

Electronic Visit Verification (EVV) Missed Visit Reporting

PA Health & Wellness will collect data and monitor the EVV system for unconfirmed visits and missed services. Providers will receive alerts to support and monitor the ‘missed gaps’ of service. Late and missed visit exceptions will be captured.

PA Health & Wellness must report all service providers with missed visits to DHS within thirty (30) calendar days after the end of the reporting month, as stipulated in the MCO-CHC Agreement. The following elements must be documented in the report:

- Authorized service type
- Number of authorized service units/hours
- Number of missed visits for the date of service
- Explanation and resolution of missed services
- Date services are expected to resume

Reason Code	Definition	Comments
AR	The participant/participant representative/family refused the visit or were not available for the scheduled visit. The participant declines a replacement worker when offered by the agency if the primary caregiver is not available (call off, vacation, etc.). This must be documented in HHA notes that a replacement was offered but declined by the participant when primary caregiver isn't available	Only if the participant cancels visit or declines a backup when the agency caregiver is out. Indicating that informal supports were available to the participant does not meet the criteria of offering them agency back-up staff.
CV	Agency was unable to staff the case due to COVID-19 related to their staff and not the participant.	COVID only
FA	Participant is in the hospital or nursing facility due to COVID-19. Incident report is required.	COVID only

HU	Unplanned hospitalization. Incident report is required. An unplanned hospitalization that results in stay at a rehab facility.	Report HU if the participant discharges from the hospital and goes to a facility for rehab. This reason code is related to the participant being in the hospital not the agency staff or family member
IS	Participant refused due to COVID-19, receiving service through informal supports	COVID only
SI	Participant refused, self-isolating due to COVID-19, not receiving service	COVID only
TX	Worker switch to cover another case due to staffing limitations as a result of COVID-19.	COVID only
UN	Agency was unable to staff the case for a reason other than COVID-19.	Caregiver was a no call/no show and it was discovered after the date of service (too late to offer agency back-up staff). Any instance that the agency staff was not available to work the hours and a back-up staff from the agency was not offered. Caregiver clocked in late or out early and did not make up the time

What not to report as a **Missed Visit**

- Planned hospitalization/surgery/procedure.
- Respite Stay
- Shift was made up at a later day in the week (example: moved from Monday to Tuesday).
- Late clock in or early out if the hours were made up by worker.
- On or after CTB date
- Worker not clocking in/out or submitting a time sheet - the time worked or not by the staff needs to be verified by the provider agency before reporting any visits as missed, services not rendered.