

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. 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. 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 co-payment 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."





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.

<p align="center"><u>January</u></p> <p align="center">Blueprint for OASIS-D Accuracy presented by OASIS Answers</p> <p align="center">Baton Rouge Jan. 23-24, 2019 COS-C Exam Jan 25, 2019</p>	<p align="center"><u>February</u></p> <p align="center">February 5 - NAHC PDGM Roadshow - New Orleans</p> <p align="center">Continuous Change Workshop Presented by Pam Warmack Baton Rouge - February 20 Monroe - February 21</p>	<p align="center"><u>March</u></p>	<p align="center"><u>April</u></p> <p align="center">2019 Palmetto GBA Home Health Workshop Series</p> <p align="center">Monroe - Date TBA Baton Rouge - Date TBA</p>
<p align="center"><u>May</u></p>	<p align="center"><u>June</u></p>	<p align="center"><u>July</u></p> <p align="center">Navigating The Evolving Changes in Healthcare Conference</p> <p align="center">July 24 - 26, 2019 JW Marriott New Orleans, LA</p>	<p align="center"><u>August</u></p>
<p align="center"><u>September</u></p>	<p align="center"><u>October</u></p> <p align="center">Intermediate ICD-10 Coding Presented by Lisa Selman-Holman</p> <p align="center">Baton Rouge - October 8-9</p>	<p align="center"><u>November</u></p>	<p align="center"><u>December</u></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: 8/15/19 good through 8/14/20)

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.

DUES AMOUNT ENCLOSED:	\$ _____	10% discount if received by January 15th
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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 15th, 2019 will result in the cancellation of your current membership until payment is received.**
Over, Pg.2

Step 3: Business Information

Affiliation: (check appropriate spaces)

- | | |
|--|---|
| <input type="checkbox"/> Hospital Administered
(owned and operated by a hospital) | <input type="checkbox"/> Hospital Affiliated
(contractually related, not a department of a hospital) |
| <input type="checkbox"/> Freestanding | <input type="checkbox"/> Ancillary Services to Home Care Industry |

Certification/Licensure Status: (check appropriate spaces)

- | | | |
|--|---|---|
| <input type="checkbox"/> State Licensed | <input type="checkbox"/> Medicare Certified | <input type="checkbox"/> Medicaid Certified |
| <input type="checkbox"/> Joint Commission Accredited | <input type="checkbox"/> CHAP Accredited | |
| <input type="checkbox"/> Other: _____ | | |

Regions Served: _____

Parishes Served: _____

Membership in National Organizations: (check appropriate spaces)

- | | |
|---|--|
| <input type="checkbox"/> National Association for Home Care– NAHC | <input type="checkbox"/> American Association for Home Care– AA Homecare |
| <input type="checkbox"/> American Home Care Association– AHCA | <input type="checkbox"/> Visiting Nurses Associations of America– VNAA |

Processing: Please allow at least two (2) weeks for application processing.
At that time you will receive your membership certificate and member access information.

****DUES CALCULATION–The formulas below are intended for your agency’s in-house use to facilitate your dues calculation & determination as to which dues tier your organization falls. HCLA does NOT require nor do we want your exact revenue numbers.**

***Single Owner - Multiple providers** - Providers with common ownership of **two to four provider numbers** may add the gross revenue of those provider numbers to determine dues owed (formula A). If more favorable, the member may calculate dues of each provider number individually and add the dues for their membership rate (formula B). Those commonly owned agencies will have one combined membership for all provider numbers.

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

****Corporate Membership** – Corporate membership is for **agencies that own and operate five or more provider numbers** (see formula below) or if more favorable member may use formula B above, calculating dues for each provider and adding for total dues. Franchise organizations with different owners are not eligible for joint corporate membership.

\$7600 + (\$600 Multiplied by _____) = _____
(Total # of provider #'s) Total Dues Payment

Tax deductibility & non-deductible lobbying expenses - Dues to HomeCare Association of Louisiana may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. HCLA estimates that the non-deductible portion of your 2018 dues allowable to lobbying is 17%.

Membership Dues Payment Schedule:

Dues may be paid in full or by the quarter for those with dues more than \$600/year. **Providers in the \$600 range are NOT eligible for quarterly payments.** If paid by January 15th, the quarterly dues schedule is below. If paid after 1/15/19, the quarterly dues schedule will begin 3 months from the initial date membership payment is received by HCLA.

- | | |
|---|--|
| 1st installment due: January 15, 2019 | 2nd installment due: April 1, 2019 |
| 3rd installment due: July 1, 2019 | 4th installment due: October 1, 2019 |

Quarterly Payments Disclaimer: Courtesy invoices will be sent on the first of every quarter as a reminder of dues owed. Dues not received within thirty days of the above installment date will incur a late fee of \$25 that will reoccur each additional month late. Dues unpaid after 60 days will be grounds for membership termination. Membership reactivation requires all dues and late fees to be paid in full.

EVENTS Disclaimer: Event sites require that HCLA enter a contractual agreement detailing meeting room size and catering numbers in advance of the actual event. Due to this financial responsibility, HCLA must implement the following event registration guidelines:

- **Attendance policy:** All cancellations must be received in writing at least three days prior to the event date in order to receive a credit/refund, less a \$25 administrative fee. Any cancellation after this date will be subject to approval by the Office Manager (liz@hclanet.org).
- **Emergency:** In the advent of an emergency or surveyor visit, an email **must** be sent to the above 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.

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): _____

Check which applies: Branch Provider

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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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Agency/Company Name: _____

Legal Owner/Parent Entity: _____

Person To Receive Mail: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Website Address (URL): _____



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