

# Home Health

## BUSINESS REPORT

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

MONDAY, FEB. 14, 2000

VOL. 7, No. 7

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## White House budget sets stage for lengthy battle with Congress

By MATTHEW HAY

**HHBR Washington Correspondent**

WASHINGTON – President Clinton sent his final budget to Congress last week where it received less than a warm welcome by Republican majorities in both chambers. The administration's Medicare proposal includes a prescription drug benefit that would cost an estimated \$29 billion over five years, as well as significant cuts in other parts of the program that have already caused alarm within the home health industry.

While it is early in the budget process, **American Association for Homecare** (AAH; Alexandria, VA) Vice President, Government Relations for Home Health Mara Benner said several concerns have already surfaced. She noted that the administration's plan proposes to competitively bid on voluntary disease management services, including home nursing visits. "To some extent, we need the language to be able to clearly understand whether or not that will have an impact," said Benner.

In addition, she said AAH is also concerned about the administration's proposal to prohibit providers from furnishing partial hospitalization services in homes or other residential settings. "Again, it depends what they mean by that and how they are defining partial hospital services," she asserted. "But those are two red flags for home health that we will need further clarification about."

House Ways and Means Health Subcommittee Chairman Rep. Bill Thomas (R-CA) wasted no time blasting the administration's proposal. "Last year, this Congress rejected the President's \$72 billion in Medicare cuts, which is why I can't understand why he would again propose cuts in Medicare to the tune of nearly \$70 billion," said Thomas. He added that Republicans are crafting their own plan that also includes a prescription drug plan for "the neediest seniors."

The administration's plan would also authorize competitive bidding and price negotiations to set payment  
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## HAA sets 2000 legislative agenda, including a list of top 10 issues

By MATTHEW HAY

**HHBR Washington Correspondent**

WASHINGTON – The **Hospice Association of America** (HAA; Washington) last week made final its *2000 Legislative Blueprint for Action*, including a list of its top 10 legislative issues. HHA President Karen Woods said the plan was developed with input from HAA's members and reviewed by the **National Association for Home Care's** (NAHC; Washington) Government Affairs Committee.

She said the top 10 items were selected from a list of roughly 30 areas the association initially identified. Here is a rundown of the top 10 items that Woods reviewed with HHBR:

- Ensure access to medications necessary for pain control.

HAA will urge Congress to oppose any legislation directly or indirectly setting limits or prohibiting physicians from pre-

*See HAA, Page 4*

## AMA blasts role of physicians in proposed prospective payment

By MATTHEW HAY

**HHBR Washington Correspondent**

WASHINGTON – The **American Medical Association** (AMA; Chicago) is warning the **Health Care Financing Administration** (HCFA; Baltimore) that the agency's proposed prospective payment system (PPS) may lead to underutilization of home care services.

Specifically, the AMA argued that it is "extremely inappropriate" for physicians to be tasked with approving a home health agency's home health resource utilization group (HHRG) for each patient. "The AMA is adamantly  
*See AMA, Page 2*

### Holiday schedule

Because HHBR's offices will be closed Monday, Feb. 21, for President's Day, fax subscribers will receive next week's issue Tuesday, Feb. 22.

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## Budget

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rates for non-physician Part B services and save an estimated \$250 million over five years by implementing a consumer price index minus 1% update for durable medical equipment, prosthetics, orthotics, and supplies.

Just as the budget battle unfolded, another battle was brewing. The **Health Care Financing Administration's** (HCFA; Baltimore) Office of the Actuary has given its estimate of total Medicare expenditures for FY99, and the agency reportedly estimates that the home health benefit was \$9.5 billion. "That means that since expenditures in FY97 were close to \$18 billion, the benefit has almost been cut in half," said Jim Pyles of **Powers Pyles Sutter and Verville** (Washington).

The rate that was included in the proposed regulation is a rate that included a 15% cut going into effect Oct. 1, 2000. Now that Congress postponed the 15% cut, that can not be the right rate, said Pyles.

Now, Pyles said, there is a question about whether HCFA will use more current information to recalculate the rate again before they issue the final rule.

If the agency opted to include the data from FY98 or FY99, the impact could be dramatic, according to Pyles.

"We know that home health spending dropped about 15% in FY98 and another 35% in FY99 for a total of almost 50% in two years," he said. "If they were to include that data in their PPS calculation, then the rates would go down drastically even with the 15% reduction delayed.

"The question right now is, 'What is the rate?'" said Pyles. "That is the big bird in question." In the interim, he said, home health agencies can not do budget planning or other preparation for PPS in an educated fashion until they have that data.

"They certainly should begin trying to do what they can," he added. "But you don't know what patients you can treat, what people you can hire, equipment you can buy, or anything.

"We know one thing about the rate for sure and that is that it appears it is not going to be what was proposed," concluded Pyles. "HCFA needs to get the rate out soon so we can determine if this emerging crises is going to be alleviated." ■

## AMA

*Continued from Page 1*

opposed to this proposal," the association asserted in its recent comments submitted to HCFA.

According to the AMA, the physician's role in home care is to establish a plan of care and approve and certify medical necessity. While that aspect is within the physician's expertise, the association argues that it would be inappropriate for doctors to be saddled with the additional responsibility of "essentially auditing and verifying" the accuracy of the HHRGs selected by home health agencies. "Physicians provide medical care," said the association. "They are not auditors nor law enforcement officials."

The AMA argued that it is not even feasible for physicians to approve HHRGs and said it is unclear how the new system would work. "Physicians are not on-site at the home health agency and cannot adequately monitor the home health agency HHRG designation. Moreover, the association pointed out that it is the home health agency and not the physician that completes the OASIS form used to submit the claim. Physicians do not see or even have access to the OASIS form and should not be held responsible for the assignment of HHRGs, the AMA argued.

According to the AMA, physicians are already forced to comply with thousands of pages of Medicare regulatory requirements. "It is incredible that HCFA would propose, on top of all these responsibilities, that physicians be required to learn and audit the administrative billing system for home health agencies to which they refer patients," the association declared. "Such a requirement might even serve as a disincentive to physicians to refer patients for home health services."

Like the national home care associations, the AMA also voiced its concern that HCFA's proposed split payment ratio may cause cash flow problems and that its proposed outlier policy may threaten patient access and quality of care.

The AMA also contends that the methodology and data used to develop the proposed PPS are inadequate and unreliable and urged HCFA to consider the PPS an interim system for three years as it makes refinements. ■

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## COMPANIES IN THE NEWS

### Chemed completes exchange offer

**Chemed** (Cincinnati) saw FY99 ended Dec. 31 revenues of \$453.6 million, compared to FY98 revenues of \$381.3 million. The company said it posted a net income in FY99 of \$19.7 million, \$1.88 per share, up slightly from a FY98 net income of \$19.9 million, \$1.98 per share.

For 4Q99, Chemed reported a net income of \$4.8 million, 46 cents per share, compared to a net income in 4Q98 of \$3.4 million, 33 cents per share. The company saw revenues in 4Q99 of \$122 million, up from 4Q98 revenues of \$101.4 million.

Chemed's board declared a quarterly cash dividend of 10 cents per share on its capital stock. The dividend is payable March 10 to stockholders of record on Feb. 18, said Chemed.

In addition, Chemed and **Chemed Capital Trust** said last week that pursuant to their exchange offer, 575,503 shares that were validly tendered and not withdrawn prior to the expiration of the offer were accepted for exchange. The offer was to exchange convertible trust preferred securities of Chemed Capital Trust for up to 2 million shares of capital stock of Chemed. The company said the offer expired Jan. 31.

### Gentiva honored with award

**Gentiva Health Services** (Melville, NY), formerly **Olsten Health Services**, and its chairman, Edward Blechschmidt, were selected by Long Island University to receive the William Zeckendorf Sr. Award. The company and Blechschmidt were presented with the award at a ceremony Feb. 9.

Zeckendorf was a master builder and a Long Island University trustee, Gentiva said. The award commemorates his devotion, brilliance, and achievement.

In other news, the former parent company of Olsten Health Services, **Olsten Corp.** (Melville, NY), and **Adecco SA** said last week they have received all material regulatory approvals, including that from the **Securities and Exchange Commission** (Washington), regarding their merger and split-off plans. Olsten plans to merge its staffing and technology business into Adecco. The company also recently split off its home care business to a separate company, Gentiva. Olsten said its shareholders will be asked to vote on the merger in a vote scheduled for March 13. Adecco shareholders approved the merger last September, Olsten said.

### Help At Home sees 15% jump in 2Q00 sales

**Help At Home** (HAHI; Chicago) reported 2Q00 ended Dec. 31 sales of \$8 million, up 15% from 2Q99 sales of \$7 million. The company posted a 2Q00 net income of

\$359,000, 19 cents per share, compared to a 2Q99 net income of \$136,000, 7 cents per share.

### Lincare hurt in FY99 by Medicare changes

**Lincare Holdings** (Clearwater, FL) saw FY99 ended Dec. 31 total revenues of \$581.8 million, up 19% from FY98 revenues of \$487.4 million. The company posted a net income for FY99 of \$100.7 million, \$1.74 per share, compared to a FY98 net income of \$85.3 million, \$1.44 per share.

Throughout FY99, Lincare said, the company's revenues were impacted by provisions in the Balanced Budget Act of 1997. In addition, Lincare said its 4Q99 revenues were negatively impacted by changes in Medicare coverage guidelines for respiratory assist devices.

For 4Q99, Lincare posted a net income of \$26.4 million, 47 cents per share, compared to a 4Q98 net income of \$23.7 million, 40 cents per share. The company's revenues in 4Q99 totaled \$152.4 million, compared to net revenues in 4Q98 of \$130.3 million. During 4Q99, Lincare completed the acquisition of 10 companies with aggregate annual revenues of \$16 million. ■

## MANAGED CARE REPORT

- **SelectCare** (Detroit) named Edward Bornoty vice president of information services. Bornoty was previously the director of technology/administration at **Oakwood Healthcare System**.

- **University of Pennsylvania Health System** and **Aetna U.S. Healthcare** (Blue Bell, PA) have reached a long-term agreement, effective Jan. 31, continuing the companies' positive relationship. The agreement helps ensure "uninterrupted coverage of care for our many patients who subscribe to Aetna U.S. Healthcare," said UPA Health System officials.

- **Blue Cross and Blue Shield of Florida** (BCBSFL; Jacksonville, FL) recently reviewed the Florida Sterling Region II Quality Team Showcase Award. The company's state accounts operations department received the award for excellence in administering the state employees' PPO Plan, BCBSFL said. The competition recognizes companies and organizations that demonstrate excellence in the process, design, and outcome of a given project or initiative. BCBSFL's state accounts operations department received the award for monitoring and evaluating claims quality and productivity to enhance the administration performance of the PPO Plan, said BCBSFL.

- **Blue Cross and Blue Shield of Western New York** appointed John Gillespie medical director. Gillespie will be responsible for implementing medical policy and will serve as spokesman for local medical issues. ■

## HAA

*Continued from Page 1*

scribing appropriate substances for pain management

According to Woods, this item flows from controversy about assisted suicide legislation earlier introduced in Oregon and elsewhere that the association feared could have had a chilling effect on doctors providing appropriate medication. "Anything that would deter a physician from providing appropriate medication needs to be looked at carefully," she said. "Pain medication should be provided to terminally ill patients when needed, and physicians should not have to worry about the government accusing them of attempting to provide assistance of suicide."

- Include in-home respite care in the Medicare hospice benefit. HAA wants Congress to establish a separate payment category in the Medicare hospice benefit for in-home respite care. Importantly, the provision of in-home respite services would provide family relief and support while the patient remains at home.

The Medicare benefit provides a stay of respite, but that respite has to be offered in an in-patient facility for a patient to qualify, noted Woods. "We are simply asking for a change in the wording of that, that would allow for brief episodes of respite for the caregiver where care could be provided in the patient's residence instead of a facility," she said.

- Oppose decreasing hospice reimbursement for dually eligible patients residing in nursing facilities. HHA will urge Congress to oppose any legislation that would decrease the reimbursement for hospice services for dually eligible patients residing in nursing facilities without first collecting and analyzing data to support such a change. "Legislative changes to this area of hospice reimbursement prior to an in-depth study and analysis will, in effect, deny access to humane compassionate care for bona fide eligible terminally ill residents of nursing facilities," according to HHA.

Woods noted that when Medicaid pays for nursing home room and board, patients can also access their Medicare benefit for hospice services. But she pointed to close scrutiny by the **Department of Health and Human Services' (Washington) Office of Inspector General** about the possibility of fraud. "That has led to some suggestion to eliminate that benefit," she said. "We simply want a study to be completed before any change is made."

- Protect hospices from the impact of sequential billing. According to HAA, Congress should require the **Health Care Financing Administration** (Baltimore) to process and pay all clean claims as submitted, regardless of whether previous claims have been processed, and to pay interest on claims that are not processed in a timely manner.

Woods noted that sequential billing proved to be major burden on home health agencies when claims were pending. "We think hospice should bill in chronological order," she explained. "But if claims are reviewed, all billing subse-

quent to that should not be stopped because that can have a devastating financial impact."

- Clarify the definition of multiple hospice sites. The association will urge Congress to clarify the definition of hospice multiple site service areas. HAA says it wants "a uniform, reasonable, and up-to-date policy that focuses on the ability to provide quality care and positive outcomes" rather than "arbitrary and ineffective time and/or distance requirements." It also wants that definition to permit communication through faxes, telephones, and other electronic methods.

- Provide sufficient home care and hospice payments so that agencies can provide appropriate wages and benefits to clinical staff. HAA wants Congress to boost reimbursement under Medicare and Medicaid to allow for appropriate wage and benefit levels of all clinical staff for home care and hospice services. Woods said there are already several shortages of home health aides, which can have a major impact on how care is delivered.

She said HAA is looking at the whole issue of rates and how they are established. "Over time, there have been many changes in what is required to pay qualified staff," she explained. "Under current reimbursement systems, that means keeping an eye on payment rates so that you have enough money to provide the care that is required."

- Require demonstration projects to study special services and financing of end-of-life care. The association says Congress should enact legislation that would provide for demonstration projects to study special services and financing of end-of-life care, in-home care, and hospice.

- Ensure the portability of advance directives. HAA will urge Congress to support legislation that ensures the portability of an individual's advance directive between healthcare facilities, as well as between states. "An advance directive belongs to an individual and should not be interfered with or interrupted by the laws of any particular state or healthcare facility," according to HAA.

The association also wants congress to amend hospice core service requirements to permit the delivery of specialized nursing treatments under contract. Specifically, the association will urge Congress to amend the Social Security Act by including a provision allowing certain specialized high-tech nursing services to be provided by contract, under the direction and supervision of the hospice as necessary to meet the needs of the hospice patient.

Finally, HHA said Congress should oppose implementation of penalties for erroneous certification of terminal illness. Specifically, it will also urge Congress to oppose the imposition of civil monetary penalties on physicians for false certification of eligibility for hospice care, which Woods said could inhibit doctors from authorizing appropriate hospice care out of fear of financial penalty. ■

# United quits Medicare claims work

**United HealthGroup** (Philadelphia) last week notified the **Health Care Financing Administration** (HCFA; Baltimore) that it plans to withdraw from the Medicare program as a claims processing contractor. United said that because it pays claims for providers that treat beneficiaries, healthcare for seniors and other Medicare beneficiaries will not be affected by the plan.

United will withdraw as the contractor paying claims for DME in the New England states, Delaware, New Jersey, New York, and Pennsylvania. It will also no longer pay claims for some hospitals and physician services, but United will continue to process claims until the transition is completed later in the year.

HCFA will select replacement contractors for the work related to DME and physician payments and is working with the **Blue Cross and Blue Shield Association** to identify replacements for the hospital payment work. ■

## C A L E N D A R

- The **National Association for Home Care** (Washington) is offering a series of one-day workshops on how to successfully implement the prospective payment system (PPS). Locations will be announced. For more information, call (202) 547-7424.

- The **American Federation of Home Care Providers** will be conducting several one-day workshops on *Understanding and Managing Under PPS*. The first workshop will be Feb. 1 in St. Petersburg, FL. Other programs are in planning. For more information, call (800) 525-5577

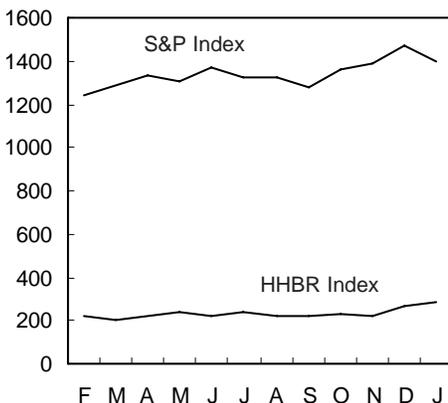
- **Medtrade Europe**, the trade event in Europe that focuses exclusively on the home care market, has been postponed to 2001. The conference was scheduled for April 12-14, 2000. For more information on Medtrade Europe, call (800) 241-9034. ■

### MONTHLY STOCK INDEX COMPARISON

	<i>Close</i> <i>12/31/99</i>	<i>Close</i> <i>01/31/00</i>	<i>Net</i> <i>Change</i>	<i>Percent</i> <i>Change</i>
Home Health Industry Stock Index	263.52	281.17	17.65	6.70
Dow Jones Industrial Average	11497.12	10940.53	-556.59	-4.84
N.Y.S.E. Composite	650.30	621.73	-28.57	-4.39
S&P 500 Composite	1469.25	1394.46	-74.79	-5.09
NASDAQ OTC Composite	4069.31	3940.35	-128.96	-3.17
Dow Jones Health Care Index	554.96	532.68	-22.28	-4.01

### HHBR'S HOME HEALTH COMPOSITE STOCK INDEX

The Home Health Business Report Composite Stock Index represents the collective performance of nine 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 JANUARY 2000

#### TOP FIVE PERCENTAGE GAINERS

Infu-Tech Inc.....	229.03
Star MultiCare Services Inc.....	109.76
NuMed Home Health Care Inc.....	78.57
Option Care Inc. ▽.....	71.43
Amedisys Inc.....	63.64

#### TOP FIVE DOLLAR GAINERS

Infu-Tech Inc.....	4.44
Respironics Inc.....	3.22
Option Care Inc. ▽.....	2.19
Apria Healthcare Group Inc. ▽.....	2.06
ServiceMaster L.P.....	2.00

#### TOP FIVE PERCENTAGE LOSERS

Coram Healthcare Corp. ▽.....	-31.25
New York Health Care Inc.....	-28.57
Sunrise Medical Inc.....	-23.23
National HealthCare.....	-14.29
Mallinckrodt.....	-9.43

#### TOP FIVE DOLLAR LOSERS

Mallinckrodt.....	-3.00
Fresenius Medical Care.....	-2.00
Columbia HCA Healthcare.....	-2.00
Sunrise Medical Inc.....	-1.44
Olsten Corp. (The) ▽.....	-1.06

<b>Market Diary:</b>	Advances This Month.....21	Declines This Month.....10	Unchanged This Month.....1	New Highs This Month.....5	New Lows This Month....0
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## Public Company Financial Statistics (Jan. 31, 2000, close)

EXCH	COMPANY	TICKER SYMBOL	CLOSING	% CHANGE		52 WEEK		EPS	PRICE/ EARN	MARKET
			PRICE 01/31/00 \$	THIS MONTH	THIS YEAR \$	HIGH	LOW	LAST 12 MOS. \$	RATIO \$	CAPITAL (1000S)- \$
NAS	Amedisys Inc.	AMED	2.25	63.64	63.64	3.5	0.75	0	-	7083
NAS	American HomePatient Inc. ▽	AHOM	0.56	4.07	4.07	4.13	0.38	-3.43	-	8520
NYS	Apria Healthcare Group Inc. ▽	AHG	20	11.5	11.5	22.06	7.13	1.03	19	1040840
NAS	Caretenders HealthCorp.	CTND	2.41	6.94	6.94	3.13	1.5	-1.49	-	7508
NYS	Chemed Corp.	CHE	28	-2.18	-2.18	34.06	24.63	1.74	16	292544
NYS	Columbia HCA Healthcare	(H) COL	27.31	-6.82	-6.82	32.44	16.38	0.89	31	15384503
NAS	Community Care Services	CCSE	1.13	16.22	16.22	1.13	0.03	0	-	8120
NYS	Coram Healthcare Corp. ▽	CRH	0.69	-31.25	-31.25	2.63	0.38	-1.06	-	34098
NYS	Fresenius Medical Care	FMS	26.38	-7.05	-7.05	30.38	15.69	0	-	1846250
NAS	In Home Health Inc. ▽ (s)	IHHI	2.38	11.76	11.76	4.25	1.06	0.3	8	13112
NAS	Infu-Tech Inc.	(H) INFU	6.38	229.03	229.03	8.44	0.44	-0.57	-	20802
NYS	Integrated Health Services Inc.	IHS	0.13	0	0	14.69	0.06	0	-	6646
NAS	Interwest	IWHM	3.81	27.08	27.08	5	2.5	0.53	7	15589
NAS	Invacare Corp.	IVC	19.81	-1.25	-1.25	26.94	17.44	1.36	15	593919
NAS	Kelly Services Inc.	KELYA	25.25	0.5	0.5	32.5	22.88	2.36	11	906273
NAS	Lincare Holdings Inc. ▽ (s)	LNCR	35.44	2.16	2.16	40	17.25	1.66	21	1915078
NYS	Mallinckrodt	MKG	28.81	-9.43	-9.43	37.56	25.56	2.69	11	2004745
NAS	Matria Healthcare	MATR	4.44	7.58	7.58	7.5	2.38	0.09	49	163171
NYS	Mid Atlantic Medical Services	MME	10	20.3	20.3	11.31	5.13	0.54	19	498860
ASE	National HealthCare	NHC	4.5	-14.29	-14.29	12.5	3.38	-0.77	-	51435
NAS	National Home Health Care Corp.	NHHC	3.88	1.64	1.64	5	2.25	0.39	10	19565
NAS	New York Health Care Inc.	NYHC	1.25	-28.57	-28.57	5	0.38	-0.06	-	4586
NAS	NuMed Home Health Care Inc.	NUMD	0.13	78.57	78.57	0.53	0.08	-0.43	-	733
NYS	Olsen Corp. (The) ▽	(H) OLS	10.25	-9.39	-9.39	11.5	5.19	0.21	49	833407
NAS	Option Care Inc. ▽	(H) OPTN	5.25	71.43	71.43	6	1	0.22	24	59535
NAS	Pediatric Services of America	PSAI	1.5	60	60	3	0.72	-5.68	-	9978
NAS	Respironics Inc.	RESP	11.19	40.39	40.39	18.25	7.5	0.38	29	334171
NAS	ServiceMaster L.P.	SVM	14.31	16.24	16.24	20.94	10.13	0.54	27	4444003
NAS	Staff Builders Inc. ▽	SBLI	0.32	3.23	3.23	0.56	0.09	-3.27	-	7562
NYS	Star MultiCare Services Inc.	(H) SMCS	2.69	109.76	109.76	2.69	0.63	-0.88	-	4590
NAS	Sunrise Medical Inc.	SMD	4.75	-23.23	-23.23	9.38	4.44	0.08	59	105612
NAS	Transworld Home HealthCare Inc.	TWH	3	60	60	4.94	1.5	-0.42	-	52653

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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