days to see if the visit can be rescheduled?
Agencies have 3 calendar days to report the missed visit. If a missed visit occurs on Monday, the agency has until Thursday afternoon to report. If the agency succeeds on Friday in rescheduling and has not billed for the service, simply send in an update. If billing has occurred, it then turns to a claims adjustment and should be sent to our claims area per normal billing process.

If an agency reports a missed visit that ultimately occurred, how can the agency best eliminate the confusion and ensure that the visit is properly billed and paid?
The agency should file a corrective claim for billing per its normal process for submitting claim corrections.

If a visit is missed but is rescheduled within the same week, should that missed visit be reported?
No, as the ordered visit was completed within the ordered time frame. If the service is not provided during the week, the agency must report the missed visit within 3 calendar days.

If a member chooses not to have a visit for their own personal reasons (Example: patient isn't feeling well today) should this be considered a refusal of care?

This would be a missed visit due to sickness/illness reason (mark 'other' on the form and indicate reason) and while reported as a missed visit, would not require escalation as a "behavior pattern" related to refusal of home health agency staff.

Page 2 of the Missed Visit Form requests information regarding whether "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 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.

The "Member Refused Services" portion of the Missed Visit Form requests information regarding the "name of contact." To whom does this refer?

This is the name of the MCO representative the home health agency spoke with when reporting that the member has refused two (2) or more staff and/or that the missed visit will result in a safety concern for the member. If a member or unpaid caregiver has refused agency staff two (2) or more times within a 30-day period, the faxed form is to be sent and a call made to the MCO to notify of a need for case management intervention. The goal is early resolution of any concerns or conflict resulting in a behavioral pattern of refusal.

Should a missed visit report be completed for PT (G0151)/OT (G0152)/ST (G0153) when these services do not require a prior authorization (i.e., pediatric services)?
There is no prior authorization requirement for pediatric therapy services so no missed visit form would be required. The MCOs 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 would not apply per TennCare's definition of a missed visit as one hour or more of scheduled services.

While a missed visit form is not required in this situation, to ensure quality care for our members, please call the respective MCO using the number on the form if you do see continuing noncompliance (refusal) or other barrier that is detrimental to the health of the member and/or is a safety concern. This will allow the MCO to evaluate the need for case management involvement in order to address barriers.

Please submit questions not answered by the foregoing to maegan@tahc-net.org.