

# Home Care & Hospice Alliance of Maine

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## PROVIDER MEMBERSHIP AND DUES POLICY

### I. MEMBERSHIP

The Home Care & Hospice Alliance of Maine (hereafter referred to as “Alliance”) membership is twelve (12) months, corresponding to the Alliance’s fiscal year (June 1<sup>st</sup> – May 31<sup>st</sup>). The minimum Provider Membership commitment is for the full twelve-month membership year, except for new Provider Members who may join during the first membership year on a pro-rated basis. New Provider Members shall have an initial membership period corresponding to first month in which their membership becomes effective to the end of the membership year. New and renewing provider members are expected to honor the minimum membership commitment and will be invoiced for all dues owed for the balance of any membership year during which the provider was a member.

### II. ELIGIBILITY

All Provider Members must meet the criteria for this type of membership, as defined in the Bylaws. The Board of Directors (hereafter referred to as “Board”) will determine initial and continued eligibility for membership based on the submission of all requested documentation by the new or renewing provider members.

An agency will be eligible for new Provider Membership status at any time during the membership year provided it meets all applicable eligibility criteria and was not a Provider Member at any time during the prior membership year.

Any other provision of these policies notwithstanding, to be eligible for Provider Membership as a new or renewing member, a provider must owe no outstanding balances for dues, fees or other assessments. The Board may, at its discretion, make an exemption for a provider who has applied for consideration under the Hardships provision of these policies, and is making regular, timely payments as mutually agreed by the Alliance and that provider.

### III. DUES

The Alliance membership is twelve (12) months corresponding to the Alliance’s fiscal year (June 1<sup>st</sup> – May 31<sup>st</sup>). The minimum Provider Membership commitment is for the full twelve-month membership year, except for new Provider Members who may join during the first membership year on a pro-rated basis.

- a) Calculations – Dues for Medicare certified providers, or multiple providers under one corporate structure, will be based on net patient revenue including home care, hospice and private duty/personal care services (see chart).

## Medicare Certified Member Dues Calculation Chart

Please use the following chart to determine the annual dues amount for your agency. Net revenue includes income for home care, hospice and private duty services.

### Medicare Certified Providers:

There is a \$1,500 fee for each Medicare Provider Number up to two (there is no additional fee for agencies with more than two). Additionally, there is a tiered assessment based on agency revenues. The tiers are as follows:

- \$3,000 for up to \$1 million in revenue; PLUS add
- \$1.40/\$1,000 for the next \$3 million in revenue; PLUS add
- \$0.70/\$1,000 for the next \$3 million in revenue; PLUS add
- \$0.35/\$1,000 for the next \$3 million in revenue; PLUS add
- \$0.20/\$1,000 for revenue over \$10 million

### **Example:**

Total Revenue	Number of Medicare Provider #s	\$1,500 per provider number, up to two	Dues for revenues up to \$1M	Next \$3M (\$1,000,001 to \$4,000,000) Add 1.40/\$1000	Next \$3M (\$4,000,001 to \$7,000,000) Add \$0.70/\$1,000	Next \$3M (\$7,000,001 to \$10,000,000) Add \$0.35/\$1,000	Remaining Revenue (over \$10,000,000) Add \$0.20/\$1,000	Dues Amount
687,888	1	1,500	3,000	0	0	0	0	4,500
734,177	1	1,500	3,000	0	0	0	0	4,500
1,297,887	2	3,000	3,000	417	0	0	0	6,417
1,553,032	2	3,000	3,000	774	0	0	0	6,774
4,265,889	1	1,500	3,000	4,200	186	0	0	8,886
7,347,553	2	3,000	3,000	4,200	2,100	122	0	12,422
10,144,800	2	3,000	3,000	4,200	2,100	1,050	229	13,579

Dues for licensed/registered providers, or multiple providers under one corporate structure, will be based on net patient revenue including home care, private duty/personal care and homemaker services (see chart below).

### Licensed/Registered Member Dues Calculation Chart

Total Revenue	Dues Amount
\$0 – \$500,000	\$750
\$500,001 – \$1,000,000	\$1,000
\$1,000,001 – \$2,000,000	\$1,250
\$2,000,001 – \$3,000,000	\$1,500
\$3,000,001 - \$4,000,000	\$1,750
\$4,000,001 – \$5,000,00	\$2,000
\$5,000,001 <i>and over</i>	\$2,500

The dues for Provider Members that provide services in more than one state will be based on those revenues derived from home care services delivered in Maine only.

- b) Review and Adjustment – The dues calculation is subject to annual review and adjustments by the Board. Provider Members will be notified in writing of changes at least thirty (30) days in advance.
- c) Payment – To remain in good standing, Provider Members must keep their dues payment current. Providers that experience difficulty in keeping their dues payments current may avail themselves of the Hardships provision of these policies.

The Alliance will contact members with dues balance outstanding for more than 30 days by letter.

A Provider Member with a dues balance outstanding for more than 60 days will be assessed a fee of \$100 and will be contacted by the Alliance’s Treasurer and/or Executive Director. This fee will be imposed for each quarter a Provider Member has

an outstanding dues balance. Providers will receive a letter notifying them that their membership benefits will be suspended until dues and fees are paid.

A Provider Member with a dues balance outstanding for more than two quarters will be notified of their membership cancellation. The Alliance will restore the member to “good standing” upon payment of all outstanding dues and fees.

- d) Hardships – In the event a Provider Member experiences a financial hardship in meeting their dues commitment, that provider should notify the Alliance office in writing as to the nature, extent and anticipated duration of the financial hardship. Such notice will be referred to the Alliance’s Executive Committee for review and recommendation to the Board within thirty (30) days.

#### **IV. MEMBERSHIP SUSPENSION/TERMINATION**

An organization may be suspended or terminated as a Provider Member for violation of Alliance established policies or other reasons, by a vote of two-thirds (2/3) of the full Board at regular or special meeting at which written notice of such proposed action has been given at least ten (10) days in advance. A Provider Member that is suspended or terminated may submit a written request for reconsideration of the decision to the Board within thirty (30) days of the date of notification. The Board will act on such requests within ninety (90) days of receipt. A vote of two-thirds (2/3) of the full Board at a regular or special meeting at which written notice of pending vote has been given at least ten (10) days in advance, shall be final and binding.

#### **V. NON-RENEWAL**

Provider Membership is considered to be automatically renewable from one membership year to the next, provided that the Provider Member is in good standing and the Provider Member has not given the Alliance written notice sixty (60) days in advance of its intention not to renew.

Non-renewing Provider Members must notify the Alliance in writing of their intention not to renew no later than April 1<sup>st</sup> of the current membership year. Provider Members that notify the Alliance of their intention not to renew after April 1<sup>st</sup> shall be assessed dues for the first quarter of the next fiscal year. Unless written notification is received sixty (60) days prior to the beginning of the second quarter, dues will again be assessed for the full quarter.

#### **VI. EFFECTIVE DATES**

The above Provider Membership and Dues Policy shall be effective June 1, 1999. The membership policies were originally approved by the Board on March 11, 1999.

#### **VII. AMENDMENT DATE**

The last amendment shall be noted below.

March 22, 2012