Covers hospice agencies providing care in homes, nursing homes, assisted living, and inpatient hospice units. Home health agencies use CWCO-SUP-HOMEHEALTH. Complete with ACORD 125 and 126.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME | DBA | FEIN | YEARS IN BUSINESS

BUSINESS ADDRESS | CITY / STATE / ZIP | WEBSITE

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation

PRIMARY CONTACT / TITLE | PHONE | EMAIL

MEDICARE CERTIFICATION / ACCREDITATION | AVERAGE DAILY CENSUS

2 OPERATIONS

ADMISSIONS PER YEAR | AVERAGE LENGTH OF STAY (DAYS) | LIVE DISCHARGES (%) | PATIENTS IN FACILITIES (%)

2-1 Does the agency operate an inpatient hospice unit? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Does the agency use marketing staff or referral arrangements with facilities? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Does the agency operate in a state under heightened federal hospice oversight? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — ELIGIBILITY, CONTROLLED SUBSTANCES & VISITS

Hospice is under heightened federal scrutiny for enrollment and billing, starting with whether each patient's terminal prognosis is properly certified. Opioids left in patients' homes and missed visits during symptom crises are the other recurring exposures.

3-1 Is every admission certified by a physician with documented clinical support for a six-month prognosis? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Are recertifications and face-to-face encounters completed on time and documented? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 If yes to 2-2, have referral and marketing arrangements been reviewed by counsel under anti-kickback rules? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Are controlled substances in homes counted and documented at each visit? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Are families taught to store controlled substances securely? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Are medications disposed of after death following DEA and state rules, with documentation? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Is a nurse available around the clock by phone? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Are after-hours visit response times tracked? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Has the agency had a billing audit, survey deficiency, or care-related claim in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — STAFF, FACILITIES & DATA

4-1 Are visits verified electronically (time and location)? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Are care responsibilities defined in written agreements with nursing homes and assisted living facilities? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Are licenses and certifications verified with the issuing board at hire and at each renewal? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Is every employee and contractor screened against the OIG exclusion list at hire and monthly? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Are criminal background checks completed before staff have patient contact? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Has a HIPAA security risk analysis been completed and updated within the last 12 months? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Is multi-factor authentication required for email, remote access, and the EHR? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Is patient data encrypted on laptops, mobile devices, and in transmission? ☐ Yes ☐ No
IF YES, EXPLAIN

4-9 Are backups kept offline or immutable, with restoration tested? ☐ Yes ☐ No
IF YES, EXPLAIN

4-10 Are website tracking tools (pixels, analytics) reviewed so patient information isn't shared with vendors? ☐ Yes ☐ No
IF YES, EXPLAIN

5 REVENUE

ANNUAL GROSS REVENUE ($)	TOTAL PAYROLL ($)	MEDICARE (% OF REVENUE)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

PROFESSIONAL LIABILITY CARRIER / LIMITS	REGULATORY / BILLING E&O (Y / N)	HIRED & NON-OWNED AUTO (Y / N)

6-1 Has any carrier declined, cancelled, or non-renewed coverage in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED ($)	OPEN / CLOSED

6-2 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No
IF YES, EXPLAIN

7 RISK MANAGEMENT

7-1 Is there a compliance program with a compliance officer and annual billing audits? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Are staff who drive to visits insured and their driving records checked? ☐ Yes ☐ No

IF YES, EXPLAIN

8 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE