

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.

**"Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has." - Margaret Mead**





# UPCOMING EDUCATION FOR 2017

Go to the HCLA website often to find the details of newly posted workshops ([www.hclanet.org](http://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.

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



# 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: 8/15/17 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: \_\_\_\_\_

Voting Representatives: 1) \_\_\_\_\_ 2) \_\_\_\_\_

\*\*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 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.)

### Check appropriate membership:

- Single Owner/Provider**
- Single Owner-Multiple Providers\*\***  
*Providers with common ownership of 2 to 4 provider numbers.*
- Corporate Membership\*\***  
*Agencies that own and operate 5 or more provider numbers.  
Franchise organizations with different owners are not eligible for joint corporate membership.*

\*\*For assistance calculating dues, refer to back side of application.

**QUARTERLY PAYMENTS**     **ANNUAL PAYMENT**

### Determine Gross Revenue:

A. Full Membership	<u>Dues</u>
<input type="checkbox"/> \$1 - \$500,000	\$600
<input type="checkbox"/> \$500,001 - \$1,500,000	\$1,450
<input type="checkbox"/> \$1,500,001 - \$2,500,000	\$2,200
<input type="checkbox"/> \$2,500,001 - \$3,500,000	\$3,050
<input type="checkbox"/> \$3,500,001 - \$4,500,000	\$4,000
<input type="checkbox"/> \$4,500,001 - \$5,500,000	\$5,100
<input type="checkbox"/> \$5,500,001 - \$10,000,000	\$6,300
<input type="checkbox"/> \$10,000,001 - plus	\$7,600
<input type="checkbox"/> Corporate Membership	\$7,600 + \$600 X #of providers

**MULTIPLE PROVIDER 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.

<b>DUES AMOUNT ENCLOSED:</b>	\$ _____	<b>10% discount if received by January 15th</b>
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\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(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 guarantee membership acceptance, membership category, or amount of dues.*

**\*Renewal membership not received by January 15<sup>th</sup>, 2017 will result in the cancellation of your current membership until payment is received.**  
Over, Pg.2



**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  Provider

Agency/Company Name: \_\_\_\_\_

Legal Owner/Parent Entity: \_\_\_\_\_

Person To Receive Mail: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website Address (URL): \_\_\_\_\_

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## Credit Card Authorization Form

First Name \_\_\_\_\_ Last 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: Month \_\_\_\_\_ Year \_\_\_\_\_

\$ \_\_\_\_\_

Amount to be charged to credit card

\_\_\_\_\_  
Authorized Signature

If paying quarterly, use this credit card to pay dues each quarter. A receipt will be emailed to agency.

YES  NO