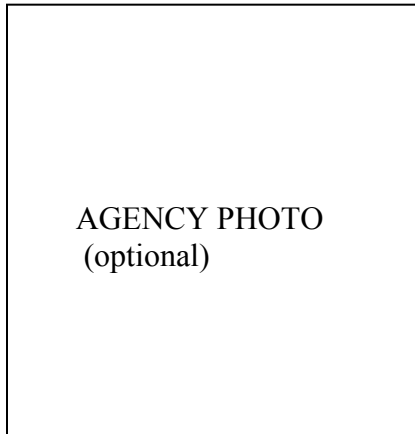


ATTACHMENT B – Agency Financial Profile

TEMPLATE: HOME HEALTH “POSTER PROVIDER”



NAME: Homeward Home Health

LOCATION: Lincoln, NE

SERVICES: skilled nursing, home health aide, PT, OT, social work, personal care, Meals on Wheels

SERVICE AREA:

TOTAL PATIENTS SERVED:

MEDICARE PATIENTS SERVED:

MEDICARE MARGINS: 2002 _____ 2003 (projected) _____

OVERALL MARGIN: 2002 _____ 2003 (projected) _____

EFFECT OF “15%” CUT AND LOSS OF RURAL ADD-ON:

Restricted service area(s)

Closed branch(es)

Postponed new technologies

Lost staff

NEW COSTS:

Workforce/new staff/staff increases

HIPAA compliance

IS/IT

Liability insurance