

News from the American Association for Homecare

Supporting Quality Healthcare Services at Home

## President's Corner



**Kay Cox**  
President and CEO

At the AAHomecare leadership meeting in February of 2004, one of the speakers focused on the importance of communication, trust, teamwork and integrity. Our homecare community should be proud of how we have embraced each of these qualities in our efforts to improve access to homecare for the millions of Americans who depend on it.

On a wide array of issues, AAHomecare and our members have worked well as a team to communicate at length and in detail with Congress, the White House, Governors, regulators, the media, and our advocacy partners about critical homecare issues. These communications have helped to build trust and integrity for homecare.

I was honored to have a speaking role at the National Governors Association's (NGA) Winter Meeting in February of 2004, which focused on homecare. I presented a strong case that homecare is the solution to America's healthcare crisis, providing patient-preferred, high-quality, cost-effective care. The fact that AAHomecare had a significant role at the Governors' meeting was noted and profiled as an important innovation by *Association Trends*, a publication that covers the association world.

In April, AAHomecare had the opportunity to testify about combating wheelchair fraud and abuse in Medicare before the Senate Finance Committee, chaired by Senator Charles Grassley (R-IA). I made our position clear in no uncertain terms: "AAHomecare and its members join this Committee in refusing to tolerate the theft of taxpayers' hard-earned dollars set aside for the care of Medicare beneficiaries. There should be zero tolerance for

*Continued on page 2*

## AAHomecare Progress in 2004: Achieving Results, Effecting Change

As a national organization, AAHomecare and its members have worked together closely to achieve great progress in 2004 in critical areas that affect homecare patients and providers. Our overriding goal is to ensure patient access to a wide variety of high-quality healthcare services at home and speak with a single voice in Washington to advance that goal.

### Winning a Higher Dispensing Fee for Inhalation Therapies

After AAHomecare carefully built a case for a dramatically higher dispensing fee for home inhalation drug therapy, the Centers for Medicare and Medicaid Services (CMS) announced in November a \$57 monthly dispensing fee for inhalation therapies for 2005. CMS said it used data presented by AAHomecare to justify the higher fee. AAHomecare had determined that a substantially higher fee would be required under the new average sales price (ASP) formula and worked closely with CMS and Members of Congress on the



AAHomecare chair Tim Pontius, Senator Michael Crapo (R-ID), and Kay Cox listen to an AAHomecare member at a Washington breakfast meeting.

issue.

Kay Cox, President and CEO of AAHomecare stated, "Patients, providers, and the entire homecare community will breathe easier with this important dispensing fee.

AAHomecare and its

members have worked with both the Government Accountability Office and CMS to make a case for this dispensing fee, and we are grateful for their willingness to review the issue."

Reimbursement for inhalation therapy will continue to be a concern, and AAHomecare will continue to make sure reimbursements are adequate and fair.

### Strengthening Home Health

AAHomecare has worked with the Medicare Payment Advisory Commission, Congress, and CMS on a host of concerns about home health issues, including needed refinements to home health PPS. Specifically, we addressed the market basket update, outlier loss threshold, low utilization payment adjustments, costs of telehealth, Significant Change in

*Continued on page 2*

## FEATURED IN THIS ISSUE

### 3 & 7

#### Member Perspectives.

Joel Mills provides an inside look and a new member provides first impressions.

### 4-5

#### Committees Tackle Full Agendas.

From home health to state leaders, AAHomecare councils work to strengthen homecare.

## President's Corner

Continued from page 1

Medicare fraud and abuse involving power wheelchairs.”

Our June Washington Legislative Conference produced hundreds of meetings with Members of Congress and their staffs where AAHomecare members and staff communicated our key legislative priorities. At the general sessions, we heard from homecare champions including Senators Mike Crapo (R-ID) and Blanche Lincoln (D-AR), co-chairs of the Congressional COPD Caucus. In many ways, Chronic Obstructive Pulmonary Disease (COPD) represents the face of homecare. COPD is a growing health care crisis that affects more than 14 million Americans who often require oxygen, home health services, power mobility and other homecare services.

During the summer and the fall, we worked as a team with state associations and other members to build broad, bipartisan Congressional support for the Hobson-Ford bill to repeal the reimburse-

ment cuts required by the Medicare Modernization Act, and on the Medicare Rural Home Health Services Improvement Act introduced by Rep. Greg Walden (R-OR) and by Sen. Susan Collins (R-ME) that would extend the rural add-on payment for home health.

Among the regulatory agencies in Washington, we enhanced our industry's reputation for trust and integrity by gathering solid, objective data on the costs of providing inhalation therapies and oxygen to Medicare beneficiaries. The inhalation therapy data was instrumental in securing a dramatic increase in the dispensing fee for inhalation therapy.

We also succeeded in getting a representative from AAHomecare selected to serve on the important, new Centers for Medicare and Medicare Services (CMS) committee that will provide guidance on competitive bidding, the Program Advisory and Oversight Committee (PAOC) for Quality Standards and Competitive Acquisition. We also worked with members of the Medicare Payment Advisory Commission (MedPAC) on a

variety of homecare issues.

Our working together to promote communication, trust, teamwork, and integrity on behalf of the homecare community continues to produce positive results, including changes in reimbursement rates and praise from legislators. Senator Grassley (R-IA), Chair of the Senate Finance Committee, stated in *Homecare* magazine, “I hear from a lot of individuals and organizations on various homecare issues, but the American Association for Homecare does a very good job of representing all of the many providers who serve home healthcare patients.”

In the current fiscal environment, the homecare community faces many uphill challenges. But when the homecare community works as a team, communicating its integrity and building on trust, we should all feel extremely optimistic. In 2005, we will continue to build a firm foundation, focusing on the patient, and appreciative of our unique and privileged perspective on the daily miracles of homecare in America. ▲

## Achieving Results, Effecting Change

Continued from page 1

Conditions calculations extending the rural add-on payment, and opposition to a home health co-pay. During the year, we strengthened ties with other national and state home health organizations and with Members of Congress to continue an aggressive agenda for home health.

### Fighting Cuts to DME Reimbursement

One of AAHomecare's top goals is to repeal or mitigate the Medicare reimbursement cuts for certain durable medical equipment (DME) items (oxygen, nebulizers, hospital beds, air mattresses, wheelchairs, lancets, and glucose test strips) required by the Medicare Modernization Act (MMA). Immediately after MMA was passed last December, AAHomecare and its members began to work with the Office of Inspector General (OIG) on the oxygen reimbursement issue. We have worked long and hard all year to educate Congress, OIG, and Centers for Medicare and Medicaid Services (CMS) about the negative effects of these DME cuts on homecare providers and patients.

During AAHomecare's Washington Legislative Conference in June, Reps. David Hobson (R-OH) and Harold Ford, Jr. (D-TN) introduced HR 4491, which would repeal the reduction in Medicare

payment for these durable medical equipment items. Since then, through grassroots efforts by AAHomecare members and state associations as well as inside-the-Beltway lobbying activity, 115 cosponsors signed on to the bill. The broad, bipartisan support for this issue gives the homecare community credibility and momentum in Washington. Congress, the White House, and the regulatory agencies know that the homecare community will stand up and be counted on issues that matter to our providers and to the Medicare patients they serve. The issue will continue in 2005 as we pursue a legislative remedy to the DME cuts.

### Rehab Coverage and Coding Issues

Working with our Rehab and Assistive Technology Council, AAHomecare communicated concerns to CMS about the implementation of the new seating codes. In April, Kay Cox testified before the Senate Finance Committee, reiterating AAHomecare's zero tolerance for fraud and abuse and supporting improved coding and patient access to power wheelchairs.

### Building Alliances

A key ingredient of successful advocacy is building and leveraging alliances of like-

minded organizations. AAHomecare works with several including the National Association for Medical Direction of Respiratory Care (NAMDRC), the American Thoracic Society, the National Home Oxygen Patients Association, the American Lung Association, and the American Association of Chest Physicians. We have worked with the Restore Access to Mobility Partnership (RAMP) coalition and others to ensure that patients, including those with limited ambulation, continue to have access to mobility. We also participate in the Congressional COPD Caucus, which draws attention to the need to address Chronic Obstructive Pulmonary Disease at the federal level.

### Competitive Bidding

In the months and years ahead, the homecare community faces continuing efforts to impose competitive bidding on the industry. AAHomecare opposes these efforts. During 2004, AAHomecare made sure that a representative from the homecare community was included in the CMS committee charged with reviewing competitive bidding for DME items — the Program Advisory and Oversight Committee (PAOC) for Quality Standards and Competitive Acquisition. ▲

## Welcome, New AAHomecare Members

Ability Center, San Diego, CA  
 Advanced Respiratory Care, San Leandro, CA  
 Advanced Home Care, Madison Heights, MI  
 AirSense, Inc., Houston, TX  
 Allina Home Oxygen & Medical Equip.,  
 New Brighton, MN  
 Allsup, Inc. Belleville, IL  
 Americoast, LLC, Amherst, NY  
 American Preferred Home Medical, LLC,  
 Tyler, TX  
 Astrazeneca, Wilmington, DE  
 Banc of America Securities, Washington, DC  
 Baptist Home Medical Equipment,  
 Memphis, TN  
 bConnected Software, Inc., Louisville, CO  
 Burke Medical, Chicopee, MA  
 Care Plus Oxygen, Inc., Lemoyne, PA  
 Carolina-Med-Plus, Concord, NC  
 Columbus Prescription Pharmacies,  
 Worthington, OH  
 Delphi Medical Systems, Bloomington, MN  
 Delta Med, Inc., Birmingham, AL  
 DME's of America, Miami, FL  
 Eastern Valley Home Health Equipment, Inc.,  
 Bessemer, AL  
 Electric Mobility Corporation, Sewell, NJ  
 ESMS Home Medical, Pittsburgh, PA  
 Fidelity Home Medical, Houston, TX  
 Florala Pharmacy, Inc., Florala, FL  
 Geneva Woods Alaska, Anchorage, AK

Girling Health Care, Inc., Austin, TX  
 Home Medical Care Co., Safat, Kuwait  
 HomeReach Inc., Lewis Center, OH  
 Hampton Homecare, Hauppauge, NY  
 Idamed Medical Equipment, Garden  
 Grove, CA  
 Lincoln Medical Supply Co, LLC,  
 Pleasantville, NJ  
 Lone Star Scooters, Fort Worth, TX  
 Louis & Clark Homecare Medical,  
 Wilbraham, MA  
 MAMES, Flowood, MS  
 Medical Solutions Supplier, Glen Mills, PA  
 Med Link America, Inc, Covington, LA  
 Medi-Source Equipment & Supply, Inc.,  
 Yucca Valley, CA  
 Memorial Hermann Home Health,  
 Houston, TX  
 Mercury Medical, Clearwater, FL  
 Meridian Commercial Healthcare Finance,  
 San Diego, CA  
 Mystic Medical Equipment, Inc.,  
 Farmington Hills, MI  
 National Health Care Services, LLC,  
 Lubbock, TX  
 Ohio Council for Homecare, Columbus, OH  
 Orange Belt Pharmacy, DeLand, FL  
 Paradapt Equipment Services, Hampton, PA  
 Parkway Pharmacy & Medical Supply,  
 Roseburg, OR

Partners Med B, Jersey City, NJ  
 Phoenix Home Health Care, Inc.,  
 Warren, MI  
 Polymap Wireless, Tuscon, AZ  
 Premier Home Care, Inc, Louisville, KY  
 Prescription Plus, Inc, Wellington, FL  
 Rehab Dimensions of WV, St. Marys, WV  
 Respiratory At Home, Manchester, TN  
 Respiratory Care Associates, Winchester, VA  
 Richie's Pharmacy, Montgomery, AL  
 SEMA, Bayamon, PR  
 SSI Group, Inc, Clearwater, FL  
 Starside Drugs & Surgicals, Flushing, NY  
 Stat Medical Supplies, Kingman, AZ  
 Tennessee Home Medical, Inc., Nashville, TN  
 The Wheelchair Shop, Inc., Houston, TX  
 United Healthcare Products, LLC,  
 Minnetonka, MN  
 Upstate HomeCare, Clinton, NY  
 Valley Inspired Products, Inc.,  
 Apple Valley, MN  
 Williams Brothers Healthcare & Pharmacy,  
 Washington, IN  
 Willow Financial Services, LLC, Towson, MD  
 WrightWay Consulting, Inc., St.  
 Petersburg, FL



### New Member Profile: Girling Health Care

In a previous life, Cecilia Abbott was a school principal. But when she joined Girling Health Care in Austin, TX her principle job became schooling the community about the importance of homecare.

Last year, Girling rejoined the American Association for Homecare, and Abbott hopes to use the membership as a support system to help keep her informed and connected with peers in the industry.

She attended AAHomecare's Washington Legislative Conference in June and met with Members of Congress as part of the homecare delegation from Texas. She said it was very helpful to connect with her Washington Representatives and Senators.

She also appreciated the opportunity to bond with other homecare professionals from Texas during their Capitol Hill visits and get to know peers from across the United States at the Washington conference. Being new to the industry and its daunting roster of acronyms, she said the conference was a little overwhelming. But, she said, "it was very very helpful and a learning opportunity for me. Kay [Cox] made me feel comfortable."

Back in Austin, Abbott is getting the homecare message out to the community. "There should be patient choice about healthcare. We can save taxpayer money if care is provided in the home."

*Girling Health Care operates in six states including Texas, Florida, and New York providing home health, hospice, and community care. Visit Girling on the web at:*

[www.girling.com](http://www.girling.com) 

### Financial Performance Survey Available

The 2004 *Financial Performance Survey Report* is a unique, annual survey of financial and management practices of homecare companies, based on data from the previous year's operations.

The 15th annual *Survey Report* released by AAHomecare includes special topics covering responses to oxygen reimbursement rates and Medicare competitive bidding requirements in addition to information about revenue growth, accreditation, ownership, industry profits, accounts receivable management, billing productivity, inventory and purchasing management, HR, and the home infusion therapy segment.

The study can be purchased by visiting the AAHomecare website, [www.aahomecare.org](http://www.aahomecare.org), or by calling Nick Burton at (703) 535-1886. The cost is \$250 for AAHomecare members, \$500 for non-members.

# AAHomecare Committees and

## Competitive Bidding Program Advisory and Oversight Committee (PAOC)

Following the first meeting of the Program Advisory and Oversight Committee (PAOC) for Quality Standards and Competitive Acquisition of Certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies in October, AAHomecare submitted comments to CMS emphasizing the importance of implementing supplier standards and accreditation before competitive bidding is implemented. AAHomecare will continue to participate on the PAOC and to submit comments on the issues discussed during the meetings. Asela Cuervo serves as AAHomecare's representative on PAOC. For more information about the meeting, visit the CMS website at: [www.cms.hhs.gov](http://www.cms.hhs.gov).

## Home Health Advisory Committee

AAHomecare's Home Health Advisory Council has set an ambitious agenda for 2005. Among top priorities is identifying and working with key Congressional home health champions and Medicare Payment Advisory Commission (MedPAC) commissioners. AAHomecare staff and consultants will work with key policymakers to preserve the integrity of the home health benefit, extend the rural add-on payment, oppose co-payments, and achieve Prospective Payment System refinements, including recognition of telehealth. AAHomecare will continue to engage with the National Quality Forum and CMS as the new consensus home health standards work their way through the process. AAHomecare will develop data and advocacy documents that demonstrate the value of homecare to the nation's healthcare delivery systems, including its clinical effectiveness, cost effectiveness, and consumer preference.

Among the Home Health Advisory Council initiatives are:

- A pay-for-performance task force to consider options and develop a positive model to offer to Congress, CMS, MedPAC, and the Institute of Medicine.
- A work group to address home health telehealth issues.
- Development of a Bill of Rights for providers dealing with managed care plans — for example, Medicare Advantage. The Bill of Rights will address prompt payment and other issues identified by members.

- Re-establishment of the Homecare Coalition, a broad-based group of organizations dedicated to deliver the message of the value of homecare to Congress, the media, and consumers.

## Home Medical Equipment / Respiratory Therapy Council Update

The Home Medical Equipment / Respiratory Therapy (HME/RT) Council is committed to demonstrating the value of homecare. Earlier this year, the council released its white paper on Chronic Obstructive Pulmonary Disease (COPD) and has been using this piece on Capitol Hill to emphasize the cost effectiveness of homecare as compared to other settings.

In 2005, the council is planning to develop a research paper on service definition. Other items that the Council will be working on with the regulatory committee includes submitting comments on competitive bidding to the CMS Program Advisory and Oversight Committee (PAOC).

"There currently is a wide array of issues that will affect reimbursement for home medical equipment providers. The council is committed to advocating adequate reimbursement for the equipment and related services that HME providers offer," said Jeff Wills, Chair of the HME/RT Council and CFO of Canadian Valley Medical Solutions.

## Legislative Policy Committee

The Legislative Policy Committee saw several bills introduced in Congress to advance key AAHomecare goals. The Hobson-Ford bill to repeal cuts in certain home medical equipment items (H.R. 4491) garnered broad, bipartisan support — 115 cosponsors. The Medicare Rural Home Health Services Improvement Act introduced by Rep. Greg Walden (H.R. 4902) and by Sen. Susan Collins (S. 2659), would extend the rural add-on payment for an additional two years. While neither bill was passed by Congress, the substantial number of cosponsors added to their momentum for reintroduction of the bills in the 109<sup>th</sup> Congress in 2005.

The Legislative Committee followed numerous issues including the average-sales-price /inhalation therapy issue, competitive bidding, the market-basket increase, opposition to home health co-payments, concern about a consumer-directed care bill that provides for use of family caregivers (H.R.

4095), and guidance to MedPAC on pay for performance in home health.

Grassroots efforts in 2004 focused primarily on cultivating support for repeal of DME cuts through cosponsoring H.R. 4491.

Frequent communication with the state association leaders for both home health and DME stressed the importance of grassroots pressure on legislative issues and putting a human face on issues in home districts.

Grassroots efforts in 2005 will continue to focus on keeping the message simple and patient-oriented and targeted toward key Congressional districts.

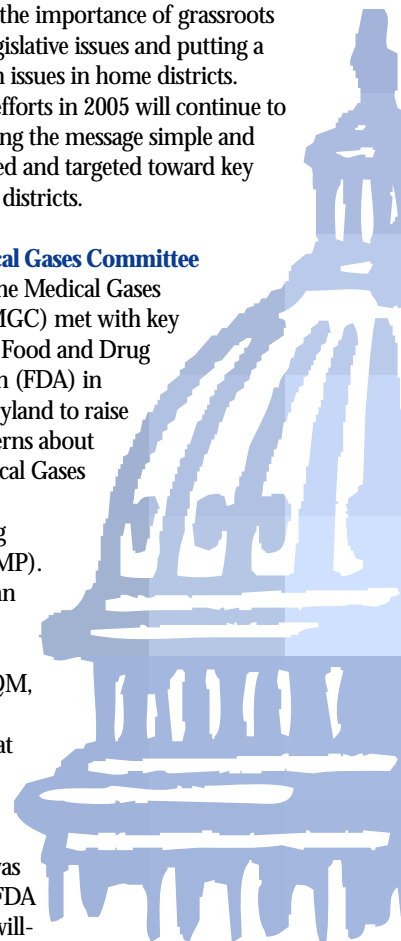
## Medical Gases Committee

In August, the Medical Gases Committee (MGC) met with key officials of the Food and Drug Administration (FDA) in Rockville, Maryland to raise industry concerns about the draft Medical Gases Current Good Manufacturing Practices (CGMP). Chair Ruth Ann Ellison, who is Corporate Director of TQM, Licensing and Accreditation at Apria, said, "The committee feels that this meeting was very positive. FDA officials were willing to give the industry an opportunity to raise concerns regarding the draft CGMP, and FDA appeared to be receptive to our input."

Earlier this year the Medical Gases Committee achieved a victory by securing an exemption from the "Bar Code Labeling Requirements for Human Drug Products and Biological Products." The Committee had submitted comments on this proposed rule in October of 2003.

"One of the goals of this committee is to raise awareness of the unique nature of medical gases as compared to other drug products," said Ellison.

To see the Committee's comments on both the draft CGMP document and the bar code labeling requirement, please go to



## d Councils Tackle Full Agendas

<http://www.aahomecare.org/medical-gases.htm>.

### Regulatory Affairs Committee

The Regulatory Affairs Committee has worked at the center of several critical issues affecting patient access to homecare services, such as obtaining a dramatic increase in the dispensing fee for inhalation therapies and work on the FEHBP oxygen reimbursement issue.

Members of the Regulatory Affairs Committee and others who are part of the National Supplier Clearinghouse Advisory Committee met with the National Supplier Clearinghouse and CMS recently to obtain guidance on the supplier standards.

Regulatory Committee members have also communicated with the GAO in its review of the effectiveness of the current supplier standards in preventing fraud.

AAHomecare's Regulatory Committee also recently submitted comments to CMS on proposed changes to the certificates of medical necessity, including the elimination of CMNs for hospital beds and support surfaces.

### Rehab and Assistive Technology Council

In early September, the Rehab and Assistive Technology Council (RATC) launched a new website, [www.ratc-aahomecare.org](http://www.ratc-aahomecare.org). This newly designed website will provide an interactive platform to convey important updates on issues affecting rehab and assistive technology providers and manufacturers. In addition to being a great resource for the public, the new website will provide a working platform for the council to post and discuss internal projects. The website also offers a list-serve for anyone who would like to stay informed of rehab and assistive technology issues.

Matthew Burke, chair of the RATC, said, "I am really happy that the RATC launched

its new website. That was a big project for us that I hope shows to the industry not only that we have a new face, but that we continue to be on the leading edge of issues that affect the rehab and AT industry."

Recently, the RATC submitted comments to the Centers for Medicare and Medicaid Services (CMS) and the four durable medical equipment regional carriers (DMERCs) requesting an extension on the grace period for the implementation of the new wheelchair seating codes. Also, the council began work on a white paper that will document the value and need for services that rehab providers offer to beneficiaries. The council will also focus on coding issues that affect reimbursement, attending and providing comments on the PAOC meetings, and other regulatory issues that might arise.

### Respiratory Access Alliance

The American Association for Homecare, as a member of the Respiratory Access Alliance (RAA), continues to promote patient access to respiratory medications and oxygen equipment through adequate reimbursement for providers.

"The RAA's focal interest is to ensure patient access not only to home medical equipment but also to those services associated with providing the equipment and supplies," said Tom Ryan, Chair of the Respiratory Access Alliance and President and CEO of Homecare Concepts.

"Reimbursement for inhalation drugs must take into consideration the operational costs associated with providing these drugs, including those services that providers offer to beneficiaries."

The National Association for Medical Direction of Respiratory Care (NAMDRC), a member of the RAA, wrote a letter to U.S. Department of Health and Human Services Secretary Tommy Thompson regarding how the Medicare Modernization Act (MMA) might inadvertently reduce access to inhalation drugs. In the letter, NAMDRC urged Thompson to consider the use of a patient management or service fee to cover the cost of providing inhalation drugs and urged a delay in implementation until a thorough examination of the impact of the proposed cuts could be performed. AAHomecare, NAMDRC and the American Thoracic Society all submitted comments on the Physician Fee Schedule Update.

AAHomecare and RAA were pleased therefore that CMS used AAHomecare data to dramatically increase the dispensing fee for inhalation therapy to \$57 per monthly supply, which was announced in November 2004.

### State Leaders Council

Leaders from both DME and home health state associations around the country have shared ideas with AAHomecare about networking and leveraging resources in ways that will benefit the homecare community. The state associations have been instrumental in securing support for key Congressional objectives such as H.R. 4491, the Hobson-Ford bill. The State Leaders Council decided to separate future conference calls into either DME or home health discussions, in the interest of best use of time for participants. AAHomecare will serve as a clearinghouse for information about innovative programs and speakers among the state associations. The Council also has discussed sharing key Medicaid developments in their states with AAHomecare staff so AAHomecare can communicate concerns to CMS. The group has agreed that stronger links between the state organizations and AAHomecare would increase the power of homecare's voice in Washington.

At Medtrade in October, AAHomecare proposed a joint 2005 membership rewards campaign in which AAHomecare would pay state associations for each new member (defined as a company that was not a member of AAHomecare the previous calendar year). ▲



*U.S. Senator Blanche Lincoln (D-AR), left, meets AAHomecare member David Miller of The MED Group.*



*During the Washington Legislative Conference in June, Bob Cucuel of American Home Supply, U.S. Senator Rick Santorum (R-PA), Kay Cox, and James Liken of Respiroics meet to discuss homecare legislation.*



*Officials from AAHomecare and VNU cut the ribbon for Medtrade 2004 with Juliette Rizzo, Ms. Wheelchair America 2005.*



*At the AAHomecare reception, Dale Tyerman of Tyco Healthcare, Kay Cox, U.S. Rep. Mike Ross (D-AR), and Tim Pontius of Young Medical Services pause for a photo. Rep. Ross and his wife own a home medical business in Arkansas.*



John Botti (President & CEO, AuthentiDate), Sue Mairena (Chief Operating Officer of AAHomecare), and Frank Bergen (President & CEO, bConnected Software) officials from the American Association for Homecare and AuthentiDate Holding Corp., participated in opening the NASDAQ Market on July 7, 2004. Trac Medical Solutions (TracMed), a subsidiary of AuthentiDate Holding Corp. (NASDAQ: ADAT), has partnered with AAHomecare to provide a unified platform for the processing of Electronic Certificates of Medical Necessity (e-CMNs) and other electronic health-care forms.

## Electronic CMNs

### Are Here!



CareCert, the HIPAA-compliant web-based solution for processing electronic certificates of medical necessity (CMNs) and other healthcare forms, is available to AAHomecare members through a special Association Rate Plan. CareCert is an easy-to-use, paperless solution with an audit trail because of its integration of U.S. Postal Service Electronic Postmark.

The system offers secure, web-based forms processing, accurate physician credentialing, reduced supplier collection time, and savings in time and money for providers and physicians. To learn more about TracMedical's CareCert, visit [www.tracmed.com](http://www.tracmed.com). Or call 800-367-5906 and press 5 to reach a TracMed representative.

## AAHomecare Membership Is an Investment in Your Business

By Joel Mills

Having completed a year as American Association for Homecare Board Chair, it is a good opportunity to share a view from the inside of the association. This is important because so often I hear opinions from members and non-members who have suggestions about how the association should operate and the strategies it should adopt.

While those opinions are appreciated by every member of the staff and the Board, I can tell you that they would be more productive if they were made while working from within the governance and committee structure than they are if made through the media or to some group who cannot change what is happening within AAHomecare. The point is that if members want to influence the association and its direction, they should get involved and make a commitment of both time and money.

Besides that overriding message of involvement, I want the members to know that the AAHomecare staff, led by Kay Cox, is working very hard for the homecare industry. During the MMA debate and beyond, the staff has worked unbelievable hours on members' behalf. The American Association for Homecare's status on Capitol Hill, and with CMS, has reached its highest level ever. That was the goal when we hired Kay Cox, a Capitol Hill insider, to put together a team of external lobbyists and internal staff members to focus on government relations and the protection/expansion of reimbursement so that the homecare industry can thrive.

Another observation that I would like to make is that the American Association for Homecare's role is not the same as a state association or a buying group. The American Association for Homecare, similar to state associations and buying groups, does provide networking opportunities for its members at Medtrade and the Washington Legislative Conference. It also provides excellent education through teleconferences and seminars. However, AAHomecare's main role is to protect and expand our reimbursement funding with Congress, CMS, and the other governmental agencies.

When a company joins AAHomecare, it is because that company's leader believes that the association is representing the

industry's common good in Washington. Members who expect more than that need to understand that the American Association for Homecare has a budget of only \$3 million and more than 60% of that is devoted to government relations. In order to reach its legislative and regulatory objectives, the association must maintain a laser focus on the government relations initiatives that sometimes make AAHomecare feel less member friendly than a state association or buying group.

While I am touching on the American Association for Homecare's budget, I am proud that the association's budget operated in the black in 2003 (the first time in our three-year existence) and that membership revenue has continued to grow during the past year. The Executive Committee is constantly looking to increase revenue by partnering with companies like VNU/Medtrade and TracMedical (for e-CMNs) to enhance the non-membership revenue.

Do we have enough members? Not by a long shot. Over 10,000 homecare companies are not members of the American Association for Homecare for a variety of reasons. While every company has to make its own decision, I cannot understand how companies could not make this important investment in the association that is representing us with our largest payer – Medicare. Buying groups and state associations have thousands of members, but none of them are devoting the resources to government relations that the American Association for Homecare does. Some of them have one or two people in a government relations area, while the American Association for Homecare invests approximately \$2 million dollars towards this function.

A membership in the American Association for Homecare today is an investment in your business.

Some companies ask why they should invest in the association because they perceive that all the decisions are made by the national companies or that the American Association for Homecare is only focused on DME or home health issues. From the inside, I can tell you that perception could not be further from the truth. Because of the association's council system of governance and because we try to balance Board membership across all aspects of

homecare, all of the American Association for Homecare's decisions are made with input from multiple parties. National companies realize they need the grassroots assistance of all homecare providers. And frankly, smaller providers need the financial resources of national companies and manufacturers to fight the battle on Capitol Hill. In short, we need everyone to implement the American Association for Homecare strategies.

Another thing I have learned during my time on the Executive Committee of AAHomecare is that, in order to accomplish anything on Capitol Hill, it takes *money*. In order to cultivate congressional champions, the American Association for Homecare makes donations through its PAC to political campaigns and AAHomecare members often write personal checks directly to political campaigns and attend political fundraisers for these champions. Many of the personal checks written to our champions' campaigns may be for more than the \$995 membership fee that is charged to the association's smallest members for dues. Therefore, it takes small, medium, and large members from all aspects of home care in order to make the American Association for Homecare effective in Washington. We need to build our clout, and this can only be done with a combined association (home health, DME and rehab) that attracts members from all sizes of companies.

Lastly, I want to thank the members of the American Association for Homecare. You are the people who get it! There are more than 10,000 providers and manufacturers who are sitting on the sidelines, who do not get it. (Soon they may have to seek a new profession because of impending reimbursement cuts that we are fighting.) I look forward to continuing to fight for all of us with both my financial investment and my time.

*Joel C. Mills is President and CEO of Advanced Home Care and Immediate Past Chair of the American Association for Homecare. A version of this article was also published in HME News in October 2004.*

## To Strengthen Homecare, Make Your Voice Heard in Washington, June 7-10



### Don't Miss the AAHomecare Washington Leadership Conference, June 7-10, 2005

*J.W. Marriott, Washington, D.C.*

*"Speaking with One Voice, Achieving Results, and Effecting Change"*

The 2005 AAHomecare Washington Leadership Conference is an unparalleled opportunity for a full-immersion advocacy experience in the Nation's Capital.

Speak with and hear from **Members of the U.S. Senate and House of Representatives**, their health LAs, and top lobbyists as they address the **critical homecare issues in the 109<sup>th</sup> Congress**. This is the single "can't miss" meeting for the homecare community to voice our concern so the White House, regulators, and Congress all **hear us loud and clear**.

This is also your chance **to network with your peers** and lend **your leadership skills** to the most powerful homecare organization in the nation, the American Association for Homecare.

For the 2005 conference, AAHomecare is combining its leadership and legislative conferences into a single Washington Legislative Conference, June 7-10 at the J.W. Marriott, centrally located on Pennsylvania Avenue between the White House and Capitol Hill. **Get connected** to the issues and the policymakers in Washington that directly affect your business.

Don't miss this important event. For more information, contact Kim Kianka Roberti or Terri Judd at 703-836-6263 or visit [www.aahomecare.org](http://www.aahomecare.org) for details.

## AAHomecare Calendar of Events

DATE	EVENT	LOCATION
February 26	Delivery Tech Certification™ Program	San Jose, CA
March 19	Delivery Tech Certification™ Program <i>Sponsored by Tennessee Association for Home Care</i>	Nashville, TN
April 5	Continuum of Care Conference at Medtrade	Las Vegas Convention Center Las Vegas, NV
April 5-7	Medtrade Spring 2005	Las Vegas Convention Center Las Vegas, NV
May 11	Delivery Tech Certification™ Program <i>Sponsored by Arizona Medical Equipment Suppliers Association</i>	Tempe/Phoenix, AZ
June 7-10	AAHomecare Washington Leadership Conference <i>"Speaking with One Voice, Achieving Results, Effecting Change"</i>	J.W. Marriott Washington, D.C.
June 18	Delivery Tech Certification™ Program <i>Sponsored by Pennsylvania Association of Medical Suppliers</i>	Pittsburgh, PA
November 12	Delivery Tech Certification™ Program <i>Sponsored by Pennsylvania Association of Medical Suppliers</i>	King of Prussia, PA

For more information, contact Kim Kianka Roberti or Terri Judd at 703-836-6263 or visit [www.aahomecare.org](http://www.aahomecare.org) for details.