

Home Health

BUSINESS REPORT

MONDAY, MAY 8, 2000

VOL. 7, No. 17

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

OASIS data key to maximizing PPS reimbursement, says expert

By MATTHEW HAY

HHBR Washington Correspondent

WASHINGTON – Accurately completing the Outcome and Assessment and Information Set (OASIS) will have a major impact on the per-episode payment that home health agencies receive under the prospective payment system (PPS). Cynthia Hohmann, vice president and chief operating officer for **HCMC** (Jacksonville, FL) said that is why agencies must master the OASIS question set before PPS is implemented next fall.

Hohmann, who advised agencies on how to improve their use of OASIS at the **National Association for Home Care's** (Washington) recent National Policy Conference in Washington, noted that she attended all of the **Health Care Financing Administration's** (HCFA; Baltimore) training sessions for surveyors and OASIS coordinators and points out that they are also in a learning mode.

Hohmann told agencies that she has performed more than 40 OASIS accuracy audits since last September and has found discrepancies and inaccurate answers made by nurses or therapists in each one. "The discrepancies in answers are not intentional," she said. "It is a lack of training." In fact, many agencies had not reviewed the OASIS training manual in months, she added.

According to Hohmann, many inaccuracies also had to do with interpretation. "Many of the nurses and therapists were interpreting the questions and answers on their own," she told agencies. But she emphasized that the OASIS manual must be followed verbatim, item by item.

Hohmann added that many of the mistakes made on the OASIS assessment were attributable to the fact that nurses were not getting enough information from the intake process or referral form. She advised agencies to modify those forms for OASIS by including some of the OASIS questions that must be answered during intake.

Hohmann said this is especially important for questions relating to the dates and places patients have had in-patient treatment, as well as their diagnoses.

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HCFA chief blasts plans to overhaul Medicare administration

By MATTHEW HAY

HHBR Washington Correspondent

WASHINGTON – **Health Care Financing Administration** (HCFA; Baltimore) Administrator Nancy Ann DeParle told the Senate Finance Committee last week that the Medicare Preservation and Improvement Act of 1999, introduced by Sens. Bill Frist (R-NC) and John Breaux (D-LA), is a significant improvement over the reform plan advanced by Breaux and Rep. Bill Thomas (R-CA) through the Bipartisan Commission for Medicare Reform. But she said the agency is concerned about the plan's proposal for a Medicare Board proposal, as well as several other features.

DeParle told the committee May 4 that proposals to fundamentally change the administration of Medicare by separating management of traditional fee-for-service

See Medicare, Page 3

New ACLI study shows rapidly rising costs of long term care

By MEREDITH BONNER

HHBR Assistant Managing Editor

A new study shows that because of the increasingly expensive costs of home- and community-based long term care, the chance that baby boomers will end up in nursing homes is higher than many of them thought. Also suggested by the study is the fact that middle-income families have a higher chance of entering a nursing home later in life.

The study, *Can Aging Baby Boomers Avoid the Nursing Home?*, released by the **American Council of Life Insurers** (ACLI; Washington), urges people who are part of the baby boom generation to invest in long term care insurance, saying that is the only way many people will be able to receive care at home.

"Middle-income baby boomers will find that to suc-

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PPS

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"This is important not only for PPS but also the areas where they are looking for fraud," she said. If HCFA believes agencies are putting one diagnosis on the OASIS assessment to generate a certain home health resource utilization group (HHRG), but a different diagnosis on the 485, they will likely run into trouble, she warned.

HCFA zeroes in on fraud

In addition to tracking their costs for specific diagnoses, home health agencies must track how many patients are readmitted after discharge after a 60-day episode to either a hospital or a home health agency through a doctor's office, according to Hohmann.

"That is something you are going to need to be looking at because your readmissions within the same 60 days is going to have an impact not only on your PPS rate, but in the area of quality of care," she said.

Hohmann pointed out that HCFA, through its intermediaries and surveyors, is going to be looking at whether agencies provided enough services or visits in those 60 days. "Intermediaries will be looking at end results," she noted. "Whatever you elect to choose per patient, per HHRG, what they are going to come back and look at is your end results – meaning how your patients have improved or not improved."

They are going to be using outcome reports from the OASIS assessments as a guide to help determine which agencies they need to examine, she added.

"The code that is going to generate your payment is not going to come from the 485," she emphasized. "It is going to come from the OASIS information that is submitted into your billing system through whatever type of software system you have."

Hohmann said that one thing she did was train nurses to understand that "profit" was not going to be a dirty word under PPS. "Your nurses must understand that profit is not a bad thing," she said. "Instead, they should be reminded that profit can be used to help care for other patients."

As part of her assessment, Hohmann said that she takes the clinical component and determines clinical severity. She then looks for incorrect answers and determines what the appropriate payment should have been.

Hohmann said she started using a PPS scoring sheet with the answers included on the OASIS assessment. "That is when I found out that because of inaccuracies, many patients were being scored way below what they should have been scored within the 80 groups," she said.

She added that while agencies may opt to begin with the 19 items that are part of the scoring, there are several other OASIS questions that will have significant impact as well. "It is really the overall OASIS assessment that you must be looking at for accuracy," she said.

"One of the things they have enabled you to do when you find incorrect answers is to go back and correct them," she noted.

In addition, Hohmann said that surveyors have been advised that once they are familiar with the assessment, they can use certain portions of it to deny homebound or medical necessity. "They are not only looking at it for survey purposes," she said. "It is probably also going to be part of focused medical review."

In short, Hohmann reminded agencies that through OASIS, nurses and therapists will be determining how much agencies are paid per 60-day episode. That determination will be made by the answers given, as well as the frequencies and the different services and disciplines they put into place.

"For that reason, you are going to have to do the initial OASIS from the start of care to initiate the payment process and every 60 days after that for recertification or readmission," she said. Agencies will also have to note significant changes in condition. "I recommend you start practicing that now because it is in the regulation," she added.

"The reason a lot of people have not been doing it is that there has not been a definition of 'significant change in condition,'" said Hohmann. But she noted there are some guidelines that require this even if the patient is not readmitted to the hospital, but an increase in visits for more than a week is required, especially in the area of skilled nursing. ■

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COMPANIES IN THE NEWS

Amedisys sells surgery center

Amedisys (Baton Rouge, LA) sold its interest in **Park Place Surgery Center** (Lafayette, LA) to the center's existing physician partners for \$3.2 million in cash. The sale is consistent with Amedisys' objective of focusing exclusively on home nursing and allied services, said Chairman/CEO William Borne. He added the company hopes to complete the divestiture of its two remaining ambulatory surgery centers and four infusion therapy sites later this year.

Apria gets rating boost

Apria Healthcare Group's (Costa Mesa, CA) ratings have been upgraded by **Moody's Investor Service** (New York). The firm upgraded to B2 from B3 the rating on \$200 senior subordinated notes issued by Apria, the company said. Moody's also boosted the rating on the company's senior secured credit facilities to Ba3 from B1 and upped its senior implied rating to B1 from Ba3. Apria's outlook from Moody's went from stable to positive.

Moody's said the boosted ratings stem from the "continued improvement in Apria's operating results and debt protection measures in recent periods," among other achievements enjoyed by the company.

Beverly sees increase in 1Q00 earnings

Beverly Enterprises (Fort Smith, AR) saw a 1Q00 ended March 31 net income of \$6.3 million, 6 cents per share, up slightly from a 1Q99 net income of \$5.9 million, 6 cents per share. Beverly's 1Q00 revenues totaled \$646.9 million, compared to 1Q99 revenues of \$635.1 million. The nearly 2% increase reflects higher nursing home revenues, partially offset by lower revenues for home care and outpatient therapy operations, Beverly said.

Home Care Options sold to Magellan

Home Care Options (Santa Rosa, CA) has been sold to **Magellan Health Services** (Columbia, MD). Home Care Options provides personal care to about 60 clients. The purchase of the company represents Magellan's first step into home care in California, the company said.

CORPORATE LADDER

- Donald St. Onge has been named director of **HealthNet HomeCare** (Putnam, CT), a department of Day Kimball Hospital. As director, he will be responsible for overseeing the daily operations of HealthNet HomeCare and **Hospice of Northeastern Connecticut**, that agency's hospice program, HealthNet said. ■

Manor Care loses board member

Manor Care (Toledo, OH) Director Stewart Bainum has retired from the board of directors. He is replaced by John Schwieters, vice chairman of Perseus.

Manor Care reported 1Q00 ended March 31 revenues of \$545.7 million, compared to revenues in 1Q99 of \$531.8 million. The company posted a net loss of \$783,000, 1 cent per share, compared to a 1Q99 net income of \$41 million, 37 cents per share.

The company's board said it will continue to operate Manor Care as an independent, publicly owned company, saying it is in the best interest of the company and its stockholders.

Option Care sees improvement in 1Q00 revs

Option Care (Bannockburn, IL) reported 1Q00 ended March 31 total revenues of \$32.8 million, compared to 1Q99 revenues of \$29 million – an increase of 13%. The company recorded a net income in 1Q00 of \$1.6 million, 13 cents per share, up from a 1Q99 net income of \$763,000, 7 cents per share. This is the company's fifth consecutive quarter of profitability, Option Care said. ■

Medicare

Continued from Page 1

Medicare from oversight of Medicare+Choice plans are misguided.

While the aim of those proposals may be to make the agency immune from political pressures, DeParle said, that goal will be impossible to achieve. "Politics are part of any major public or private institution, and no amount of restructuring can change that," she argued. Moreover, in a public program like Medicare, DeParle contended that politics is part of public accountability.

DeParle said the Frist/Breaux proposal would create a seven-member independent group not subject to any civil service or sunshine laws. The proposal would also require HCFA to submit a plan directly to Congress for approval every year, beginning in 2002. According to DeParle, that would not only put the board beyond the control of the Executive branch, it would put it beyond the control of Congress and Medicare beneficiaries themselves.

She said the administration is also concerned about the premium support proposal included in the plan, which she said would have the effect of increasing premiums for the traditional program from 25% to 47%, according to Medicare actuaries.

DeParle added that the **General Accounting Office** and the Congressional Research Service have found that traditional program premiums would increase. "The plan merges the Medicare trust fund caps general revenue for Medicare," DeParle told the committee. She said GAO estimates that will cause this new trust fund to become insolvent in 2008. ■

MANAGED CARE REPORT

• **Blue Cross of California** (BCC; Thousand Oaks, CA) and its parent company, **WellPoint Health Networks**, have decided to discontinue BCC's participation as a Medicare fiscal intermediary, effective Dec. 1. The company said BCC has served as the contractor for processing Medicare Part A claims in California, Hawaii, and Nevada, and home health and hospice claims for providers and Medicare beneficiaries in Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, and Washington. BCC will continue its Medicare risk HMO and Medicare supplement offerings, and this action will not affect those products in any way, the company said. **United Government Services** (Milwaukee), a wholly owned subsidiary of **Blue Cross and Blue Shield of Wisconsin** (Milwaukee), was awarded a \$38.5 million contract to process the Medicare Part A claims in California, Hawaii, and Nevada, and the home health and hospice claims for providers and Medicare beneficiaries in Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, and Washington for BCC. United Government, which had \$17 million in revenues in FY96, has grown to revenues of more than \$100 million with the addition of the new contract, the company said. Under the contract, United Government will process about 8 million Medicare Part A and regional home health and hospice claims and provide customer service, medical review, fraud and abuse detection, and auditing of medical facilities that submit claims to Medicare. ■

Study

Continued from Page 1

cessfully age in place . . . they will have to use their retirement savings to pay for increasingly expensive long term care services," said Barbara Stucki, primary author of the study. "Without private, long term care insurance, many will face potentially catastrophic costs that could lead to impoverishment and the need to use Medicaid-funded nursing home care."

The study projects that the costs of long term care services will more than quadruple by 2030. Home care assistance, which now costs \$61 per visit, ACLI said, will cost about \$260 per visit. In addition, adult day care, which ACLI says costs an average of \$50 per day, will increase to \$220 a day, and staying in an assisted living facility, which ACLI says now costs an average of \$25,300 per year, will rise to \$109,300 per year.

"When the youngest boomers reach age 65 in 2030, the nation's elderly population will double to 70 million, and the number of severely impaired elders at risk of needing nursing home care could double to 6 million," Stucki said. ■

C A L E N D A R

• The **Homecare Association of Arkansas's** 2000 annual meeting and trade show is June 7-8 in Hot Springs, AR. For more information, call (501) 376-2273.

• The **American Association for Homecare** (Alexandria, VA) will hold its inaugural annual Washington conference June 14-15. For more information, call (703) 836-6263.

• The **Home Care Association of America** (Jacksonville, FL) will hold its PPS, OASIS & Diversification Strategy Conference & Home Care Trade Show July 30-Aug. 1 at the Beau Rivage Resort in Biloxi, MS. To register, call (800) 386-4222.

• The ninth annual meeting of the **National Association of Pediatric Home and Community Care** is scheduled for Oct. 5-6 in New Orleans. The conference is being co-sponsored by the University of Massachusetts Medical School. For more information on the conference, call (508) 856-6743.

• The **National Association for Home Care's** (NAHC; Washington) 19th annual meeting and HomecareExpo is Sept. 23-27 in New Orleans. For more information, call (202) 547-7424. ■

WASHINGTON UPDATE

• A "Dear Colleague" letter being circulated in the Senate and signed by Sens. Christopher Bond (R-MO), James Jeffords (R-VT), and Susan Collins (R-ME) seeks support for the legislation eliminating the 15% across-the-board cut scheduled for Oct. 1, 2001. The Home Health Payment Fairness Act has 26 co-sponsors in the Senate, according to Collins. The letter, and a similar one being circulated in the House, argues that the Home Health Payment Fairness Act is needed to respond to overreaching by the Balanced Budget Act of 1997 (BBA). At the **National Association for Home Care's** (NAHC; Washington) recent policy conference in Washington, President Val Halamandaris urged home health agency executives to hit Capitol Hill with the message that the dismantling of the Medicare home care benefit is "a tragedy that needs to be addressed." He said that by NAHC's count, 4,000 agencies have gone out of business since passage of the BBA.

• The **American Association for Homecare** (Alexandria, VA) said last week that it confirmed Rep. Bill Thomas (R-CA), chairman of the House Ways and Means Subcommittee, as the keynote speaker of its inaugural Annual Washington Conference. The conference is June 14-15. ■

REGIONAL DIGEST

• New Jersey Governor Christie Whitman signed a bill last week requiring all home health aides in the state to undergo criminal background checks. The law, which goes into effect immediately, could force as many as 54,000 aides certified by the state before 1997 to undergo background checks, reported the *Record* of northern New Jersey. The aides were not required to undergo the checks when consumer-protection regulations were passed in 1997, the *Record* reported. Under the new law, aides will undergo elaborate scrutiny, including a federal check requiring fingerprints. At the signing, Whitman said she was delivering on a promise made in her State of the State address to fully fund the background checks to protect vulnerable patients.

• Home health care agencies in New Hampshire have been forced to reduce services or close as a result of cuts

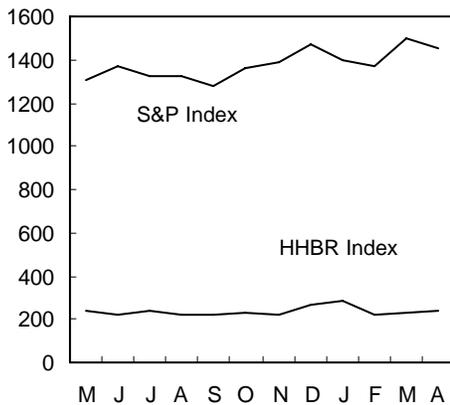
in Medicare and many are worried about future costs, the *Nashua Telegraph* reported. The interim payment system adopted under the Balanced Budget Act of 1997 capped the amount agencies receive for services provided to Medicare patients. Nearly 75% of New Hampshire residents receiving home health services are Medicare beneficiaries, according to Liane Schubring, executive director of **Souhegan Home and Hospice Care**. Susan Young, executive director of the **Home Care Association of New Hampshire**, said, "Clients are getting less service, and agencies are trimming where they [can] to cut costs of services." Home healthcare analysts hope the implementation of the prospective payment system for home health care visits will alleviate some financial pressures. But, they say, if Congress does not repeal the 15% Medicare budget cut planned for next year, more home health agencies could face additional financial pressures. "If that happens, there would be a very serious impact. There is no room to budge on the services [patients are] getting now," Young said. ■

MONTHLY STOCK INDEX COMPARISON

	<i>Close</i> <i>03/31/99</i>	<i>Close</i> <i>04/28/00</i>	<i>Net</i> <i>Change</i>	<i>Percent</i> <i>Change</i>
Home Health Industry Stock Index	231.60	239.98	8.38	3.62
Dow Jones Industrial Average	10921.92	10733.91	-188.01	-1.72
N.Y.S.E. Composite	647.70	644.16	-3.54	-0.55
S&P 500 Composite	1498.58	1452.43	-46.15	-3.08
NASDAQ OTC Composite	4572.83	3860.66	-712.17	-15.57
Dow Jones Health Care Index	648.95	765.74	116.79	18.00

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 CNET Investor 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 APRIL 2000

TOP FIVE PERCENTAGE GAINERS

ServiceMaster L.P.	21.11
Option Care Inc. ▽	20.41
Interwest	17.19
Pediatric Services of America	16.98
Respironics Inc.	13.04

TOP FIVE DOLLAR GAINERS

Columbia/HCA Healthcare	3.25
ServiceMaster L.P.	2.38
Lincare Holdings Inc. ▽ (s)	2.13
Respironics Inc.	1.88
Option Care Inc. ▽	1.25

TOP FIVE PERCENTAGE LOSERS

Star Multi Care Services Inc.	-54.9
Infu-Tech Inc.	-51.9
American HomePatient Inc. ▽	-38.42
NuMed Home Health Care Inc.	-36.84
Transworld Home HealthCare Inc.	-31.91

TOP FIVE DOLLAR LOSERS

Infu-Tech Inc.	-5.13
Star Multi Care Services Inc.	-3.50
Mallinckrodt	-1.88
Sunrise Medical Inc.	-1.00
Transworld Home HealthCare Inc.	-0.94

Market Diary	Advances This Month.....9	Declines This Month.....19	Unchanged This Month.....1	New Highs This Month.....1	New Lows This Month....1
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Public Company Financial Statistics (April 28, 2000, close)

EXCH	COMPANY	TICKER SYMBOL	CLOSING	% CHANGE		52 WEEK		EPS	PRICE/ EARN	MARKET
			PRICE 04/28/00 \$	THIS MONTH	THIS YEAR	HIGH	LOW	LAST 12 MOS. \$	RATIO \$	CAPITAL (1000S)- \$
NAS	Amedisys Inc.	AMED	2.44	-11.38	77.24	3.13	0.75	0.42	6	7672
NAS	American HomePatient Inc. ▽	AHOM	0.5	-38.42	-7.41	2.53	0.38	-6.55	-	7580
NYS	Apria Healthcare Group Inc. ▽	AHG	13.94	-3.46	-22.3	22.06	11.5	3.81	4	725503
NAS	Almost Family Inc.	AFAM	2.75	-2.22	22.22	4.13	1.5	-1.49	-	8580
NYS	Chemed Corp.	CHE	29.88	-0.42	4.37	34.06	24.63	1.87	16	305801
NYS	Columbia/HCA Healthcare	COL	28.56	12.84	-2.56	32.44	18.38	1.13	25	16122931
NYS	Fresenius Medical Care	FMS	24.56	1.29	-13.44	30.38	15.69	-1.05	-	1719375
NAS	In Home Health Inc. ▽ (s)	IHHI	2.31	-9.76	8.82	4.25	1.13	0.28	8	12767
NAS	Infu-Tech Inc.	INFU	4.75	-51.9	145.16	21.75	0.44	-0.52	-	15499
NAS	Interwest	(H) IWHM	4.69	17.19	56.25	5.13	2.19	0.53	9	19167
NAS	Invacare Corp.	IVC	26.75	-2.51	33.33	29.63	17.44	1.41	19	801938
NAS	Kelly Services Inc.	(L) KELYA	23.56	-1.57	-6.22	32.5	22.38	2.36	10	845705
NAS	Lincare Holdings Inc. ▽ (s)	LNCR	30.5	7.49	-12.07	40	20.88	1.74	18	1624766
MKG	Mallinckrodt	MKG	26.88	-6.52	-15.52	37.56	22.19	2.78	10	1842711
NAS	Matria Healthcare	MATR	4.44	-16.47	7.58	7.5	2.69	0.86	5	163171
NYS	Mid Atlantic Medical Services	MME	9.31	0.68	12.03	11.31	5.13	0.64	15	453519
ASE	National HealthCare	NHC	4.88	-8.24	-7.14	10.75	3.38	-0.77	-	55721
NAS	National Home Health Care Corp.	NHHC	4	-15.79	4.92	5.06	2.25	0.67	6	20044
NAS	New York Health Care Inc.	NYHC	1	-20	-42.86	5	0.38	-0.06	-	3669
NAS	NuMed Home Health Care Inc.	NUMD	0.12	-36.84	71.43	0.5	0.08	-0.28	-	704
NYS	Olsten Corp. (The) ▽	OLS	10	0	-11.6	12.25	5.88	0	-	813080
NAS	Option Care Inc. ▽	OPTN	7.38	20.41	140.82	8.75	1.5	0.39	19	83633
NAS	Pediatric Services of America	PSAI	1.94	16.98	106.67	2.25	0.72	-5.31	-	12900
NAS	Respironics Inc.	RESP	16.25	13.04	103.92	16.25	7.5	0.27	60	476076
NAS	ServiceMaster L.P.	SVM	13.63	21.11	10.66	20.94	10.13	0.56	24	4190096
NAS	Staff Builders Inc. ▽	SBLI	0.28	-15.15	-9.68	0.7	0.13	-3.27	-	6617
NYS	Star Multi Care Services Inc.	SMCS	2.88	-54.9	124.39	7.63	0.75	-0.53	-	4962
NAS	Sunrise Medical Inc.	SMD	5.25	-16	-15.15	9.38	4.13	0.01	-	116729
NAS	Transworld Home HealthCare Inc.	TWH	2	-31.91	6.67	4.88	1.5	-0.43	-	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.

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