



MEMBER APPOINTMENT NO-SHOW REPORT

Appointment no-shows occur across all medical practices, and the Division of Health Care Services (DHCS) acknowledges that this problem can negatively impact both patient flow and revenue. If you experience Medicaid member no-shows in your practice, complete and submit this report form via one of the methods below within seven days of the missed appointment. The DHCS Quality Assurance (QA) Unit will review each report to determine what actions can be taken to reduce no-show occurrences.

No-Show Definition: *An individual who is expected for an appointment but failed to show with no notification of canceling.*

ALASKA MEDICAID PROVIDER INFORMATION

Provider/Practice Name: _____ Provider Medicaid ID#: _____

Provider Address: _____

Contact Name: _____ Contact Phone Number: _____

Do you remind patients of an upcoming appointment? YES NO If yes, how? Text Phone Call Other

Do you have a no-show policy? YES NO

ALASKA MEDICAID MEMBER INFORMATION

Member Name: _____ Member Medicaid ID#: _____

Member Date of Birth: _____ Member Phone Number: _____

Missed Appointment Date: _____ Missed Appointment Time: _____

Did the member notify you in advance that they were unable to keep their appointment? YES NO

If yes, how much advance notice was given? _____

Are you aware of the reason for the missed appointment? YES NO _____

Were travel vouchers issued for this appointment? YES NO

Comments/Additional Information:

Please return this form using one of the following **HIPAA-secure** methods:

Fax: 907.269.8868, Attention DHCS QA

Email: DHCS.SURS@hss.soa.directak.net

Mail: Division of Health Care Services
Quality Assurance Unit
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Anchorage, AK 99503-7167