



3700 Commerce Parkway
Miramar, Florida 33025
Phone: (844) 215-4264

To: Home Health Agencies
From: Integrated Home Care Services, Inc. (IHCS)
Date: August 24, 2020
Subject: Home Health Delay of Service Notification

It is essential that we maintain open lines of communication between IHCS, our Health Plan and contracted agency partners. This is critical to ensure that we continue to exceed the needs of our shared patients promoting their best health and wellness.

We understand that our agency providers may have difficulty contacting patients to initiate/provide care. This may be the result of a variety of reasons, ultimately affecting the patient's road to recovery and optimized clinical outcomes.

Our Health Plan partners have requested that moving forward; IHCS notify them proactively when these difficulties arise at the same time the Home Health Agency reaches out to the Referring Provider/Physician for assistance.

Effective 9/1/2020, all agencies are required to notify IHCS of these circumstances utilizing the following form. If you have an Electronic Medical Record system that allows for export of notes/comments, the form is not necessary, however, you must submit the notes/comments to the fax number provided. The note/comments should include at a minimum:

1. Patient Name
2. Date of Birth
3. IHCS Referral #
4. Reason for Contact
 - a. Unable to contact patient/caregiver
 - b. Delay in Start of service; RN, PT, OT, ST HHA, MSW, RT
Reason _____
 - c. Missing ; IV Medication/supplies, Wound Care supplies, DME (items necessary to provide ordered service) _____
 - d. Change in condition requiring immediate care; Hospital, other _____

Please fax notes/comments or the completed form to: 954-624-8743.

Upon receipt of the notification, IHCS will communicate the circumstances to the respective Health Plan for assistance. IHCS will follow up with the notifying agency and provide additional information to help facilitate care for the patient.

If you have questions regarding this communication, please contact our Home Health Team at 954-381-7951; Maria at ext. 7361 or Maritza at ext. 7417.

Thank You,

Integrated Home Care Services, Inc.



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Home Health Delay of Service Notification Form
Fax to: 954-624-8743

Patient Name: _____

Patient DOB: __/__/____

IHCS Authorization #: _____

Please select one (1) of the following circumstances that require Health Plan Notification:
(Circle applicable reason and provide a comment)

- 1. Unable to contact patient/caregiver
- 2. Delay in Start of service; RN, PT, OT, ST HHA, MSW, RT

Reason:

- 3. Missing items necessary to provide ordered service:

IV Medication/Supplies, Wound Care supplies, DME, other

- 4. Change in condition requiring immediate care; Hospital, other _____

Name of Agency: _____

Agency/Representative Contact Phone #: (____) _____ - _____