WHINS
INSURANCE AGENCY

COMMERCIAL INSURANCE ADVISORY
READINESS REVIEW · EDITION 2026.1

AN UNDERWRITING PREPARATION GUIDE

Home Health Agency *Readiness* Review

A five-phase guide to help home health owners, administrators, and clinical leaders align day-to-day operations with the documentation and controls modern home-care underwriters now expect.

PROFESSIONAL LIABILITY · GENERAL LIABILITY · ABUSE & MOLESTATION · WORKERS COMP · HNOA · CYBER & HIPAA · EPLI · EXCESS

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HOW TO USE THIS DOCUMENT

A structured intake for *home health* underwriting.

Underwriters in 2026 evaluate home health agencies on facts, not labels. Service mix, supervision, infection control, caregiver driving, contract obligations, and survey history have all become gating criteria. The five phases below walk owners, administrators, and clinical leaders through the materials most often requested before a quote can be issued.

01

Agency Profile, Licensure & Service Mix

Skilled vs. non-skilled mix, payer mix, locations of care, branches, and provider roster.

p. 3

02

Coverage Architecture & Federal Baseline

CMS Part 484, state overlay, MPL/GL stack, abuse/molestation, EPLI, and contract limits.

p. 4

03

Clinical Operations & Patient Safety

Plan-of-care, infection control, transfer training, exposure control, and complaint handling.

p. 5

04

Transportation, Cyber & Ancillary Exposures

HNOA, client transport, contractors, billing, EVV, EHR/PHI, and staffing-to-facility contracts.

p. 6

05

Loss, Survey & Submission Pack

Loss runs, survey history, complaint files, retro dates, CAPs, and submission timing.

p. 7

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Ready for Your Review?

How to send this checklist back to WHINS and start your placement intake.

p. 7

DISCLAIMER This checklist is educational only. Coverage availability, terms, conditions, and eligibility depend on underwriting review. Coverage is governed by the policy wording, not prior summaries. Nothing in this document constitutes a binder, quote, or guarantee of coverage.

01 PHASE Agency Profile, Licensure & *Service Mix*

A defensible home health submission begins with precise scope: who you are, what you actually do, where, and by whom. "Home health" is an umbrella label that hides very different underwriting risks — Medicare-certified skilled nursing, private-duty companion care, and staffing-to-facility operations rarely belong in the same bucket.

WHAT TO DOCUMENT

- [ ] **Licensure & Branch Footprint** — Current state HHA license(s), branch list, Medicare/Medicaid status, ownership chart, DBAs, and CMS enrollment IDs where applicable. CMS requires HHAs to comply with applicable federal, state, and local law and to be licensed where state law requires it.
- [ ] **Service Mix by Discipline** — Percentage of revenue or visits by skilled nursing, PT/OT/ST, MSW, home health aide, personal care, companion, live-in, telehealth, infusion, ventilator/trach, GT/feeding, dementia, pediatric medically fragile, and staffing-to-facility work.
- [ ] **Payer Mix & Geography** — Medicare, Medicaid (MCO + FFS), private insurance, VA/TriCare, workers comp, private pay, and any per-diem or hourly contracts. Counties served, typical visit radius, and any out-of-state caregivers or virtual care.
- [ ] **Provider Roster & Classification** — Full roster with credentials, license numbers, employment status (W-2 vs. 1099), and years in home care. Note which professionals — RN, LPN, PT, OT, ST, MSW, HHA — touch patients directly and whether 1099 staff carry their own professional liability.
- [ ] **Patient Mix & Acuity Modifiers** — Adult, geriatric, pediatric medically fragile, dementia/behavioral health, post-surgical, hospice-adjacent, and any minors. Live-in assignments, intimate-care exposure, and 24-hour shifts each shift consent, supervision, and abuse-screening obligations.
- [ ] **Survey & Complaint History** — Most recent state survey, statements of deficiencies, plans of correction, complaint investigations, and any sanctions, suspensions, or revocations. Survey history is a practical underwriting signal carriers verify directly.

> UNDERWRITER PERSPECTIVE
>
> *Why this matters*
>
> A home health agency is priced on the highest-acuity service it actually performs and the staffing model behind it. Precise service declarations, clean licensure, and a current branch and provider roster prevent reclassification mid-underwrite — and avoid the silent gaps that surface when staffing-to-facility work, pediatric care, or telehealth was understated on the application.

02 PHASE Coverage Architecture & *Federal Baseline*

A coordinated insurance stack is the only effective defense against the cross-line exposures of in-home care — wrongful care, supervision, in-home premises injury, caregiver driving, employee misconduct, and a phishing event that exposes patient records and EVV data.

LIABILITY STACK & REGULATORY FLOOR

- [ ] **Professional Liability** — $1M / $3M starting limits for wrongful care, supervision, delegated tasks, and vicarious exposure. Confirm the professional-services definition matches every declared discipline, and confirm retro-date continuity for claims-made forms.
- [ ] **General Liability** — $1M / $2M occurrence GL for premises, slip and fall in the home, third-party property, and personal/advertising injury. Many staffing-to-facility contracts require $1M / $3M as the minimum acceptable third-party limit.
- [ ] **Abuse & Molestation** — $250K to $1M+ where available. Aides and caregivers have one-on-one access in private homes; standard GL forms typically exclude this exposure. A dedicated sublimit is the common floor for any agency with live-in, pediatric, or dementia populations.
- [ ] **Hired & Non-Owned Auto** — $1M HNOA for staff using personal vehicles for visits, errands, or supplies. Add commercial auto if the agency owns or leases vehicles, and confirm "for hire" or patient-transport language where clients are transported.
- [ ] **Cyber, Workers Comp & EPLI** — Cyber/privacy from $250K to $1M+ for ePHI, EVV, EHR, payroll, and vendor exposure. Statutory WC with $1M employer's liability for needlestick, lifting, and field-violence injury. EPLI of $500K to $1M+ for wrongful termination, harassment, and retaliation.
- [ ] **Federal & State Compliance** — CMS 42 CFR Part 484 Conditions of Participation as the federal floor, state HHA licensure as the overlay, HIPAA Privacy & Security Rules, OSHA bloodborne-pathogen standard, and Medicaid EVV where applicable. Multi-state agencies need a per-state matrix.

CONTRACTUAL EXPOSURE

Why this matters

Home health policies often mix claims-made professional liability with occurrence-based GL — a mismatch that produces coverage-position fights when one event implicates supervision and a fall in the home. Independent-contractor exclusions, communicable-disease restrictions, abuse carve-outs, and undeclared-service limitations appear in plain-looking forms; the wording, not the marketing page, controls the outcome.

03 PHASE Clinical Operations & *Patient Safety*

Underwriting in 2026 is prospective, not retrospective. Documented assessments, supervision, infection control, transfer training, and disciplined incident response shift the conversation from "address and headcount" to a managed, measurable, defensible operation.

WHAT TO DOCUMENT

- [ ] **Assessment & Plan of Care** — Initial assessment within required window, comprehensive assessment within 5 calendar days of start of care, plan-of-care content, order control, and review/revision at least every 60 days. Aide assignments tied to the POC; supervision visits documented at the prescribed cadence.
- [ ] **Clinical Records & OASIS** — A clinical record for every patient — accurate, available to ordering practitioners, protected against loss or unauthorized use, and retained 5 years post-discharge (or longer per state). OASIS transmission workflow, authentication policy, and release-of-information log.
- [ ] **Infection Prevention & BBP** — Written infection prevention & control program tied to QAPI; standard precautions for every patient encounter; OSHA bloodborne-pathogen exposure-control plan with engineering controls, HBV vaccination, training, sharps handling, and post-exposure protocol.
- [ ] **Lifting, Transfer & Field Safety** — Safe-lift and transfer training, home hazard screening, pet/weapon screening, de-escalation training, and paired visits for higher-risk homes. NIOSH home healthcare guidance treats workplace violence and ergonomic injury as primary loss drivers, not edge cases.
- [ ] **Staff Screening & Training** — Background checks, sanctioned-party (OIG/LEIE) screening, license verification, work-history validation, drivers' license validation, orientation, transfer training, annual in-service, and competency sign-offs. Documented turnover and 1099 contractor agreements.
- [ ] **Incident Reporting & QAPI** — Incident definition, complaint intake, abuse-allegation escalation, near-miss logging, root-cause review, CAP tracker, HHCAHPS review, and a closed feedback loop. CMS requires a data-driven QAPI program that measures, analyzes, and tracks adverse patient events.

PRICING & ELIGIBILITY

Why this matters

Carriers reward agencies that can prove disciplined, predictive safety. Documented plans of care, infection control, transfer training, and incident-to-QAPI feedback unlock admitted-market access and meaningful pricing credits. Without this evidence — or with text-message complication threads in the file — the account drifts toward surplus-lines pricing, tighter exclusions, or non-renewal.

04 PHASE Transportation, Cyber & *Ancillary Exposures*

High-performing home health operations rarely sit on a single line of coverage. Reviewing the full portfolio together produces a stronger underwriting result and surfaces the hidden severity drivers — drivers, contracts, vendors, and billing — carriers most often discover post-bind.

WHAT TO REVIEW

- [ ] **Caregiver Driving & HNOA** — MVR review, license verification, personal-auto declarations or COIs, work-use confirmation, distracted-driving and seat-belt policy, and any drivers under 25.
- [ ] **Patient Transport & Securement** — Whether non-ambulatory patients are transported, wheelchair-securement training, mileage estimates, transport-for-other-agencies arrangements, and vehicle maintenance. Many MPL forms restrict patient transport unless specifically endorsed.
- [ ] **1099s, Staffing & Contracts** — Worker classification, contractor COIs, additional-insured/waiver/primary-and-noncontributory wording, and indemnification language in patient, facility, and referral contracts. Confirm vicarious-liability and contingent coverage; do not assume a contractor's own MPL extends to the entity.
- [ ] **Cyber, EVV & ePHI** — MFA, encryption, segmented backups, mobile-device management, vendor risk review, BAAs with EHR/EVV/payroll/billing/dispatch vendors, and a tested incident-response plan. HIPAA Security Rule expects documented risk analysis and risk-management plans.
- [ ] **Billing, OASIS & EVV Controls** — Billing SOPs, physician certification workflow, homebound documentation where Medicare applies, OASIS transmission logs, EVV-to-claim reconciliation, refund and overpayment process, and fraud-and-abuse training. CMS reports insufficient documentation drives the majority of home health improper payments.
- [ ] **Property, BI & Continuity** — Office property, equipment, records, and supplies; business income with extra expense; off-premises utility/service interruption; valuable papers/records. CMS emergency preparedness rules require a tested all-hazards plan, succession plan, and communication tree.

A LAYERED APPROACH

Why this matters

A fragmented program — separate brokers for MPL, GL, cyber, WC, and HNOA — creates gaps in limits, coordination, and billing precisely where multi-line home health claims happen. Reviewing the full portfolio together lets the carrier see total risk, apply multi-policy credits, and structure excess that actually attaches over the underlying limits — and aligns the program to the contracts your referral sources already require.

05 PHASE Loss, Survey & *Submission Pack*

A clean, well-organized submission improves the odds of a favorable quote in a market that has become increasingly selective. The narrative around prior losses, surveys, complaints, and corrective action matters as much as the loss runs themselves.

DOCUMENTS & QUESTIONS TO BE READY FOR

- ☐ **Loss Runs & Open Matters** — 3–5 years of currently valued loss runs (within 90 days) for MPL, GL, abuse, cyber, WC, EPLI, and auto. Include "no loss" letters for clean years, plus any open demand letter, complaint investigation, or post-event refund — neutrally summarized.
- ☐ **Survey & Complaint File** — Most recent state survey, statements of deficiencies, plans of correction, and complaint investigation outcomes. Any board, licensing, or enforcement matter against the agency or any clinical leader, with disposition.
- ☐ **Retro Date & Continuity** — Confirm prior-acts retro dates on every claims-made form and discuss extended reporting period (ERP) terms before binding. A truncated retro date silently erodes years of professional liability protection.
- ☐ **Operational Evidence Pack** — Current dec pages, licenses, provider roster and CVs, payroll by class code, vehicle data, service-mix percentages, contracts (patient, facility, referral, vendor), HIPAA risk analysis, and a one-paragraph narrative on what triggered the review.

NEXT STEP

Ready for your *home health* coverage review?

Send this checklist and your current declarations pages to our specialized home health advisory team. We coordinate underwriting across leading home-care professional and casualty markets — and structure abuse, HNOA, cyber, and umbrella layers to match the contracts your referral sources actually require.

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SEND DOCUMENTS
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