



LOUISIANA~MISSISSIPPI

HOSPICE AND PALLIATIVE CARE ORGANIZATION

PROVIDER MEMBERSHIP APPLICATION

Complete pages 1, 2, and 3 of application and return it with your membership dues.

ALL INFORMATION CONTAINED WITHIN WILL BE HELD IN THE STRICTEST CONFIDENCE AND ONLY USED FOR END-OF-LIFE CARE RESEARCH.

Term of membership: January 1 - December 31, 2017

The purpose of the Louisiana-Mississippi Hospice and Palliative Care Organization is to foster and promote quality hospice and End-of-life care, as defined by the National Hospice and Palliative Care Organization's Standards and Guidelines, for terminally ill patients and their families. LMHPCO provides a network for the evolution and dissemination of communication, education, legislation, and standards of care related to end-of-life care in Louisiana and Mississippi. Members commit themselves to observance of these standards and support the goals and objectives of LMHPCO.

LMHPCO is a not-for profit, 501 (c) 3 corporation. All donations made to LMHPCO qualify as tax-exempt deductions under the Internal Revenue Code, and are therefore deductible to the fullest extent of the law. As a nonprofit corporation, Louisiana-Mississippi Hospice and Palliative Care Organization, Inc., (sometimes herein referred to as "LMHPCO") is not formed for personal profit. No part of the net income or assets of LMHPCO is distributable to or for the benefit of its Members, its Directors, its Officers, or other private person. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publication or distribution of statements), any political campaign on behalf of or in opposition to any candidate for public office.

Please note: All multiple locations, associated with the same state license/provider number, must be included in membership, as well as all office locations within LA and/or MS, within the same corporation and/or parent company.

[] PROVIDER MEMBERSHIP (Complete pages 1, 2, and 3 ONLY.)

Available to all licensed hospices agencies operating in Louisiana and Mississippi.

Hospice Name

Mailing Address

Location Address

City, State, Zip

Contact Person

Title

Telephone Number

FAX Number

Toll Free Number

Web site Address

Office/Staff E-mail Address

Name of Voting Member

Voting Member's E-mail Address

LIST OTHER PHYSICAL OFFICES LOCATIONS (WITH THE SAME PROVIDER NUMBER)

1. _____
Hospice Name

Location/Mailing Address

Telephone Number / FAX Number

City, State, Zip

Contact Person

E-mail address

2. _____
Hospice Name

Location/Mailing Address

Telephone Number / FAX Number

City, State, Zip

Contact Person

E-mail address

1. Does your agency currently participate or would your agency like to participate in any of the following:
(please place check where appropriate for all below that apply and provide contact information requested)

LMHPCO Education Committee

Committee member's name _____ email address _____

LMHPCO VA Hospice Taskforce

Taskforce member's name _____ email address _____

Alliance for the Advancement of End of Life Care (AAEoLC)

Contact person _____ email address _____

At Risk Registry

Contact person _____ email address _____

We Honor Veterans Recruit Level One Level Two Level Three Level Four

Contact person _____ email address _____

REGARDING VETERANS SERVICES AND SUPPORT

2. Does your agency include the NHPACO/VA recommended Military History check list in its enrollment/initial assessment process?

yes no

2.b. How many Veterans did your agency care for last year?

2.c. How many referrals did your agency receive for the VA last year?

2.d. Does your agency assign volunteers who served in the military to patients who are veterans? yes no

REGARDING BEREAVEMENT SERVICES AND SUPPORT

3. Does your agency offer Bereavement support groups in your community? yes no

Support group's location: _____

Day of the week or Dates: _____ Time: _____

Contact person _____ email address _____

3.b. Does your agency offer Bereavement support groups for children? yes no

Children's Support group location: _____

Day of the week or Dates: _____ Time: _____

Contact person _____ email address _____

3.c. Does your agency offer Bereavement Camps? yes no

Camp location: _____

Dates: _____ Time: _____

Contact person _____ email address _____

REGARDING PEDIATRIC SERVICES AND SUPPORT

4. Does your agency offer pediatric hospice/palliative care in the community? yes no

AFFILIATION:

- Hospital Administered (owned/operated)
 Hospital/Home Health (dually licensed)
 Freestanding
 In-Patient Hospice Licensed Facility
 In-Patient Hospice Contract
 Nursing Home

MEMBERSHIP

- National Hospice & Palliative Care Organization
 Hospice Foundation of America
 National Association of Home Care
 Other _____

CERTIFICATION/LICENSURE STATUS

- LA Medicare Certified
 MS Medicare Certified
 LA Medicaid Certified
 MS Medicaid Certified
 JCAHO Accredited
 CHAPS Accredited
 AHCH Accredited

 For Profit
 Not for Profit
 Government owned

Date Opened: _____

Date Licensed: _____

CMS Provider ID: _____

E-MAIL CONTACTS FOR YOUR AGENCY (*monthly e-newsletter, *The Journal* recipient):

CONTACT NAME	E-MAIL ADDRESS
Medical Director:	
Administrator:	
Office Manager:	
DON/PCC:	
Social Worker:	
Chaplain:	
Volunteer Manger:	
Pharmacist:	
Marketing:	
Educators:	

CALCULATION OF PROVIDER MEMBERSHIP DUES

In May 2016, the Board of Directors approved a new **Corporate Dues Option** for those hospices with multiple locations in Louisiana and/or Mississippi. Members now have the right to choose which dues option they prefer for their agency: the **Corporate Option** or the **Traditional Calculation Option**.

 CORPORATE DUES OPTION *(for multiple locations)*

The Corporate rate is an annual flat fee of \$6,950, plus \$550 per locations.

Dues Formula for Corporate Member:

- A. Annual Fee for Corporate Member \$6950.00
 B. Additional Physical Locations (\$550.00 per location) _____
 C. 2.5% Credit Card Surcharge _____
 D. **TOTAL** _____

 TRADITIONAL DUES OPTION

Annual Provider Membership dues are based on 3 items:

- 1) **Base fee for the primary office of the provider (\$800);**
- 2) **Number of all additional physical locations/offices** associated with the same state license/provider number as the primary office (\$300); and
- 3) **Number of new admissions for the past year (up to a maximum of 500)** under the same provider number (\$4 per patient).

Traditional Dues Formula for Provider Member:

- A. Annual Fee for Provider Member \$800.00
 B. Additional Physical Locations (\$300.00 per location) _____
 C. Total number of new admits in previous calendar year (Max 500) _____
 D. Assessment per Patient \$ 4.00
 E. Multiply patients x \$4.00 to calculate your Dues (Cx D=E) _____
 F. Total LMHPCO Membership Dues (A+B+E=F) _____
 G. 2.5% Credit Card Surcharge _____
 H. **TOTAL** _____

Note Regarding the Traditional Dues Option: Each program's patient total information will remain confidential and will not be disclosed in any form. Each separately State licensed provider agency (with a different provider number) must have a separate LMHPCO Provider Membership under the Traditional Dues Option

FIRST-TIME PROVIDER MEMBER dues are \$400.00, instead of \$800.00, for the first year of operations or during the initial year of the formation of the hospice.

Credit Card Payment InformationPlease check: VISA MasterCard American Express Discover Total Charge: \$ _____

Card # _____ Security Code ____ Exp. Date: _____

Name: (please print) _____

Signature: _____

PLEASE MAIL COMPLETED APPLICATION AND PAYMENT TO:

LMHPCO, 717 Kerlerec • New Orleans, LA 70116

Telephone: (504) 945-2414 • Toll Free: (888) 546-1500 • Fax: (504) 948-3908 • Email: LMHPCO@AOL.com • www.LMHPCO.org