



# HOME CARE, HOSPICE & PALLIATIVE CARE ALLIANCE OF NEW HAMPSHIRE

## 2019 Membership Form – *For Palliative Care Providers*

Provider Name \_\_\_\_\_

Physical Address\* \_\_\_\_\_

Town, State Zip \_\_\_\_\_

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

Town, State Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Toll-Free number \_\_\_\_\_

Administrative Fax \_\_\_\_\_

Referral Fax \_\_\_\_\_

Website \_\_\_\_\_

*Number of office locations serving New Hampshire* \_\_\_\_\_

*Attach additional pages for all office locations serving New Hampshire*

## Checklist for Membership Application

- Application signed by the Palliative Care Director
- Completed Dues Computation Form signed by the Palliative Care Director

# 2019 Palliative Care Member Application

## Provider Information

| Type of Provider (check all that apply) |                          |
|---|--------------------------|
| <input type="checkbox"/>                | Institutional Based      |
| <input type="checkbox"/>                | Community Based Practice |
| <input type="checkbox"/>                | Other, explain           |
|   |                          |

| Affiliation (check all that apply)  |                             |
|-------------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> | NHPCO member                |
| <input type="checkbox"/>            | Joint Commission accredited |
| <input type="checkbox"/>            | CAPC member                 |
| <input type="checkbox"/>            | Other                       |

| Affiliation (check all that apply) |                  |
|------------------------------------|------------------|
| <input type="checkbox"/>           | Non-profit       |
| <input type="checkbox"/>           | For Profit       |
| <input type="checkbox"/>           | Name of Owner(s) |
|                                    |                  |

| Classification           |                            |
|--------------------------|----------------------------|
| <input type="checkbox"/> | Corporation                |
| <input type="checkbox"/> | LLC                        |
| <input type="checkbox"/> | Individual/sole proprietor |
| <input type="checkbox"/> | Hospital- based            |
| <input type="checkbox"/> | Health Systems             |

## Palliative Care Contacts

*Please provide the names of individuals most appropriate to receive special interest mailings.*

| Program /Team Members                  | Name, title | E-mail Address |
|--|-------------|----------------|
| Palliative Care Director/Administrator |             |                |
| Palliative Care Medical Director       |             |                |
| Physician/APRN (list all that apply):  |             |                |
|  |             |                |
|  |             |                |
| Chaplain                               |             |                |
| Social Worker                          |             |                |
| Other:                                 |             |                |
|  |             |                |
|  |             |                |

# 2019 Agency Member Application

## Dues

### Palliative Care Provider Dues Payment Options

**Total amount due**

\$1200

**Single payment**

Payment of total annual dues due by Jan 1, 2019

\$

**Two payment option**

\$600 payments due on Jan 1 and July 1

\$

**Four payment option**

\$300 payments due on Jan 1, April 1, July 1 and October 1

**\*\* Option not available to new members**

\$

Please note that new members joining in January have a two payment plan available.  
New members joining mid-year must pay their prorated dues in one payment.

**Credit Card Option**

Automatic and annual payments can be paid by credit card. **A 3.5% fee will be applied.**  
Check here if you would like to be provided with a separate form for credit card processing. Credit cards can also be taken over the phone at 603-225-5597.

This section must be completed and signed by the director or chief executive officer.

**Medicare Fraud/Abuse Certification**

Have you or your organization been convicted of or pleaded guilty to charges of Medicaid or Medicare fraud and/or abuse or other illegal activity during the past two years?  **Yes**  **No**

If yes, please describe the situation and present status on a separate sheet of paper and include it with your returned application.

**Certification of Application**

*I hereby signify that I have read the current Home Care, Hospice & Palliative Care Alliance of New Hampshire Provider Membership and Dues Policies including the Alliance's Code of Ethics, as adopted by the Board of Directors, and agree to abide by these policies. I further certify that the information included in this application is complete and accurate to the best of my knowledge.*

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Palliative Care Director Signature

\_\_\_\_\_  
Date

## Appendix A

### 2019 DUES TABLE

| Gross Revenues from the provider's most recently completed Fiscal Year* | Medicare-certified Home Health & Hospice | Medicare-certified Home Health Only | Medicare-certified Hospice Only | Non-certified Home Health or Home Care Service Provider (NH-licensed 809s or 822s) | Palliative Care Service Providers, Affiliate members or Individuals |
|---|--|-------------------------------------|---------------------------------|--|---|
| Up to \$275,000   | \$1,362.00                               | \$1,300.00                          | \$1,300.00                      | \$1,238.00   |   |
| \$275,000 - \$1,375,000   | Revenue x .00495                         | Revenue x .00473                    | Revenue x .00473                | Revenue x .0045  |   |
| \$1,375,000 - \$2 Million   | \$6,808.00                               | \$6,498.00                          | \$6,498.00                      | \$6,189.00   |   |
| \$2,000,001 - \$3 Million   | \$7,427.00                               | \$7,090.00                          | \$7,090.00                      | \$6,752.00   |   |
| \$3,000,001 - \$4 Million   | \$8,045.00                               | \$7,680.00                          | \$7,680.00                      | \$7,314.00   |   |
| \$4,000,001 - \$5 Million   | \$8,664.00                               | \$8,270.00                          | \$8,270.00                      | \$7,876.00   |   |
| \$5,000,001 - \$6 Million   | \$9,284.00                               | \$8,862.00                          | \$8,862.00                      | \$8,440.00   |   |
| \$6,000,001 - \$8 Million   | \$9,901.00                               | \$9,451.00                          | \$9,451.00                      | \$9,001.00   |   |
| \$8,000,001 - \$10 Million  | \$10,522.00                              | \$10,043.00                         | \$10,043.00                     | \$9,565.00   |   |
| \$10,000,001 - \$12 Million   | \$11,140.00                              | \$10,633.00                         | \$10,633.00                     | \$10,127.00  |   |
| \$12,000,001 - \$15 Million   | \$11,759.00                              | \$11,225.00                         | \$11,225.00                     | \$10,690.00  |   |
| \$15,000,001 - \$20 Million   | \$12,377.00                              | \$11,815.00                         | \$11,815.00                     | \$11,252.00  |   |
| > \$20 Million  | \$12,997.00                              | \$12,406.00                         | \$12,406.00                     | \$11,815.00  |   |
| Palliative Care Institutional Providers                                 |  |                                     |                                 |  | \$1,200.00  |
| Palliative Care Practices   |  |                                     |                                 |  | \$1,200.00  |
| Affiliate Members   |  |                                     |                                 |  | \$325/\$575   |
| Individual Members  |  |                                     |                                 |  | \$150.00  |

The percentage of dues attributable to lobbying in 2018 was 23%. Members will be notified of any changes in this percentage once the 2019 budget is approved by the Board of Directors.