CSINetworkServices™
An Option Care Health Company

Newsletter – October 2025

We are thrilled to announce that CSI Network Services will now be sending out a quarterly newsletter. Each edition will bring you the latest updated, helpful resources, and a look at what's ahead – all in one place. It's our way of keeping you connected and informed throughout the year!

Thank you for your continued partnership and for helping us optimize patient care and communication.

Say Hello to Our New Look!

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We are excited to announce that CSI Network Services has a new logo!

This refreshed design reflects our growth, innovation, and commitment to delivering exceptional service – while staying true to the values you have come to trust.

Why the change?

Our updated logo represents:

- Modernization of our brand as we continue to evolve.
- Consistency across platforms and communications.
- Continued commitment to excellence and reliability.

You will begin to see the new logo across emails, documents, and our website!

https://optioncarehealth.com/csi

Same trusted team – just with a fresh new look.

Thanks for growing with us!

Introducing Our New Website: OptionCareHealth.com/CSI

We are excited to share that Option Care Health has launched a new and improved website – designed with you, our valued agency partners, in mind.

Our goal is to make accessing the information and tools you need faster, easier, and more efficient. Whether you are accessing training documents, needing a form, or checking coverage areas, our new website brings everything together in one convenient place.

Here's What You Can Do on the New Site:

- Access the Latest Training Guides and Forms: Stay up to date with our most current documentation and training materials, available to download anytime.
- Check Payer Plans and Service Areas by State: Need to know which payers we work with or where we provide services? Go to the Service Area section on our website to view plan participation and service areas organized by state.
- You can also access the CSI AlayaCare Portal by clicking the Provider Portal button on the website.
- Enjoy a Streamlined User Experience: With improved navigation, better search functionality, and a cleaner layout, you can quickly find the resources you rely on.

Check it out now at: https://optioncarehealth.com/csi

We encourage all agency staff to bookmark the site for easy, quick, access!

Thank you for your continued partnership – and for growing with us as we work to enhance support for you and the patients we serve together!

Patient Email Addresses: A Key Step Toward Smoother Communication & Faster Processing

To better serve our patients and streamline key processes, we are now requesting that all referral submissions include the patients' email address whenever available.

Why this matters:

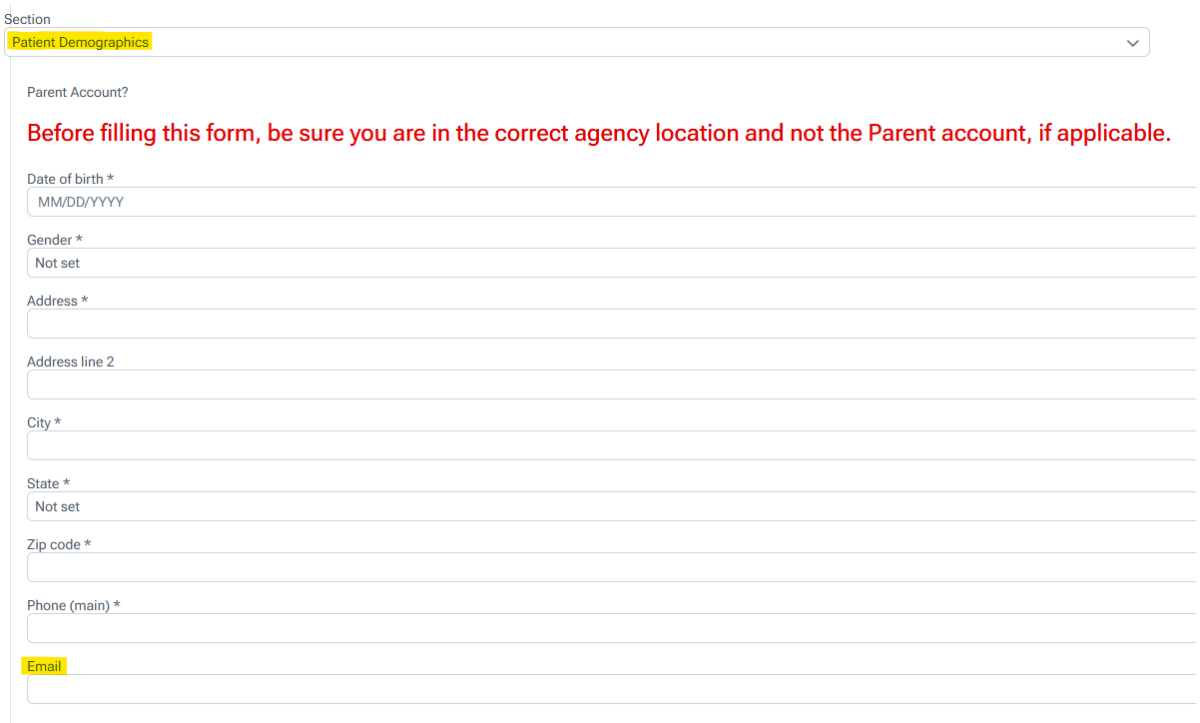
- Improved Coordination of Benefits (COB): When insurance information needs clarification or we encounter issues coordinating benefits, having direct access

to the patient allows us to resolve matters more efficiently – without relying solely on the agency as the go-between.

- Faster Collections of Patient Responsibility: Email provides a quick, secure, and direct way to notify patients about their financial responsibility.
- This helps avoid delays, reduces returned mail, and improves the patient's ability to understand and address their portion of the cost.
- Enhancing Patient Experience: By initiating early communication through email, we can ensure patients are well-informed about their coverage, next steps, and any out-of-pocket costs. It is all part of delivering a smoother and more transparent care experience.

We understand that in some cases, an email may not be available – but whenever possible, we ask that you prioritize collecting and including this information in your referral submissions.

Here is a snippet from the CSI AlayaCare Portal where the email will need to be included in the referral. It will be under the Patient Demographics Section when filling out the referral. If an email is not available at the time of submitting the referral, please put N/A.



Thank you for your continued partnership and for helping us optimize patient care and communication.

Reminder: Review Your Rejections & Denials on EOP Reports

To ensure timely and accurate payment, we want to remind all agencies to carefully review the rejections and denials section on their Explanation of Payment (EOP) reports.

What's the Difference Between a Rejection and a Denial?

- Rejection: This means the claim was not accepted for processing – often due to missing or incorrect information. Rejected claims typically never make it to the payer for adjudication, until they are resubmitted with the correct information.
- Denial: This means the claim was processed by the payer but was not approved for payment. Denials can occur due to coverage issues, no authorization, or insurance changes.

How to Resolve Rejections and Denials:

- Review the Reason Codes Carefully: EOP reports include specific codes and explanations for each rejection or denial. Understanding the codes is key to taking the right next steps.
- Correct & Resubmit Rejections Quickly: Since rejected claims never enter the payer system, fix errors (e.g., missing info, incorrect patient details) and resubmit promptly to avoid delays.
- Address Denials Appropriately: For denials, determine if additional documentation, prior authorization, or eligibility verification is needed. If your agency believes the denial is in error, you can appeal by following the appeal process and completing a Provider Resolution Form.

- Communicate With Our Support Team: When uncertain, reach out to your CSI Claims Resolution Team at agencyclaims@optioncare.com

Regularly reviewing your EOP reports and addressing issues proactively helps improve payment turnaround and reduces delays. Thank you for your diligence and partnership!

Important Reminder: UMR Authorization Requirements

We'd like to remind all agency partners that UMR is managed by UnitedHealthcare (UHC) and has strict authorization requirements for all services.

Whether you are starting care or continuing it, following the proper authorization process is essential to ensure patient coverage and avoid unnecessary financial risk.

Key Authorization Guidelines for UMR:

- 48-Hour Advance Notice for all authorization requests.
- UMR requires at least a 48-hour notice before initiating care. If this notice is not provided, a financial penalty may be imposed on the patient – even if the service is eventually approved.
- Signed physician orders for home care and clinical are required for Start of Care.
- Not providing the signed Home Care Physician orders and Discharge Summery/H&P will cause UMR to void our initial request.
- For ongoing authorization requests, provide at least 48-hour advance notice, be sure to include the signed 485, OASIS and visit notes with the request.
- UMR will not backdate initial or ongoing requests for authorization.
- Authorization is required for all Home Health Care Services.
- Authorization requests can take 4-14 days for both initial and ongoing.

What You Can Do:

- Double-check UMR's specific guidelines before submitting referrals.
- Build in extra time for both initial and ongoing requests.
- Communicate clearly with patients about timing and possible financial responsibility if timelines aren't met.
- Reach out to our support team if you need help with documentation or clarification.

Thank you for your attention to these requirements and for helping protect both the patient and the authorization process. Following these timelines helps ensure uninterrupted care and proper coverage.

Avoid Referral Errors in AlayaCare: Don't Use the Parent Account

We want to remind all agency partners to avoid submitting patient referrals under the parent account in the CSI AlayaCare Portal.

Submitting under the parent account prevents CSI from accurately identifying which location is servicing the patient, which can lead to delays, miscommunication, and incorrect routing of care.

Why This Matters:

When referrals are submitted under the parent account:

- It hides the true servicing location, which impacts how we assign and process referrals.
- It may delay care coordination and affect insurance verification and billing.

- It complicates tracking and performance reporting tied to your specific branch or site.

How to Avoid This Issue:

- Before creating a patient account or submitting a referral, double-check that the correct service location is selected in the CSI AlayaCare Portal.
- Make sure your team is familiar with navigating between the parent and child (location-specific) accounts within the system.

Need Help or a Refresher?

We've got you covered.

Visit https://optioncarehealth.com/csi to access training guides and step-by-step instructions for navigating the CSI AlayaCare Portal and submitting referrals correctly.

If you are in need to additional help or retraining, reach out anytime to our support team at: Agencyupdategroup@optioncare.com

Thank you for helping us ensure accurate, efficient processing and a better experience for patients and providers like you!

Thank you for all you do!

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Get connected with the right resources and people to support your needs.

Intake, Benefits and Authorization Departments

Questions regarding new referrals or authorization status 440-717-1700 option 1

M*arija Manson*

Manager, Revenue Cycle Management

Email: marija.manson@optioncare.com

Claims Resolution and Billing Departments

Claims inquiries and questions 440-717-1700 option 5

General email – agencyclaims@optioncare.com

Brooke Shireman

Supervisor, Revenue Cycle Management

Email: brooke.shireman@optioncare.com

Jennifer Hassinger

Manager, Revenue Cycle Management

Email: jennifer.hassinger@optioncare.com

Contracting and Credentialing Department

Questions regarding contracts, credentialing, or training needs 440-717-1700 option 6

General email – agencyupdategroup@optioncare.com

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Manager, Network Services & Payer Relations

Email: karen.skoczen@optioncare.com

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