



## 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:**  Joint Commission  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:

- | <b>Governmental</b>                        | <b>Investor-Owned, For Profit</b>    | <b>Not-For-Profit</b>                     |
|--|--------------------------------------|---|
| <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
- Member FYI – a weekly activities report from NMHA's CEO
- NMHA Update – sent via e-mail; also located in “Members Login” section of Web Site
- Legislative Updates; during session
- Patient Safety Newsletters – monthly publication
- 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 200, which includes reclassifications, adjustments, and non-reimbursable cost centers.

- 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.