



PROVIDER ORIENTATION HANDBOOK: HOME HEALTH AGENCY

WELCOME

Option Care Health believes that the nursing services provided to our patients, in conjunction with their infusion therapy, significantly contribute to both the real and perceived outcomes of service. The nurse's knowledge and professionalism contribute to the quality of care our patients receive. It is imperative that we partner with nursing agencies of excellence who can demonstrate the quality of service that our patients have come to expect.

To ensure the delivery of quality patient care and to provide instruction when necessary for our contracted infusion nurses, we have created orientation and training materials for you with the following ideas in mind:

- Option Care Health requires that you become familiar with our standards of practice, procedures, and requirements for participation in our nursing network.
- Option Care Health will provide access to tools and clinical training as required for participation in specific therapy protocols. Verification of the nurse's skills and knowledge base in the provision of this care is essential.

Upon completion of your review, please print out the last page of the *Provider Orientation Handbook: Home Health Agency*, sign the Orientation Acknowledgement and the Compliance Training Acknowledgement. Return the signed form to OC-NsgContract@optioncare.com. We will document your organization's completion of these requirements for compliance.

EXPECTATIONS

Overview:

Option Care Health has established standards for subcontracted nursing agencies as they relate to Option Care Health's expectations and the coordination of patient care between Option Care Health and your agency.

As an Option Care Health subcontracted provider, you have met Option Care Health's criteria for collaborating with us in a subcontract relationship. The criteria met are as follows:

- The organization has qualified clinical management staff who perform verification of skills and competencies on all professional engaged staff at hire and annually thereafter.
- The organization has qualified clinical management staff who supervise engaged staff.
- Credentialing documents kept on file at the Home Health Agency for each engaged clinician that is retrievable per Option Care Health request:
 - Professional State license



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- Proof of current BLS Certification
 - Hepatitis B vaccination verification
 - Documentation of TB test or CXR
 - Annual Clinical Skills Competencies
 - Motor vehicle license and proof of insurance
 - Criminal background/Sex offender check in accordance with state requirements and in the absence of state requirements, within three months of the date of employment
 - Nursing skills verification completed on hire and annually
- Documents maintained by Option Care Health
 - W-9
 - Professional Liability Insurance (COI)
 - Annual Statement of Compliance

Professional Expectations:

Option Care Health's expectations of subcontracted nursing personnel who provide services to our patients are no different than the expectations we have of our own staff. We are hopeful that these expectations mirror those of your agency.

Nursing Personnel

- Will portray him/herself in a professional manner and will indicate that they are there to provide care on behalf of Option Care Health.
- Must present the patient with a photo identification badge, with the agency's name displayed, when making a visit to the home.
- Will be licensed and/or certified according, and in good standing.
- Will be tested annually for competency in the skills to be performed
- Must adhere to their state's Nurses Practice Act and provide care as outlined within their scope of practice.
- Must follow physician orders.
- Must follow a professional code of conduct and maintain documentation of integrity.
- Must maintain and protect the confidentiality of all Protected Health Information (PHI) in accordance with HIPAA and all applicable federal/ state laws and regulations.

Care Coordination

- Nurses should conduct an inventory of the patient's medications and supplies with the patient and/or caregiver during each visit.
- The nurse should educate the patient/caregiver in the inventory process and communicate to them that they too have a responsibility in knowing if they have sufficient medication and supply to maintain their dosing schedule until the next delivery. The inventory responsibility is shared with the nurse and Option Care Health pharmacy. Care



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Coordination with the pharmacy and nursing department is expected.

- Communication methods may differ among the Option Care Health locations, and contacts will be specific to the Care Management Center (CMC) you are working with.
- The appropriate Option Care Health contacts will be listed in the patient folder provided with the medication and on the visit authorization form provided by Option Care Health nursing department. Please discuss with your local Option Care Health location the preferred method of communication for updates.
- Inform the physician and Option Care Health of changes in the patient's condition as needed.
- Some events mandate more immediate communication with the pharmacy, and they need to be communicated outside of routine updates. The following list provides examples of events that should be communicated to Option Care Health as soon as you become aware of them:
 - Any changes in patient status or condition
 - Lab results
 - Changes in nursing orders or visit dates
 - Adverse drug reactions
 - Infection control issues
 - Changes in drug orders
 - Pump or supply issues
 - Patient discharges
- All completed clinical documentation, progress notes, proof of visits, and other clinical documentation as requested by Option Care Health are required for secured submission to Option Care Health within five (5) days of the service.
 - This allows Option Care Health to meet our standards that mandate inclusion in our clinical record within seven (7) days of the date of the visit.
- Plan of Treatment documents (or 485 if applicable) for the ongoing provision of nursing services are the subcontractor's responsibility.
 - For compliance purposes, Option Care Health requests a copy of the original plan of treatment document produced by the nurse in conjunction with the start of care visit, the signed physician copy within 30 days, and ongoing recertification plan of treatment documents in accordance with state and federal frequency requirements.



CARE COORDINATION-HOME HEALTH AGENCY

RESPONSIBILITY	OPTION CARE	SUBCONTRACTOR
Coordinate nursing and other clinical services		/
Control, coordination and evaluation of the services provided by the subcontracted provider	/	
Supervise nursing and other discipline specific services with appropriately qualified personnel		/
Obtain start of care visit order for the provision of infusion nursing	/	
Acceptance of Patient to Option Care Health	/	
Admission of Patient to service	/	/
Perform nursing and other discipline specific assessment		/
Develop nursing and other discipline specific plans of care		/
Obtain physician signature on plans of care for the provision of nursing and other care		/
Coordinate nursing and other discipline specific care plan with pharmacy care plan	/	/
Perform initial Patient education		/
Participating in Patient conferences	/	/
Schedule nurse and other discipline specific visits in accordance with Option Care Health's authorization		/
Schedule delivery and removal of medications, equipment, and supplies	/	
Maintain medication, equipment, and supplies	/	
Transport and dispose of used and unused medication, equipment, and supplies	/	
Prepare and dispense medications	/	
Administer medications		/
Provide nursing and other discipline specific care per the plan of treatment		/
Conduct regular inventories of supplies in the patient's home during home visits		/
Perform discharge planning and complete the discharge summary	/	/
Maintain ongoing verbal and written communication regarding care	/	/
Communicate weekly updates to Option Care and will inform physician and Option Care of changes in the patient's condition as needed		/
Educate, counsel, and instruct the patient and family, when applicable, on appropriate nursing intervention topics as they relate to patient's disease process and other influencing life factors		/
Provide emergency on call services when required after hours	/	/
Submit invoices for nursing and other discipline specific services to Option Care Health		/
Provide on-call services for patient care including troubleshooting equipment		/
Transmit visit notes, plans of care, and invoices (if applicable) to Option Care Health for billing and inclusion in the medical record		/



REFERRAL, AUTHORIZATION & BILLING PROCESSES

Referral

- If Option Care Health does not have the required nursing resources, we will contact a Subcontractor. The referral information is not forwarded to the agency until they communicate that they will provide the requested services on our behalf.
- Direct authorization requests from subcontract providers, case managers, or other entities to service Option Care health patients or referrals sent to Option Care Health will be evaluated on a case-by-case basis.
- Pertinent information obtained from the healthcare provider that will be forwarded to the Agency includes the following:
 - Referral
 - Insurance information
 - Authorizations
 - Clinical orders
 - History and Physical documentation

Authorization

- Option Care Health will forward a Subcontracted Provider Authorization Form ("Authorization Form") to Subcontractor. The Authorization Form communicates the following:
 - The number of visits/hours of service Option Care Health has authorized
 - The period that authorized services are to be rendered (from and to dates)
 - The agreed upon fees listed for the therapy provided. Visits not pre-authorized by Option Care Health may not be considered for payment.
 - Where to send Subcontractor's notes and claims for reimbursement
- All visits to which Subcontractor expects to be reimbursed by Option Care Health must be authorized. Subcontractors should retain the Authorization Form.
- Subsequent requests for additional visit authorizations should be phoned to your identified contact within Option Care Health.
 - Subcontractor must communicate the following information related to the additional visits requested:
 - The date(s) of the additional visit(s)
 - The clinical justification for the visit(s)
 - We ask that requests for additional visits be communicated at least 72 hours in advance. This facilitates our ability to reach out to payers in a timely manner when their authorization for services is required.
 - When Option Care Health receives a request for additional skilled nursing visits, the request will be reviewed for appropriateness, and if approved, a new Authorization Form will be provided.



- Only pre-authorized visits will be considered for payment by Option Care Health. Visit records must be received by Option Care Health within 30 days of the first visit to be reimbursable. We recognize that it is not always possible to request authorizations 2-3 days in advance, but we do ask that you call as soon as you become aware of the need.

Billing

- All communication with the payer and case management company will be overseen by Option Care Health. DO NOT bill the patient's insurance company or the patient.
- Submitted visit records must include the following:
 - Description of services rendered including infusion related care
 - Specific duration of visits including accurate beginning and end times
 - Mileage- (only if pre-authorized or included in the contractual agreement)
- For entities that do not qualify for invoice automation, invoices must be sent to Option Care Health that include:
 - Patient identifier
 - Dates of services rendered
 - Dollar amount for each service provided
 - Total dollar amount for invoice
 - Address for payment
- Unless contractually stated otherwise, invoices should be sent within 30 days of service to the address identified on the Authorization Form. Invoices received after 60 days may not be reimbursable.

VISITS

Admission Visit

- Option Care Health will provide a "Patient Welcome Packet" to the patient with the first medication delivery. The subcontracted agency nurse is responsible for reviewing this packet with the patient.
- The following forms will be forwarded to Option Care Health within 48 - 72 hours of the admission visit:
 - Physicians order (485) / Plan of Treatment
 - Admission visit record
 - Any verbal orders received
 - Medication Profile

Follow-up Visits

- Following the expectations outlined under Care Coordination, update the pharmacy on the patient's tolerance and response to therapy.
- All completed visit notes are to be submitted to Option Care Health within five (5) days of the date of service.



AFTER HOURS - ON CALL NEEDS

- The Subcontractor needs to provide on-call services as it relates to patient care, including troubleshooting equipment.
- Option Care Health staff are available 24/7.
- The on-call staff should consult Option Care Health for help if they cannot resolve the problem.
- Issues related to Option Care Health patients that were resolved without the assistance of the Option Care team are to be communicated to Option Care Health the following morning.
- All suspected adverse events should be reported to Option Care Health as soon as known after the patient is stable or triaged to a higher level of care.
- Contact Option Care Health using the contact information listed on your visit authorization form.

PATIENT EDUCATION AND SPECIAL DOCUMENTATION

Patient Education

Clinicians are responsible for ensuring that the patient and/or caregiver has the appropriate knowledge related to prescribed therapy and its administration. Additionally, the patient and/or caregiver should know the appropriate actions to take and be able to manage independently his/her prescribed therapy in the event of an emergency and/or an environmental disaster.

- Subcontractors will, on behalf of Option Care Health:
 - Educate, counsel, and instruct the patient and family (when applicable) on appropriate nursing intervention topics as they relate to the patient's disease process, therapy provided, and other influencing life factors.
 - Educate the patient on emergency procedures and evacuation planning.

Review with the patient/caregiver the 'Getting Started with Home Infusion' welcome documents that are included in the patient's initial delivery. This welcome information is related to their infusion services, and it is an excellent resource to reinforce what has been hopefully already conveyed.

Documentation

- Agencies may use their own documentation forms unless directed by Option Care Health to use a specialty form.
- Option Care Health is responsible for informing the Agency if special documentation forms are required and ensure that they have access to these forms. The forms, when required, may be sent to the subcontracted nursing agency in a variety of ways but normally with the referral forms.
- Subcontracted Nursing and professional staff who provide services to patients with therapies requiring specialized Option Care Health training will complete the training prior to the initiation of treatment and annually when required.



REQUIRED COMPLIANCE TRAINING

- Subcontractors are required to complete Option Care Health's Annual Statement of Compliance form. This attestation's intent is to ensure that the providers we do business with are aware and compliant with Option Care Health's policies and procedures.
- Note: It will be your organization's responsibility to ensure that the most current training materials are utilized.
- Compliance resources include
 - Option Care Health's Code of Business Conduct
 - Compliance and privacy training that complies with all CMS requirements on patient privacy, fraud, waste, and abuse
 - Option Care Health's False Claims Prevention Policy & Procedure
 - Option Care Health's Annual Statement of Compliance form
- If your agency is Medicare Certified and your employees have already completed the required training, as a condition of participation, training does not need to be repeated.
- Acknowledgements of Training for your engaged staff must be maintained on file within your organization. Option Care Health may require you to submit proof of compliance for one or more of your staff during a compliance or accreditation audit if they are identified as having provided services to an Option Care Health patient under the subcontract agreement.

Questions

- If you have any questions or if you would like additional information, please contact your local Option Care Health Pharmacy's DON or the Subcontracting Department.

SUBCONTRACTING DEPARTMENT CONTACTS

Option Care Health Subcontract Support Services

Legal Department Email Address: OC-LegalMatterIntake@optioncare.com

Subcontract Initiation Group: OC-NsgContract@optioncare.com

Subcontracts Support Team: OC-SubcontractSupport@optioncare.com

Fax: (713) 589-2013



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(Please see the next page)



Complete, sign and return this page to OC-NsgContract@optioncare.com

**Option Care Health Subcontracted Provider Orientation
Acknowledgement of Training**

I hereby acknowledge that the above-named Subcontractor has received and reviewed the *Provider Orientation Handbook: Home Health Agency* and by doing so has completed the required training for the Option Care Health Subcontracted Provider Orientation provided by Option Care Health. I understand that it is my responsibility to ensure that our nurses are oriented to Option Care Health's protocols.

Agency Name	Email Address
Signature	Title
Printed Name	Date

**Option Care Health Subcontracted Provider Corporate Compliance
Acknowledgement of Training**

1. As a representative of the above-named Agency, I hereby acknowledge that the Agency is accountable for ensuring that all staff who provide services under the subcontracted agreement complete Option Care Health's *Corporate Compliance Training* prior to the initiation of services and annually thereafter.
 Yes No
2. Furthermore, I hereby acknowledge that I have completed compliance and privacy training that complies with all CMS requirements on patient privacy, fraud, waste, and abuse.
 Yes No
3. I certify that I have reviewed Option Care Health's *False Claims Prevention Policy*
 Yes No
4. I certify that I have reviewed Option Care Health's *Code of Business Conduct*
 Yes No

Agency Name	Email Address
Signature	Title
Printed Name	Date