



MASSACHUSETTS HOSPITAL ASSOCIATION

## Membership Categories

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*MHA's membership categories target various interests within the provider community, as well as those organizations that have an interest in health care.*

**Type I - Hospitals** – This category has two designations, Group A for acute care hospitals and Group B for non-acute, specialty hospitals.

**Annual dues: Based on net patient service revenue**

**Type II - Other Health Care Providers** – This category is designated for government-owned hospitals and other health care providers including, but not limited to infirmaries, clinics, visiting nurses associations, nursing homes, extended care facilities, and medical group practices.

**Annual dues: \$9,850**

**Type III - Affiliated Members** – This category is designated for not-for-profit and for-profit organizations and others interested in MHA's objectives including: managed care organizations otherwise not eligible for Type I or II membership, as well as administrative service organizations, law or accounting firms, health care consultants and vendors to the health care industry.

**Annual dues: \$9,800**

**Type IV - Allied Members** – This category has designations for professional societies; governmental agencies; individuals who are not employees, staff, or trustees of member organizations; government-owned hospitals; and health systems whose affiliated Massachusetts hospitals are Type I members.

**Annual dues: \$1,850**

*For additional information, please call Lois Kinzer, MHA Senior Director, Member Relations at 781/262-6040 or at [lkinzer@mhalink.org](mailto:lkinzer@mhalink.org).*

\* Membership Application Forms



## Member Benefits

## Type I - Non-Acute Care Hospitals

*As a Type I, non-acute care member hospital of the Massachusetts Hospital Association, you and members of your institution receive valuable benefits including:*

### ***Opportunities to contribute to MHA's policy agenda***

- ◆ Full voting privileges.
- ◆ CEO appointed to MHA's Specialty Hospital CEOs Committee; meets quarterly with MHA President.
- ◆ One-on-one discussions with MHA's senior management staff through the CEO Visitation Program.
- ◆ Opportunities to serve on MHA committees, councils, and task forces.
- ◆ Participation in special member hospital and health system meetings and briefings.

### ***Timely Information***

- ◆ Comprehensive communications materials, including: *Monday Report; Federal and State Reporter; HMO Reports; President's Letters; Governance; Hotlines and Calls to Action*; and regular Information Advisories and Bulletins; and a number of topical and timely issue-oriented reports and ad-hoc correspondence.
- ◆ You and members of your staff will receive "Members' Only" privileges to MHA's website, including early posting of MHA's regular mailings, on-line search capabilities and other web exclusives.
- ◆ MHA Membership Directory

### ***Access to MHA staff and facilities***

- ◆ Access to MHA's professional staff to request information and assistance in dealing with complex health care issues.
- ◆ Opportunity to utilize the newly renovated, state-of-the-art MHA Conference Center at the 15% discounted member rate. MHA Conference Center facilities include rear screen projector, teleconferencing, an extensive menu of other audio visual equipment, and on-site parking.

### ***Exceptional Educational Programs***

- ◆ Invitations to attend MHA's special showcase events including MHA's Annual Meeting and Mid-Winter Leadership Forum, and all MHA educational development programs, numbering approximately 35 per year, at a reduced member rate.

### ***Valuable Networking Opportunities***

- ◆ By participating in MHA activities, you have many opportunities to interact with the major players in the Massachusetts health care community.

***Annual dues for this category are based on the hospital's net patient service revenues. For additional information, please contact Lois Kinzer, MHA Senior Director, Member Relations at 781/262-6040 or at [lkinzer@mhalink.org](mailto:lkinzer@mhalink.org).***



## Member Benefits

## Type I - Acute Care Hospitals

*As a Type I, acute care member hospital of the Massachusetts Hospital Association, you and members of your institution receive valuable benefits including:*

### **Opportunities to contribute to MHA's policy agenda**

- ◆ Full voting privileges.
- ◆ One-on-one discussions with MHA's senior management staff through the CEO Visitation Program.
- ◆ Opportunities to serve on MHA committees, councils, and task forces.
- ◆ Participation in special member hospital and health system meetings and briefings.

### **Timely Information**

- ◆ Comprehensive communications materials, including: *Monday Report; Federal and State Reporter; HMO Reports; President's Letters; Governance; Hotlines and Calls to Action;* and regular Information Advisories and special Bulletins; and a number of topical and timely issue-oriented reports and ad-hoc correspondence.
- ◆ You and members of your staff will receive "Members' Only" privileges to MHA's website, including early posting of MHA's regular mailings, on-line search capabilities and other web exclusives.
- ◆ MHA Membership Directory

### **Access to MHA staff and facilities**

- ◆ Access to MHA's professional staff to request information and assistance in dealing with complex health care issues.
- ◆ Opportunity to utilize the newly renovated, state-of-the-art MHA Conference Center at the 15% member discounted rate. MHA Conference Center facilities include rear screen projector, teleconferencing, an extensive menu of other audio visual equipment, and on-site parking.

### **Exceptional Educational Programs**

- ◆ Invitations to attend MHA's special showcase events including MHA's Annual Meeting and Mid-Winter Leadership Forum, and all MHA educational development programs, numbering approximately 35 per year, at a reduced member rate.

### **Valuable Networking Opportunities**

- ◆ By participating in MHA activities, you have many opportunities to interact with the major players in the Massachusetts health care community.

***Annual dues for this category are based on the hospital's net patient service revenues. For additional information, please call Lois Kinzer, MHA Senior Director, Member Relations at 781/262-6040 or at [lkinzer@mhalink.org](mailto:lkinzer@mhalink.org).***



# Application for Membership

Type I — Acute Care Hospitals

Hospital Name: \_\_\_\_\_  
(Please list complete official name (bracket parts of the name which are not commonly used, e.g. [Inc.]).

Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)

Telephone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_  
(Area Code/Number) (Area Code/Number)

Hospital URL/ home page on World Wide Web: \_\_\_\_\_

Number of beds (excluding bassinets): \_\_\_\_\_ Number of bassinets: \_\_\_\_\_

Total GROSS REVENUES for past two fiscal years:

Gross Revenues: \_\_\_\_\_ Year Ended: \_\_\_\_\_ Gross Revenues: \_\_\_\_\_ Year Ended: \_\_\_\_\_

Average length of patient stay (in days): \_\_\_\_\_ Year established: \_\_\_\_\_

Is the hospital accredited by the Joint Commission on Accreditation of Health Care Organizations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, through what date? \_\_\_\_\_. If no, attach a description and explanation of other quality control standards.

Organizational control: For Profit \_\_\_\_\_ Not For Profit \_\_\_\_\_

If not for profit, do you have an IRS tax-exempt determination letter?  
Yes \_\_\_\_\_ (please attach) No \_\_\_\_\_

Please provide the names of the individuals in the following hospital positions for listing in the MHA membership directory. Also, please list the exact titles of these individuals if they differ from those listed.

	<i>Title</i>	<i>Name</i>
Chief Executive Officer	_____	_____
Chief Operating Officer	_____	_____
Chief Financial Officer	_____	_____
President of Medical Staff	_____	_____
Director of Nursing	_____	_____
Board Chair	_____	_____

Name and address of person to receive mailings (if different than chief executive officer):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

With your completed application, please enclose the following items:

- A list of your hospital Board of Trustees (so that we may mail them *Monday Report and Governance*)
- A copy of your most recent annual report
- A copy of the hospital by-laws (including medical staff by-laws)
- A check for the first year's dues (dues are prorated from date received to September 30.)

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

Please mail completed application to:

Lois A. Kinzer  
Senior Director  
Member Relations  
Massachusetts Hospital Association  
5 New England Executive Park  
Burlington, MA 01803

If you have any questions about MHA membership, please call 781/262-6040.

**FOR OFFICE USE ONLY**

Type \_\_\_\_\_ Membership # \_\_\_\_\_

Check Amount \_\_\_\_\_ Date Rec'd \_\_\_\_\_

Calculation \_\_\_\_\_

Application complete and in order \_\_\_\_\_

Date Effective \_\_\_\_\_ Board Date/Approved \_\_\_\_\_



## **Member Benefits**      **Type II – Other Health Care Providers**

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*Type II members of the Massachusetts Hospital Association include government-owned hospitals and other health care providers such as infirmaries, visiting nurses associations, clinics, nursing homes, extended care facilities and medical group practices. Through membership you and employees of your institution receive valuable benefits including:*

### ***Important and Timely Information***

- ◆ Comprehensive communications materials, including: *Monday Report*; MHA's *HMO Quarterly*; Advisories, Priorities and Education announcements; as well as a number of topical and timely issue-oriented reports and ad-hoc correspondence.
- ◆ You and members of your staff will receive "Members' Only" privileges to MHA's website, including early posting of MHA's regular mailings, on-line search capabilities and other web exclusives.
- ◆ An MHA Membership Directory, including the names and titles of the CEO and the five most senior managers

### ***Access to MHA staff and facilities***

- ◆ Access to MHA's professional staff to request information and assistance in dealing with complex health care issues.
- ◆ Opportunity to utilize the MHA's state-of-the-art Conference Center at the reduced member rate. Conference Center facilities include rear screen projector, an extensive menu of other audio visual equipment, including a video-conference suite, and on-site parking.

### ***Exceptional Educational Opportunities***

- ◆ Invitations to attend MHA's annual showcase events including MHA's Annual Meeting, Mid-Winter Leadership Forum, and all MHA educational development programs, numbering approximately 35 per year, at a reduced member rate.

### ***Valuable Networking Opportunities***

- ◆ By participating in MHA activities, you have many opportunities to interact with the major players in the Massachusetts health care community.

**Annual dues for this category is \$9,850. For additional information, please contact Lois Kinzer, Senior Director, Member Relations at 781/262-6040 or at [lkinzer@mhalink.org](mailto:lkinzer@mhalink.org).**



# Application for Membership

Type II - Other Health Care Providers

**Organization:** \_\_\_\_\_  
*List official name (please bracket parts of name which are not commonly used, e.g. [Inc.])*

**Address:** \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

**Telephone Number:** \_\_\_\_\_ **FAX Number:** \_\_\_\_\_  
(Area Code/Number) (Area Code/Number)

**Chief Executive Officer:** \_\_\_\_\_  
(Name) (Title)

**Mailings should be addressed to** *(if different from CEO name and address above):*

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

**Organizational Control:** For Profit \_\_\_\_\_ Not For Profit \_\_\_\_\_

If not for profit, do you have an IRS tax-exempt determination letter?

Yes \_\_\_\_\_ *(please attach)* No \_\_\_\_\_

**Please attach the following materials to your application:**

- ◆ A brief statement of the purpose of your organization.
- ◆ A description of the services performed by your organization.

- ◆ A copy of your latest annual report.
- ◆ A list of your officers and governing board members.
- ◆ A check for the first year's dues (Oct. 1, 2007-Sept. 30, 2008 = \$9,850; prorated for a partial year membership)

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

Please mail completed form along with a check made payable to the Massachusetts Hospital Association for the amount of your first year dues to:

**Lois A. Kinzer**  
**Senior Director**  
**Member Relations**  
**Massachusetts Hospital Association**  
**5 New England Executive Park**  
**Burlington, MA 01803**

If you have any questions about MHA membership, please call Lois Kinzer at 781/262-6040.

**FOR INTERNAL OFFICE USE ONLY**

Type \_\_\_\_\_ Membership # \_\_\_\_\_

Check Amount \_\_\_\_\_ Date Rec'd \_\_\_\_\_

Calculation \_\_\_\_\_

Application complete and in order \_\_\_\_\_

Date Effective \_\_\_\_\_ Board Date/Approved \_\_\_\_\_





## ***Member Benefits***

## **Type III – Affiliated Members**

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*As a Type III member of the Massachusetts Hospital Association, you and members of your institution receive many benefits including:*

### ***Important and Timely Information***

- ◆ Comprehensive communications materials, including: *Monday Report*; *HMO Reports*; regular Advisories, Priorities and Education announcements; *plus* a number of topical and timely issue-oriented reports and ad-hoc correspondence.
- ◆ “***Members Only***” privileges to MHA’s website, including early posting of MHA’s regular mailings, on-line search capabilities and other web exclusives.
- ◆ MHA Membership Directory.

### ***Access to MHA Staff and Facilities***

- ◆ Limited access to MHA's professional staff to request information and assistance in dealing with complex health care issues.
- ◆ Opportunity to utilize the newly renovated, state-of-the-art MHA Conference Center at 15% member discounted rental rates. MHA Conference Center facilities include video-conferencing capabilities, rear screen projector, an extensive menu of other audio visual equipment, and on-site parking.

### ***Exceptional Educational Programs***

- ◆ Invitations to attend MHA's Annual Meeting and Mid-Year Forum, and all MHA educational development programs, numbering approximately 35 per year, at a reduced member rate.

### ***Valuable Networking Opportunities***

- ◆ Priority opportunities to serve as faculty or sponsor of appropriate MHA educational programs and seminars.
- ◆ Listing and description of your business on MHA’s website.
- ◆ By participating in MHA activities, you have many opportunities to interact personally with key decision makers in the Massachusetts health care community.

***The annual membership fee is \$9,800. For additional information, please contact Lois Kinzer, MHA Senior Director, Member Relations at 781/262-6040 or at [lkinzer@mhalink.org](mailto:lkinzer@mhalink.org).***



# Application for Membership

Type III Affiliated

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip Code)

Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

(Area Code/Number)

(Area Code/Number)

Chief Executive Officer: \_\_\_\_\_

(Name)

(Exact Title)

Mailings should be addressed to (if different from CEO name and address above):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip Code)

Organizational Control: For Profit  Not For Profit

If not for profit, do you have an IRS tax-exempt determination letter? Yes  (please attach) No

Please attach the following materials to your application:

- ◆ A brief statement of the purpose of your organization and services performed
- ◆ A copy of your latest annual report.
- ◆ A list of your officers and governing board members.
- ◆ A check for **\$9,800** made payable to the *Massachusetts Hospital Association* to cover the first year's dues (contact MHA for the prorated amount)

\_\_\_\_\_  
(Signed) (Title) (Date)

Please mail completed form, along with a check, made payable to the Massachusetts Hospital Association to:

Lois Kinzer, Senior Director  
Member Relations  
Massachusetts Hospital Association  
5 New England Executive Park  
Burlington, MA 01803

If you have any questions about MHA membership, please call Lois Kinzer at 781/262-6040.

**FOR INTERNAL OFFICE USE ONLY**

Type \_\_\_\_\_ Membership # \_\_\_\_\_

Check Amount \_\_\_\_\_ Date Rec'd \_\_\_\_\_

Calculation \_\_\_\_\_

Application complete and in order \_\_\_\_\_

Date Effective \_\_\_\_\_ Board Date/Approved \_\_\_\_\_



MASSACHUSETTS HOSPITAL ASSOCIATION

## ***Member Benefits***      **Type IV – Individual Allied Membership**

(One individual membership is offered to from small, health care related firms. An Individual Membership is not transferable to another company.)

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***As a Type IV member of the Massachusetts Hospital Association your benefits include:***

### ***Important and Timely Information***

- ◆ Communications materials including: *Monday Report*, MHA's comprehensive weekly newsletter and MHA Advisories; as well as Education program announcements via postal mail.
- ◆ MHA's membership directory.

### ***Exceptional Educational Programs***

- ◆ Invitations to attend MHA's annual showcase events including MHA's Annual Meeting and Mid-Winter Leadership Forum, and all MHA educational development programs, numbering approximately 35 per year, at the reduced member rate.

### ***Valuable Networking Opportunities***

- ◆ Opportunities to sponsor MHA education programs.
- ◆ By participating in MHA activities, you have many opportunities to interact with key decision makers in the Massachusetts health care community.

***The annual membership fee is \$1,850. The membership year for which this application will apply is October 1, 2008-September 30, 2009. For additional information about membership benefits, please contact Lois Kinzer, MHA Senior Director, Member Relations at 781/262-6040 or at [lkinzer@mhalink.org](mailto:lkinzer@mhalink.org).***



# Membership Application

Type IV – Individual Affiliated Membership

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Address Line 1)

\_\_\_\_\_  
(Address Line 2, optional)

\_\_\_\_\_  
(City) (State) (Zip Code)

Telephone #: (\_\_\_\_) \_\_\_\_\_ FAX #: (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Mailings should be addressed to (if being mailed to business address):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

(Signed) \_\_\_\_\_ (Title) \_\_\_\_\_ (Date) \_\_\_\_\_

Organizational Control (pls. check one): For Profit  Not For Profit   
If not for profit, do you have an IRS tax-exempt determination letter? Yes  (please attach copy) No

**Please attach the following materials to your application:**

- A brief statement of the purpose of your organization.
- A description of the services performed by your organization.
- A copy of your latest annual report.
- A check for the first year's dues in the amount of \$1,850

Please mail completed form, along with a check made payable to the **Massachusetts Hospital Association**, to:

Lois Kinzer  
Senior Director  
Member Relations  
**Massachusetts Hospital Association,**  
5 New England Executive Park, Burlington, MA 01803

*If you have any questions about MHA membership and benefits, please call Lois Kinzer at 781/262-6040.*

**FOR INTERNAL OFFICE USE ONLY**

Name: \_\_\_\_\_ Membership # \_\_\_\_\_ Ck.Amt: \$ \_\_\_\_\_ Ck.# \_\_\_\_\_ Date Rec'd: \_\_\_\_\_ Calculation \_\_\_\_\_  
Application complete: (Yes) (No) Date BOT Approval: \_\_\_\_\_ **Effective Date of Membership:** \_\_\_\_\_



## **Member Benefits**

### **Type IV – Government-Owned and Philanthropic Hospitals**

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*As a Type IV member of the Massachusetts Hospital Association, you and members of your institution receive many benefits including:*

#### ***Important and Timely Information***

- ◆ Communications materials, including: *Monday Report*, MHA's comprehensive weekly newsletter; Information Advisories, Priorities and Education announcements.

#### ***Opportunities to contribute to MHA's policy agenda***

- ◆ Opportunities to serve on MHA committees and task forces.
- ◆ Participation in special membership meetings.

#### ***Access to MHA Staff and Facilities***

- ◆ Access to MHA's professional staff to request information and assistance in dealing with complex health care issues.
- ◆ Opportunity to utilize the newly renovated, state-of-the-art MHA Conference Center at the reduced member rate. MHA Conference Center facilities include rear screen projector, an extensive menu of other audio visual equipment including a video-conference suite, and on-site parking.

#### ***Exceptional Educational Opportunities***

- ◆ Invitations to attend MHA's annual showcase events including MHA's Annual Meeting and Mid-Winter Leadership Forum, and all MHA educational development programs, numbering approximately 35 per year, at the reduced member rate.

#### ***Valuable Networking Opportunities***

- ◆ By participating in MHA activities, you have many opportunities to interact with the major players in the Massachusetts health care community.

*The annual membership fee is \$1,850. For additional information about membership benefits, please contact Lois Kinzer, MHA Senior Director, Member Relations at 781/262-6040 or at [lkinzer@mhalink.org](mailto:lkinzer@mhalink.org).*