



HOME CARE, HOSPICE & PALLIATIVE CARE ALLIANCE OF NEW HAMPSHIRE

Provider Membership Policies - 2019

I. MEMBERSHIP YEAR

The Home Care, Hospice & Palliative Care Alliance of New Hampshire (hereafter referred to as the "Alliance") membership year is twelve (12) months, corresponding to the calendar year. The minimum Provider Membership commitment is for the full twelve (12)-month membership year, except for new Provider Members that may join during the first membership year on a pro-rated basis. New Provider Members shall have an initial membership period corresponding to the number of months from the first of the month in which their membership becomes effective to the end of that membership year. New and renewing Provider Members are expected to honor the minimum membership commitment and will be invoiced for all dues owed for the balance of any membership year during which the provider was a member.

II. ELIGIBILITY

All Provider Members must meet the criteria for this class of membership, as defined in the Alliance By-laws. The Alliance Board of Directors (hereafter referred to as "Board") will determine initial and continued eligibility for Provider Membership, based on the submission of all requested documentation by the new or renewing Provider Member.

Agency members must be licensed in the State of New Hampshire as a:

- home health care provider;
- home care service provider;
- home health hospice provider: or
- hospice house.

Palliative Care Provider members shall be:

- Distinct palliative care programs of NH-licensed health care facilities, such as hospitals or nursing homes
- Physician or ARNP practices that specialize in palliative care

If an entity has multiple agency licenses (e.g., home health care and home hospice care) in New Hampshire, all licensees must join and shall be considered one member.

- a. If an agency is affiliated with a health system and the health system has an institutional-based palliative care program, the institutional program will be considered a Palliative Care Provider Member.
- b. Franchises. If an agency is a franchise of a corporate entity, the NH-based franchise is eligible as an agency member. If an individual or entity owns multiple franchises in New Hampshire, all owned franchise locations will be considered only one member. If there are multiple New Hampshire franchises owned by different individuals or entities, those franchises will be considered separate members.
- c. If two or more existing members merge in the middle of a membership year, the surviving entity shall pay the dues obligations for both entities for the remainder of the quarter during which the merger is effective, so long as the members give the Association 90 days notice of merger. The dues for the remainder of the year and for the subsequent membership year shall be based on the combined total of the most recently completed fiscal year's home care revenues for the two agencies. If a member and a non-member merge, the new entity's dues will be based on the current operating budget of the new organization. In both instances, the surviving entity is responsible for all outstanding fees (such as conference registrations, subscriptions) of the acquired or merged entities.
- d. If an agency closes during the middle of a membership year, the full dues obligation for

that year shall remain. Dues will be payable by the agency for the remainder of the year.

- e. If an agency closes during a membership year and transfers its patients to one or more member agencies, the subsequent year dues for the remaining member agency(s) shall be based on a combination of the remaining member agency's prior year total revenue and the expected total revenue from the patients acquired from the closed agency.

An agency will be eligible for new Provider Membership status at any time during the membership year, provided it meets all applicable eligibility criteria, and was not a Provider Member at any time during the prior membership year.

Any other provisions of these policies notwithstanding, to be eligible for Provider Membership as a new or renewing member, a provider must owe no outstanding balances of dues, fees or other assessments to the Alliance. A provider that withdraws from membership during a membership year or fails to pay the full dues owed for a membership year may rejoin the association in a subsequent membership year but will be subject to the following requirement: payment of a full year's (12 months) dues must be paid in advance, plus a rejoining fee equivalent to 10% of the annual dues amount. The Board may, at its discretion, make an exception for a provider that has applied for consideration under the Hardship provisions of these policies, and is making regular, timely payments as mutually agreed by the Alliance and that provider.

III. DUES

A. Agency Dues Calculation

With the exception of membership dues for home infusion organizations, dues for Agency Members are based on gross New Hampshire revenues from all licensed services as set forth in Appendix A.

The dues for Agency Members that provide services in more than one state will be based on those revenues derived from services delivered in New Hampshire only.

For purposes of determining Agency dues, revenues are defined as follows:

Include:

Patient services revenues (patient, third party, federal or state grant income) for the following services:

- Home health care
- Private duty care
- Hospice care (including Hospice House)
- Homemaker services
- Palliative care
- Adult In-home care
- IV therapy
- Respiratory therapy
- Case management
- In-home nutritionist services
- Maternal & Child Health Home visits

Exclude:

Income from these sources:

- Fundraising revenues
- Donations/bequests
- United Way
- Town/county funding
- Home medical equipment

Revenues from these services:

- MCH clinics
- Outpatient clinics
- Family planning
- Meals-on-Wheels
- Adult day care
- Child day care
- Transportation

B. Palliative Care Provider Members

Dues for institutional-based distinct palliative care programs and Physician/ARNP palliative care practices shall be a set fee, as determined annually by the Board of Directors and detailed in Appendix A.

C. Payment of Dues

1. To remain in good standing, Provider Members must keep their dues payments current. Association dues are due and payable on the first day of each membership year. By mutual agreement, and upon initial payment of at least one quarter's dues, Provider Members in good standing may elect to pay the balance of their dues in semi-annual or quarterly installments, according to a payment schedule established by Alliance. Providers that experience difficulty in keeping their dues payments current may avail themselves of the Hardship Provision (Section III.E.) of these Policies. Dues for new members joining after the beginning of the year

will be prorated and will be due in full upon joining.

2. The Alliance will contact members with dues balances outstanding for more than thirty (30) days by letter or documented telephone call and remind them of the availability of the Hardship Provision, if applicable.
3. A provider with a dues balance outstanding for more than sixty (60) days will be considered delinquent, and no longer in good standing. The Alliance will notify the delinquent member in writing and will restore the provider to "good standing" upon payment of all outstanding dues.
4. A provider that fails to make such payment within thirty (30) days of written notification, and does not request consideration under the Hardship Provision, will automatically be suspended as a Provider Member, pending final action by the Board pursuant to Section V. of these Policies.

D. Review and Adjustment

The DUES FORMULA and LIMITS as shown in Appendix A., are subject to annual review and adjustment by the Board. Provider Members will be notified in writing of changes at least sixty (60) days prior to the start of the membership year for which such changes apply.

E. Hardships

In the event a Provider Member experiences a financial hardship in meeting its dues commitment, that provider should notify the Alliance CEO in writing as to the nature, extent and anticipated duration of the financial hardship. Such notice will be referred to the Alliance Executive Committee for review and recommendation to the Board within thirty (30) days.

IV. CODE OF ETHICS

Alliance Provider Members must subscribe to Alliance's Code of Ethics.

- To provide the highest level of quality of care in the area of home health, hospice and palliative care services.
- To serve all individuals regardless of race, creed, national origin, sex, handicap, sexual preference

or reason of illness.

- To honor all patient rights and to explain all patient responsibilities as defined in state laws.
- To fully cooperate with all other providers and other agencies, putting the patients' needs first in order to assure comprehensive services to patients and their families.
- To abide by all federal, state and local laws and regulations which govern the home health, hospice and palliative care industry.
- To respect the confidential nature of the patient-provider relationship and not to disclose any information without proper authorization, except as required by law.
- To present oral and written public statements which fairly represent programs, services, benefits, costs and agency capability.
- To provide patients with a forum to voice grievances and suggest changes in service or staff without fear of restraint or discrimination.
- To act in good faith; to be honest, truthful and fair to all concerned.

Adopted by the Board of Directors on November 28, 2018.

V. MEMBER DISCIPLINE

A. General

An organization may be suspended or terminated as a Provider Member for non-payment of outstanding dues, violation of the Alliance's established policies or other reasons, by a vote of two-thirds (2/3) of the full Board at a regular or special meeting at which written notice of such proposed action has been given at least ten (10) days in advance. A Provider Member that is suspended or terminated may submit a written request for reconsideration of the decision to the Board within thirty (30) days of the date of notification.

The Board will act on such requests within sixty (60) days of receipt. A vote of two-thirds (2/3) of the full Board at a regular or special meeting at which written notice of the pending vote has been given at least ten (10) days in advance, shall be final and binding.

B. Violation of the Code of Ethics

An organization may be subject to disciplinary action as a Provider Member, including suspension or expulsion from the Alliance, for an apparent breach of conduct as described in the Code of Ethics or any dispute arising out of allegations of misconduct.

Redress will be provided in the form of a hearing before an Ethics Committee composed of at least three (3) disinterested parties. The Committee shall be appointed by the President of the Alliance and approved by the Board to hear specific disputes. The Committee shall be non-continuous, dissolving at the conclusion of each such hearing. Service on the Committee shall be restricted to representatives of Alliance Provider Members in good standing.

By majority vote the Committee may suspend or expel a Provider Member from the Alliance, or impose other disciplinary measures as determined based on findings of fact.

Judgments of the Committee shall be final and binding with respect to the Code of Ethics. The Committee shall be bound by all the common requirements of due process in its deliberation, including, but not limited to providing the accused with: a statement of the charges against him or her; an opportunity to appear on his/her own behalf; proper notice of the time and place for any hearing to be conducted by the Committee; the right to suggest witnesses to be heard by the Committee and the right to representation by counsel with the understanding that counsel may appear to advise his/her client but may not actually testify on behalf of his/her client.

The Committee may require the testimony of individuals under oath administered by a duly qualified notary public. However, if the Committee elects to proceed in this manner, the entire proceeding must be transcribed and retained in the files of the Alliance

An accused faced with disciplinary action may appeal the Committee's ruling to the full Board. The Committee's decision will be sustained unless two-thirds (2/3) of the members of the Board, a quorum being present, vote to overturn the decision.

Any Provider Member suspended or expelled may be reinstated by a majority vote of the Board. Dues, which have been prepaid, shall not be refunded upon termination of membership by the Board. A Provider Member expelled for any cause

may reapply for membership after a waiting period of twelve (12) months.

VI. NON-RENEWAL

Provider Membership is considered to be automatically renewable from one membership year to the next, providing a) the Provider Member is in good standing and b) the Provider Member has not given the Alliance written notice thirty (30) days in advance of its intention not to renew. Non-renewing Provider Members must notify Alliance in writing of their intention not to renew by no later than November 1 of the current membership year.

Provider Members that notify Alliance of their intention not to renew after November 1 shall be assessed dues for thirty (30) days from the date of notice. Provider Members that notify the Alliance of their intention not to renew after January 1 will be assessed dues for thirty (30) days from the date of notice, plus the number of days elapsed between January 1 and date such written notification is received.

VII. EFFECTIVE DATES

The above Dues Policies and Rates remain effective for the membership year starting January 1, 2019.

*Approved by the Board of Directors, Oct. 2, 2008.
Amended dues policy approved by the BOD 12/16/09,
6/24/09, 6/24/16, 10/19/16, 11/28/18.*