AHPCO ALABAMA
HOSPICE & PALLIATIVE CARE ORGANIZATION

AHPCO values the involvement of all hospice providers in Alabama. Only together will there be one united voice for Alabama's hospice industry. The 2023 Board of Directors encourages your company to become an active member of AHPCO.

Membership Benefits:

As an AHPCO provider member you will be a part of the unified voice of Alabama's Hospice industry, have advocacy via AHPCO's committees, have access to other hospice professionals for questions and information, and have access to high quality conferences at discounted prices. Membership includes one, two-day registration to the AHPCO Annual Conference (hotel not included).

AHPCO memberships are for one calendar year, beginning January 1 and expiring annually on December 31. AHPCO is offering a 2% discount for applications paid in full and received by February 1, 2023. Please **Fill out all sections completely – PRINT CLEARLY OR TYPE**. For questions regarding this application, please email admin@alhospice.org

Section One – Company/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 AHPCO's web site or for patient referral purposes.

A) Corporate Office Information

Company/Agency Name: _____

Company CEO/Admin/ED: _____

Email address: _____

Physical Address: _____

City/State/ZIP: _____

Mailing Address: _____

City/State/ZIP: _____

Telephone: _____ Fax: _____

Website: _____ _____

B) Company/Agency Details

Please provide the following details about your company/agency.

Your incorporation/ownership status is:

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

Your dominant ownership status is:

☐Independent hospice corporation
☐National hospice corporation
☐Division of a home health provider
☐Division of a nursing home provider
☐Division of a hospital
☐Division of a veteran's facility
☐Division of a health insurance plan
☐Division of a prison
☐Other: _____

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

☐Medicare
☐Medicare Pending
☐Medicaid
☐Medicaid Pending
☐TJC
☐ACHC
☐CHAP
☐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

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

☐Pediatric palliative care program
☐Pediatric hospice services
☐Palliative care consult team
☐Pre-hospice support program
☐Grief counseling / bereavement program for community or non-hospice families

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

☐ 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 AHPCO 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 AHPCO's primary contact person for your program.

Board Member Name
(Primary Voting) _____

Title _____

Email address: _____

Mailing Address: _____

City/State/ZIP: _____

Telephone: _____ Fax: _____

Board Member Name
(*alternate voting*): _____

Title _____

Email address: _____

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 AHPCO 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 **Non-Provider Membership**, please contact the AHPCO for the appropriate application.*

Dues Amount Calculated Below

Membership dues for hospices are based on the number of Alabama hospice patients admitted in during the programs 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	
*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:** Obtain this number from your patient management system*	
Line Two $5.00 Multiplier	
Multiply Line One by $5.00. Enter total onto Line Two	
Line Three $1,000.00 Base Rate (includes one registration to annual conference)	
Add $1,000 to Line Two. Enter total onto Line Three	
Line Four Total Dues (*subtract 2% discount if paying prior to (2/1/2023)	
If Line Three is $7,500.00 or less, enter the exact amount shown on Line Three onto Line Four. If Line Three is $7,500.01 or greater, you have exceeded the cap amount; enter $7,500.00 on Line Four. This is your annual dues amount.	

Section Three – Dues Payment, Mailing Instructions and Signatures

Payment may be made by check or credit card. Membership dues are non-refundable and non-transferable. ***Mail dues and application to: PO Box 26131 • Birmingham, AL 35260 – or email admin@alhospice.org***

Total Annual Dues Enclosed $ _____

Please attach your dues payment and return to AHPCO no later than February 1, 2023. If sending after February 1, add $250 late renewal fee.

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Payment made by

☐ Check (Payable to Alabama Hospice Organization) Check# _____

☐ Visa ☐ MasterCard ☐ American Express

Card Number: _____ Exp. Date: ____ / ____

Mailing Address of Card:(Print) _____

Name on Card (Print): _____

Security Code on card: _____

Authorized Signature: _____

AHPCO's Ethics Statement - Adopted August 14, 2003 (Revised 2006)

"The AHPCO and its Members wish to promote the highest possible standards of ethical behavior of hospices in the State of Alabama. As one means to accomplish this goal, AHPCO formally endorses the Ethical Principles set forth by the National Hospice and Palliative Care Organization in the publication Ethical Principles: Guidelines for Hospice and Palliative Care Clinical and Organizational Conduct © 2006 (formerly Vital Bonds: Ethical Principles and Guidelines for Organizing Conduct © 2002) and encourages all hospice members of AHPCO to embrace those principles as a condition of their membership in the organization. Further, AHPCO hereby expresses its desire that other hospices in the state of Alabama, who may not be members of AHPCO, will nevertheless also embrace these principles in order to further the good works of all Alabama Hospices."

AHPCO's Antitrust Compliance Statement

The AHPCO conducts all of its activities in full compliance with federal and state antitrust laws. In the course of meetings and other organization activities, it is important that each member refrain from discussing, agreeing, or exchanging information regarding any competitively sensitive information with any other member. Such information includes, but may not be limited to: Prices charged or costs incurred for hospice services; Any increase, decrease, or discount in prices or charges; What constitutes a fair cost or price level; Allocation of patients, referral sources, market areas or contracts with vendors; Refusal to deal with any patient, class or group of patients; Refusal to deal with any vendor, class or group of vendors; What products or services will be offered to patients; Other competitively sensitive information, such as information about market share, profits, margins, costs, reimbursement levels or methodologies for reimbursing vendors, or terms of coverage. The same standards of conduct are to be observed at all informal and social discussions at the sites of any AHPCO meetings.

AHPCO's Collection of Information Statement

Personal and agency information provided is collected by the AHPCO and may be used for (but not limited to) maintaining membership records, event registrations, correspondence and distributing information about AHPCO, its services and products. Information may be compiled from various sources. Information collected may be used or disclosed for other operational purposes that are consistent with the mission of AHPCO or as required by law.

The AHPCO communicates membership related notices, benefits and related services in various ways, including telephone, fax, postal mail and electronic mail. As a member, you consent to receiving these occasional communications from AHPCO. If you prefer to not receive any communications from the AHPCO, please check this box. ☐

The AHPCO occasionally makes its members' contact information available to vendors who provide products and services which might be of interest to its membership. If you prefer not to be included in these lists, please check this box. ☐

Everything stated in this application is accurate and complete to the best of my knowledge. I have read and agree to the AHPCO's Ethics, Antitrust Compliance, and Collection of Information Statements.

Signature of individual designated as the Primary Board of Directors Member:

_____ Date_____

2023 AHPCO Membership Provider Application

Directions for Providers:

Complete an AGENCY UPDATE form for **EACH** of your Alabama offices/branches. The following information will be used to update the AHPCO's Membership Directory, website and for referral services. Providers have voting privileges, one vote per membership. You must choose a primary voting member and an alternate if you are unavailable. Other people in your agency are listed as contacts and are eligible to receive AHPCO updates and educational information. **Please indicate at least one contact person located at each branch.** 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: _____

Toll Free: _____ Primary Fax: _____

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:

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

AHPCO encourages you to list email addresses for your compliance officers, education coordinators, and department managers so that educational opportunities are available to everyone in your organization. On the next page, please feel free to include nurses, social workers and chaplains as well. If you need additional space, please make copies. You may add as many people as you want. The list will remain private and used only to promote AHPCO related activities and advocacy.

NAME	
TITLE / DISCIPLINE	
EMAIL	
OFFICE / BRANCH	

NAME	
TITLE / DISCIPLINE	
EMAIL	
OFFICE / BRANCH	

NAME	
TITLE / DISCIPLINE	
EMAIL	
OFFICE / BRANCH	

NAME	
TITLE / DISCIPLINE	
EMAIL	
OFFICE / BRANCH	

2023 Payment Option:

This year AHPCO is making membership payment more flexible. With a credit card, you may spread your annual dues into four quarterly payments. Many hospices have asked for the ability to spread out their membership investment. This must be done on credit card and your card will be charged quarterly.

There will be a $25 processing fee for this feature to cover the costs to AHPCO. If you would like to spread out your payments, please sign the agreement below.

I would like our organization to participate in the quarterly membership payment plan. I agree to place our credit card information on file for recurring payments. I understand that our organization is committing to pay the entire annual membership dues over the course of the four quarters.

Name _____

Signature _____