



Provider Membership Application

I. GENERAL INFORMATION

Legal agency name	
DBA	
Mailing address	
Branch addresses <i>Please attach additional sheet if necessary</i>	
Phone	
Toll-free	
Administrative fax	
Referral fax	
Website address	
Agency email	

II. KEY PERSONNEL

Please review or otherwise provide the names of individuals most appropriate to receive special interest mailings.

Name

Email Address

	<i>Name</i>	<i>Email Address</i>
Executive Director/CEO		
Financial Manager/CFO		
Clinical Director		
Home Health Aide Supervisor		
Marketing Coordinator/PR		
Rehab Therapy Manager		
Hospice Manager		
CQI Coordinator		
HIPAA		
Education Coordinator		
Human Resources Manager		
IT/IS Manager		
Private Duty		
Wound Care		
Emergency Preparedness Program		

Maintain important agency information online and in real-time!

All member agencies are listed in our online provider database. This allows visitors to our website to “find a provider” in each NH town and to view detailed information about the services your agency offers, the payment sources you accept, etc. Members also can post job openings on the Home Care Association website at no charge, and have access to many resources available in the “Member Toolbox” on our website.

Each member is assigned a login and password that allows you access to our website’s administrative “back end”. You are expected to keep your profile up to date to ensure that visitors to our website have the most accurate information available. This same login and password will also give you access to the members-only articles and sections of our website, so you may wish to share the access codes with other staff members.

We strongly encourage members to identify a point person to review your online profile periodically and update information throughout the year.

III. AGENCY INFORMATION

Please provide the following information as directed.

A. Type of Agency (Check (x) all that apply)

- Medicare Certified Home Health Care Agency
- State Licensed Home Health Care Provider (809)
- State Licensed Home Care Service Provider (822)
- Home Infusion Company
- Medicare Certified Hospice Provider

Affiliations: (Mark (x) all that apply)

- Joint Commission Accredited
- CHAP Accredited
- NAHC Member
- VNAA Member
- NHPCO Member
- NHHPCO Member

B. Name of Computer Software System Manufacturer (for billing, clinical functions)[eg. Mckesson, Mysis, Carefacts, etc.]

C. Total Agency Board, Staff and Volunteers(12-month estimate) Individuals not FTEs

	Current estimate
# of Board members	
# of employees (i.e., staff, per diem, contract)	
# of volunteers (excluding Board)	

D. Total Agency Clients (12-month estimate)

	Total
# of unduplicated clients served	
# of home care visits (all services combined)	
# of miles traveled by direct care staff	

IV. OTHER REQUIREMENTS

This section must be completed and signed by the Agency's executive director or chief executive officer.

A. Medicare Fraud/Abuse Certification

Have you or your organization been convicted of or pleaded guilty to charges of Medicaid or Medicare fraud and/or abuse or other illegal activity during the past two years? _____Yes _____No

If yes, please describe the situation and present status on a separate sheet of paper, and include it with your returned application.

B. Membership Application Attachments. The following information must be included with your renewal application.

- Complete and accurate Application signed by the Agency's CEO.
- Completed Dues Computation Form signed by the Agency's CEO.
- New Applicant: Current fiscal year audited financial statements for the agency, excluding agencies submitting dues at the \$10,500 maximum level.

C. Certification of Application

I hereby signify that I have read the current HCANH Membership and Dues Policies including the Association's Code of Ethics, as adopted by the HCANH Board of Directors, and agree to abide by these policies. I further certify that the information included in this application is complete and accurate to the best of my knowledge.

Executive Director/CEO Signature

Date