

Contact Information

Primary Contact* _____ Primary Contact Title _____

Organization Name _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Phone _____ Email _____

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

Program Information

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

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

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

- Yes
- No

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

Approximately how many unique patients did you serve in your palliative care program/s during the past calendar year? _____

Palliative Care Group membership is not available to organizations that are reimbursed for hospice care under the Medicare Hospice Benefit. You can learn more about Hospice Provider membership at www.nhpco.org/membership-overview-and-benefits. If you are unsure about your organization's status contact NHPCO's Solutions Center at 800-646-6460 or solutions@nhpco.org.

