

2012 AHO Membership Provider Renewal



AHO would like to thank you once again for your membership. In order to make this year's renewal seamless and easy, please fill in the name of your company. There is no need to complete all the areas unless there has been a change.

AHO memberships are for one calendar year, beginning January 1 and expiring annually on December 31. **AHO is offering a 2% discount for renewals paid in full and received by January 8, 2012.** Please take advantage of this discounted rate and send the renewal application in today! **Applications received after February 1 are subject to a \$250.00 late renewal fee.** Questions please call 334-395-5000 (ask for Linda Segrest) or by email at contact@alhospice.org.

Section One – Agency Information

This information may be used including but not limited to providing data as requested by either state governmental agencies, national hospice associations, for listing on AHO's web site or for patient referral purposes.

A) Corporate Office Information

Agency Name: _____
Company CEO/Admin/ED: _____
Email address: _____
Physical Address: _____
City/State/ZIP: _____
Mailing Address: _____
City/State/ZIP: _____
Telephone: () _____ Fax: () _____
Website: _____

B) Agency Details

Please provide the following details about your agency.

Your incorporation/ownership status is:

- For-profit/Proprietary Not-for-profit/Voluntary Government

Your dominant ownership status is:

- Independent hospice corporation Division of a veterans facility
 National hospice corporation Division of a health insurance plan
 Division of a home health provider Division of a prison
 Division of a nursing home provider Other: _____
 Division of a hospital

Your Alabama licensure status is:

- Licensed Hospice Provider (Regular) Licensed Hospice Provider (Probationary)

2012 AHO Membership Provider Renewal

You are certified and/or accredited by (check all that applies):

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Medicare | <input type="checkbox"/> JCAHO |
| <input type="checkbox"/> Medicare Pending | <input type="checkbox"/> ACHC |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> CHAP |
| <input type="checkbox"/> Medicaid Pending | <input type="checkbox"/> Other: _____ |

Your location is:

- Primarily Urban Primarily Rural Mixed Urban and Rural

Does your hospice operate one or more dedicated hospice facilities or units?

(A dedicated facility or unit (1) consists of one or more beds that are owned or leased by the hospice, (2) staffed by hospice staff, and (3) has major policies/procedures set by & managed by the hospice.)

- Yes Number of beds: _____
 No

Who serves as your Fiscal Intermediary?

- Palmetto GBA Cahaba GBA Other (specify)

Do you currently offer/provide any of the following? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Pediatric palliative care program | <input type="checkbox"/> Pre-hospice support program |
| <input type="checkbox"/> Pediatric hospice services | <input type="checkbox"/> Grief counseling / bereavement program for community or non-hospice families |
| <input type="checkbox"/> Palliative care consult team | |

Is your hospice a member of the National Hospice and Palliative Organization?

- Yes No

Is your hospice a member of another national hospice organization?

- Yes Name of organization: _____ No

Is your hospice participating in the National Hospice and Palliative Care Organization's (NHPCO's) Quality Partners initiative?

- Yes No

C) Representative to serve on the Board of Directors

Each Alabama licensed and Medicare certified hospice care provider member holds one voting seat on the Alabama Hospice Organization Board of Directors, regardless of the number of sites/locations you operate. Please designate a primary and an alternate Board of Directors Representative from your agency. The primary Board Member will serve as Alabama Hospice Organization's primary contact person for your program.

Board Member Name (*primary*): _____

Email address: _____

Mailing Address: _____

City/State/ZIP: _____

Telephone: () _____ Fax: () _____

Board Member Name (*alternate*): _____

Email address: _____

2012 AHO Membership Provider Renewal

Mailing Address: _____
 City/State/ZIP: _____
 Telephone: () _____ Fax: () _____

Section Two – Calculation of Hospice Provider Dues

*Note this application is only for operating hospice providers, defined in AHO bylaws as “An operating provider of hospice services licensed by the State of Alabama and a Medicare/Medicaid certified agency which operates under one corporate structure.” If you are applying for **Membership**, please go to www.alhospice.org and click on the membership link for the appropriate application or email contact@alhospice.org.*

Dues Amount Calculated Below

Membership dues for hospices are based on the number of Alabama hospice patients admitted in during the program’s most recently completed cost reporting year for **all Alabama hospice sites/locations affiliated with the primary location**, regardless of reimbursement. Sites/Locations are defined as additional hospice service sites under one corporation. To calculate hospice membership dues, complete the following information:

Line One Total number of unduplicated admissions	
<i>Calculate the total number of unduplicated admissions of Alabama residents to your hospice program during your program’s most recently completed cost reporting year. NOTE: This total should represent all unduplicated admissions for your agency/organization for all Alabama sites/locations, regardless of reimbursement source This number should be reflected on your hospice cost report(s), CMS-1984-99, Part III, Line 16, Item 6. Enter this number on Line One. Please include a copy of the top sheet (S1) of your cost report(s) for each location reflecting this number.</i>	
Line Two \$5.00 Multiplier	
<i>Multiply Line One by \$5.00. Enter total onto Line Two</i>	
Line Three \$500.00 Base Rate	
<i>Add \$500.00 to Line Two. Enter total onto Line Three</i>	
Line Four Total Dues (*subtract 2% discount if paid/received prior to 1/8/2012)	
<i>If Line Three is \$7,000.00 or less, enter the exact amount shown on Line Three onto Line Four. If Line Three is \$7,000.01 or greater, you have exceeded the cap amount; enter \$7,000.00 on Line Four. This is your annual dues amount.</i>	

2012 AHO Membership Provider Renewal

Directions for Providers:

Complete an AGENCY UPDATE form for EACH of your Alabama offices/branches. The following information will be used to update the Alabama Hospice Organization's Membership Directory, website and for referral services. **Please indicate at least one contact person located at each branch.** Duplicate this page as needed. Please print clearly or type.

A) Contact Information

Company/Agency Name as per license: _____

Contact Person (at this location): _____

Physical Address: _____

City/State/ZIP: _____

Mailing Address: _____

City/State/ZIP: _____

Email Address: _____

Primary Telephone:() _____ Primary Fax:() _____

Toll Free:() _____

Alabama License Number (this site/location): _____

Medicare Provider Number (this site/location): _____

Medicaid Provider Number (this site/location): _____

National Provider Identifier (NPI) (this site/location): _____

This location is:

- Primarily Urban Primarily Rural Mixed Urban and Rural

B) Indicate all Alabama counties included in this office's CON:

- | | | | |
|-----------------------------------|------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Autauga | <input type="checkbox"/> Conecuh | <input type="checkbox"/> Houston | <input type="checkbox"/> Morgan |
| <input type="checkbox"/> Baldwin | <input type="checkbox"/> Coosa | <input type="checkbox"/> Jackson | <input type="checkbox"/> Perry |
| <input type="checkbox"/> Barbour | <input type="checkbox"/> Covington | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Pickens |
| <input type="checkbox"/> Bibb | <input type="checkbox"/> Crenshaw | <input type="checkbox"/> Lamar | <input type="checkbox"/> Pike |
| <input type="checkbox"/> Blount | <input type="checkbox"/> Cullman | <input type="checkbox"/> Lauderdale | <input type="checkbox"/> Randolph |
| <input type="checkbox"/> Bullock | <input type="checkbox"/> Dale | <input type="checkbox"/> Lawrence | <input type="checkbox"/> Russell |
| <input type="checkbox"/> Butler | <input type="checkbox"/> Dallas | <input type="checkbox"/> Lee | <input type="checkbox"/> Shelby |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> DeKalb | <input type="checkbox"/> Limestone | <input type="checkbox"/> St. Clair |
| <input type="checkbox"/> Chambers | <input type="checkbox"/> Elmore | <input type="checkbox"/> Lowndes | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Cherokee | <input type="checkbox"/> Escambia | <input type="checkbox"/> Macon | <input type="checkbox"/> Talladega |
| <input type="checkbox"/> Chilton | <input type="checkbox"/> Etowah | <input type="checkbox"/> Madison | <input type="checkbox"/> Tallapoosa |
| <input type="checkbox"/> Choctaw | <input type="checkbox"/> Fayette | <input type="checkbox"/> Marengo | <input type="checkbox"/> Tuscaloosa |
| <input type="checkbox"/> Clarke | <input type="checkbox"/> Franklin | <input type="checkbox"/> Marion | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Clay | <input type="checkbox"/> Geneva | <input type="checkbox"/> Marshall | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Cleburne | <input type="checkbox"/> Greene | <input type="checkbox"/> Mobile | <input type="checkbox"/> Winston |
| <input type="checkbox"/> Coffee | <input type="checkbox"/> Hale | <input type="checkbox"/> Monroe | <input type="checkbox"/> Wilcox |
| <input type="checkbox"/> Colbert | <input type="checkbox"/> Henry | <input type="checkbox"/> Montgomery | |