

**KANSAS HOSPICE AND PALLIATIVE CARE ORGANIZATION
KHPCO 2005 Membership Enrollment/Information Form**

KHPCO Membership is for January 1 through December 31, 2005
Please return to KHPCO by January 31, 2005

*This information is important to KHPCO to use for referrals, KHPCO directory and website.
Please notify KHPCO of any revisions during the year to ensure the information is current.*

*You may print the form to complete, attaching additional pages as needed or you may
complete the form electronically. Please return the dues via "snail" mail*

PLEASE PROVIDE THE FOLLOWING INFORMATION:

NAME OF HOSPICE:

STREET ADDRESS:

MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS, I.E., PO BOX NUMBER):

CITY, STATE, ZIP:

TELEPHONE NUMBER:

TOLL FREE NUMBER:

FAX NUMBER:

EMAIL ADDRESS:

WEBSITE (URL):

MAY KHPCO/LIFE PROJECT LINK TO WEBSITE? YES NO

If your hospice has more than one office and you would like the directory to list other offices, then please attach the additional information.

PROVIDER MEMBERSHIP DUES are based on patients served annually:

Special note:

- 1) Hospice provider membership dues are paid on each Hospice Medicare Certification number.
- 2) Multiple locations serving under one provider number pay one set of dues based on total numbers of patients served in total hospice service area
- 3) Multiple locations with separate provider numbers pay separate dues on each provider number based on the total numbers of patients served under each provider number

Dues for 2005...

If your hospice served <u>0 to 25</u> patients last fiscal year	pay \$200
If your hospice served <u>26 to 50</u> patients last fiscal year	pay \$250
If your hospice served <u>51 to 100</u> individuals last fiscal year	pay \$150 + \$3/patient
If your hospice served <u>101 to 250</u> patients last fiscal year	pay \$350 + \$1/patient
If your hospice served <u>more than 250</u> patients last fiscal year	pay \$475 + \$0.50/patient

Use this formula to help calculate your dues:

How many patients did your hospice serve during fiscal year 2004? _____

Base fee: \$ _____

Per patient fee (0 if served less than 50 patients last year): \$ _____

Total due:

\$ _____

Please forward this application along with your dues to KHPCO by January 31, 2005. After January 31, 2005 membership mailings and services will be held until membership dues are received. If you have any questions, please contact the KHPCO office at 316-263-6380.

Each KHPCO provider member must designate one delegate as the provider member representative to the KHPCO Board of Directors. Who do you designate to represent your hospice for 2005?

Name:

Email:

Telephone:

Please note: KHPCO meetings are open to any staff, board or volunteer of a member hospice. If the official delegate is unable to attend a members' meeting, an alternate may be named. This requires that a letter, sent on organization letterhead and signed by official delegate, be sent with the alternate to the members' meeting.

CONTACT PERSONS (Please provide names, phone and email addresses for each person)
(This information will be included in the KHPCO directory and on the website)

Program Director:

Medical Director:

Director of Nursing:

Patient Care Coordinator:

Social Work:

Bereavement:

Pastoral Care:

Volunteer Coordinator:

Referral Person:

Billing/Finance Contact Person:

Chair, Board of Directors:

Please attach additional names you would like to include for contact information.

Please attach additional email addresses to receive KHPCO's a) weekly email Newsflashes; b) LIFEline; and c) updates...(PLEASE KEEP KHPCO INFORMED OF CHANGES OR REVISIONS)

All KHPCO member organizations are expected to have at least one representative serve on a KHPCO committee(s) or task group(s). Please list member(s) interested in serving a committee...

KHPCO 2004 Committee and Task Groups

Nominating Committee (standing committee)

Education Committee (standing committee)

Membership/Governance/Budget Committee (standing committee)

Public Policy Committee (standing committee)

Palliative Care Committee

Hospice/VA Partnership Committee

Payor Task Force

Please circle the county(ies) included in your hospice's coverage area...

*Place asterisk by those counties if you have some limits or only serve portion of the county...
asterisk will mean "Some limitations apply...please contact the hospice for specific details."*

This item is important because KHPCO receives calls and inquiries for referrals...
callers or internet users are given the names of all KHPCO hospices that serve in that county.

Counties are alphabetically reading left to right...

Allen	Anderson	Atchison	Barber
Barton	Bourbon	Brown	Butler
Chase	Chautauqua	Cherokee	Cheyenne
Clark	Clay	Cloud	Coffey
Comanche	Cowley	Crawford	Decatur
Dickinson	Doniphan	Douglas	Edwards
Elk	Ellis	Ellsworth	Finney
Ford	Franklin	Geary	Gove
Graham	Grant	Gray	Greeley
Greenwood	Hamilton	Harper	Harvey
Haskell	Hodgeman	Jackson	Jefferson
Jewell	Johnson	Kearny	Kingman
Kiowa	Labette	Lane	Leavenworth
Lincoln	Linn	Logan	Lyon
Marion	Marshall	McPherson	Meade
Miami	Mitchell	Montgomery	Morris
Morton	Nemaha	Neosho	Ness
Norton	Osage	Osborne	Ottawa
Pawnee	Phillips	Pottawatomie	Pratt
Rawlins	Reno	Republic	Rice
Riley	Rooks	Rush	Russell
Saline	Scott	Sedgwick	Seward
Shawnee	Sheridan	Sherman	Smith
Stafford	Stanton	Stevens	Sumner
Thomas	Trego	Wabaunsee	Wallace
Washington	Wichita	Wilson	Woodson
Wyandotte			

KHPCO uses the following information in a variety of reports but information is used in ways that protect anonymity of providers

Agency type:

- Free Standing Hospital Based Home Health Based Nursing Home Based

Ownership:

- Voluntary (not-for-profit) Proprietary (for profit) Government

Location

- Primarily Urban Mixed Urban and Rural Primarily Rural

Patients served during past fiscal year:

Average Daily Census during past fiscal year:

Average Length of Stay during past fiscal year:

Median Length of Stay during past fiscal year:

Percent (%) of patients served less than 7 days during past fiscal year:

Percent (%) of patients served greater than 180 days during past fiscal year:

Does your hospice operate one or more dedicated hospice facilities or units? Yes No

Patient Demographics by Age (please report # of persons):

_____ 0-17 _____ 18-34 _____ 35-64 _____ 65-74 _____ 75-84 _____ 85+

Patient Demographics by Gender (please report # of persons):

_____ Male _____ Female

Patient Demographics by Race (please report # of persons):

_____ American Indian or Alaskan Native _____ Black or African American
_____ Asian, Hawaiian or Other Pacific Islander _____ White
_____ Other race or races

Patient Demographics by Payor Source (please report # of persons and primary payor source)

_____ Medicare _____ Medicaid _____ BC/BS of Kansas _____ Other 3rd Party Payor
_____ No Insurance

Patient Demographics by Diagnosis (please report # of persons by primary diagnosis):

_____ Cancer _____ Heart _____ Dementia _____ Lung _____ Kidney
_____ Liver _____ HIV _____ Stroke/Coma _____ Motorneuron
_____ Debility Unspecified _____ Other

Number of veterans served during past fiscal year:

**PLEASE complete and submit the NHPCO National Data Set.
KHPCO is interested in accessing Kansas specific data from that information.**