

# Home Health

## BUSINESS REPORT

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

MONDAY, OCT. 18, 1999

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### BBA relief plans unveiled in both House and Senate

By MATTHEW HAY

HHBR Washington Correspondent

WASHINGTON – Legislation introduced in the House and Senate last week could ease the 15% cut in Medicare home health reimbursement slated for Oct. 1, 2000. With time running out in this session of Congress, only the House Commerce Committee has yet to weigh in with a package of reforms to the Balanced Budget Act of 1997 (BBA). But the final plan that emerges from Congress will still have to be reconciled with the more modest proposal set forth by the White House last summer.

House Ways and Means Health Subcommittee Chairman Rep. Bill Thomas (R-CA) unveiled a plan mid-week that would postpone the 15% reduction until six months after the prospective payment system (PPS) goes into effect. After that, the **Health Care Financing Administration** (Baltimore) would be required to report on the need for any further cuts.

The House plan calls for \$9.4 billion worth of congressionally enacted BBA relief and \$5.6 billion in Clinton administration-ordered changes over five years. Thomas has been pressing the administration to take actions immediately, but admits he has yet to receive any assurance that will happen.

By contrast, the bill introduced by Senate Finance Committee Chairman Sen. Bill Roth (R-DE) would spread the 15% reduction over three years. The bill calls for a 5% reduction when PPS kicks off, followed by an additional 5% reduction the second year and a final 5% reduction at the beginning of the third year of PPS enactment.

"The House approach is far preferable because it puts it off for another year," said **American Federation of Home Care Providers** Executive Director Ann Howard. "The way the Senate bill handles the 15% reduction is just not going to work."

The Senate bill would also increase the per-visit limit to 108% of the median, eliminate the consolidated billing requirement for durable medical equipment

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### OIG Work Plan for FY00 sets an ambitious agenda for HH

By MATTHEW HAY

HHBR Washington Correspondent

WASHINGTON – The **Department of Health and Human Services'** (Washington) **Office of Inspector General** (OIG) released its FY00 Work Plan Oct. 5, and it includes five investigations in the area of home health. The OIG's annual Work Plan is a blueprint of that office's activities for the year ahead.

According to the Work Plan, the OIG will investigate how many home health agencies have implemented compliance programs since it issued its voluntary program guidance for home health agencies in August 1998. It also plans to examine which specific elements have been implemented and gauge the benefits and difficulties associated with their implementation.

Veteran healthcare attorney Elizabeth Hogue said this

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### OIG to target balance billing for medical equipment, supplies

By MATTHEW HAY

HHBR Washington Correspondent

WASHINGTON – Among six other investigations slated for medical equipment and supplies in the **Office of Inspector General's** (OIG; Washington) FY00 Work Plan released Oct. 5, the OIG plans to zero in on balance billing for medical equipment and supplies. And healthcare attorney Michael DeCarlo says he questions this item.

"I think the one that scares me the most is the one on balance billing," said DeCarlo, an attorney with **Dickstein Shapiro** (Washington). "Overall, it strikes me that they are hammering away at the supposition that if Medicare is paying a lot for an item or has not reduced utilization for an item, then there must be a problem."

According to the OIG, the review of balance billing will seek to determine the extent to which Medicare beneficiaries are subject to financial liability when

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## OIG

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receiving medical equipment and supplies. As the OIG pointed out, there is currently no restriction on amounts for which suppliers can balance-bill a beneficiary if the supplier does not accept Medicare assignment. This is not the case in other areas of the Medicare program, such as inpatient hospital stays and physician services, the OIG noted.

The OIG also stated its intention to conduct a series of studies on the appropriateness of Medicare payments for certain medical equipment used in the home. According to the OIG, such studies are likely to include reviews of airway pressure devices, ventilators, lower limb prosthetics, and seat lift mechanisms.

In addition, the OIG said it plans to examine whether duplicate billings for medical equipment and supplies are being made to durable medical equipment regional carriers (DMERC) and regional home health intermediaries. "Because of the nature of the billing codes used and the difference in contractor claim processing, it is conceivable that Medicare could pay both providers for the same supplies," according to the OIG.

The OIG also plans to continue its examination into whether or not the DMERCs are actually fulfilling their intended purpose. The **Health Care Financing Administration** (Baltimore) established the four DMERCs in October 1993 to replace the existing 30 local carriers, with the express purpose of establishing medical guidelines and rooting out fraud and abuse. But the DME industry continues to come under close scrutiny.

Rounding out the OIG's Work Plan in this area are two familiar targets. The first is an examination of the medical necessity of orthotics with a focus on items supplied to nursing home residents. The OIG will also undertake a review of the appropriateness of Medicare claims and payments for blood glucose test strips. The OIG noted that billings and payments for these strips has increased sharply in recent years. According to the Work Plan, the OIG plans to contact suppliers and bene-

ficiaries to identify the cause of that increase and also plans to examine the appropriateness of utilization rates. ■

## New JCAHO compliance guidebook is available

Leaping the Joint Commission's hurdles to accreditation for your home care agency can be made easier with the newest edition of *Strategies for Successful JCAHO Homecare Accreditation 1999-2000*.

This newest edition is a step-by-step guide to compliance with the **Joint Commission on the Accreditation of Healthcare Organizations'** 1999-2000 standards. Its 573 pages provide strategies and documentation tools to help you prepare for accreditation, and they include dozens of forms, checklists, staff education documentation, and management tools.

*Strategies for Successful JCAHO Homecare Accreditation 1999-2000* also features more than 150 pages of case studies with tips, suggestions, and advice from your peers who have survived the survey, plus a list of vendors approved by the Joint Commission to measure outcomes for your agency.

With your purchase of the new accreditation guide, you can receive 25 nursing continuing education credits free. You also have the opportunity to buy unlimited additional CE programs for just \$40 each.

If you have a home care survey coming, don't wait to order this guide. Call (800) 688-2421 for more information, or send an e-mail to American Health Consultants at [customerservice@ahcpub.com](mailto:customerservice@ahcpub.com).

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## COMPANIES IN THE NEWS

### HAHI gets new credit facility terms

**Help At Home** (HAHI; Chicago) has renegotiated the terms of its financing with its current lender, **Oxford Commercial Funding**. The company previously said it had secured a new revolving credit facility with **DynaCorp Financial Strategies**. But Oxford subsequently agreed to renegotiate its credit facility with HAHl on more favorable terms than the DynaCorp facility, HAHl said. The new terms of the Oxford facility include an interest rate at 3.5% over prime and a one-year term.

HAHI also said it will not be able to file its annual report within the extensive period. As a result, the company's Nasdaq symbol will become HAHIE. The "E" will be removed once the 10-K is filed, which HAHl said should be by the end of October.

### Mallinckrodt introduces new respiratory products

**Mallinckrodt** (St. Louis) has introduced Breeze SleepGear, its newest sleep therapy product. Breeze SleepGear offers new levels of comfort for sleep apnea sufferers and sets new standards in delivering continuous positive airway pressure (CPAP) therapy. Breeze SleepGear combines with Mallinckrodt's quiet and portable GoodKnight 418, GoodKnight 418G, and CloudNine auto-CPAP systems.

In addition, Mallinckrodt introduced its pneumatically-powered Puriten Bennett OxiClip PC20 oxygen conserver for home care patients needing a supplemental source of oxygen. The conserver is lightweight and can be worn on a patient's belt or shirt pocket, the company said.

### Olsten's Pediatric Asthma program is awarded

**Olsten Health Services** (Melville, NY) was honored recently at the 1999 Wyeth-Ayerst HERA Award ceremonies, which are co-sponsored by the **National Managed Health Care Congress**. Olsten was presented with the 1999 Silver Wyeth-Ayerst Award for its outstanding achievement with its Pediatric Asthma Self-Management Program.

### Option Care to treat blood clots at home

**Option Care** (Bannockburn, IL) has entered into an agreement with **Rhone-Poulenc Rorer**, to initiate a home care program for the treatment of serious blood clots, known as deep-vein thrombosis, using Lovenox Injection, which will be provided by Rhone-Poulenc. Under the terms of the agreement, Option Care will provide Lovenox and various support services, including patient education and nursing services where applicable.

### OCS develops new market analysis tool

**Outcome Concept Systems** (OCS; Seattle) has introduced the home care industry's first market share analysis

tool, OCS-MarketView. The new product allows home care agencies and other organizations to view the total number of home care patients in a geographic market and the percentage of those patients who are served by each home care provider in that marketplace. The product also allows in-depth analysis of each competing agency in the marketplace with regard to their visit counts, costs, and resource use. The data is available both in hard-copy report format or via a Web-based tool. For more information on the tool, call (888) 325-3396 or visit the OCS Web site at [www.ocsys.com](http://www.ocsys.com).

### Star Multi Care returns to profitability

**Star Multi Care Services** (Huntington Station, NY) reported a return to profitability in 1Q00, after a rough FY99. The company saw a 1Q00 net income of \$91,203, 2 cents per share, compared to a net income in 1Q99 of \$132,458, 3 cents per share. After a dividend in 1Q99 to preferred shareholders, the company's net income available to common shareholders was \$79,703, 2 cents per share.

Star Multi Care reported 1Q00 revenues of \$10.4 million, a 20% decrease from 1Q99 revenues of \$13 million. The company said the drop in revenues is attributable to a reduction in authorization of service hours related to the New Jersey Medicaid program, the reduction of visit authorizations on Medicare subcontract services provided in New York and New Jersey, and the termination of underperforming contracts in the company's Florida licensed operations.

### Sunrise's CEO resigns

**Sunrise Medical's** (Carlsbad, NY) founder and CEO since 1983, Richard Chandler, has resigned from his positions as chairman/CEO/president, as well as from his seat on the board, to pursue other business ventures. Sunrise has appointed Murray Hutchison, a Sunrise director since 1983, as interim chairman/CEO/president.

Sunrise also said its bank group has agreed to an amendment to its bank credit agreement that remedies a financial covenant violation while providing for anticipated working capital needs. The company's \$120 million credit line was reduced to \$110 million, effective Sept. 30, and it will be further decreased in a series of reductions to \$65 million on July 7, 2000.

As part of the amendment, \$40 million of the outstanding borrowings under the credit agreement have been converted from the revolving credit facility to a term loan secured by the company's domestic accounts receivable. Sunrise has \$91 million in total bank borrowings outstanding. Borrowings under the amended credit line and the term loan are due in full on Jan. 14, 2001. The blended annual interest rate under the amended agreement will increase to an average of 11% at today's prevailing rates, versus 8% in FY99, Sunrise said. The company is considering a variety of alternatives to generate additional cash to fund credit line reductions, including the divestiture of certain assets. ■

## Work plan

*Continued from Page 1*

item may signal that compliance programs for home health are on their way to becoming mandatory. But she said that would not be unprecedented. The **Health Care Financing Administration** (HCFA; Baltimore) already requires managed care organizations that participate in Medicare+Choice to have a compliance program in place.

According to Hogue, HCFA has previously expressed interest in moving in this direction, but cited difficulty in demonstrating the effectiveness of these programs as an obstacle. She said this investigation may be designed to satisfy that concern.

Hogue also pointed out that HCFA could include this requirement in proposed conditions of participation for home health that have yet to be finalized. "It would be relatively easy for HCFA to include a revision that makes compliance programs mandatory when they publish the final regulations," Hogue said.

The OIG also plans to carry out a follow-up review to determine the current extent of physician involvement in approving and monitoring home care for Medicare beneficiaries. According to the OIG, earlier investigations found that physicians often did not have a relationship with their home health patients and instead relied extensively on home health agencies to determine the care needed.

Hogue said the OIG's stated intention to "identify obstacles to physician involvement" seems to suggest that physicians are eager to become more involved in supervising home care. "If anything, my experience has been that physicians want less involvement with home care patients," Hogue argued. She pointed out that many physicians are already resistant to managing home care patients because the documentation requirements are viewed as too burdensome and reimbursement is seen as insufficient. "From their point of view, they are just not being paid," she said.

The OIG also plans to evaluate whether home health agencies are discouraging admission of "very ill" beneficiaries. According to the OIG, the new per-beneficiary limits based on historical visit rates are an incentive to keep visits and associated expenditures down. The OIG said it will determine whether home health agencies are "dumping" their sicker beneficiaries or are cutting off care before it is medically warranted.

In this area, Hogue pointed to previous claims by the **General Accounting Office** and **Congressional Budget Office** that savings under the new payment methodology have been larger than anticipated, in part, because agencies did not fully understand the new system. Hogue said there may be some truth to that argument. "I have seen agencies all over the country who are over their cost caps, but under their aggregate per-beneficiary limits," said Hogue. "There were a lot of misunderstandings about what the new system meant for taking care of patients

whose cost of care would exceed per-beneficiary limits."

According to Hogue, one of the contributing factors is that agencies cut back their volume and then did not have enough volume over which to spread their costs. As a result, many of them exceeded their cost caps. But Hogue said now that agencies understand that IPS requires a balance of patient mix, she does not expect the OIG to find many problems in this area. She added that agencies will need to maintain the same understanding when operating under the prospective payment system.

The OIG also plans to evaluate the implementation of a 1997 requirement that pays for home health services based on the location of the patient's home rather than where the service is billed, which is typically the urban location of the parent home health agency. But that item is a carryover from last year's Work Plan and does not appear to be high on the OIG's list of priorities.

Finally, the OIG said HCFA has requested an examination of 1998 data and computer error rates for Medicare payments to home health agencies in several states. According to the OIG, whereas prior reviews computed error rates for earlier periods, this review should assist in measuring the effectiveness of corrective actions on the part of providers.

"This one worries me," said Hogue, who points to a previous OIG review that produced a 40% fraud rate in home care. According to Hogue, that finding has been convincingly refuted, but a similar finding would force the home care industry to fight that battle all over again. ■

## REGIONAL DIGEST

- Lawmakers in New Jersey this week will introduce measures to revamp a licensing system that allows a person with a criminal record to care for the elderly. The bipartisan legislation calls for criminal background checks for all home health aides instead of just new home health aides, as the current law stands, the *Associated Press* reported. The bills would also allow aides to work for only 60 days during their background checks. Now, providers can work for as long as six months, reported the *AP*. The legislation was prompted by a nine-month investigation by *The Record* of Hackensack, NJ, which found that more than 100 criminals are working as home care providers in New Jersey, according to the *AP*.

- **Home Medical Care** (HMC) of California has filed for Chapter 11 bankruptcy protection. HMC was forced to take this action when the management of corporate funds and corporate authority was discovered to be incompetent. Corrective steps are under way, the company said. HMC said it is looking forward to a profitable future. ■

**Relief**

*Continued from Page 1*

(DME), and do away with the 15-minute incremental billing requirement.

“Those are three provisions in the Senate bill, but not in the House bill, that we would like to see in a final bill,” said Howard. She also backs a repayment provision included in the Senate bill, but said she wants to see the legislative language before she gives it her unqualified support.

The House bill would provide a \$10 payment per Medicare beneficiary to offset the costs of OASIS. It also has some good news for suppliers, namely a restoration of the annual consumer price index (CPI) adjustment to Medicare fee schedules for DME. Suppliers would receive adjustments of CPI minus 2% in 2001 and 2002. The bill would also correct an error from the BBA that suspended CPI entirely after 2002. Full CPI adjustments would begin in 2003. ■

**MANAGED CARE REPORT**

• **Blue Cross and Blue Shield of Texas** sold its **TrailBlazer Health Enterprises** (Richardson, TX) to **Blue Cross and Blue Shield of South Carolina** (BCBSSC; Columbia, SC). BCBSSC will acquire 100% of the equity and voting interest in TrailBlazer. The acquisition makes BCBSSC the nation’s largest Medicare contractor, the company said. The company handles Medicare claims for home health in 16 states.

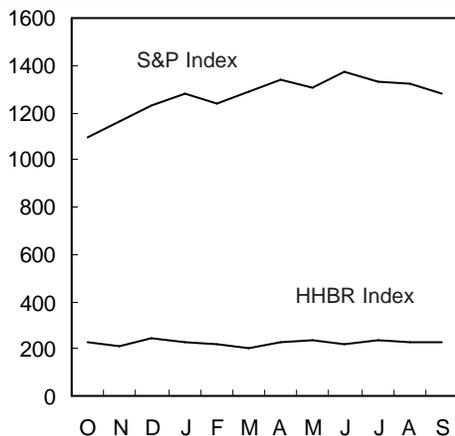
• **Ceres Group** (Cleveland) saw sales of \$70 million of annualized new premium for 3Q99, compared to \$16.7 million in 3Q98, the company said last week. The increase was primarily due to a larger national agent sales force as a result of new acquisitions, newly initiated marketing programs, and the release of new products through Ceres’ various insurance subsidiaries. ■

**MONTHLY STOCK INDEX COMPARISON**

	<i>Close</i> <u>8/31/99</u>	<i>Close</i> <u>9/30/99</u>	<i>Net</i> <u>Change</u>	<i>Percent</i> <u>Change</u>
Home Health Industry Stock Index	225.20	225.26	0.06	3.00%
Dow Jones Industrial Average	10829.28	10336.95	-492.33	-455.00%
N.Y.S.E. Composite	612.33	592.79	-19.54	-319.00%
S&P 500 Composite	1320.41	1282.41	-38.00	-288.00%
NASDAQ OTC Composite	2739.35	2746.16	6.81	25.00%
Dow Jones Health Care Index	601.61	510.99	-90.62	-1506.00%

**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 6. 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 SEPTEMBER 1999**

**TOP FIVE PERCENTAGE GAINERS**

Staff Builders Inc. ▽	116.67
Infu-Tech Inc.	57.58
Interwest	30.23
National HealthCare	7.69
Kelly Services Inc.	7.11

**TOP FIVE DOLLAR GAINERS**

Kelly Services Inc.	2.00
Invacare Corp.	0.88
Interwest	0.81
Infu-Tech Inc.	0.59
Mid Atlantic Medical Services	0.50

**TOP FIVE PERCENTAGE LOSERS**

Integrated Health Services Inc.	-48.98
Amedisys Inc.	-27.41
Sabratek	-26.47
American HomePatient Inc. ▽	-21.49
Respironics Inc.	-16.98

**TOP FIVE DOLLAR LOSERS**

Columbia HCA Healthcare	-3.44
Fresenius Medical Care	-1.94
Mallinckrodt	-1.88
Respironics Inc.	-1.69
Integrated Health Services Inc.	-1.50

<b>Market</b>	<b>Advances</b>	<b>Declines</b>	<b>Unchanged</b>	<b>New Highs</b>	<b>New Lows</b>
<b>Diary:</b>	This Month.....11	This Month.....22	This Month.....1	This Month.....1	This Month....7

# Public Company Financial Statistics (Sept. 30, 1999, close)

EXCH	COMPANY	TICKER SYMBOL	CLOSING	% CHANGE		52 WEEK		EPS	PRICE/	MARKET
			PRICE 9/30/99	THIS MONTH	THIS YEAR	HIGH	LOW	LAST 12 MOS.	EARN RATIO	CAPITAL (1000S)-
			\$		\$			\$	\$	\$
NAS	Amedisys Inc.	AMED	1.41	-27.41	-51.1	4	0.75	0	-	4383
NAS	American HomePatient Inc ▽	AHOM	0.69	-21.49	-62.1	6.63	0.63	-3.75	-	10415
NYS	Apria Healthcare Group ▽	AHG	16.75	-1.47	87.41	22.06	2.56	-3.09	-	871519
NAS	Caretenders HealthCorp.	CTND	1.97	-7.35	-28.41	4.13	1.5	-0.14	-	6162
NYS	Chemed Corp.	CHE	30.25	-0.41	-9.7	35.13	25.75	1.8	17	316052
NYS	Columbia HCA Healthcare	COL	21.19	-13.96	-14.39	27.5	16.13	0.86	25	11954793
NAS	Community Care Services	CCSE	0.81	-7.2	224.8	1.38	0.03	0	-	5861
NYS	Coram Healthcare Corp. ▽	(L) CRH	0.63	-16.67	-66.67	2.88	0.56	-0.82	-	30968
NYS	Fresenius Medical Care	(H) FMS	22.31	-7.99	-5.05	26.13	12.5	0	-	1561875
NAS	Help at Home Inc.	HAHI	1.13	-10	-33.33	2.38	0.53	-1.56	-	2103
NAS	In Home Health ▽ (s)	IHHI	2.13	6.25	17.24	3	1.06	0.24	9	11645
NAS	Infu-Tech Inc.	INFU	1.63	57.58	-18.75	4.88	0.44	-0.09	-	5302
NYS	Integrated Health Services Inc.	(L) IHS	1.56	-48.98	-88.94	20	1.06	-2.8	-	82725
NAS	Interwest	IWHM	3.5	30.23	3.7	5	2.44	0.39	9	14312
NAS	Invacare Corp.	(L) IVC	19.56	4.68	-18.49	26.94	18.06	1.56	13	558255
NAS	Kelly Services Inc.	KELYA	30.13	7.11	-5.12	35.13	23.75	2.3	13	1080403
NAS	Lincare Holdings Inc. ▽ (s)	LNCR	26.66	1.07	-34.28	42.13	17.25	1.6	17	1552273
NYS	Mallinckrodt	MKG	30.19	-5.85	-2.03	37.56	19.75	2.72	11	2117714
NAS	Matria Healthcare	MATR	5.88	-1.05	104.35	7.5	1.4	-2.37	-	215466
NYS	Mid Atlantic Medical Services	MME	8.94	5.93	-8.92	13.13	4.44	0.23	39	446473
ASE	National HealthCare	NHC	7	7.69	-54.84	30	5.25	-0.68	-	80010
NAS	National Home Health Care Corp.	NHHC	3.91	-2.34	-17.76	5	2.25	0.21	19	19945
NAS	New York Health Care Inc.	(L) NYHC	0.75	-14.29	-25	5	0.5	-0.04	-	2766
NAS	NuMed Home Health Care Inc.	NUMD	0.3	-3.85	0	0.88	0.13	-0.39	-	1760
NYS	Olsten Corp. (The) ▽	OLS	10.44	1.83	41.53	10.94	4.5	-0.3	-	848600
NAS	Option Care Inc. ▽	OPTN	3.25	-16.13	92.59	5.88	0.75	0.07	46	36855
NAS	Pediatric Services of America	(L) PSAI	1.22	-15.22	-65.18	5.44	1	-5.68	-	8107
NAS	Respironics Inc.	(L) RESP	8.25	-16.98	-58.81	21.38	8.25	0.72	11	252318
NYS	Sabratek	SBTKE	2.81	-26.47	-82.82	34.25	2.5	0.34	8	28437
NAS	ServiceMaster L.P.	(L) SVM	16.06	-2.65	-27.2	23.81	14	0.52	31	5010424
NAS	Staff Builders Inc. ▽	SBLI	0.39	116.67	-30.67	0.88	0.09	-3.25	-	9092
NYS	Star Multi Care Services Inc.	SMCS	1.13	2.86	-21.74	2.25	0.63	-0.27	-	5914
NAS	Sunrise Medical Inc.	SMD	6	-14.29	-51.76	13.75	5.5	0.2	30	133224
NAS	Transworld Home HealthCare Inc.	TWH	2	0	-57.33	5.4	1.5	-0.24	-	35102

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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