

Post-Acute Wound Care Services
Wound Care Program Guide
Healogics®

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Key Contact Information

Practice Professional:

<NAME>, <PHONE>, <EMAIL>

Post-Acute Account Manager:

<NAME>, <PHONE>, <EMAIL>

Director of Clinical Services:

<NAME>, <PHONE>, <EMAIL>

Director of Post-Acute Care:

Jason Glass, 904-489-1305, jason.glass@healogics.com

Other Important Contacts:

- iHeal Access Form – postacute@healogics.com
- Consult Request Form – HSP@healogics.com
- Customer service for patient billing questions (855) 689 5105.

Healogics is committed to providing a compliant and comprehensive wound care program that enhances your internal nursing care protocol.

Healogics Specialty Physicians (HSP) Overview of Services



Healogics® is your partner
for integrated wound care
in skilled nursing facilities.

Healogics is the nation's largest world-class wound care provider, delivering compassionate care to more than 300,000 patients each year. Our focus is on providing the highest level of integrated wound care management throughout the continuum of care: post-acute, outpatient and inpatient.

At Healogics, we are bound by our mission to advance wound healing by creating and sharing our wound expertise, everywhere we can, for every patient who would benefit, by the best means available. It is our unending quest to reach and heal the nearly 7 million people suffering from non-healing wounds.

At a Glance



Over the past 20 years, we have treated nearly 300,000 patients per year and healed over 4 million wounds.



We serve more than 300 post-acute facilities and over 600 hospital-based Wound Care Centers® across the U.S.

Partnering With Your Facility

Wounds can yield serious consequences; our providers work with your care team to develop care plans designed to provide optimal healing. The longer a wound goes untreated, the greater the risk of infection, amputation and other complications. These wounds need specialized care since underlying conditions could prevent them from properly healing.

Healogics can help through our:



Expertise & Experience

- Wound care treatment requires an extensively trained provider. Healogics leads the industry in specialist training.
- Our providers have access to our clinical practice guidelines which offer best practices to promote high-quality outcomes in all the facilities we serve.



Data & Research

- With data on nearly 4 million wounds, Healogics drives scientific advancement and establishes standards for wound care.
- Healogics Wound Science Initiative includes one of the largest databases of chronic wound-specific patient data in the world and provides peer-reviewed research exploring critical advancements.
- We leverage the care and data provided through a network of more than 4,000 specialty-trained physicians.

Wound Treatment Services

Our goal is to deliver professional, trusted services that heal your patients faster and are seamless for your facility. We accomplish this in a variety of ways.



Robust Offerings And Care

- There is no charge to your facility. Our professional services are billed directly to the patient's insurance.
- Each patient is guided by a dedicated, specialty-trained provider who works closely with your facility wound care nurse.
- Our provider conducts rounds weekly and consistently on the same day and time.
- We treat a variety of wound types, skin tears, burns and dermatology issues.
- We can assist your prevention program by consulting on high-risk patients to ensure appropriate interventions are ordered.
- We offer robust, compliant documentation based on CMS guidelines.
- Our providers are trained on documentation requirements within CMS guidelines.



Integrated Approach

- Our professional services include wound assessment, minor procedures, plan of care and wound orders.
- Minor procedures can include debridement, I&D and biopsy.
- We offer education opportunities for your facility staff.
- Our proprietary EMR gives you access to the provider notes and orders at any time.
- We strive for a 24-hour documentation turnaround.



Cost Savings

- We work with your facility's formulary.
- Our documentation supports Part-B billing.
- We decrease transportation costs of sending patients elsewhere for care.
- We help reduce readmissions due to complications related to wounds.



Advanced Wound Care Treatments:

- Negative Pressure Wound Therapy
- Wound Debridement
- Biopsy
- Incision and Drainage
- Offloading

Scan here to learn more!



Contact our Post-Acute Wound Care Team to get started!

1-888-252-4325

postacute@healogics.com

Healogics®

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The power to heal

Wound Types

Pressure Ulcer

Stage 4

Stage 3

Stage 2

Stage 1

Unstageable

DTI

Dermatological

Disorders

Dermatitis

Tinea Pedis

Tinea Cruris

Tinea Corporis

Candidiasis

Eczema

Scabies

Burns

Arterial/Ischemic

Ulcers

Stable

Unstable

Gangrenous

Diabetic Ulcers

Early onset

Progressed

Infected

Atypical Skin Disorders

Pyoderma Gangrenosum

Vasculopathic

Hypercoagulable

Calciophylaxis

Zoster (Shingles)

Vasculitis

Non-Healing Surgical Wounds

Patient can be seen if:

- The provider did not perform the underlying surgery triggering the Global period; and
- The provider is not in the same practice group and specialty as the physician who performed the underlying surgery.
- *Please obtain an order from the surgeon for eval and treat for wound care.*

Traumatic Ulcers – Skin Tears

Partial Thickness

Full Thickness

Friction/Shear

Cellulitis

Bacterial

Yeast/Fungal

Venous Insufficiency

Venous Stasis Dermatitis

Venous Stasis Ulcers

Lymphedema Wounds

Incontinence Associated Skin

Disorders

(Including Erythrasma)

Surgical Wounds -with

Surgeon order for Wound Care Provider to see

Consultations

Preventative consults for low Braden score or at-risk for pressure injury

Notice of Privacy Practices

Please post this notice in your facility in an area that is accessible to your residents.

(Full document in Appendix)

NOTICE OF PRIVACY PRACTICES

Healogics

Effective date of this Notice: July 24, 2018

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

HEALOGICS' affiliated covered entities are committed to protecting the privacy and safeguarding the security of your protected health information. When you receive services from HEALOGICS we record information that identifies you and that relates to your medical condition, services that are provided to you, and information required for payment purposes. This information is called Protected Health Information ("PHI"). We are required to maintain the privacy and security of your PHI, to advise you of our legal duties and privacy practices regarding PHI, and to notify you if a breach of your PHI occurs.

Consolidated Billing

We can treat most hospice patients. Please contact your provider or PAAM to discuss the contract your facility has with the hospice provider.

Patients with VA or other payers may also be treated. Please contact your provider or PAAM to discuss the contract your facility has with those payers.

If you have a common local payer, we can request that our provider be enrolled with that insurance.

For any billing questions, our Healogics customer service team may be reached at (855) 689 5105.

DID YOU KNOW?

There are a number of services that are excluded from Skilled Nursing Facility Consolidated Billing (SNF CB)

Excluded Services

Certain services are outside the PPS bundle, and they remain separately billable to Part B when furnished to a SNF resident by an outside supplier. However, bills for these excluded services, when furnished to SNF residents, must contain the SNF's Medicare provider number.

Services that are categorically excluded from SNF CB (for Medicare beneficiaries in a covered Part A stay) are the following:

- Physicians' services furnished to SNF residents. These services are not subject to CB and, thus, are still billed separately to the Part B carrier.
 - Some physician services include both a professional and a technical component, and the technical component is subject to CB. *However, wound care services do not typically include a technical component.*
 - Section 1888(e)(2)(A)(ii) of the Social Security Act specifies that physical, occupational, and speech-language therapy services are subject to CB, regardless of whether they are furnished by (or under the supervision of) a physician or other health care professional. *Wound care services do not typically fall into this category.*
- Physician assistants working under a physician's supervision;
- Nurse practitioners and clinical nurse specialists working in collaboration with a physician;
- Certified nurse-midwives;
- Qualified psychologists;
- Certified registered nurse anesthetists;
- Services described in Section 1861(s)(2)(F) of the Social Security Act (i.e., Part B coverage of home dialysis supplies and equipment, self-care home dialysis support services, and institutional dialysis services and supplies);
- Services described in Section 1861(s)(2)(O) of the Social Security Act, i.e., Part B coverage of Epoetin Alfa (EPO, trade name Epogen) for certain dialysis patients. Note: Darbepoetin Alfa (DPA, trade name Aranesp) is now excluded on the same basis as EPO;
- Hospice care related to a resident's terminal condition;
- An ambulance trip that conveys a beneficiary to the SNF for the initial admission, or from the SNF following a final discharge.

Sources

[Historical Questions & Answers on SNF Consolidated Billing \(PDF\)](#)

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPSP/ConsolidatedBilling>

<https://www.govinfo.gov/content/pkg/PLAW-105publ33/pdf/PLAW-105publ33.pdf> – see page 165, (ii) Services Excluded

Disclaimer: This Fact Sheet is intended for educational purposes only and does not constitute legal advice or replace independent professional judgment.

Rounding Process

Weekly In-Person Rounding

Rounding will be completed on a specific day and time each week determined by the provider and wound care team. This schedule should not change week to week but may temporarily change to accommodate holidays and other needs.

Expectations and Best Practice

- Consult Request Forms need to be submitted as soon as the patient is identified as needing a wound care consult; order to eval and treat for wound care must be on the chart in the facility medical record.
- Before rounding, review wound sheet regarding last week's orders and ensure all patients to be seen are on iHeal calendar; send consult request immediately if needed.

Key Points Summary

- Must have an order on chart to evaluate and treat for wound care
- Send new patient consult form and demographic to, HSP@healogics.com **48 hours** prior to rounding
- Provider must round with a facility nurse
- Review Rounding Sheet prior to Rounds
- Have patient in bed before entering room
- Post Round Huddle should happen each day after rounding with Administrative Team

Rounding Process (continued)

Prior to Rounding

- Identify patients, obtain order
- Send Consult Request Form for all new patients 48 hours in advance of provider rounding
- Notify provider of potential schedule delays with as much notice as possible; provider will do the same for the facility
- Provide copy of Skin Assessment Sheet; verify all patients are on the iHeal calendar prior to rounding
- Discuss all wounds, orders from last week, and brief overview of changes from Skin Assessment Sheet prior to rounding
- Identify residents on blood thinners
- Have supply cart stocked and available
- Ensure lidocaine is applied as ordered by provider if a debridement is planned
- Coordinate rounding order to accommodate the timely debridement or other patient appointments

During Rounds

- Healogics provider should provide Notice of Privacy Practices under HIPAA to each patient on their first visit
- Have patient ready/in bed before entering the room
- Wound Nurse to undress wound for provider evaluation
- Help reposition patient during evaluation and treatment
- Wound Nurse to redress wounds after evaluation
- Provider and nurse should communicate the wound details with the use of a rounding sheet

After Rounds

- Review plan of care for each patient with provider
- Do a Post Round Huddle with Administrative Team
- Print/scan progress notes from iHeal once documentation is complete
- Place documentation on patient's chart; make available to PCP and Medical Director
- Follow through with any diagnostic testing or outside referral requests

Rounding Options

Traditional In-Person Rounding

Our preferred wound services are for in person bedside wound care by our HSP physician, physician assistant or nurse practitioner on a routine weekly basis along with the facility nurse.

Telehealth Visits

Our HSP provider can round by a CMS-approved technology/video conference with the facility wound nurse at the patient's bedside.

Phone-Only Consults

Our HSP provider will access the established patient's wound information in the EMR and make wound care recommendations via telephone. Both the facility wound care nurse and the patient must be present on the telephone call. The facility nurse then carries out those orders.

How to Register a New Patient

****All patients need an order to eval and treat for wound care****

Please send via a HIPAA-compliant manner, the SNF Consultation Request and each New Patient demographics sheet/face sheet to HSP@healogics.com 48 hours prior to rounding weekly. This allows for preauthorization required by insurance.

Healogics Preregistration Team will register the new patients on the iHeal calendar prior to rounding each week.

E-F AX this request to 888-507-8933, please make sure your fax machine can send to an e-fax.

Analog FAX requests to 904.204.9067

Emailing the information to HSP@healogics.com is the most effective way to register new patients.

Wound Care & Dermatology

Phone: 904.446.3701

Fax: 888.507.9833

HSP@Healogics.com

Send Post-Acute Consult Request Form and all patient face sheets to:

- 1) Preferred Method: HSP@healogics.com
- 2) Secondary Method: eFax – 1.888.507.9833
- 3) Last Resort Method: Analog Fax – 904.204.9067

Face Sheet **must** accompany this form in order to schedule appointment.

In order for your facility to enjoy maximum benefit from its partnership with Healogics Specialty Physicians (HSP), providers can see residents with any skin integrity issue and any wound type not being followed by another provider.

Instructions for sending consults:

1. Facility to email consult request form and face sheet to HSP Pre-Registration Team via a HIPAA compliant manner.
2. Insurance verification is done by HSP Pre-Registration Team. The facility will be contacted if there is need for its involvement in obtaining PCP authorization.
3. The patient will be added to the iHeal schedule for the next scheduled visit date by provider.
4. Patients will be seen as soon as practicable, allowing pre-authorization to occur when necessary.

Facility Name: _____ State: _____

Facility Phone number: _____

Name of Person Faxing Consult(s): _____

Name of Wound Care Provider: _____

Next Scheduled Visit Date: _____

Number of Face Sheets: _____ Total Number of Pages: _____

Note: Please make sure there is an order for eval and treat for wound care on the chart before sending in consult request.

If you have questions, your Post-Acute Care Team can be reached at postacute@healogics.com or 1-888-252-4325.

Confidentiality Notice: "The documents accompanying this facsimile transmission contain confidential information which is legally privileged. The information is intended only for the use of the recipient named above. If you have received this facsimile in error, please immediately notify us by telephone to arrange for return of the documents to us, and that you are hereby notified that and disclosure, copying, distribution or the taking of any action in reliance on the contents of the facsimile information is strictly prohibited."

Procedure Informed Consent

For procedures such as debridement and biopsy, a Skilled Nursing Informed Consent will be obtained at the time of service, signed by either the patient or responsible party. Facility staff may need to help facilitate consent from Power of Attorney.

The provider will explain the risk and benefits of the procedure. The consent is valid while the wound is open. Multiple wounds may be listed on the consent as long as the wound is present at the time of the consent. A copy of the Informed Consent can be obtained by the facility via iHeal.

Verbal consent is acceptable as long as the provider and facility nurse document on the consent whom they spoke to and the date and time of the conversation. If the wound heals or the patient discharges a new consent should be obtained.

Discharge Planning

It is important that the wound care team including the HSP provider are aware of any discharge plans.

- The provider/ facility should coordinate patient's orders in a manner that continues wound healing after discharge.
- Ensure patients have support and proper equipment at their next place of service to care for their wound, regardless if that setting is home, outpatient wound care center, or other location.
- The proper discharge plan will help the patient on their road to wound healing as well as decrease their chances for readmission to the hospital or nursing home.

Supplies

HSP Supplies and Facility Supply Cart

HSP Supplies

Instruments

- Currettes (disposable)
- Scalpels (disposable)
- Biopsy Punch (disposable)

Anesthesia/blood clotting

- Silver nitrate applicators
- Other clotting materials/applicators

Facility Supply Cart

- Gauze loafs (4x4) and tape
- Border gauze
- Sharps container and red trash bags
- Disinfecting wipes, drape or towel for clean field
- Swab cultures
- Dressing supplies for currently ordered treatments

How to order Lidocaine:

- Must be ordered through facility pharmacy under the patient's name.
- Helpful to stock one dose of Lidocaine 2% Gel in the facility emergency kit.

Healogics Services vs. Med B/DME Suppliers

Healogics Specialty Physicians is a provider-based program that links the post-acute facilities and patients to trained physicians, nurse practitioners, and other medically licensed clinicians depending on state scope of services. The provider manages wound care for the patient and provides the facility orders and supporting documentation for the plan of care.

Durable Medical Equipment/Part B biller companies provide the supplies to patients through the patient's Med B benefit or insurance. The DME company uses the provider's order and documentation to justify the reimbursement for those supplies. The provider's documentation may be given to the Med B company by the facility but the DME may not have direct access to the Healogics EMR.

Prevention Program

Provider Consult for High-Risk Patient

Purpose: Ensure prevention measures and supportive documentation are in place to address patients at high-risk for developing pressure injuries. This should be a proactive collaboration between the provider and facility.

Process: Facility performs the skin risk assessment. Patients identified as high risk for skin breakdown should be referred to the Healogics provider following the facility's standard referral process. The provider and the wound care team will evaluate current interventions and make additions or changes. The provider will document contributing risk factors and the preventative measures that have been implemented.

Skin Assessment Toolkit

This toolkit contains tools that the facility may use at their preference in combination with their facility's policies. While Healogics Specialty Physicians cannot be directly involved in your facility's skin sweeps, we would like to be notified when these occur.

The facility should use their process for head-to-toe assessments for skin abnormalities to ensure all areas are noted and interventions are in place.

Head to toe assessment recommendations are completed upon admission or readmission, and weekly or more frequently as defined by facility's risk assessment policy. The facility may determine the need to perform a skin sweep on a non-routine frequency.

Recommendations for a Comprehensive Skin Assessment

1. Pay special attention to

- Skin beneath and around any device or compression stocking
- Bony prominences (heels, sacrum, hips, shoulder blades, back of the head)
- Skin to skin areas (penis, backs of knees, thighs, buttocks)
- All areas where a patient lacks sensation to feel pain or had previous breakdown

2. Parameters of assessment

- Skin temperature-warmth or coolness can indicate damage
- Skin turgor (firmness)-skin should return to original state when stretched/tented dehydration or older skin can lack turgor which increases risk for breakdown
- Skin color-compare adjacent areas of skin for color, redness can indicate injury, rash, infection;
- Skin moisture-skin that is too dry or too wet can be of concern
- Skin Integrity-note any non-intact skin and describe. Work with provider to determine etiology

3. Notify Healogics Provider if facility is conducting a skin assessment sweep so provider can ensure weekly rounding schedule is adjusted.

Obtaining iHeal Access

- Initial access will be given to appropriate staff, typically Administrator, DON, ADON, and Wound Nurse.
- Access can be added for staff as needs arise.
- As roles change or staff is terminated, notify the Post-Acute Care Team to remove access.
- If you forget your password or get locked out of your account, please email postacute@healogics.com
- All passwords will need to be changed every 30 days.
- Account access will expire after 60 days of nonactivity.
- Access forms need to be sent to postacute@healogics.com.
- Electronic Access forms can be found at: <https://www.healogics.com/skilled-nursing-facilities/>

Go to the bottom of the website to

Need access to i-Heal?
Download Access Form
Save as a PDF
Fill out information

Need access to
i-heal®?

DOWNLOAD INSTRUCTIONS

DOWNLOAD ACCESS FORM

Facility Application for Electronic Medical Records Access

Healogics is committed to managing the confidentiality, integrity and availability of its information technology networks, systems, and applications ("IT Systems"). This includes establishing guidelines for Remote Access to Healogics' critical information assets maintained within the IT Systems.

It is Healogics' policy to verify the identity and the authority of individuals requesting Protected Health Information (PHI) access to assistance with the administrative enrollment process of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations at 45 C.F.R. parts 160, 162 and 164 (collectively, "HIPAA") as well as other applicable laws, HIPAA. Healogics maintains PHI in systems (both electronic and paper) that have the appropriate administrative, technical and physical safeguards to ensure security and confidentiality, and to protect against reasonably anticipated threats.

By using the IT Systems, the applicant user acknowledges his or her obligation to maintain the confidentiality of patient data as required by HIPAA regulations and that unauthorized use of or improper use of PHI will be prosecuted. Additionally, by signing below, the applicant user acknowledges and agrees to the following:

- I will comply with federal and state statutory and regulatory requirements (35 CFR Parts 160 and 164 (HIPAA) and the HITECH Act).
- I agree to safeguard the Healogics system resources and personnel I will not share my password with any other person and will not permit another to access the Healogics IT Systems through my account. I understand that I will be held accountable for all accesses made under my sign and password and any activities associated with the use of my account under any circumstances.
- I will log out or lock computer sessions prior to leaving a computer.
- I understand that I am being given access to PHI and that my access to the IT Systems will only occur for the purpose of printing or downloading information relating to services provided by Healogics at its facility to patients of the facility as to include that information in the patient's paper or electronic medical record at the facility. This information disclosure under this agreement will be only used for this purpose and for such other purposes as are permitted under HIPAA and the HITECH Act, including treatment, payment, and health care operations as authorized by and in accordance with 45 CFR 164.506.
- I understand that my access will be restricted to secure appropriate use.
- I understand that the Secretary of the Department of Health and Human Services or the State Attorney General may investigate complaints and may seek criminal prosecution of an impose civil monetary penalties against my facility and/or me for any misuse of the access being sought.
- I will limit my access, use, and disclosure of patient information to the minimum amount necessary to perform my authorized activity or duty.
- I understand that the patient information I access is confidential and will not copy or disseminate that information except as authorized or directed or required by law. I will discuss patient, confidential, or restricted information only with those who have a need-to-know and the authority to receive the information.
- I agree to terminate my position with the facility or no longer work in my current position, or otherwise am no longer associated with the user under which access was granted, or my facility, will immediately notify the Healogics Help Desk at 888-442-3882 or email IT@healogics.com and request that my access be discontinued.
- I agree to execute this agreement and understand that it makes no provision for the facility to be discontinued.
- I acknowledge that Healogics may terminate this privilege at any time.
- I am immediately notifying Healogics' IT Help Desk by sending an email to postacute@healogics.com if I suspect any misuse, regardless of whether it is intentional or not.

*Applicant name first/last: _____ * Email address: _____

*Facility Name: _____ *Facility Phone: _____

*State: _____ Facility Fax: _____

Previous facility name: _____

Request for additional facility locations:
 Facility Name(s): _____

Heal user name if account established: _____

All areas marked with an * must be completed. By emailing this form to postacute@healogics.com, the sender is authorizing the account creation and that only the minimum necessary access is being sought for the applicant.

RETURN COMPLETED FORM TO: Email: postacute@healogics.com

1400 Belfort Road, Suite 130 Jacksonville, FL 32256 | www.healogics.com | 800.379.9774 | 904.446.3400

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It is Healogics' policy to verify the identity and the authority of individuals requesting Protected Health Information (PHI) access in accordance with the administrative simplification subtitle of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations at 45 C.F.R. parts 160, 162 and 164 (collectively, "HIPAA") as well as other applicable laws. HIPAA requires Healogics to maintain PHI in systems (both electronic and paper) that have the appropriate administrative, technical and physical safeguards to ensure security and confidentiality, and to protect against reasonably-anticipated threats.

By using the IT Systems, the applicant/ user acknowledges his or her obligation to maintain the confidentiality of patient data as required by HIPAA regulations and that unauthorized users or improper use of PHI will be prosecuted. Additionally, by signing below, the applicant/user acknowledges and agrees to the following:

- I will comply with federal and state statutory and regulatory requirements (45 CFR Parts 160 and 164 (HIPAA) and the HITECH Act).
- I agree to safeguard my Healogics access account and password. I will not share my password with any other person and will not permit others to access the Healogics IT Systems through my account. I understand that I will be held accountable for all accesses made under my login and password and any activities associated with the use of my account access privileges.
- I will log out or lock computer sessions prior to leaving a computer.
- I understand that I am being given access to PHI and that my access to the IT Systems will only occur for the purpose of printing or downloading information relating to services provided by Healogics at my facility to patients of the facility so as to include that information in the patient's paper or electronic medical record at the facility. The information disclosed under this agreement will be only used for this purpose and for such other purposes as are permitted under HIPAA and the HITECH Act, including treatment, payment, and health care operations as permitted by and in compliance with 45 CFR §164.506
- I understand that my access will be monitored to assure appropriate use
- I understand that the Secretary of the Department of Health and Human Services or the State Attorney General may investigate complaints and may seek criminal prosecution of or impose civil monetary penalties against my facility and/or me for any misuse of the access being sought.
- I will limit my access, use, and disclosure of patient information to the minimum amount necessary to perform my authorized activity or duty.
- I understand that the patient information I access is confidential and will not copy or disseminate that information except as authorized or allowed or required by law. I will discuss patient, confidential, or restricted information only with those who have a need-to-know and the authority to receive the information.
- I agree that if I terminate my position with the facility or no longer work in my current position, or otherwise am no longer functioning in the role under which access was granted, I, or my facility, will immediately notify the Healogics Help Desk at 866-412-3680, or email iheal2@healogics.com and request that my access be deactivated
- I agree to abide by this agreement and understand that these are privileges granted by Healogics to me. I further understand and acknowledge that Healogics may terminate this privilege at any time.
- I will immediately notify Healogics' Privacy Officer by sending an email to compliance@healogics.com if I suspect any misuse regardless of whether it is intentional or not.

<p>*Applicant name first/last:</p> <p>* Email address:</p>	<p>*Title/Role at Facility:</p>
<p>*Facility Name:</p> <p>*State:</p> <p>Previous facility name:</p>	<p>*Facility Phone:</p> <p>Facility Fax:</p>
<p>Request for additional facility locations</p> <p>Facility Names:</p> <p>Iheal user name if account established:</p>	

All areas marked with an * must be completed. By emailing this form to postacute@healogics.com, the sender is authenticating of the account creation and that only the minimum necessary access is being sought for the Applicant.

RETURN COMPLETED FORM TO: Email: postacute@healogics.com

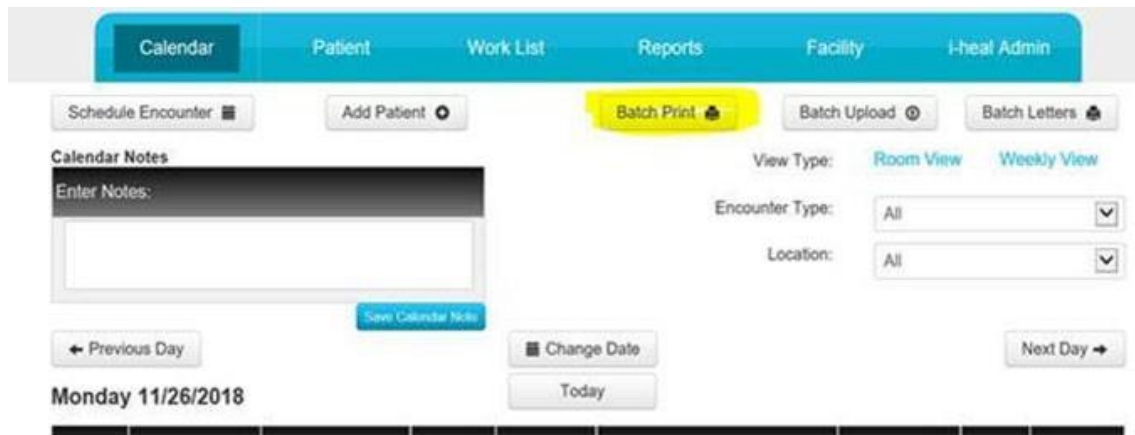
How to Batch Print Progress Notes

<https://iheal.healogics.com/Security/Login>



Batch printing is located on the Calendar screen.

- Pick the date of service
- Under Individual Documents, choose Progress Notes, then submit. This will print all the patients for that day.
- If you need to print a single patient, use advance filters at the bottom, choose a patient, then submit.



Batch Print

Date:

11/26/2018

Submit

Select a patient report OR an individual document to batch print.

Patient Reports:

- OR -

Individual Documents:

Advanced Filters

All Patients
 Active Patients
 Inactive Patients
 Choose Patient...

Patient

Care Provider

Wound Center Provider:

Case Manager:

Process for Obtaining Medical Records After Terminated Services

If either party chooses to terminate the services outlined in the service agreement, then a confirmed last rounding date will be agreed upon. The facility should access I-Heal and print all progress notes from the service period and place into the patient medical record. At an agreed upon date, the facility members' access to I-Heal will be locked.

For any future medical record needs after the agreed upon date, all medical records request will need to be completed by accessing the authorization for medical records and email to medrecords@healogics.com

You may access the request form by going to the Healogics website at <https://www.healogics.com/medical-records/>



AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

- I understand that I can revoke this authorization in writing at any time by contacting the wound care center where I (the patient) received care, but revoking this authorization does not affect any circumstance where Healogics has acted in reliance of this authorization.
- I understand that if I request an electronic copy of my medical records and the information is given to me on unencrypted media (such as a flash drive or CD), I should protect the media, because the information is not protected from being accessed if it is lost or stolen.
- This authorization expires six months from the date on which it was signed, unless otherwise specified. (Otherwise specified date, event, or condition:
_____)

Signature of Patient or Personal
Representative

Date

If not signed by patient, list
personal representative's
authority to act for the patient

A copy of this authorization must be provided to the patient/personal representative.

Wound Education

Healogics offers several options for education:

- Kick-off-training of staff prior to initial start of contract and repeated as needed
- Provider-led bedside education during rounding
- Online training (see next page)
- Patient Education Pamphlets
- Monthly Wound Care Awareness Campaigns
- Healogics Publications of White papers on the Key Levers to Reduce Unwarranted Clinical Variability and Improve Healing
- Other educational opportunities or needs upon request and availability.

Online Training

Video modules that can be accessed anytime by any staff member (full document in Appendix)

SNF NURSE EDUCATION FIVE KEY COURSES

These courses are intended for Post-Acute facility nurse to obtain knowledge related to wound care. Facility nurses should follow all policies of their Post-Acute facility. Each course can be accessed by going to the indicated link for each module via Vimeo. The password is necessary to start the course.

COURSE 1

SNF Wound Measurement

Accurately measure & document wounds.

Measuring wounds correctly can be challenging! It is important to get it right in order to monitor healing progress, communicate among the team, and ensure accurate billing. In this **14 minute course**, you will learn the steps for wound measuring, including how to obtain length, width, and depth of a wound. Additionally, how to measure clusters, tunneling, undermining and asymmetrical wounds is covered.



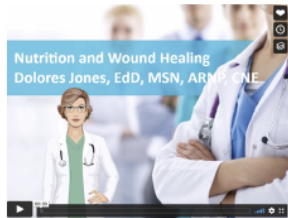
SNF Wound Measurement
<https://vimeo.com/563690431>
Password: pnutbtr9

COURSE 2

NUTRITION & WOUND HEALING

A complete nutrition assessment. Provide nutrition education to a patient with a wound.

Nutrition is a key component of wound healing. In this **36 minute course**, you will explore which nutrients are important to enhance wound healing, how to complete a nutrition assessment, and ways to incorporate nutrition education into every visit.



Nutrition and Wound Healing
<https://vimeo.com/563690809>
Password: pnutbtr9

COURSE 3

BRADEN SCALE & PRESSURE INJURY STAGING

Identify risks of pressure injury development, interventions for prevention, and accurately use Braden Scale to assess risk for pressure.

Pressure injuries represent a serious and complex healthcare problem in older persons. In this **32 minute module**, you will explore your role in pressure injury prevention. The course covers the importance of skin assessment and skin inspection and how to assess for pressure injury risk using the Braden Scale. Additionally, pressure injury stages as defined by the National Pressure Injury Advisory Panel (NPIAP) are covered.



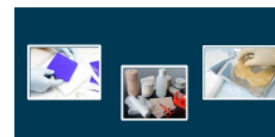
Braden Scale and Pressure Injury Staging
<https://vimeo.com/573054039>
Password: pnutbtr9

COURSE 4

SNF DRESSING SELECTION

Learn how dressing selection is imperative to assist with wound healing.

Dressings do not heal wounds, but they enhance the body's ability to heal itself. Proper dressing selection is a critical factor in wound healing. In this **33 minute course**, you will learn the essential characteristics of the ideal dressing and various, common dressings are introduced. Additionally, indications, advantages, and disadvantages for specific dressing use is covered.



SNF Wound Measurement
<https://vimeo.com/731135988>
Password: Healogics!

COURSE 5

PRESSURE INJURY PREVENTION

A review of devices and interventions for pressure redistribution to aide in pressure injury prevention or healing.

Pressure Redistribution is the science of spreading pressure over the maximum body surface area and alternating pressure load to prevent pressure injuries in patients. In this **28 minute course**, you will be guided through a comprehensive look at your patient's specific risk factors to select the pressure redistribution device that will provide the maximum therapeutic benefit. Additionally, pressure mapping, reactive/active load devices, and CMS redistribution surface categories are covered.

Categories: Reactive or Active



Pressure Injury Prevention
<https://vimeo.com/709538995>
Password: Healogics!

Pressure Injury Stages

Stage I:



Intact skin with non-blanchable redness of a localized area, usually over a bony prominence.

Stage II:



Partial thickness loss of dermis presenting as a shallow open ulcer with a red-pink wound bed, without slough.

Stage III:



Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed.

Stage IV:



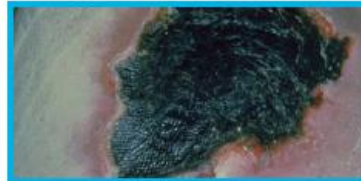
Full thickness tissue loss with exposed bone, tendon or muscle.

Deep Tissue Injury



Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear.

Unstageable:



Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed.

APPENDIX

NOTICE OF PRIVACY PRACTICES

Healogics

Effective date of this Notice: July 24, 2018

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

HEALOGICS' affiliated covered entities are committed to protecting the privacy and safeguarding the security of your protected health information. When you receive services from HEALOGICS we record information that identifies you and that relates to your medical condition, services that are provided to you, and information required for payment purposes. This information is called Protected Health Information ("PHI"). We are required to maintain the privacy and security of your PHI, to advise you of our legal duties and privacy practices regarding PHI, and to notify you if a breach of your PHI occurs.

How We May Use or Disclose Your PHI

We may use or disclose your PHI verbally, on paper, or electronically as allowed by state and federal law. Examples of how we may use and disclose your PHI include:

- 1. Treatment.** We may use and disclose your PHI to provide you medical care and services. For instance, we may disclose your PHI to your other treating physicians to coordinate your health care and related services.
- 2. Payment.** We may use and disclose your PHI as necessary for activities relating to payment for health care services rendered to you. For instance, we may disclose your PHI to your health insurance company to obtain payment. We may also disclose your PHI for verification of benefits.
- 3. Health Care Operations.** We may use and disclose your PHI for our health care operations. These uses and disclosures allow us to continually improve the quality of your care. For example, we may use and disclose your PHI to review our treatment and services and evaluate the performance of our staff.
- 4. As Required by Law.** We will disclose your information when we are required to do so by federal, state, or local law.
- 5. Public Health Activities.** We may disclose your PHI for public health activities such as preventing or controlling disease, reporting adverse events, product defects, or Food and Drug Administration reporting.

6. To Report Abuse. We may disclose your PHI if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will make this report only in accordance with laws that require or allow such reporting or with your permission.

7. Health Oversight Activities. We may disclose your PHI to health oversight agencies for activities. This includes uses or disclosures in civil, administrative, or criminal investigations; licensure or disciplinary actions; inspections; and other activities necessary for appropriate oversight of government programs.

8. Judicial and Administrative Proceedings. We may disclose PHI in response to an order of a court or administrative agency. We may also disclose PHI in response to a subpoena, discovery request, or other lawful process once we have received adequate assurances efforts have been made to tell you about the request and you had the opportunity to object to the request.

9. Law Enforcement. We may disclose your PHI for law enforcement purposes. This includes providing information for identification and location purposes or in connection with suspected criminal activity.

10. Coroners, Medical Examiners, and Cadaveric Donations. We may disclose your PHI in an effort to determine cause of death, to funeral directors to assist them in carrying out their duties, and to organ procurement organizations (for organ, eye, or tissue donation).

11. Research Purposes. We may use or disclose your PHI in connection with medical research projects if allowed under federal and state laws and regulations. We may disclose PHI for use in a limited data set for purposes of research, public health, or health care operations, but only if a data use agreement has been signed.

12. Specialized Government Functions. We may disclose your PHI for a number of specialized purposes including national security and intelligence purposes; for military and veteran activities; for protective services for the President and others; and to a correctional institution or law enforcement officials to provide the inmate with health care, to protect the health and safety of the inmate and others, and for the safety, administration, and maintenance of the correctional institution.

13. Workers' Compensation. We may disclose your PHI to your employer for purposes of workers' compensation and work site safety laws.

14. Disaster Relief. We may disclose your PHI to organizations engaged in emergency and disaster relief efforts.

15. Fundraising. We may contact you as part of a fundraising effort. You will have the opportunity to opt out of receiving future fundraising communications if you receive written fundraising communications from us.

16. To Avert a Serious Threat. We may disclose your PHI if we believe that the disclosure is necessary to prevent serious harm to the public or to an individual. The disclosure will only be made to someone who is able to prevent or reduce the threat.

17. Family and Friends. We may disclose your PHI to a member of your family or to someone else who is involved in your medical care or payment for care. We may notify family or friends if you are in the hospital and tell them of your general condition. This may include telling a family member about the status of a claim or what benefits you are eligible to receive. In the event of a disaster, we may provide information about you to a disaster relief organization so they can notify your family of your condition and location. We will not disclose your information to family or friends if you object. We may also disclose PHI to your personal representatives who have authority to act on your behalf (for example, to parents of minors or to someone with a power of attorney).

18. Information to Patient. We may use your PHI to provide you with additional information. This may include sending appointment reminders to the phone, address, or e-mail that you have furnished to us or the hospital where you are being treated. This may also include giving you information about treatment options, alternative settings for care, or other health-related services.

19. To Business Associates and Subcontractors. We may hire third parties that may need your PHI to perform certain services on our behalf. Under HIPAA and the HITECH Act, these third parties must protect any PHI they receive from us, or create and/or maintain on our behalf, in the same way that we must guard your PHI.

Your Rights

1. Authorization. We will ask for your written authorization if we plan to use or disclose your PHI for reasons not permitted by law. If you authorize us to use or disclose your PHI, you have the right to revoke the authorization at any time. If you want to revoke an authorization, you must send a written notice to the Privacy Officer listed at the end of this notice. If you revoke an authorization, the revocation will not cover the information already used or disclosed in reliance to the authorization.

2. Request Restrictions. You have the right to ask us to restrict how we use or disclose your PHI. You must provide a request, in writing, to the Privacy officer listed in this Notice. We are required to comply with a request for restriction where the disclosure is to a health plan for purposes of carrying out payment when you have paid out of pocket in full. We will consider all other requests, but we are not required to agree. If we do agree, we will comply with the request unless the information is needed to provide you with emergency treatment. A restriction cannot prevent uses and disclosures that are required by the Secretary of DHHS to determine or investigate HEALOGICS' compliance with the Privacy Rules, or that are otherwise required by law.

3. Confidential Communication. You have the right to ask us to communicate with you at a special address or by a special means. For example, you may ask us to send letters that contain your PHI to

a different address rather than to your home or you may ask us to speak to you personally on the telephone rather than sending your PHI by mail. These requests must be made in writing and we will agree to reasonable requests.

4. Inspect and Receive a Copy of PHI. You have a right to inspect the PHI about you that we have in a designated record set and to receive a copy of it. This right is limited to information about you that is kept in records that are used to make decisions about you. For instance, this includes medication lists, lab results, and encounter information. Where your PHI is contained in an Electronic Health Record, you have the right to obtain a copy of such information in an electronic format and you may request that Healogics transmit such copy directly to an entity or person designated by you, provided that any such choice is clear, conspicuous, and specific. If you want to review or receive a copy of these records, you must make the request in writing. We may charge a fee for the cost of copying and mailing the records. To ask to inspect your records, or to receive a copy, contact the Privacy Officer listed in this notice. We will respond to your request within 30 days. We may deny you access to certain information. If we do we will give you the reason in writing. We will also explain how you may appeal the decision.

5. Amend PHI. You have the right to ask us to amend PHI about you in a designated record set which you believe is incorrect or incomplete. You must make this request in writing and give us the reason you believe the information is not correct or complete. We will respond to your request in writing within 60 days. We may deny your request under certain circumstances.

6. Accounting of Disclosures. You have a right to receive an accounting of certain disclosures of your information made within the previous 6 years from the date of your request. The first request will be provided to you at no cost, however, we may charge you for any additional requests made within the same 12-month period.

7. Complaints. You have a right to complain about our privacy practices if you think your privacy rights has been violated. You may file your complaint with the Privacy Officer listed at the end of this Notice. You may also file a complaint with the Secretary of the U. S. Department of Health and Human Services, at the Office for Civil Rights. All complaints must be in writing. We will not take any retaliation against you if you file a complaint.

Our Right to Change This Notice

We reserve the right to change our privacy practices as described in this Notice at any time. We reserve the right to apply these changes to any PHI which we already have, as well as to PHI we receive in the future. We will update this Notice before we make any changes to our privacy practices as described. We will make the new Notice available upon request.

Contact Us

If you have any questions about this Notice, our privacy policies, or if you have questions about how to exercise your rights, please contact:

Privacy Officer

Healogics, Inc.

5220 Belfort Rd. Suite 130

Jacksonville, Florida 32256

compliance@Healogics.com

904.446.3400 (Main Line)

904.446.3046 (Fax)

Anonymous Ethics & Compliance Helpline: 888.999.9460

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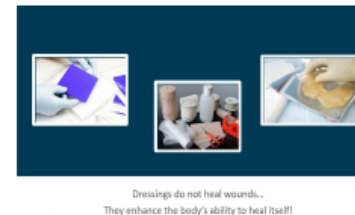
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Pressure Injury Prevention
<https://vimeo.com/709538995>
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TOPICAL WOUND CARE PRODUCTS

Dressing Category	Functions	Use	Product
Alginate	Absorption, moist wound healing, autolytic debridement, hemostasis	Moderate to heavy drainage	DermaGinate Silver version: DermaGinate/Ag
Bordered Gauze	Absorption, protection, securement of primary dressing	Primary or secondary dressing	Bordered Gauze, Sterile Bordered Gauze
CMC Gelling Fiber	Moist wound healing, autolytic debridement, highly absorbent.	Primary dressing	AquaRite Extra CMC
Collagen	Addresses enzyme imbalance in stalled chronic wound and supports formation of granulation tissue	Primary dressing	DermaCol, DermaCol 100 Silver version: DermaCol Ag, SilvaKollagen Gel
Composite	Absorption, protection, securement of primary dressing	Primary or secondary (cover) dressing	DermaDress, DermaView II Island
Compression	Management of chronic venous insufficiency, venous ulcers	Use as directed by a physician order	FlexPress4, FlexPress2, FlexPress2 Lite, CoFlex, UnnaRite w/Zinc, UnnaRite w/Zinc and Calamine
Contact Layer	Protects wound bed from trauma associated with dressing changes	Primary dressing	ComfiTel Silver Contact Layer: SilverDerm7
Foam	Absorption, moist wound healing, autolytic debridement, supports normothermia	Moderate to heavy drainage and/or fragile periwound skin. Primary or secondary dressing	Bordered Foam, HydraFoam, DermaFoam, DermLevin, DermaBlue+
Foam with Silicone Adhesive	Absorption, wound bed protection, moist wound healing, autolytic debridement, supports normothermia	Moderate to heavy drainage and/or fragile periwound skin. Primary or secondary dressing	ComfortFoam, ComfortFoam Border Lite, ComfortFoam Border Silver version: ComfortFoam Ag, ComfortFoam Border AG
Gauze-impregnated	Non-adherent, provide moist wound environment	Indications for use vary based on compound	DermaGauze, Oil Emulsion, Petrolatum Gauze, Xeroform Gauze
Hydrocolloid	Moist wound healing, autolytic debridement	Primary dressing	DermaFilm: Thin with Border, X-Thin Clear, HD
Hydrogel	Hydration for dry wounds, autolytic debridement	Primary dressing	AquaDerm, DermaSyn, DermaGauze Silver version: DermaSyn/Ag
Skin Prep	Moisture barrier, protection of fragile periwound skin	—	StingFree, DermaPrep
Super Absorptive Gelling Core	Multi-layer, highly absorbent, non-adherent	Moderate to heavy drainage.	HydraLock SA
Transparent Film	Moist wound healing, autolytic debridement, bacterial barrier	Primary or secondary dressing	DermaView, DermaView II, DermaView II Island, DermaView IV

Facility Process for Ancillary Services

(Facility can add who they use for labs, radiology, vascular studies and other services here)

Facility list of local Wound Care Centers and Home Health Agencies

(Facility can add list for local home health agencies and Wound Care Centers)

Facility Specific Formulary

(Facility should add their formula list for products)

Facility Specific Surfaces, Offloading and other Interventions

(Facility should add any information on the specific wound related products such as mattress, cushions, vacs, off-loading, skin care products, and nutritional supplements)

Facility Specific Guidance for Braden evaluations

(Facility can add their process for Braden evaluations)