



# Join NHPCO today!

As a member, NHPCO will help you keep pace with the rapidly changing health care environment. Known as the premier resource for everything from advocacy, continuing education, practice sharing, compliance information, and regulatory updates, NHPCO will provide you with the essential tools and knowledge your organization needs to stay current and competent in the changing and tumultuous health care environment.

**Your membership gives you and your staff access to:**

- Trusted regulatory guidance – delivered in plain English
- Professional education opportunities – both in-person and online
- Operational benchmarking
- Survey readiness tools
- Outreach and marketing tools
- Advocacy
- Palliative Care Resources
- Publications
- MyNHPCO Professional Communities
- MSDS Program
- Member Advantage Program
- Find A Provider Listing
- We Honor Veterans
- And More!

**ACT NOW! JOIN NOW!**

## Contact Information

Primary Contact\* \_\_\_\_\_ Primary Contact Title \_\_\_\_\_

Primary Contact Email \_\_\_\_\_ Primary Contact Phone \_\_\_\_\_

Company \_\_\_\_\_

Do NOT list this organization in the NHPCO's online "Find a Provider" feature.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

*\*The Primary Contact will receive NHPCO Provider mailings, be listed as the point of contact for membership communications, and serve as the Voting Delegate.*

**Do you operate additional locations?** If your hospice operates more than one site, please complete the additional location section on the reverse side, and/or include attach a list of additional locations with this application. NHPCO membership rules require all locations of member organizations must join or renew together.

## Demographics

### Geographic area served by this location

(Choose one)

- Primarily Urban
- Primarily Rural
- Mixed Urban and Rural

### Predominant Ownership (Choose one)

- Independent
- Corporate chain
- Health Plan/Managed care/HMO
- Integrated healthcare system (including VA)
- Continuing care retirement community
- Correctional facility
- Medicare certified home care agency
- University/academic institution
- Other (Explain): \_\_\_\_\_

### Tax Status. If government-owned and not-for-profit, select 'Government'

(Choose one)

- Non-profit
- For-profit
- Government

### Do you have a specialized pediatric program:

*Note: A pediatric palliative care program is a formal pediatric hospice and/or palliative care program that has dedicated staff with expertise in pediatric palliative care.*

- Yes
- No

### Medicare Certified as a Hospice?

- Yes
- No

### If no, are you seeking Medicare certification?

- Yes
- No

### Agency Type

(Select one, based on Medicare filing status)

- Free Standing
- Hospital Based
- Home Health Based
- Nursing Home Based

### Accreditations (select all that apply)

- Accreditation Commission for Health Care (ACHC)
- Community Health Accreditation Program (CHAP)
- Joint Commission
- Other: \_\_\_\_\_
- Not Accredited

### Do you have a palliative care program?

- Yes
- No

### Does your palliative care program provide care based on the Clinical Practice Guidelines for Quality Palliative Care (3rd edition)?

- Yes
- No

### Where are your palliative care services provided? (Check all that apply)

- Home (patient's residence)
- Clinic
- Inpatient facility/hospital
- Skilled nursing facility/nursing home
- Assisted Living Facility

### What are your palliative care program's reimbursement sources?

(Check all that apply)

- Fee-for-service billing
- Medicare Home Health Care Benefit
- Contracts with payers
- Arrangements with ACOs (Accountable Care Organizations) or MSSPs (Medicare Shared Savings Plans)
- Private-Pay
- Philanthropy
- Parent Corporation

### How many years has your palliative care program been in operation?

- < 1 year
- 1-2 years
- 3-5 years
- > 5 years

## Dues and Optional Services

Dues are based on the number of new hospice patients admitted during the previous 12 months - for all locations affiliated the organization. Members are expected to include admissions from all hospice locations within their organization when calculating dues. Individual hospice service sites of a corporate entity may not join separately.

### OPTIONAL SERVICES

**Online Material Safety Data Sheet (MSDS) Program.**

The annual fee for the first location is \$55 and \$27.50 for each additional location. If ordering subscriptions for more than one location, use the additional section to identify the MSDS program contacts at each location.

MSDS CONTACT NAME \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**Sign me up for a one-year subscription** (12 issues) to the Journal of Pain and Symptom Management **\$160.00**

**Total - Dues and Optional Services, and Contributions** **\$ \_\_\_\_\_**

Your organization's membership will begin the date the application is processed by NHPCO and will carry a 12 month term.

### DUES CALCULATION FORMULA

- A. Total number of new patients admitted in the previous 12 months:** \$ \_\_\_\_\_
- B. Multiply admissions x \$9.75 to calculate dues** \$ \_\_\_\_\_  
*(Minimum dues are \$500. If calculation is less than \$500 enter \$500)*
- C. New Member Application Fee (required)** **\$ +500.00**
- D. Total New Member Dues (add B+C)** \$ \_\_\_\_\_

- A. Fee for First Location** **\$ +55.00**
- B. Additional locations # \_\_\_\_\_ x \$27.50** \$ \_\_\_\_\_
- C. Total MSDS** \$ \_\_\_\_\_

*MSDS contact information is required if purchasing a subscription for this location. List only one MSDS Contact per location.*

## Payment

Mail payment with completed forms to NHPCO.

Make a copy of all forms for your records.

**My check is enclosed in full.** Check # \_\_\_\_\_ \$ \_\_\_\_\_  
*(Made payable to NHPCO)*

Please charge my:      

SIGNATURE OF PERSON WHO COMPLETED FORM \_\_\_\_\_

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

  
**Visa/MC Cvv Code:**  
3-digits back right side

  
**AMEX Cvv Code:**  
4-digits front right side.

NAME ON CARD (PLEASE PRINT CLEARLY) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Membership dues are non-refundable. Return all forms with payment to:** NHPCO, P.O. Box 824392, Philadelphia PA 19182-4392 or Fax to: (703) 837-1233. **For overnight payment:** PNC Bank c/o NHPCO, Lockbox Number 824392, Route 38 & East Gate Drive, Moorestown, NJ 08057. National Hospice and Palliative Care Organization's **Federal Tax ID 541096334**. Allow **up to two weeks** for processing. If you have any questions about this application, please call or email the NHPCO Solutions Center at **800-646-6460** or [solutions@nhpco.org](mailto:solutions@nhpco.org).

## Additional Location Information

Let us know about the other hospice and palliative care service locations your organization operates. If you have more than one subsidiary location, please attach a list of all locations. Be sure to include all of the information requested below if attaching additional locations. You can also add MSDS Subscriptions for added locations using this form. Please add \$27.50 per subscription to your MSDSOnline section of the application form.

CONTACT INFORMATION

**Location Name** \_\_\_\_\_

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

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Location Contact Person** \_\_\_\_\_

**Location Contact Email** \_\_\_\_\_

**MSDS Contact Person (required)** \_\_\_\_\_

**MSDS Contact Phone** \_\_\_\_\_ **MSDS Contact Email** \_\_\_\_\_

**Is this location an inpatient unit or facility?**  Facility  Inpatient Unit



## NHPCO Members can take advantage of discounted subscriptions with JPSM and MSDS

**Whether you are joining or renewing with NHPCO you can add these valuable resources to your membership.**

**Journal of Pain and Symptom Management (JPSM)**, is the official Journal of NHPCO! This peer reviewed, internationally respected journal offers a forum for the exchange of ideas and information. Published monthly, the JPSM serves an interdisciplinary audience – providing the results of important new research and clinical practice. By adding a subscription with your membership you pay only \$160 compared to the \$579 you would pay if subscribing without an NHPCO membership.

### Benefits

- Full online access to your subscription and archive of back issues
- Table of Contents alerts
- Access to all multimedia content, e.g. podcasts, videos, slides
- Fully-optimized mobile browsing experience on your smartphone or tablet

For more details, visit [www.jpsmjournal.com](http://www.jpsmjournal.com)

**MSDS, Safety Data Sheet** How much are you spending on your current OSHA safety data sheet requirements? More than \$55? If so, NHPCO can help you save! NHPCO's partner, MSDSonline®, provides an online library of safety data sheets, or SDSs (formerly known as material safety data sheets, or MSDSs). MSDSonline® has millions of safety sheets that contain the information you need to keep your organization safe from dangerous chemicals such as methanol, acetone, hydrochloric acid and millions of other hazardous substances.

### The benefits to this online program include:

- OSHA-compliant electronic MSDS management.
- 75% more efficient than paper-based systems.
- Around-the-clock access to the online MSDS database.
- Easy, right-to-know access for all staff & departments.
- Built-in regulatory reports.
- Extensive incident case management and record keeping tools

For more details, visit [www.MSDSonline.com](http://www.MSDSonline.com)