

MEMBERSHIP APPLICATION INSTITUTIONAL VOTING MEMBERS

Institutional Voting Members include acute inpatient, specialty or general hospitals and health systems and other qualified healthcare institutions as determined by the Board which are licensed in New Mexico.

Facility Name _____

Chief Executive Officer Name & Title _____

Street Address _____

P. O. Box _____ City _____ State _____ Zip _____

Telephone Number (____) _____ Facsimile (____) _____ E-mail _____

Chief of Medical Staff _____

Number of Beds: Licensed Capacity _____ Operational _____

Accreditation/Certification: JCAHO Medicare Medicaid NCQA Other

Total Gross Expenses: \$ _____ for fiscal year ending _____

Service: Indicate the ONE category best describing the type of service the facility provides to the majority of admissions.

- | | |
|---|--|
| <input type="checkbox"/> Alcoholism/Chemical Dependency | <input type="checkbox"/> Pediatric |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> General Acute Care | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Obstetrics/Gynecology | <input type="checkbox"/> Tertiary Care |
| <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Specialty/Other (specify) _____ |

Ownership: Provide name of owning entity and check appropriate category:

- | Governmental | Investor-Owned, For Profit | Not-For-Profit |
|--|--------------------------------------|---|
| <input type="checkbox"/> City | <input type="checkbox"/> Corporation | <input type="checkbox"/> Church |
| <input type="checkbox"/> County | <input type="checkbox"/> Partnership | <input type="checkbox"/> Other Non-Profit |
| <input type="checkbox"/> City/County | <input type="checkbox"/> Individual | |
| <input type="checkbox"/> Hospital District | <input type="checkbox"/> Association | |
| <input type="checkbox"/> State | | |
| <input type="checkbox"/> Federal | | |

Multi-hospital System: Is the institution a part of a multi-hospital system? Yes No

If yes, name of system _____
How is facility related to system? Owned Leased Management Contract Affiliation Agreement

Alliance: Is facility member of an alliance? Yes No
If yes, please provide name of alliance (i.e. VHA, Premier, CHA etc) _____

Membership: Is facility a member of other local, state, or national trade associations? Yes No
If yes, please give name(s) of association(s) _____

Signature

Date

MEMBERSHIP APPLICATION INSTITUTIONAL VOTING MEMBERS

Institutional Voting Members include acute inpatient, specialty or general hospitals and health systems and other qualified health care institutions as determined by the Board which are licensed in New Mexico. Dues formula is based upon Medicare cost report. Dues for institutions deemed eligible for voting membership that do not complete a Medicare cost report shall be based upon a comparable and relative measurement of size, depending upon the type of facility. Institutional voting members receive the following benefits:

Governance Opportunities

- Voting privileges in the General Assembly
- Board of Directors eligibility for member's chief executive officer
- Committee participation

Advocacy and Policy Services

- Representation/advocacy on legislative issues
- Intervention with state agency and other governmental regulation bodies

Publications/Resources

- Membership directory –available through “Members Login” section of Web Site
- Selected information services and reports
- NMHA Update – sent via e-mail; also located in “Members Login” section of Web Site
- Legislative Updates; during session
- Information on national regulatory issues
- Legal Manual – available on compact disc for downloading to any hospital departments
- NMHA Website, includes links to state and national health care organizations

Member Services

- Hospital Services Corporation services
- Eligibility for Joint Unemployment Compensation Program
- Eligibility for New Mexico Hospital Workers' Compensation Group
- Access to State Auxilian organizations
- General technical support

Dues Calculation

- Voting membership dues are based upon expenses, taken from the Medicare Cost Report, Worksheet A, Column 7, Line 101, which includes reclassifications, adjustments, and non-reimbursable cost centers.
- Exceptions to expenses used to determine dues will be limited to one hundred percent (100%) of the costs truly related to unique situations, which are defined as school of medicine expenses; intern-resident expenses; health plan expenses; research expenses; and expenses related to sub-providers with a separate voting membership.
- The dues schedule shall be calculated based upon the following millage:
 - \$1.87/\$1,000 - 1st 3.236 million
 - \$1.23/\$1,000 - next 3.236 million
 - \$0.81/\$1,000 - next 3.236 million
 - \$0.53/\$1,000 - next 3.236 million
 - \$0.35/\$1,000 - Balance
- It is agreed that the institution will abide by the Association's bylaws and will pay its membership dues promptly.

It is understood that this completed application will be referred to NMHA's Board of Directors for consideration. After action by the NMHA Board of Directors, the applicant will be notified by letter. It is also understood that before becoming a member, prorated dues must be remitted for the current year. Continuation of membership is contingent upon the continued remittance of dues.