

Home Health

BUSINESS REPORT

A WEEKLY
REPORT ON
NEWS, TRENDS
& STRATEGIES
FOR THE HOME
HEALTHCARE
EXECUTIVE

MONDAY, JAN. 11, 1999

VOL. 6, No. 2

PAGE 1 OF 7

Home care industry faces a full agenda in the 106th Congress

By **MATTHEW HAY**

HHBR Washington Correspondent

WASHINGTON – The conventional wisdom in much of the major media in recent weeks has been that not much will happen in Washington until the impeachment of President Clinton is settled in the Senate. But the betting on Capitol Hill is that the impeachment will be wrapped up later this month or early next month and that both parties will be anxious to move on to significant legislative matters, including healthcare. Some Capitol Hill aides predict the Republican majority in the House will be especially anxious to see this occur because of the growing view reflected in public opinion polls that they have been focused solely on the impeachment.

"We are hopeful that with such a slim majority in the House, the Republicans will be anxious to show they can do something besides impeach presidents and that we will have a pretty busy year where healthcare is concerned," a top aide to the House Ways and Means Committee told

HHBR. "I think the reason the Republicans lost some seats was because they weren't doing things people care about, and people care about healthcare."

Nobody is quite certain precisely what this will mean for the home care industry, however. "There is a lot of speculation that what took place in the area of home health last fall was Round One because the industry is still facing the 15% cut next year, and, as it is, they are already pretty beleaguered," said the Ways and Means aide. "But nobody has described to me what Round Two will look like yet."

Before it adjourned last year, Congress passed a home health provision as part of its year-end budget agreement that altered the per-visit and per-beneficiary limits and delayed by one year the 15% across-the-board reduction in home health reimbursement originally scheduled for Oct. 1. But the home care industry took little solace in those measures after working all year to bring about a moratorium on the interim payment system (IPS).

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MedPAC to address home care recommendations this week

WASHINGTON – The **Medicare Payment Advisory Commission** (MedPAC) will meet later this week to consider what recommendations it should propose to Congress later this year. Following MedPAC's meeting on Friday, the Commission will submit recommendations in its March Report to Congress. The proposals put forth by MedPAC could have a major impact on the home care industry.

The Commission may recommend several major changes in the area of home care, including co-pays on home care visits, review and approval of an independent case manager for ongoing home care services, changes that narrow the scope of available home care services, and a more narrow homebound definition.

Many of these proposals have remained substantively unchanged over recent years, NAHC President Val Halamandaris wrote MedPAC Chair Gail Wilensky following the commission's meeting last month, despite the fact that IPS and other measures have had a major impact on home care. ■

Columbia faces second federal investigation into Medicare fraud

By **MEREDITH BONNER**

HHBR Editor

The **U.S. Justice Department** (Washington) has joined a second whistleblower lawsuit accusing **Columbia/ HCA Healthcare** (Nashville, TN) with attempting to defraud federal health programs. The latest suit includes Columbia's home health operations, most of which have been sold, as well as its hospitals.

The suit, reported *Dow Jones News Service*, was filed in April 1997, but was not unsealed until last week. Initially filed by John Schilling, a former regional reimbursement

See Columbia, Page 2

Holiday schedule

HHBR's offices will be closed Monday, Jan. 18, in recognition of the Martin Luther King Jr. holiday, and next week's issue will be delivered to you Tuesday, Jan. 19.

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WHAT THEY'RE SAYING

• Diane Paulson, manager attorney for the **Medicare Advocacy Project at Greater Boston Legal Services**, in a recent *Chicago Tribune* story about cutbacks in Medicare coverage for home health: "There's a growing crisis in access to Medicare-covered home healthcare, particularly for people with complex and long-term medical conditions" such as congestive heart disease, multiple sclerosis, severe diabetes, spinal injuries, Alzheimer's disease, and the aftereffects of a stroke.

• In an article about the best opportunities of the 1999 job market, the *Chicago Tribune* reports that home health care and elder care will be in demand, along with computer-systems analysts, engineers, paralegals, chemical technicians, special education teachers, aircraft mechanics/engine specialists, and corrections officers.

• In a recent editorial urging Georgia's state government to find more ways to help seniors live in their homes longer and to foster the creation of assisted living facilities, the *Atlanta Journal-Constitution* reported: "Between the aging of Georgia's native boomers and the state's growing popularity as a retirement haven, its elderly population is expected to grow from nearly 800,000 in 2000 to nearly a million by 2010. But many of those older citizens will not need the expensive care provided by nursing homes. Lots of them would do just fine with less costly assistance: assisted living facilities, personal-care homes, home healthcare, or community day care programs."

• Minimum wage home care workers recently voted overwhelmingly in Contra Costa, CA, to unionize. "It's a huge victory," union organizer Dana Simon told *The San Francisco Chronicle*. "This is something these workers have been fighting for no fewer than five years." The home healthcare workers represent the fourth California county, all of which are in the San Francisco Bay area, to unionize. Coming next, the *Chronicle* writes, are 85,000 Los Angeles home health aides that will vote on unionizing. ■

Columbia

Continued from Page 1

supervisor for Columbia, the suit accuses the company of submitting false cost reports to Medicare, Medicaid, and military health insurance programs to receive higher reimbursement for services.

Columbia and its executives have been the target of a two-year criminal Medicare-fraud investigation by the federal government, which has prompted the sale of its home care division **Columbia Homecare Group** (Dallas) and a massive restructuring of its management team.

The charges alleged in the civil first suit were part of another whistleblower suit, unsealed in October by the same court. The suit also charges **Quorum Health Group**, which had been part of the **Hospital Corporation of America**, with which Columbia merged, until the late 1980s. Quorum was not named in last week's suit, which focuses on Columbia's operations before in acquired HCA in 1994.

About 100 of the company's 300 hospitals are covered by the latest suit, aside from the company's home health operations. In 1993, according to the suit, Columbia's Southwest Florida Regional Medical Center bought a home health agency from **ResCare** and retained ResCare to manage the operations. Columbia then bought **Able Care Home Health Agency** to run the ResCare business, but continued to pay ResCare monthly fees. Columbia allegedly then included those fees on Southwest's cost reports.

Also according to the suit, Columbia bought several home health agencies from **Olsten Corp.** (Melville, NY) at "artificially low prices," but paid Olsten inflated fees to manage the agencies. The suit claims the fees paid to Olsten were billed to Medicare and included the cost of goodwill from the acquisition, which Medicare does not reimburse. Columbia sold its Florida home care operations back to Olsten in November for \$34 million.

Spokesman Jeff Prescott told *Dow Jones* that Columbia doesn't view the latest suit as anything new. He said he is not sure how the latest suit will affect the company's negotiations with the government to reach a settlement. ■

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COMPANIES IN THE NEWS

Amedisys unsure of fate of tender offer

Amedisys (Baton Rouge, LA) previously announced that on Dec. 21, 1998, it had been informed that **The Bradford Group**, a Louisiana limited liability company, had initiated an unsolicited tender offer for all of the outstanding shares of Amedisys common stock. However, as of last week, Amedisys officials said, the company has not filed any tender offer materials with the **Securities and Exchange Commission** (Washington) or, apparently, otherwise commenced a tender offer in accordance with applicable law. As a result of the confusion caused by the purported tender offer, and in light of the apparent legal and other deficiencies of such purported offer, Amedisys has contacted a principal of The Bradford Company, asking him to clarify and discuss the Group's intentions, officials said. Amedisys asked The Bradford Group how it would expect to finance the offer and why it had not sought a negotiated transaction with Amedisys. The principal indicated, Amedisys said, that he would not meet with representatives from Amedisys within the next two weeks.

Amedisys requests its shareholders not to make a determination as to whether to accept or reject the purported tender offer, or to tender any shares held by them, until Amedisys has determined the validity and nature of such offer and advised its shareholders of its position. The company expects to make a determination and so advise its shareholders on this matter, subject to applicable law, as soon as reasonably practicable. In addition, Amedisys said its presently considering whether to institute any legal proceedings against The Bradford Group with respect to this matter.

"The company is remaining firmly focused on its commitment to growth and capturing mass market share," said William Borne, Amedisys' CEO. "Our mission is to be the low cost provider of home healthcare services, while enhancing our profitability in our ambulatory surgery center and infusion therapy divisions."

Apria shares rise after rate upgrades

Shares of **Apria Healthcare** (Costa Mesa, CA) have jumped after rating upgrades from **Prudential Securities** (New York) and **BT Alex. Brown** (New York). In a note to investors, BT Alex. Brown upgraded Apria to strong buy from buy, while Prudential changed its rating to strong buy from accumulate. Both investment banks said the upgrades were prompted by a faster-than-expected turnaround and head count reductions. Prudential analyst Charles Boorady said in a report, "We now believe Apria will report a profit in the fourth quarter of 1998," adding that his previous estimate called for Apria to turn profitable in 2Q99.

"Management's strategy of extricating itself from unprofitable contracts and reducing operating expenses seems to be working and generating return to profitability six months ahead of schedule," said BT Alex. Brown's Peter Emch.

In addition, according to a report in *The Wall Street Journal*, a recent round of insider purchases could help Apria on its road to recovery. The *Journal* reported that from Oct. 26 to Nov. 30, eight executives at Apria bought 1.8 million shares valued at more than \$15 million, according to CDA/Investnet. Apria director David Batchelder and Chairman Ralph Whitworth, representing Relational Investors, which buys stock in underperforming companies and acts as a catalyst to create changes within those companies, bought 1.7 million shares from Nov. 16 to Nov. 19, *The Journal* reported. Relational Investors hired Philip Carter in May as Apria's new CEO to help stabilize the company.

Patient Care buys home care operations

Chemed's (Cincinnati) **Patient Care** (West Orange, NJ) subsidiary has acquired the assets of the Columbus, OH, franchise of **Western Medical Services**. The business, which will operate under the name **Patient Care Medical Services**, generated revenues exceeding \$5 million in 1998. The purchase price for the business was not disclosed. The new company will offer a wide range of home care services through home health aides, certified nursing assistants, licensed nurses, and homemakers.

NYC offers services to Medicaid patients

New York Health Care (NYC; Brooklyn, NY) said it, under a contract with the City of New York, has begun to provide home care services for Medicaid patients. Gross annualized revenues from this contract are estimated at \$11 million over the one-year contract term, which nearly doubles NYC's state revenue and, on an overall basis, increases revenue by more than 50%, the company said. The contract runs through Dec. 31, 1999, with an option by the city to renew for an additional one-year term.

Option Care adds IV therapy to Lincoln Re

Option Care (Bannockburn, IL) and **Lincoln Re** (Fort Wayne, IN) have added in-home intravenous therapy to Lincoln's Special Alternatives portfolio of medical claim management programs and consulting services. The in-home IV therapy will be offered to Lincoln reinsurance clients providing coverage to 6 million people in the United States.

The agreement, say Lincoln officials, gives Lincoln's reinsurance clients access to Option Care's discounted pricing structure and efficient, high-quality, in-home IV healthcare from more than 150 locations in the United States. ■

Congress

Continued from Page 1

"One of the encouraging things that did take place when Congress passed those measures," noted the **National Association for Home Care's** (NAHC; Washington) Jeff Kincheloe, "was that a number of key members went on record pointing out that the steps Congress was taking did not repair the problem and that they would have to revisit home health this year."

Exactly what form these "next steps" will take is the question the home care industry is now facing. Home care representatives told *HHBR* last week that the industry will likely renew its efforts to eliminate — or at least further delay — the 15% across-the-board reduction, but all sides agree that is going to be an uphill fight. "We would love to see the 15% reduction eliminated and the per beneficiary limits suspended because we think we can achieve the required savings without them," said one home care representative. "But that is probably unrealistic."

The Ways and Means staffer agreed. "When you look at the budgetary pressures that now exist," said the aide, "you realize how tight it is going to be because you basically have a firewall that has been drawn between domestic spending and a new push for increased military spending." The aide pointed out that Clinton recently announced sizable increases in military spending, and the Republicans are already pushing for even greater increases.

"Finding a few billion dollars to deal with some of the things we did in home health as part of the Balanced Budget Act that were probably too severe got a lot harder over the winter because now Medicare is basically competing head-to-head with people that are trying to figure out how to keep our Air Force pilots from bailing out," the aide said. "The problem is that many of the cuts in the (Balanced Budget Act of 1997) were backloaded, and now we are starting to get closer to the back."

One potential remedy to the problems confronting the home care industry that both industry representatives and Capitol Hill aides believe has a reasonable chance of passage is some form of outlier policy for medically complex patients and chronically ill patients that have seen their services curtailed by the per-beneficiary limits.

"I'm certain that will be a major focus of our attention, but exactly what form that legislation will take it is too early to tell," said Kincheloe. Several House members are already working on versions of an outlier policy but those bills were described last week as very preliminary.

Concern over the fate of medically complex patients intensified in recent weeks in the wake of a Medicare Appeals Court ruling that overturned the judgements of an administrative law judge regarding skilled nursing services that were provided to a Medicare beneficiary between 1995 and 1996. The Medicare Appeals Court ruled that the care provided to the beneficiary was not covered

See Congress, Page 6

C A L E N D A R

- The **American Federation of Home Health Agencies** (Silver Spring, MD) holds its annual membership meeting Jan. 24-26 in Lake Tahoe, NV. Topics to be discussed include "Provider Rights and Responsibilities During Audits," "How to Protect Your Assets in a Home Care Agency," "Retirement Planning and Employee Morale in Times of Change," "Corporate Compliance Plans to Survive Medicare Investigations," and "Maintaining Internal Audit Controls to Survive Medicare Audits and Sampling." For more information, call (800) 837-0979.

- The **Illinois Home Care Council** (Chicago) will hold its 1999 annual conference and exposition on March 3-5 in Springfield, IL. The council expects more than 350 healthcare providers and exhibitors to attend the meeting entitled "Putting the Pieces Together." This is the second year the council will offer one annual statewide meeting instead of two, as it had in previous years. Conference highlights will include three four- to six-hour workshop, 20 concurrent educational sessions, more than 60 exhibitors, and an award and volunteer recognition luncheon.

- The **Joint Commission on Accreditation of Healthcare Organizations** (Oakbrook, IL) will host three public forums, two this month and one in February, to hear consumer ideas about healthcare quality and quality oversight. The forums, which will be from 9 a.m. to 4:30 p.m., are scheduled for Friday, Jan. 22 in Chicago at the Chicago Marriott on Michigan Ave.; Friday, Jan. 29 in Los Angeles at the L.A. Airport Hilton and Towers; and Monday, Feb. 1 in Washington at the Doubletree Hotel on Rhode Island Ave. The Joint Commission will use input from the consumer forums to improve its accreditation process for more than 18,000 home health agencies, hospitals, health plans, and other healthcare organizations. Feedback from participants will also help the Joint Commission determine how best to make information about healthcare quality available to the public. ■

C O R P O R A T E L A D D E R

- **Simione Central Holdings** (Atlanta) has promoted Kathryn McClellan to senior vice president of customer service and home care support services. McClellan will have the responsibility of combining the resources of home care support services, the customer support help desk, systems integration, and implementing and training. McClellan has been with Simione Central as vice president of client services and senior vice president of home care services since November 1996. ■

PPM / MSO NEWS

- **Tessa Complete Health Care** (Oakbrook Terrace, IL) has acquired the **DBA Progressive Chiropractic Clinic** (Portland, OR). The company has merged the practice into its existing Mountainview, OR, clinic and Alfred Peter, clinic director of DBA Progressive, will be principal director at Mountainview. Terms were not disclosed. Tessa provides physician practice management to multispecialty clinics that focus on conservative, noninvasive rehabilitative care.

- **PhyMatrix** (West Palm Beach, FL) posted revenues for 3Q98 ended Oct. 31 of \$83 million, compared to revenues of \$91.5 million for 3Q97. PhyMatrix also posted a net loss for 3Q98 of \$9.1 million, 27 cents per share, compared to net income of \$5.4 million, 18 cents per share, for 3Q97. In August, PhyMatrix announced plans to divest itself of its physician practice management business and will restructure itself to focus on clinical research, pharmacy management services, and network provider service.

- Shareholders of **IntegraMed America** (Purchase, NY) approved a 1-for-4 reverse stock split. The company specializes in fertility and assisted reproductive technology services. It manages a nationwide network of nine reproductive science centers with 21 locations in nine states and the District of Columbia.

- **PHP Healthcare** (city, ST) reported last week that it has completed the previously announced sale of its 70% interest in **Virginia Chartered Health Plan** (VACHP) to **UHS Managed Care** for more than \$5.7 million. UHS is an affiliate of **Medical College of Virginia Hospitals Authority** and was previously the owner of 30% of VACHP. Based on final negotiations of the sale, proceeds of \$5.8 million will be placed in an escrow account and distributed as ordered by the U.S. Bankruptcy Court in Wilmington, DE, the company said. As reported, PHP and certain of its subsidiaries, including **Pinnacle** and **PHP NJMSO**, on Nov. 19 filed voluntary petitions for protection under Chapter 11. On Nov. 23, its Pinnacle and PHP NJMSO converted their Chapter 11 cases to Chapter 7 liquidation.

- **Apache Medical Systems** (McLean, VA) has selected **Ernst & Young** as the company's new auditors, replacing **Arthur Andersen**. Ernst & Young's particular expertise in the fields of healthcare and information technology was a critical factor in the company's decision, Apache officials said.

- **Birman Managed Care's** (Cookeville, TN) operating subsidiaries, **Birman & Associates** and **Hughes & Associates**, have recently signed separate agreements with three new clients. In the first transaction, the Birman & Associates subsidiary has been retained to provide its Quality Management Program (QMP) to a medical center in southwestern Kansas. The one-year contract, the com-

pany's first in Kansas, brings to 28 the number of hospitals across 12 states at which Birman & Associates' QMP is administered. In the other transactions, Hughes & Associates has separately entered into two contracts to provide utilization review services for the operators of two major hospitality and gaming properties in the Southeast. One of the contracts represents the company's first expansion into Louisiana.

- **Primus Management** (San Francisco) has hired David Nelson CFO for managed operations. In his new position, Nelson is responsible for providing financial management services to client hospitals, overseeing the day-to-day management of hospitals finances, and providing consultative value-added services to the client hospitals' CEOs and CFOs. ■

REGIONAL DIGEST

- The **Illinois Association of Medical Equipment Services** (IAMES; Chicago) has reached a short-term management agreement with the **Illinois Home Care Council** (IHCC; Chicago). IHCC staff will be managing IAMES' operations in the following areas: response to member calls and other inquiries; production of IAMES' Intelligence; IAMES' monthly newsletter; and regulatory and legislative advocacy on the state level. IAMES President Jim Rankin said the organization is "confident that such a collaboration is a positive step in fulfilling IAMES' long-term vision."

- **VNS HomeCare of Narragansett** has named George Laban president/CEO, reported *The Providence Journal-Bulletin* of Rhode Island. Laban's appointment followed a nation-wide search for the agency. Laban was previously president/CEO of the **South Shore Visiting Nures Association** and **Hospice of the South Shore**. VNS officials said Laban, who will complete the partnership between VNS and South County Hospital, was hired with the intention of becoming the senior administrator of the combined entity.

- **Liberty Home Care** (Wilmington, NC), a company that wanted to break into home care, has bought the bankrupt **Comprehensive Home Health Care** (CHHC; Wilmington, NC) for \$7.1 million after being forced to bid more than its original offer of \$4 million. Liberty, which took over CHHC Jan. 1, is part of a family of companies that includes **Liberty Healthcare Services**, which operates six nursing homes and two assisted living facilities in Wilmington, Whiteville, Clinton, and Jacksonville, NC. With 600 employees before the purchase, the Liberty companies more than doubled in size by adding CHHC's roughly 650 employees. CHHC, which will become Liberty Home Care, has 13 branches in North Carolina and South Carolina. The new company expects to serve nearly 8,000 patients and make 300,000 visits this year. ■

Congress

Continued from Page 4

by Medicare because it had no predetermined endpoint and as a result could not be termed "intermittent."

"In essence, this is one of those patients they are saying is 'too ill' to receive home health services and they are basically consigning her to a nursing home," said Kincheloe. "If it is not daily care, you don't need a definable endpoint and you can receive care indefinitely, but in her case, she required care every day."

The first hearing scheduled in the House Ways and Means Committee will take place later this month and will address the progress being made on the Year 2000 computer modifications affecting Medicare as well as Social Security and other government programs. With the implementation of the prospective payment system (PPS) for home health contingent on the **Health Care Financing Administration's** (HCFA; Baltimore) successful completion of its Year 2000 computer updates, the home care industry will be watching this hearing closely.

The Senate Finance Committee has yet to schedule any

hearings, but a Senate Finance Committee aide told *HHBR* last week that the committee will likely hold hearings in the area of healthcare early in the session.

The home care industry will also be keeping an eye on the next set of recommendations from the **Medicare Payment Advisory Commission** (MedPAC) (see related story) and the **Bipartisan Commission on the Future of Medicare**. The Bipartisan Commission has been tasked with drawing up solutions to the long-term threats facing Medicare's solvency, and some observers believe it might recommend a co-payment for home health services. In addition, the commission may recommend an increase in the eligibility age for Medicare, which would strip millions of beneficiaries of home health services.

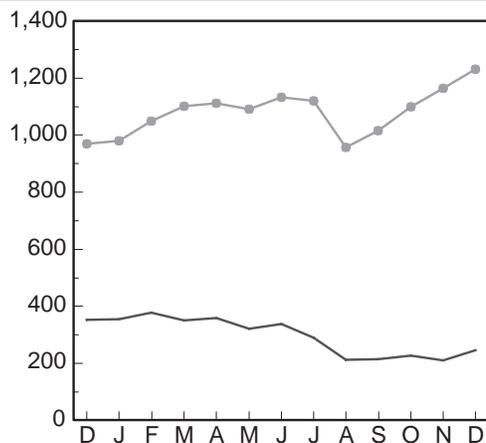
Home care representatives said last week that the industry has yet to completely set its agenda for this session of Congress. Some industry representatives expressed the concern that Congress might take the view that the problems confronting home health were already addressed last year. "That is the problem with settling for a partial fix," remarked one of them. "But the fact is that you sometimes have to take what you can get at the moment." ■

MONTHLY STOCK INDEX COMPARISON

	CLOSE 11/30/98	CLOSE 12/31/98	NET CHANGE	PERCENT CHANGE
HHBR HOME HEALTH COMPOSITE INDEX	211.58	246.52	34.94	16.51
DOW JONES INDUSTRIAL AVERAGE	9116.55	9181.43	64.88	0.71
NYSE COMPOSITE	571.5	595.81	24.31	4.25
S&P 500 COMPOSITE	1163.63	1230.81	67.18	5.77
NASDAQ OTC COMPOSITE	1949.54	2192.69	243.15	12.47
DOW JONES HEALTH CARE INDEX	673.97	673.09	-0.88	-0.13

HHBR'S HOME HEALTH COMPOSITE STOCK INDEX

The Home Health Business Report Composite Stock Index represents the collective performance of 9 publicly traded companies with primary businesses in the home healthcare industry. Companies included in the Composite Index are denoted with an inverted triangle (▽) in the "company name" column of our monthly stock tables appearing on page 8. The HHBR Composite Stock Index was compiled by Nordby International, and has been constructed to show comparative performance of a selected group of home healthcare stocks with the S&P 500-Stock Index. The Index was calibrated to match the 435.71 closing of the S&P 500 on Dec. 31, 1992.



MAJOR MOVERS IN HOME CARE IN DECEMBER 1998

TOP FIVE PERCENTAGE GAINERS

Option Care Inc. ▽	58.82
Matria Healthcare	46.03
Apria Healthcare Group Inc. ▽	27.68
Integrated Health Services Inc.	26.26
Fresenius Medical Care	19.37

TOP FIVE PERCENTAGE LOSERS

Healthcor Holdings Inc.	-62.5
Infu-Tech Inc.	-37.25
NuMed Home Health Care Inc.	-31.35
Home Health Corp.	-28.57
American HomePatient Inc. ▽	-14.71

TOP FIVE DOLLAR GAINERS

Lincare Holdings Inc. ▽ (s)	6.06
Fresenius Medical Care	3.81
Integrated Health Services Inc.	2.94
Kelly Services Inc.	2.69
Apria Healthcare Group Inc. ▽	1.94

TOP FIVE DOLLAR LOSERS

Mallinckrodt	-1.5
Infu-Tech Inc.	-1.19
Pediatric Services of America	-0.5
Sabratek	-0.5
Chemed Corp.	-0.38

Market	Advances	Declines	Unchanged	New Highs	New Lows
Diary:	This Month.....20	This Month.....13	This Month.....4	This Month.....1	This Month.....6

Public Company Financial Statistics (Dec. 31, 1998, close)

EXCH	COMPANY	TICKER SYMBOL	CLOSING	% CHANGE		52 WEEK		EPS	PRICE/ EARN	MARKET
			PRICE 12/31/98 \$	THIS MONTH	THIS YEAR \$	HIGH	LOW	LAST 12 MOS. \$	RATIO \$	CAPITAL (1000S)- \$
NAS	Amedisys Inc.	AMED	2.88	15.00	-36.11	6.00	1.50	-2.42	—	8812
NAS	American HomePatient Inc. ▽	AHOM	1.81	-14.71	-92.29	26.88	1.44	0.12	15	27162
NYS	Apria Healthcare Group Inc. ▽	AHG	8.94	27.68	-33.49	14.13	2.56	-8.70	—	462775
NAS	Caretenders HealthCorp.	CTND	2.75	-2.22	-60.71	8.88	1.75	-1.54	—	8608
NYS	Chemed Corp.	CHE	33.50	-1.11	-19.16	42.38	25.13	2.00	17	316609
NYS	Columbia HCA Healthcare	COL	24.75	0.51	-16.46	34.63	17.00	-1.21	—	15976274
NAS	Community Care Services	(L) CCSE	0.25	0.00	-86.67	6.00	0.13	-0.81	—	1786
NYS	Coram Healthcare Corp. ▽	(L) CRH	1.88	0.00	-44.44	3.38	1.06	-0.88	—	92160
NYS	Fresenius Medical Care	FMS	23.50	19.37	8.05	26.94	12.50	0.41	57	1645000
NYS	Graham-Field Health Products Inc.	GFI	3.38	8.00	-79.78	19.75	1.81	-1.76	—	105675
NAS	Healthcor Holdings Inc.	(L) HCORC	0.09	-62.50	-97.58	4.50	0.06	-4.92	—	946
NAS	Help at Home Inc.	HAHI	1.69	-10.00	-3.57	2.13	0.53	0.00	—	3154
NAS	Home Health Corp.	(L) HHCA	0.31	-28.57	-96.99	11.31	0.19	-5.15	—	3086
NAS	In Home Health Inc. ▽ (s)	(H) IHHI	1.81	7.41	-35.56	4.50	1.13	0.15	12	9907
NAS	Infu-Tech Inc.	INFU	2.00	-37.25	-62.79	7.50	1.75	0.01	200	6526
NYS	Integrated Health Services Inc.	(L) IHS	14.13	26.26	-54.71	39.94	9.50	-3.27	—	746040
NAS	Interwest	(L) IWHM	3.38	3.85	12.50	4.44	2.44	0.35	10	13800
NAS	Invacare Corp.	IVCR	24.00	0.26	10.34	28.75	19.13	1.14	21	717216
NAS	Kelly Services Inc.	KELYA	31.75	9.25	5.18	38.50	23.75	2.20	14	1168432
NAS	Lincare Holdings Inc. ▽ (s)	LNCR	40.56	17.57	42.32	44.38	26.88	1.28	32	2360981
MKG	Mallinckrodt	MKG	30.81	-4.64	-18.91	40.06	19.75	2.11	15	2198225
NAS	Matria Healthcare	MATR	2.88	46.03	-48.89	6.75	1.40	-2.71	—	104679
NYS	Mid Atlantic Medical Services	MME	9.81	10.56	-23.04	14.00	4.44	0.21	47	487034
ASE	National HealthCare	NHC	15.50	2.90	-72.32	41.50	14.00	1.99	8	175414
NAS	National Home Health Care Corp.	NHHC	4.75	0.00	-2.56	5.13	3.88	0.20	24	24629
NAS	New York Health Care Inc.	NYHC	1.00	0.00	-60.00	3.50	0.63	0.09	11	3760
NAS	NuMed Home Health Care Inc.	NUMD	0.30	-31.35	-65.71	2.00	0.13	-0.43	—	1490
NYS	Olsten Corp. (The) ▽	OLS	7.38	-1.67	-50.83	17.63	4.50	0.19	39	599440
NAS	Option Care Inc. ▽	OPTN	1.69	58.82	-38.64	5.13	0.75	-0.38	—	18573
NAS	Pediatric Services of America	PSAI	3.50	-12.50	-81.70	21.75	1.94	-0.91	—	25015
NAS	Respironics Inc.	RESP	20.03	6.13	-10.47	29.63	9.88	-0.11	—	632847
NYS	Sabratek	SBTK	16.38	-2.96	-43.29	36.13	13.00	0.81	20	160704
NAS	ServiceMaster L.P.	SVM	22.06	2.62	13.14	25.50	16.00	0.62	36	6559336
NAS	Staff Builders Inc. ▽	SBLI	0.56	12.50	-73.13	2.47	0.34	-0.98	—	12629
NYS	Star MultiCare Services Inc.	SMCS	1.44	4.55	-73.86	5.88	1.13	-0.91	—	7515
NAS	Sunrise Medical Inc.	SMD	12.44	-2.45	-19.43	16.25	6.56	-0.43	—	276063
NAS	Transworld Home HealthCare Inc.	TWHH	4.69	11.94	-33.04	7.81	2.13	0.07	67	82200

KEY: (H)=NEW HIGH • (L)=NEW LOW • NYS=NEW YORK • ASE=AMERICAN
 NAS=NASDAQ • (s)=STOCK SPLIT • ▽ in HHBR Composite Index • NA=not available

MARKET CAPITAL figure reflects total for this class of stock only. Stock listed is the most actively traded of the company's classes of stock.

Source: Nordby International, Boulder, CO.

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