CHAPCA Provider Membership Form (2021)

Organization Name: _____

Corporate Parent, if any: _____ (ex. Adventist, Kaiser)

Org. Contact Name: _____

Job Title: _____

License CPDH: **License #:**_____

Address: _____

City, State, Zipcode: _____

Phone Number: _____ **FAX:** _____

Toll Free Number: _____

E-Mail Address: _____

Website Address: _____

CHAPCA Membership Directory Listing

Please check all that apply. This information will be used as part of your organization's directory listing.

Facility Type:
❒Hospice/Freestanding
❒Hospital-based

Status:
❒ Proprietary (For Profit) ❒ Not for Profit

Licenses:
❒ Hospice
❒ Volunteer Hospice Program (non-licensed)

Provider Number
❒ Medicare -- Medicare Provider #:_____
❒ Medi-Cal--Medi-Cal Provider #:_____

Accreditations:
❒ JCAHO Joint Commission on Accreditation of Healthcare
❒ CHAP Community Health Accreditation Program
❒ ACHC Accreditation Commission for Health Care

Is this location a:
☐ Parent Location ☐ Branch Location

If you are enrolling branch locations, include name and address of each branch on page 3 of this application.

Inpatient Facilities: (should reflect facilities your program actually operates, i.e. hospice house)

❒ Yes If YES, how many beds? _____
❒ No

Languages Spoken: _____

Do you offer a palliative program for patients not eligible or ready for hospice? ❒ yes ❒ no If yes, who is the intended patient?

_____

Counties Served: All Counties where your **PARENT** location provides service. Service areas for additional branch/program offices should only be listed with that office/site on page 3 of this application.

_____

CHAPCA Membership Dues

Membership Type ☑ Provider

MEMBERSHIP DUES CALCULATION

BASE MEMBER DUES : $_____

Plus number of additional branches _____ @ $435 ea. $_____

OR ..... Total Corporate Dues from below $_____

TOTAL DUES OWED $_____

All Volunteer hospice, Non-Licesed Program Discount:10% $_____

(10%): Tax Deductible Contribution to support CHAPCA: $_____

TOTAL AMOUNT ENCLOSED: $_____

DUES SLIDING SCALES

Hospice Providers: Based on prior year operating expenditures from hospice program oshpd report section 10 line 54: https://siera.oshpd.ca.gov/default.asp

0-$99,999.....$435
$100,000 - $999,999.....$1,675
$1,000,000 - $4,999,999.....$2,575
$5,000,000 - $9,999,999.....$3,850
More than $10,000,000 .....$5,500

Call CHAPCA at 916-925-3770 if your agency has not submitted an oshpd report.

CORPORATE DISCOUNT CALCULATION

Corporations with more than 3 member hospices providing services under separate Medicare provider numbers qualify for a 20% discount on annual dues for any additional memberships. The 3 hospices with the highest estimated operating expenses must pay full dues. In order to receive a corporate discount, please complete the information below to calculate dues.

List the 3 hospices with the highest estimated operating expenses and their full dues based on the above table:

Program #1 _____ Dues $_____
Program #2 _____ Dues $_____
Program #3 _____ Dues $_____

List additional hospices operated by the corporation:

Program #4 _____ Dues $_____ x .80 = $_____
Program #5 _____ Dues $_____ x .80 = $_____
Program #6 _____ Dues $_____ x .80 = $_____
Program #7 _____ Dues $_____ x .80 = $_____
Program #8 _____ Dues $_____ x .80 = $_____

Total corporate dues: $ _____

Method of Payment:

❒ Full Payment Enclosed ❒ Payment Plan – 50% Due with Renewal (Balance due June 1)
❒ Check (Payable to CHAPCA) ❒ AMEX ❒ MasterCard ❒ Visa

Card No: _____ Exp. Date: _____ Card ID #: _____

_____ _____
Signature (required if using credit card) Name on credit card (please print)

_____ _____
Card Billing Address City, ST, Zip

Send ALL PAGES of Application with Payment To:
CHAPCA: info@calhospice.org or PO Box 340698 Sacramento, CA 95834

PROVIDER MEMBERS

Hospice and Palliative Care organizations are eligible for provider membership in CHAPCA. Provider member dues are based on current reported OSHPD operating expenditures. All same owner locations are required to become members. If you are opening a new Parent or Branch location and HAVE NOT started to provide are, most likely your dues for opening will be $435.00. Please call CHAPCA for additional questions.

If your hospice is pending licensure or has not yet filed an OPSPD report, please call CHAPCA (916-925-3770) for direction on calculating member dues.

Providers with parent and branch locations process each location separately. The parent location must become a CHAPCA member for branches(s) to be eligible for CHAPCA membership.

The licensed parent location calculates provider dues based on sliding dues scale. The parent licensed branches(s) pay $435.00 for each branch.

Providers with more than 1 parent hospice locations (separate license numbers) qualify for a 20% discount on provider dues. The parent location with the highest OSHPD operating expenditures pay full sliding scale dues. Each additional parent location is eligible for a 20% discount off sliding scale dues.

Each parent and branch provider member are issued individual profiles per member parent and branch.

Only those individual profiles are considered a CHAPCA member for purposes of online access to CHAPCA members only resources, registration for educational programs and other services provided by CHAPCA. Your CHAPCA member parent or branch organization key contact owner and profile owners can register additional staff from provider member locations for events at the member rate.

Please refer to your previous year's OSHPD report to determine your annual dues amount. This can be found at this link (PDF section 10, line 54): https://siera.oshpd.ca.gov/default.aspx. If you have questions relative to calculating corporate discounts, please call the CHAPCA office at 916.925.3770.

Each CHAPCA provider member (parent and branch) location will be included in CHAPCA's print and on-line provider referral directory, have access to member only resources and eligible for member pricing on products and services.

Membership Agreement:

As an applicant to the California Hospice & Palliative Care Association, I/we do affirm to voluntarily abide by and support the goals and objectives of the organization. In addition, I/we agree to accept e-mail communications from CHAPCA relative to the business of the Association.

CHAPCA dues are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense. However, a portion of dues is not deductible as a business expense to the extent that CHAPCA engages in lobbying. The nondeductible portion of dues is currently 7%.

Please contact CHAPCA at (916) 925-3770 or info@calhospice.org if you have questions on processing your provider member application.

Signature of Applicant	Printed Name	Date

CHAPCA Provider Membership

If you are joining as a branch location, please use this form to provide the information for your branch office.

Branch 1:
Organization Name:
Address:
City, State, Zipcode:
Counties Served:

Branch 2:
Organization Name:
Address:
City, State, Zipcode:
Counties Served:

Branch 3:
Organization Name:
Address:
City, State, Zipcode:
Counties Served: