

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

November 28, 2016

Dear Home Care Provider,

Home health providers are integral to the future focus on integrated healthcare. Together, home health providers can be the unified voice agencies need to maintain the moratorium on new providers. Together, our united voice joined the national missive that prevented co-pays over the past decades. HCLA's dues paying members have provided that unified voice since 1988. Today, we appeal to all providers to be members as we face new challenges related to the Affordable Care Act and a rapidly evolving healthcare system.

Home health agencies are strained by trying to keep up with the frenetic pace of change across healthcare. HCLA membership provides assistance via benefits and staff assistance to dues paying providers. HCLA 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 is involved in national leadership on behalf of member agencies, including CMS workgroups, the CHAP Board of Directors, and the Institute of Medicine's Future of Home Health Care. HCLA membership provides cost savings via a group purchasing program. Your dues support Louisiana's voice with state and federal policy makers. HCLA staff and services are aimed at saving your agency valuable time and money.

As HCLA heads into 2017 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 2017. Join in support of the paid lobbyists, our educational offerings, the latest industry news, and more. HCLA membership unifies providers as a more effective voice for the home health community.

Enclosed is a 2017 Membership Packet, which includes instructions and information on getting a 10% discount. If you have any questions regarding membership or need assistance with joining, please call our office at 800-283-4252. We look forward to serving your agency and being a resource to your staff.

Sincerely,

Lisi Coleman, BSN, RN
President
HomeCare Association of Louisiana
Evangeline Home Health

Warren Hebert, DNP, RN, CAE Chief Executive Officer HomeCare Association of Louisiana



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

Since 1988 the HomeCare Association of Louisiana has acted on behalf of providers across the state. Maintaining a moratorium on new home health providers is one important objective HCLA lobbying has achieved on behalf of member agencies. The pace of change is unprecedented in healthcare. HCLA provides timely news and education on consolidation, ACOs, bundled payments, managed care, benefits integrity challenges, ICD-10, Face to Face issues, and more. HCLA's shared vision and goals provide a closely aligned front from which to implement solutions for Louisiana home health providers. Your membership and support of 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 ICD-10, and OASIS-C2 preparation along with other vital educational programs
- Support of the HCLA lobbyists in protecting the moratorium on home health agencies
- Provide support with appeal and denial issues
- Continue working with PGBA on the F2F and denial issues
- Continue in the fight over issues such as rebasing and copays

Your support helps HCLA provide:

- Effective, 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, Eli, Homehealthline, Remington Report, NAHC Report, PGBA, CMS, and more
- An effective 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 (E. P.) 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-C2, and other pertinent topics
- Access to state legislators
- Latest education and networking opportunities including workshops, conferences, and webinars
- Quality workshops, conferences, webinars and education programs at discounted rates
- Time sensitive news on regulations, legislation, reimbursement, and benefits integrity activities
- Connect with home care professionals, peers, CHAP, Council of State Home Care Executives, NAHC, and more
- Strong government affairs advocacy and representation via political advocacy through Baton Rouge lobbyist contracted by HCLA
- 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.





UPCOMING EDUCATION FOR 2017

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.

<u>January</u>	<u>February</u>	<u>March</u>	<u>April</u>
Medicare Basic PPS Billing Workshop			2017 Palmetto GBA Home Health Workshop
Presented by Melinda Gaboury			Series
Baton Rouge - January 31			Monroe - April 11 Baton Rouge - April 12
<u>May</u>	<u>June</u>	<u>July</u>	<u>August</u>
The Art of ICD-10 Coding Workshop	Blueprint for OASIS Accuracy	Gulf Coast Home Care Conference & Exhibition	
presented by Sparkle Sparks	presented by OASIS Answers	July 29—August 2, 2017 Grand Hotel Marriott	
Baton Rouge May 16-17, 2017	Baton Rouge June 12-13, 2017 COS-C Exam June 14, 2017	Resort, Point Clear, AL	
<u>September</u>	<u>October</u>	<u>November</u>	<u>December</u>
		HCLA Annual Home Care Conference & Exhibition	
		ТВО	



Website Address (URL): Agency Administrator: Agency Nursing Director: Voting Representatives:

Agency Membership Application

Renewal Membership

HomeCare Association of Louisiana P.O. Box 80124 \$\times \text{ Lafayette, LA 70598}

New Member

Phone: (337) 231-0080 ♦ Fax: (337) 231-0089 ♦

Application Type:

1)

*NOTICE: Membership dues are effective for one	e year from the date payment is receive	d by HCLA. (Example: 8/15/17 good through 8/14/18)
Step 1: Contact Information		
Agency/Company Name:		
Legal Owner/Parent Entity:		
Primary Contact: (For mailings)	Email:	
Mailing Address:		
City:	State:	Zip Code:
Phone:	Fax:	
Website Address (URL):		
Agency Administrator:	Email:	
Agency Nursing Director:	Email:	

2)

Step 2: Annual Dues 10% discount if received by January 15th (providers only and for full payment)

Provider member dues are based on Gross Revenue – Gross revenue is defined as the parent entity's revenue for the most recent fiscal year. Revenue is regardless of payer source. (When calculating gross revenue you may exclude: contractual adjustments, bad debts, investment income, charitable donations, or funds raised through special events or philanthropic dollars.

Determine Gross Revenue: Check appropriate membership: Full Membership Dues \$1 \$500,000 \$600 Single Owner-Multiple Providers** \$500,001 \$1,500,000 \$1,450 Providers with common ownership of 2 to 4 provider numbers. \$1,500,001 \$2,500,000 \$2,200 Corporate Membership** Agencies that own and operate 5 or more provider numbers. \$2,500,001 \$3,500,000 \$3,050 Franchise organizations with different owners are not eligible for \$3,500,001 \$4,500,000 \$4,000 ioint corporate membership. \$4,500,001 \$5,500,000 \$5,100 **For assistance calculating dues, refer to back side of application. \$5,500,001 \$10,000,000 \$6,300 П \$10,000,001 \$7,600 **□ QUARTERLY PAYMENTS □ ANNUAL PAYMENT** Corporate Membership \$7,600 + \$600 X #of providers

MULTIPLE PROVDER REQUIREMENT: If more than one provider is owned and operated, all providers must join under one membership. HCLA has the right to void membership and associated privileges if a company does not join all provider locations and/or misrepresents membership type.

DUES AMOUNT ENCLOSED:	\$	10% discount if received by January 15th	
(sign	nature)	(position)	

I, the above named, as an officer or agent of the company, attest to the accuracy of the above gross revenue category for the company named in this application.

Completion of this application does not quarantee membership acceptance, membership category, or amount of dues.

*Renewal membership not received by January 15th, 2017 will result in the cancellation of your current membership until payment is received.

^{**}If the parent entity has more than one provider office operating in Louisiana other than that listed above, please use the last page of the application or attach the names of other providers/branches, a primary contact, and email addresses to ensure they receive association mailings and other member benefits. Please notify HCLA of any address or critical agency changes. If we are not alerted, vital industry and member information could be lost.

Step 3: B	usiness Information		
Affiliation:	(check appropriate spaces)		
□ H	lospital Administered	☐ Hospital Affiliated	
(owne	d and operated by a hospital)	(contractually related, not a departr	ment of a hospital)
☐ F	reestanding	☐ Ancillary Services to Home C	are Industry
Certificatio	n/Licensure Status: (check appro		
	State Licensed		Medicaid Certified
	Joint Commission Accredited	☐ CHAP Accredited	
	Other:		
Regions Se	rved:		
Parishes Se	erved:		
Membershi	p in National Organizations: (ch	neck appropriate spaces)	
□ N	ational Association for Home Care	e- NAHC 🔲 American Association	on for Home Care- AA Homecare
_ □ A	merican Home Care Association-	AHCA Visiting Nurses Ass	ociations of America– VNAA
	Pur an arium.		liantian numeronian
	At that time you will r	Please allow at least two (2) weeks for appreceive your membership certificate and me	blication processing. Imber access information.
**DUEC /	CALCULATION		
**DUE5	determination as to which dues tier	w are intended for your agency's in-house u your organization falls. HCLA does NOT rec	use to facilitate your dues calculation & quire nor do we want your exact revenue numbers.
			'
*Single Ow	ner - Multiple providers - Providers wi	ith common ownership of two to four provider	numbers may add the gross revenue of those provider
		rable, the member may calculate dues of each pr ncies will have one combined membership for all p	ovider number individually and add the dues for their
membership ra	tte (formula b). Those commonly owned ager	icles will have one combined membership for all p	provider numbers.
	+		=
Α.	Provider 1 revenue	Provider 2 revenue	Total Gross Revenue for dues calculation
			on Pg.1 table
В. —	Provider 1 dues +	Provider 2 dues	= Total Dues
	Frontier Eddes	Trovider 2 ddes	iodi baca
**Corporat	e Membership – Corporate membership	is for agencies that own and operate five or	more provider numbers (see formula below) or if more
	ber may use formula B above, calculating du it corporate membership.	es for each provider and adding for total dues. Fr	anchise organizations with different owners are not
eligible for join	it corporate membership.		
	\$7600 + (\$600 Multiplied	by) =	
		(Total # of provider #'s)	Total Dues Payment
			nay be tax deductible as ordinary and necessary business e non-deductible portion of your 2017 dues allowable to lobbying
Membership	Dues Payment Schedule:		
Dues may be p	paid in full or by the quarter for those with du		0 range are <u>NOT</u> eligible for quarterly payments.
	eived by HCLA.	w. If paid after 1/15/17, the quarterly dues sched	dule will begin 3 months from the initial date membership
1 st installmer	nt due: January 15, 2017 2 nd installm	ent due: April 1, 2017	
		ent due: October 1, 2017	
Ouarterly Pay	vments Disclaimer: Courtesv invoices will b	be sent on the first of every quarter as a reminder	r of dues owed. Dues not received within thirty days of the above
installment dat		each additional month late. Dues unpaid after 6	0 days will be grounds for membership termination. Membership
		enter a contractual agreement detailing m A must implement the following event regi	eeting room size and catering numbers in advance of the
	• • • • • • • • • • • • • • • • • • • •	,	t date in order to receive a credit/refund, less a \$25
	• •	l be subject to approval by the Office Manager (liz	
• Emerge	ncy: In the advent of an emergency or surve	yor visit, an email must be sent to the above ad	dress no later than the morning of the event, or the

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

registration will be forfeited.

ADDITIONAL PROVIDER/BRANCH INFORMATION

Needed for HCLA's member database & email communication

If needed, please attach an additional sheet with the following information for **ALL** additional providers & branches!

Check which applies: □ Branch Agency/Company Name:	□ Provider		
Legal Owner/Parent Entity:			
Person To Receive Mail:			
Email Address:			
Mailing Address:			
City:	State:	z	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:	Z	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:
City: Phone:	State:	Z Fax:	Zip Code:
	State:		Zip Code:

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Email Address:			
Mailing Address:			
City:	State:	z	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:	Z	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:
City: Phone:	State:	Z Fax:	Zip Code:
	State:		Zip Code:



Credit Card Authorization Form

First Name	Last Name		
Billing Address			
City	State	Zip Code	
Phone	Email Address_		
	Credit Card Inf	formation	
Credit Card Type ☐ Visa	☐ Master Card	☐ American Express	□ Discover
Credit Card Number			
Security Code			
\$ Amount to be charged to credit			
Authorized Signature			
If paying quarterly, use this credit card to pays dues each quarter. A receipt will be emailed to agency.			