

Home Health

BUSINESS REPORT

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

Hospice providers carry the burden of educating providers

By MATTHEW HAY

HHBR Washington Correspondent

BALTIMORE – The **Health Care Financing Administration** (HCFA; Baltimore) is not only paying more attention to hospice, but is devoting attention to systematically institutionalizing hospice care, according to Thomas Hoyer, director of HCFA's Office of Chronic Care and Insurance Policy. "There has been a lot of national interest in end-of-life care," he recently told a group of hospice providers.

Currently, he said, the **General Accounting Office** (GAO; Washington) is working on a study that will address hospice access under Medicare, and the Medicare Payment Advisory Commission (MedPAC; Washington) recently devoted a chapter in one of its reports to Congress and plans some additional work on end-of-life services as well.

Hoyer said these developments reflect "a growing consciousness" that end-of-life care must be addressed. "For years, I have been saying one way or another it has been HCFA's desire to continue to build the conditions of participation (CoPs) in ways that guarantee quality care," he said. But he added that this does not necessarily mean that all senior patients require hospice care.

"In an ideal world, in which perfect success is achieved, you would have to ask yourself why any Medicare beneficiary would need to elect hospice," Hoyer said. "What would be the additive value?" Rather, he said, hospices must assess where they fit in the current healthcare delivery system. "Clearly, you fit as hospices," he said. "In addition to that, it seems to me there is a future in helping hospitals and skilled nursing facilities, home care agencies, and health maintenance organizations by using your skills and making them more responsive to the end-of-life needs of patients."

Hoyer said the response of Medicare and Medicaid and the overall healthcare systems to end-of-life issues over a long period of time is yet to be seen, however. "I think it is

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IHHI's majority shareholder shows interest in board takeover

By MEREDITH BONNER

HHBR Assistant Managing Editor

In **Home Health's** (Minnetonka, MN) largest shareholder, a subsidiary of **Manor Care** (Toledo, OH), has demanded IHHI to call a special meeting of its shareholders to consider three proposals by Manor Care.

The major shareholder is proposing IHHI remove all members of its board, other than Michael Ford and Eugene Terry, and to fix the number of members at six people. Manor Care is also proposing to elect to IHHI's board four officers and employees of Manor Care or its subsidiaries.

Manor Care's proposal to remove directors other than Ford and Terry would, if adopted, affect directors James Lynn, Stephen Jessup, and Judith Storfjell.

Manor Care owns 2.3 million shares of IHHI's common

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NAHC says HCFA capitulates on patients' homebound status

By MATTHEW HAY

HHBR Washington Correspondent

WASHINGTON – The **National Association for Home Care** (NAHC; Washington) declared victory last week when the **Health Care Financing Administration** (HCFA; Baltimore) issued a program memorandum instructing its intermediaries to grant favorable appeal decisions regarding the homebound status of beneficiaries unless there has been a change in the patient's condition.

According to NAHC, this policy change is the first time that HCFA has ever formally allowed a prospective effect to a favorable appellate decision. "Generally, HCFA has not acquiesced in favorable appellate decisions, requiring both patients and providers to pursue repeated appeals on the same issue," the association said.

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Hospice

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unrealistic to think that the answer to this issue is for hospices to, in effect, have all of the end-of-life business that there is," he added.

"The answer is for all of our providers to do what they need to do, which is to learn a whole lot more than they know about end-of-life care and provide it properly," argued Hoyer. He added that hospice can be a critical part of this movement. "But you have to remember that you can't simply gather all persons with terminal illnesses in the hospice," he warned. "You have to also go out of your hospices and into these other providers and find a way to bring your knowledge and skills to them."

According to Hoyer, that highlights the need for community education. "The terminal prognosis is now six months, and I know the median length of stay as opposed to the average length of stay in hospices is not long," he said. "This means there is a fairly long period of hospice election still available to be made by people who still need to be persuaded that it is appropriate." He said that may encompass referrals by physicians who still need to be persuaded that it is appropriate or hospital discharge planners who still need to be convinced hospice care is appropriate. "Those are burdens that are on the hospice community as the one community that ought to know what is at stake," he said.

According to Hoyer, the GAO is now collecting everything they can get their hands on regarding hospice in order to study the issue, but the agency is primarily focusing on access. "They have been asked to look at access because of the fact that people have suggested the relatively short median length of stay in hospices may suggest that the rates may be too low or rules that may be unfair to hospice election," said Hoyer. "This is where the GAO is at the moment – attempting to find out whether the problems are systemic or social or a bit of both," he added. "I have no reason to think that they won't cast a broad net, and I am hopeful that their report will shed some light on this issue."

In terms of cost, Hoyer said, most hospice providers realize that the end of the first cost reporting period

recently passed. "By the end of this calendar year, we ought to have a cost report for just about every hospice in the country," he said. "The first year of any cost reporting system tends to be spotty compliance, but we will have a cost report from everybody."

Hoyer said HCFA has asked its systems people to perform some initial programming so the agency will have an electronic file and be able to do some analysis. "We are committed to doing analysis as quickly as possible to see what hospice costs mean to us in terms of our rates and expenses," he said. *See Hospice, Page 5*

WASHINGTON UPDATE

- Vice President Al Gore is proposing a \$30 billion, 10-year program of tax credits, Medicaid coverage, and other aid to help families who care for elderly relatives at home. Gore promoted his eldercare initiative last week in Palm Springs, CA, at the start of a three-day campaigning and fund-raising sweep up the West Coast, reported the *Associated Press*. At the core of his proposal, and accounting for the bulk of the overall price of \$30 billion, is a \$3,000-per-year tax credit for families providing long term care at home for an elderly or disabled relative, the *AP* reported. Gore would also create a grant program, in the amount of \$2.5 billion over 10 years, for communities to provide adult day care and respite care to give stressed-out caregivers an occasional break. Gore also is proposing to create a one-stop shop for caregivers where, for example, a daughter in New York could find out how to help her mother who just broke her hip in Florida, according to the *AP* report. With Medicaid being the largest payer for long term care services, Gore also wants to break that federal-state program's bias for nursing home care. He is proposing to allow states and communities to expand Medicaid coverage to home- and community-based services that would keep the elderly and disabled out of nursing homes, reported the *AP*. ■

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COMPANIES IN THE NEWS

Apria shares fall

Shares of **Apria Healthcare Group** (Costa Mesa, CA) fell 18% one day last week, and the New York Stock Exchange contacted the company regarding unusual market activity of the company's stock, the *Los Angeles Times* reported. More than 1.5 million shares traded hands on that day, about five times the average daily volume over the last three months, the *Times* reported, and that prompted the stock exchange to call on the company to issue a public statement about the trading. The company, however, said that its policy is not to comment on unusual market activity.

Investors were selling the stock because of uncertainties about Medicare policies on reimbursements for the drug Albuterol sulfate, which is used to treat asthma and other breathing disorders, analyst Todd Richter at **Banc of America Securities** told the *Times*.

GF signs agreement with VGM

Graham-Field Health Products (GF; Bay Shore, NY) and **VGM & Associates** (Waterloo, IA), a private, nationwide buying group of home healthcare products, signed a multi-year purchase and supply agreement between the two companies. Under the agreement, the VGM group will continue to have access to sell and distribute the full line of products offered by GF.

Interwest makes purchase

Interwest Home Medical (Salt Lake City) has purchased **MaxMed** (Colorado Springs, CO) and **Continental Health Care** (Las Vegas), which provide medical service and equipment, including home oxygen and respiratory products.

Interwest said combined annual income for the two companies is \$1 million. About 80% of the revenues is from home oxygen services, Interwest said. The cost of the sale was not disclosed.

The acquired operations will be combined into Interwest's business in the Las Vegas and Colorado Springs regions. In FY99, Interwest earned \$1.9 million, 46 cents per share, on revenues of \$33.3 million.

Lincare's shares hurt

Shares of **Lincare Holdings** (Clearwater, FL) fell 16% one day last week, following an announcement by the Clinton administration that it would cut Medicare reimbursements for prescription drugs to home health agencies and doctors, reported the *Tampa Tribune*. But an analyst told the *Tribune* that the government's plan shouldn't affect the company long term.

Lincare's stock price should rebound because only 5%

of its \$690 million in projected sales this year will come from Medicare reimbursements for prescription drugs, the analyst said.

The proposed reductions "should have very little impact" on Lincare's operations, said Christopher Caton, an analyst at **Robert W. Baird & Co.** (Milwaukee). "Investors are reacting to industry uncertainty. Lincare's stock price has become more sensitive to government reimbursement rates, even though they account for a small portion of revenues."

Option Care buys certain lines of Affiliated Health

Option Care (Bannockburn, IL) agreed to acquire the infusion and home health services businesses of **Affiliated Health Services** (Mt. Vernon, WA), a public district hospital. Under terms of the agreement, Option Care will provide home care services to the public district hospital system, licensed for 237 beds.

The acquisition, said Option Care President/COO Raj Rai, "meets two of our stated objectives: enhancing revenue through opportunistic acquisitions and increasing the penetration of current markets."

Simione signs agreement with HCA

Simione Central Holdings (Atlanta) announced last week a major agreement with **Home Health Care Affiliates** (HCA; Cordova, TN) to install its Smart ClipBoard Clinical System. The agreement calls for HCA to implement 160 point-of-care devices at seven locations across the country, Simione said.

HCA chief operating officer Bill Billingsley said there were several factors that "strongly influenced our decision to choose The Smart ClipBoard Home Care System. We looked at a lot of point-of-care service devices and overwhelmingly agreed that The Smart ClipBoard was the best system to do the job the way we want to do it under the prospective payment system (PPS)," he said.

The Smart ClipBoard System contains clinical content developed by the Outcomes Planner System to fully address the clinical challenges of the home care industry in a PPS environment. Smart ClipBoard is unique in that it provides HCA with the ability to define the clinical process, apply the process and determine variances, analyze the findings for process improvement, and then re-define the process based on the success of their evaluation, Simione said.

TLC reports lower FY00 revenues

Tender Loving Care Health Care Services (TLC; Lake Success, NY) reported FY00 ended Feb. 29 total revenues of \$255.7 million, compared to \$312.5 million in FY99, a drop of \$56.8 million or 18.2%, the company said.

TLC saw a net loss in FY00 of \$15 million, \$1.27 per share, compared to a FY99 net loss of \$731 million, \$6.31 per share. ■

BRIEFLY NOTED

• Although most senior citizens prefer the familiar surroundings of their homes to a nursing home when they become sick or disabled, Medicaid regulations in many states make home care economically impossible, according to a new study released by the **American Association for Retired Persons** (AARP; Washington). The AARP found that many state Medicaid programs place stricter eligibility requirements on home-based care than on nursing home stays, reported the *Orlando Sentinel*. For instance, seniors often make too much to be reimbursed for home care, though they can qualify for nursing home care at the same income level. Further, spouses of seniors receiving home care often must spend more on their loved ones' care than spouses of nursing home residents, the *Sentinel* reported. The study also found that home care recipients are often required to foot too much of the costs for the care themselves, making it impossible to afford living expenses, such as a mortgage or utility bills. The AARP pointed to the findings as evidence of "a continuing institutional bias in the Medicaid program" that drives most of the nation's elderly into nursing homes, reported the *Sentinel*. "This result is ironic, since the cost of nursing home care is, in most cases, considerably more expensive for the Medicaid program than the cost of (home care) services," the AARP concluded. ■

NAHC

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NAHC said the program memorandum represents an attempt by HCFA to settle the homebound lawsuit *O'Neal v. Shalala*, which the association brought in 1998 to challenge HCFA's application of the definition of homebound. In that suit, several beneficiaries won favorable appellate decisions from administrative law judges only to have the intermediary reject subsequent claims for payment.

Under the new policy, intermediaries must take several steps to effectuate a favorable final appellate decision that a beneficiary is "confined to home" rendered on or after July 1, according to NAHC. In addition to paying the claim that was subject to the favorable financial appellate decision, the intermediary must promptly pay or review all claims that have been denied or that are properly pending in any stage of the appeals process; all claims that have been denied where the time appeal has not lapsed; and all future claims submitted for this beneficiary. Any claim that could be reopened subject to the 12-month reopening provision must be reopened during a one-year grace period starting on July 1 and ending June 30, 2001, the association added. ■

C A L E N D A R

• 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 Home-careExpo is Sept. 23-27 in New Orleans. For more information, call (202) 547-7424.

• The Medtrade 2000 Exposition and Conference is Oct. 3-5 in Orlando, FL. The exposition hall is free for participants who register before Sept. 8. For more information on the conference, call (877) 835-7232. ■

IHHI

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stock, constituting 41% of the outstanding shares of common stock. Manor Care also owns 200,000 shares of IHHI's series A preferred stock, which is convertible at \$6 per share into 3.3 million shares of IHHI common stock.

IHHI said Ford and Terry, along with Lynn, Storfjell, and Wolfgang von Maack, were elected to IHHI's board at its most recent annual meeting on Feb. 23. On May 4, Jessup was appointed as an additional member. Von Maack, IHHI's former chief executive officer, resigned from the board May 31, the company said. Manor Care is proposing that Keith Weikel, Geoffrey Meyers, Rodney Hildebrand, and Steven Cavanaugh, all officers of Manor Care or one of its subsidiaries, be elected to IHHI's board in their place.

IHHI's board began considering investment bankers in response to a May 22 letter from Manor Care in which it stated that its "preliminary analysis indicates that we should be able to offer shareholders a meaningful premium to the current trading price of IHHI shares and provide them with an alternative to holding those shares." To date, no specific proposal has been received by IHHI from Manor Care, the company said.

IHHI has requested advice from the investment banking firm **Houlihan, Lokey Howard & Zukin**, which was hired to assist the board in evaluating and responding to Manor Care's interest in the company and in exploring possible strategic alternatives to maximize shareholder value.

In addition, the board appointed Ford to act as IHHI's interim chairman and CEO, and Storfjell to act as interim president and COO. ■

REGIONAL DIGEST

• A funding shortage is keeping an estimated 10,000 elderly and disabled residents of Texas from receiving the home healthcare they need to stay out of nursing homes, state officials say. Hundreds of others are not receiving services they are entitled to because of worker shortages, reported the *Fort Worth Star-Telegram*. The **Texas Department of Human Services** has a list of 19,260 people, including 2,795 in the Tarrant County area, who say they need the government to provide home care services. About 50% to 60% of those people likely would qualify for the services, Chris Traylor, spokesman for the Department of Health and Human Services, told the *Star-Telegram*. But of those who have qualified for state services, some must wait weeks for help because each company that administers the state programs has dozens of vacant jobs, the *Star-Telegram* reported.

• A top Wisconsin health official said his agency cannot force home healthcare agencies to raise workers' wages, despite a new law allocating \$23.5 million in tax funds for that purpose. **Department of Health and Family Services** Secretary Joe Leean said Wednesday the state has no mechanism to enforce compliance of the \$3.25-per-hour increase for personal care workers intended to take effect July 1, reported the *Associated Press*. The state paid agencies providing home healthcare services about \$12.25 per hour, including about \$8.25 per hour for employee wages. In an effort to stem worker defections for better-paying jobs, the Legislature in May approved \$23.5 million in tax funds to boost the hourly rate to agencies to \$15.50 per hour, intending that the entire \$3.25 increase would be passed on to workers. Leean has acknowledged that agencies have discretion in how they spend the extra money, and are not required to pay it out to workers, the *AP* reported. State Rep. Mark Meyer (D-La Crosse), a co-sponsor of the legislation, said he asked Leean's aides how to word the new law so the additional tax funds would raise workers' wages, but was told it could not be done. Leean said his agency would audit agencies' payroll records and report its findings to the Legislature early next year so restrictions on the use of funds could be passed.

• The **Area Agency on Aging** in Allegheny County is embarking on a four-year plan to adjust its approach to elder care services, starting with a new emphasis on at-home services that help patients stay out of institutions. The consolidation of some of the county's small senior centers and the expectation that people will help pay for their county-provided home services are among other eventual goals of the agency's plan, which was discussed last week at a public hearing, reported the *Pittsburgh Post-Gazette*. The plan was released by a new agency administration, appointed by Allegheny County Executive Jim Roddey, fol-

lowing criticism of the agency that it had been unresponsive to the public and lacking support for innovative programs. Mildred Morrison, who became agency administrator in February, said before the hearing that she was trying to improve partnerships with other county departments and with private agencies involved in delivery of elderly services. She also wants to free the aging agency's own staff from bureaucratic restrictions and work volumes that have been obstacles to strategic planning and new ideas, the *Post-Gazette* reported. ■

Hospice

Continued from Page 2

ditures," he said.

Jeannie Miller, technical advisor in HCFA's Office of Clinical Standards and Quality, reported that her office is currently working on a draft of the revised COPs now. "We are in the process of working with the current regulations, the revision they started prior to the Balanced Budget Act, and comments we have received from associations and providers," she explained. "The plan is to have the regulations out as a notice of proposed rulemaking in the fall."

Regarding the definition of palliative care, she said the proposed rule currently says that palliative care means treatment for the relief of pain and other uncomfortable symptoms by appropriate coordination of all aspects of care needed to maximize personal comfort and achieve relief from distress. "That is where we are at right now," she said.

Asked whether HCFA would include specific regulations to address beneficiaries residing in nursing facilities, Miller said HCFA is very concerned about this population. But she added that the **Office of Inspector General's** (OIG; Washington) fraud initiative in this area is an OIG concern and responsibility rather than HCFA. "Our focus in the COPs is going to be on the quality of care and outcomes measures," she said. "We are currently drafting CoP language that will cover hospices providing care to residents in skilled nursing facilities."

Mavis Connelly, technical director in HCFA's Continuing Care Branch Center for Medicaid and State Operations, reported that her office recently accumulated data on hospice providers in connection with survey and certification activities. Currently, she said there are 2,275 Medicare-approved hospices, including 562 that are hospital-based, 22 that are SNF-based, 758 that are home health agency-based, and 933 that are free standing.

In FY99, she said, there were 107 new hospices approved. "That is just one more than in FY98, which was 106," she added. Connelly also reported 114 terminations, of which only seven were involuntary. In 1999, she said, HCFA surveyed 16% of the hospices, which is 2% more than in 1998. "I know we have a long way to go, but this is driven by the budget that we have to work with," she added. ■

MANAGED CARE REPORT

• **Humana** (Louisville, KY) agreed to reimburse the government \$14.5 million as part of a settlement to cover the **Justice Department's** (Washington) investigation of the company. Lawyers for the department alleged that Humana had illegally double-billed the government, seeking payments from Medicare and Medicaid for a number of patients over an eight-year period. From 1990 to 1998, government lawyers said Humana duped the government into paying millions of claims under the two separate programs. Also as part of the settlement and in order to continue to receive government-supported customers, Humana entered into a five-year corporate-integrity agreement with federal regulators, pledging not to violate federal laws on reimbursement and related matters.

• **Americaid** (Chicago) has named Prentiss Taylor vice

president of medical affairs for the health plan. In his new position, Taylor will be responsible for Americaid's medical management, health promotion, and disease, utilization, and quality management.

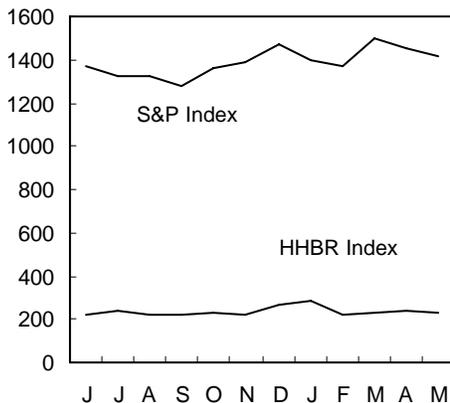
• **Aetna U.S. Healthcare** (Blue Bell, PA) has received approval from the **State of Texas Department of Insurance** to begin offering its HMO products, including HMO, QPOS, and USAccess, to residents in Austin. Members of Aetna U.S.'s new HMO will have access to the company's local network of more than 1,150 physicians in Austin, Aetna U.S. said. The company has developed a number of preventive and wellness programs for its managed care members, including Healthy Outlook disease management programs, outreach programs to encourage childhood immunizations, and the Aetna U.S. Healthcare Check programs. In Austin, the company already provides health coverage to more than 53,000 members through its preferred provider organization, point of service, and traditional indemnity plans, Aetna U.S. said. ■

MONTHLY STOCK INDEX COMPARISON

	<i>Close</i> <i>04/28/99</i>	<i>Close</i> <i>05/31/00</i>	<i>Net</i> <i>Change</i>	<i>Percent</i> <i>Change</i>
Home Health Industry Stock Index	239.98	231.30	-8.68	-3.62
Dow Jones Industrial Average	10733.91	10522.33	-211.58	-1.97
N.Y.S.E. Composite	644.16	643.60	-0.56	-0.09
S&P 500 Composite	1452.43	1420.60	-31.83	-2.19
Nasdaq OTC Composite	3860.66	3400.91	-459.75	-11.91
Dow Jones Health Care Index	765.74	759.53	-6.21	-0.81

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 MAY 2000

TOP FIVE PERCENTAGE GAINERS

Mid Atlantic Medical Services	32.89
Interwest	26.67
Fresenius Medical Care	13.49
Mallinckrodt	7.67
National Home Health Care Corp.	3.13

TOP FIVE DOLLAR GAINERS

Fresenius Medical Care	3.31
Mid Atlantic Medical Services	3.06
Mallinckrodt	2.06
Interwest	1.25
Chemed Corp.	0.44

TOP FIVE PERCENTAGE LOSERS

Infu-Tech Inc.	-52.63
New York Health Care Inc.	-37.50
Star Multi Care Services Inc.	-34.78
American HomePatient Inc. ▽	-30.00
NuMed Home Health Care Inc.	-25.00

TOP FIVE DOLLAR LOSERS

Infu-Tech Inc.	-2.50
Invacare Corp.	-2.00
Lincare Holdings Inc. ▽ (s)	-1.50
Star Multi Care Services Inc.	-1.00
Matria Healthcare	-1.00

Market	Advances	Declines	Unchanged	New Highs	New Lows
Diary:	This Month.....8	This Month.....20	This Month.....0	This Month.....4	This Month....4

Public Company Financial Statistics (May 31, 2000, close)

EXCH	COMPANY	TICKER SYMBOL	CLOSING	% CHANGE		52 WEEK		EPS	PRICE/ EARN	MARKET
			PRICE 05/31/00 \$	THIS MONTH	THIS YEAR \$	HIGH	LOW	LAST 12 MOS. \$	RATIO \$	CAPITAL (1000S)- \$
NAS	Amedisys Inc.	AMED	2.06	-15.39	49.96	3.13	1	0.83	2	6605
NAS	American HomePatient Inc. ▽	(L) AHOM	0.35	-30	-35.19	2.53	0.23	-6.73	-	5415
NYS	Apria Healthcare Group Inc. ▽	AHG	14.25	2.24	-20.56	22.06	12.31	3.75	4	745617
NAS	Almost Family Inc.	AFAM	2.69	-2.18	19.56	4.13	1.5	-1.49	-	8393
NYS	Chemed Corp.	CHE	30.31	1.46	5.9	34.06	24.63	1.84	16	301276
NYS	Columbia/HCA Healthcare	COL	27.63	-3.28	-5.76	32.44	18.75	1.13	24	15404805
NYS	Fresenius Medical Care	FMS	27.88	13.49	-1.76	30.38	15.69	-1.03	-	1951250
NAS	In Home Health Inc. ▽ (s)	IHHI	1.97	-14.86	-7.35	4.25	1.25	0.28	7	10869
NAS	Infu-Tech Inc.	INFU	2.25	-52.63	16.13	21.75	0.44	-0.47	-	7538
NAS	Interwest	(H) IWHM	5.94	26.67	97.92	7.13	2.19	0.61	10	24201
NAS	Invacare Corp.	IVC	24.75	-7.48	23.36	29.63	17.44	1.41	18	744406
NAS	Kelly Services Inc.	(L) KELYA	23	-2.39	-8.46	32.5	22.25	2.39	10	821376
NAS	Lincare Holdings Inc. ▽ (s)	LNCR	29	-4.92	-16.4	40	20.88	1.84	16	1545120
NYS	Mallinckrodt	MKG	28.94	7.67	-9.04	37.56	22.19	2.78	10	1944918
NAS	Matria Healthcare	MATR	3.44	-22.54	-16.67	7.5	2.94	0.86	4	126751
NYS	Mid Atlantic Medical Services	(H) MME	12.38	32.89	48.87	12.38	5.13	0.72	17	598121
ASE	National HealthCare	NHC	4.5	-7.69	-14.29	10.75	3.38	0.74	6	51435
NAS	National Home Health Care Corp.	NHHC	4.13	3.13	8.2	5.06	3.13	0.67	6	20670
NAS	New York Health Care Inc.	NYHC	0.63	-37.5	-64.29	2.25	0.38	-0.09	-	2306
NAS	NuMed Home Health Care Inc.	NUMD	0.09	-25	28.57	0.5	0.08	-0.28	-	528
NAS	Option Care Inc. ▽	OPTN	6.69	-9.32	118.37	8.75	1.63	0.45	15	79220
NAS	Pediatric Services of America	(H) PSAI	1.97	1.68	110.13	2.75	0.72	-1.31	-	13116
NAS	Respironics Inc.	(H) RESP	16.06	-1.15	101.57	17.75	7.5	0.14	115	471756
NAS	ServiceMaster L.P.	SVM	12.81	-5.96	4.06	19.25	10.13	0.56	23	3913360
NAS	Staff Builders Inc. ▽	SBLI	0.26	-7.14	-16.13	0.7	0.13	-3.27	-	6144
NYS	Star Multi Care Services Inc.	SMCS	1.88	-34.78	46.34	7.63	0.75	-0.53	-	3236
NAS	Sunrise Medical Inc.	(L) SMD	4.44	-15.48	-28.28	9.38	3.75	0.01	-	98712
NAS	Transworld Home HealthCare Inc.	(L) TWH	1.63	-18.75	-13.33	4.88	1.44	-0.37	-	28520

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: CNET Investor, Boulder, CO.

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