

P.O. Box 80124 Lafayette, LA 70598 Ph: 337-231-0080 Fax: 337-231-0089 www.hclanet.org

November 26, 2018

Dear Home Care Provider,

Our aging demographic make providers of care at home critical to integrated healthcare. Together, providers of care at home can be the unified voice needed to maintain a focus on the future. The boards of the HomeCare Association of Louisiana and the Louisiana Mississippi Hospice and Palliative Care Organization are advancing workgroup efforts, getting closer to the merger/collaborative agreement between our organizations. Our united voice can strengthen our image, enhance our advocacy effort, and achieve economies of scale for a stronger future. HCLA's dues paying members have supported a unified voice since 1988. Today, we appeal to all providers to join us as we face new challenges and a rapidly evolving healthcare system.

Home health agencies and hospices are both strained by trying to keep up with the frenetic pace of change across healthcare. Membership provides for an HCLA that serves as a liaison to Medicare contractors, researches information on the latest home care issues, and helps to solve unique agency problems. HCLA's highly rated professional and business development education highlights best practices and evidence based clinical practice. HCLA leadership is involved nationally on behalf of member agencies in past years, including CMS workgroups, the CHAP Board, the Institute of Medicine's Future of Home Health Care, the H3IT conference at Georgetown University, as an Advisor to the Chief Nurse of the American Red Cross, the American Academy of Nursing (AAN), the National Institute of Nursing Research (NINR), and more. HCLA membership provides cost savings via group purchasing programs. Dues support contact with state and federal policy makers. HCLA staff can save your agency time and money.

As HCLA heads into 2019, we will explore additional benefits and services to help our members to remain viable and relevant in our rapidly evolving system of care at home. Become a member of HCLA in 2019, and join the dialogue and discussions exploring a merger between HCLA and LMHPCO. Help support our paid lobbyist, educational offerings, industry news, and more. HCLA unifies providers as a more effective voice for care at home.

Enclosed is a 2019 Membership Packet, including information on getting a 10% discount. If you have any questions regarding membership or need assistance, please call our office at 800-283-4252. We look forward to serving you, being a resource to your staff, and exploring the future.

Sincerely,

Richard MacMillan, JD, RN President HomeCare Association of Louisiana LHC Group Warren Hebert, DNP, RN, CAE, FAAN Chief Executive Officer HomeCare Association of Louisiana



SHARED GOALS, SHARED VISION, SECURING THE FUTURE OF HOME CARE TO SECURE THE FUTURE

Since 1988 the HomeCare Association of Louisiana (HCLA) has been the voice of providers across the state. Over the years HCLA dues have helped to: maintain the moratorium on new home health providers; avoid a copayment on Medicare home health; prevent the Home Health Groupings Model (HHGM) from being included in the 2018 final rule; advance legislation to address the PDGM included in 2019 final rule, and more. HCLA's news and education on consolidation, Medicare Advantage, shared risk models, benefits integrity challenges, ICD-10, Face to Face issues, Value Based Purchasing, OASIS, and more, help to keep providers on the forefront of change. HCLA's shared vision and goals provide a closely aligned front from which to implement solutions for Louisiana home health providers. Your membership in HCLA is an investment in the goals and vision that continue to pay dividends to you, your patients, your agency, and industry many times over.

Through continued membership support such as yours, HCLA can:

- Provide education on ICD-10, OASIS, PDGM, Review Choice Demonstration, other vital topics
- Support of the HCLA lobby efforts in protecting the moratorium on home health agencies
- Provide support with appeal and denial issues
- Continue addressing provider—MAC issues with PBGA
- Continue in the fight over issues such as rural add on

Your support helps HCLA provide:

• Unified representation before policy makers, state and federal regulators, state and federal legislators, the media, and the general public

- Weekly newsletters summarizing state, intermediary, and federal issues from variety of resources Including NAHC, Home Healthcare News, Eli, Homehealthline, Remington Report, NAHC Report, PGBA, CMS, and more
- A mechanism to meet industry challenges and promote the highest standards of homecare
- Access to information, customized advice, consulting and assistance with RAC, ZPIC, and MACs
- "Member only" section of HCLA website
- Increased exposure and visibility for member agencies and companies
- Emergency Preparedness support revision of the LA. E. P. Model Plan & processes
- Connect to DHH, other state agencies, PGBA, and CMS
- Connect to industry leaders in ICD-10, OASIS, and other pertinent topics
- Access to state legislators through HCLA lobbyist
- Latest education and networking opportunities including workshops, conferences, and webinars
- Quality workshops, conferences, webinars and education programs at discounted rates
- Time sensitive news regulations, legislation, reimbursement, and benefits integrity activities
- Connect with home care professionals, peers, CHAP, Council of State Home Care Executives, NAHC, and more
- Government affairs advocacy representation via political advocacy through HCLA lobbyist
- An effective mechanism to meet industry challenges and promote the highest standards of home care.
- Strength and power in numbers that collective voice, shared goals and vision provides.

An African proverb says,

"If you want to go fast, go alone. If you want to go far, go together."

HOMECARE ASSOCIATION OF LOUISIANA

UPCOMING EDUCATION FOR 2019

Go to the HCLA website often to find the details of newly posted workshops (**www.hclanet.org**). We will continue to add webinars/ teleconferences throughout the year. Don't forget to watch for HCLA News Alerts to keep up with the latest information and check the archives on the website to reference past information. The registration fees for HCLA workshops has mostly remained the same for several years. We will continue to be mindful of the need for education and the financial challenges that agencies are experiencing. Registration fees are dependent on our facility, food, and speaker cost.

January Blueprint for OASIS-D Accuracy presented by OASIS Answers Baton Rouge Jan. 23-24, 2019 COS-C Exam Jan 25, 2019	February February 5 - NAHC PDGM Roadshow - New Orleans Continuous Change Workshop Presented by Pam Warmack Baton Rouge - February 20 Monroe - February 21	<u>March</u>	April 2019 Palmetto GBA Home Health Workshop Series Monroe - Date TBA Baton Rouge - Date TBA
<u>May</u>	June	July Navigating The Evolving Changes in Healthcare Conference July 24 - 26, 2019 JW Marriott New Orleans, LA	<u>August</u>
<u>September</u>	October Intermediate ICD-10 Coding Presented by Lisa Selman-Holman Baton Rouge - October 8-9	<u>November</u>	<u>December</u>



Agency Membership Application

HomeCare Association of Louisiana P.O. Box 80124 Lafayette, LA 70598 Phone: (337) 231-0080 Fax: (337) 231-0089

Application Type:

New Member

Renewal Membership

*NOTICE: Membership dues are effective for one year from the date payment is received by HCLA. (Example: 8/15/19 good through 8/14/20)

Step 1: Contact Infor	mation				
Agency/Company Name:					
Legal Owner/Parent Entity:					
Primary Contact: (For mailings)			Email:		
Mailing Address:					
City:		Sta	te:	Z	ip Code:
Phone:			Fax:		
Website Address (URL):					
Agency Administrator:			Email:		
Agency Nursing Director:			Email:		
Voting Representatives:	1) 2)				
notify HCLA of <u>Step 2: Annual Dues</u> <u>Provider member dues</u>	any address or critical agency ch 10% discount if rec are based on Gross Revenu	aanges. If we a eived by Ja e <u>e</u> – Gross rev gross revenue	re not alerted, vital in anuary 15th (pr enue is defined as th you may exclude: co	ndustry and member oviders only an ne parent entity's rev ontractual adjustmer	id for full payment) venue for the most recent fiscal year. hts, bad debts, investment income,
Check appropriate men	nbership:		Determine G	ross Revenue	<u>1</u>
Single Owner/Provide	_	Α.	Full Membersh	ip	Dues
Single Owner-Multiple			\$1 -	\$500,000	\$600
Providers with common ownersh	nip of 2 to 4 provider numbers.		\$500,001 -	\$1,500,000	\$1,450
Corporate Membershi Agencies that own and operate.			\$1,500,001 - \$2,500,001 -		\$2,200 \$3,050
	ferent owners are not eligible for		\$3,500,001 -		\$4,000
joint corporate membership.			\$4,500,001 -		\$5,100
**For assistance calculating dues, ref	fer to back side of application.		\$5,500,001 -	\$10,000,000	\$6,300
	S 🔲 ANNUAL PAYMENT		\$10,000,001 - Corporate Member	plus	\$7,600 \$7,600 + \$600 X #of providers
MULTIPLE PROVDE HCLA has th	R REQUIREMENT: If more that e right to void membership and a r	n one provider associated priv	is owned and opera	ted, all providers <u>m</u>	ust join under one membership.
DUES AMOUNT EN	CLOSED: \$			10% discount	t if received by January 15th
_	(signature)			(position)	
Completion o	f this application does not guar	e company nai rantee membe	med in this applicati ership acceptance, n	on. nembership categoi	ry, or amount of dues.
*Renewal membership no	ot received by January 15 th , 201	19 will result i	in the cancellation o	f your current mem	bership until payment is received. Over. Pg.2

Step 3: Business Informa	<u>tion</u>		
Affiliation: (check appropriate s	spaces)		
Hospital Administered		Hospital Affiliated	
(owned and operated by a hose	spital) (cont	ractually related, not a de	partment of a hospital)
Freestanding	□ A	ncillary Services to Hom	ne Care Industry
Certification/Licensure Status:			
State Licensed		are Certified	Medicaid Certified
Joint Commission A	ccredited	CHAP Accredited	
Other:			
Regions Served:			
Parishes Served:			
Membership in National Organi	izatione. (check appr	opriato chacos)	
□ National Association fo			ciation for Home Care– AA Homecare
American Home Care A			Associations of America– VNAA
	Processing: Please allo	ow at least two (2) weeks fo	or application processing.
At that			d member access information.
			use use to facilitate your dues calculation &)T require nor do we want your exact revenue numbers.
*Single Owner - Multiple provider numbers to determine dues owed (formula	 <u>s</u> - Providers with common A). If more favorable, the m 	ownership of two to four prov ember may calculate dues of ea	vider numbers may add the gross revenue of those provider ach provider number individually and add the dues for their
membership rate (formula B). Those commo			
A. Provider 1 revenue	+	Provider 2 revenue	Total Gross Revenue for dues calculation
			on Pg.1 table
B. Provider 1 dues	+	Provider 2 dues	= Total Dues
D. Floridel 1 dues		Flowider 2 dues	
			ve or more provider numbers (see formula below) or if more es. Franchise organizations with different owners are not
+7600 + /	\$600 Multiplied by) –	
\$7000 + (· · · ·		Total Dues Payment
Tay deductibility & non-deductible lob	× ×		ana may be tax deductible as ordinary and necessary business
			hat the non-deductible portion of your 2018 dues allowable to lobbying
Membership Dues Payment Schedule:			
			\$600 range are <u>NOT</u> eligible for quarterly payments. schedule will begin 3 months from the initial date membership
1 st installment due: January 15, 2019 3 rd installment due: July 1, 2019	2 nd installment due: A 4 th installment due: O		
	that will reoccur each addition		ninder of dues owed. Dues not received within thirty days of the above fter 60 days will be grounds for membership termination. Membership
EVENTS Disclaimer : Event sites request actual event. Due to this financial resp			ng meeting room size and catering numbers in advance of the
Attendance policy: All cancellations	s must be received in writing	at least three days prior to the	event date in order to receive a credit/refund, less a \$25
	-	, .	jer (liz@hclanet.org). ve address no later than the morning of the event, or the
registration will be forfeited.			

• Credits: HCLA does not issue credits for an event registration. If it meets the above cancellation requirements a check refund will be issued.

	TIONAL PROVIDER/BRA		
If needed, please attach an a	additional sheet with the following inf	ormation for ALL add	litional providers & branches!
Check which applies: Branch Agency/Company Name:	🗆 🗆 Provider		
Legal Owner/Parent Entity:			
Person To Receive Mail:			
Email Address:			
Mailing Address:			
City:	State:		Zip Code:
Phone:		Fax:	
Website Address (URL):			
Check which applies: Branch Agency/Company Name:	🗆 🗆 Provider		
Legal Owner/Parent Entity:			
Person To Receive Mail:			
Email Address:			
Mailing Address:			
City:	State:		Zip Code:
Phone:		Fax:	
Website Address (URL):			
Check which applies: Branch Agency/Company Name:	🗆 🗆 Provider		
Legal Owner/Parent Entity:			
Person To Receive Mail:			
Email Address:			
-			
Email Address: Mailing Address: City:	State:		Zip Code:
	State:	Fax:	Zip Code:

	TIONAL PROVIDER/BRA or HCLA's member databas		
If needed, please attach an a	additional sheet with the following inf	ormation for ALL add	litional providers & branches!
Check which applies: Branch Agency/Company Name:	🗆 🗆 Provider		
Legal Owner/Parent Entity:			
Person To Receive Mail:			
Email Address:			
Mailing Address:			
City:	State:		Zip Code:
Phone:		Fax:	
Website Address (URL):			
Check which applies: Branch Agency/Company Name:	🗆 🗆 Provider		
Legal Owner/Parent Entity:			
Person To Receive Mail:			
Email Address:			
Mailing Address:			
City:	State:		Zip Code:
Phone:		Fax:	
Website Address (URL):			
Check which applies: Branch Agency/Company Name:	🗆 🗆 Provider		
Legal Owner/Parent Entity:			
Person To Receive Mail:			
Email Address:			
-			
Email Address: Mailing Address: City:	State:		Zip Code:
	State:	Fax:	Zip Code:

HOMECARE ASSOCIATION OF LOUISIANA Credit Card Authorization Form				
First NameLast Name				
Billing Address				
City State Zip Code				
Phone Email Address				
Credit Card Information				
Credit Card Type Visa Master Card American Express Discover Credit Card Number				
Security Code Expiration Date: MonthYear				
\$ Amount to be charged to credit card				
Authorized Signature				
If paying quarterly, use this credit card to pays dues each quarter. A receipt will be emailed to agency.				