

Late missed visits reporting for electronic visit verification

The Division of TennCare has updated its late missed visits (LMV) monthly reporting requirements. LMV data is sent to the Division of TennCare on a monthly basis. Provider agencies who use the electronic visit verification (EVV) platform and who bill for services on behalf of TennCare CHOICES and Employment and Community First CHOICES members are required to submit specific individual information regarding the LMV.

Amerigroup Community Care sends a report to each agency with a response due date. The provider agency populates the report with the following information and returns the report to the managed care organization (MCO) by the specified due date:

- If the visit was late:
 - Time the late visit was initiated
 - Brief explanation of follow-up actions taken by the provider to prevent future late visits
- If the visit was missed:
 - Confirmation of whether the visit was made up or not
 - If the visit was made up, date and time the missed visit was made up
 - If the visit was not made up, explanation of why the visit was not made up
 - Confirmation whether the member's backup plan was initiated
 - Brief explanation of the follow-up actions taken by the provider to prevent future missed visits

Best practices for providers:

- Keep your LMV dashboard up to date and accurate. You will lose visibility of LMV entries seven calendar days after any appointment is late or missed. This information is used for a state report and must be accurate.
- Stay on top of your manual confirmations to ensure they show your appointments as **on-time** or having a **late check-in** so staffing information and the reasons for an LMV are accurate.
- Use the Notes section within the appointment to capture comments regarding documentation needed to respond to late or missed visits.

Tips for completing the LMV report:

- Ensure that the provider agency email address for LMV data is correct. Updated email addresses can be sent to the EVV mailbox at tn1ltcevcs@anthem.com.
- Do not make changes to prefilled cells.
- Do not change the format of the document. The document should be returned in Excel format via email.
- Do not send the Excel file as a secure email.

- Responses must provide accurate information, as well as specific details regarding the appointment. Generic answers for each member are not acceptable.
- Check both the late and missed visit tabs within the request.
- Responses must be professional, free of spelling errors and grammatically correct.

Documentation submitted by the provider will be sent to the Division of TennCare exactly the way the MCO receives it. If **no response** is received from the provider, this will be documented and sent to the Division of TennCare as well.

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.