CHAPCA provides:

- Legislative and regulatory advocacy
- Hospice referrals to CHAPCA members
- Educational training for providers
- Regulatory guidance & technical assistance
- Collaboration with others that share an interest in end-of-life care

Sound interesting? JOIN US!
California Hospice & Palliative Care Association

Vision: The California Hospice & Palliative Care Association envisions a future where every patient and family is aware of hospice and palliative care services and has access to them.

Mission: To support the Association members’ mission of providing high quality hospice and palliative care services to patients and their caregivers and to provide leadership in advocating on behalf of hospice and palliative care in the states we serve.

Hospice is growing exponentially

The Medicare Hospice Benefit has grown dramatically since its inception in 1983. Between 2000 and 2004, the total number of hospice users rose 50%, while the total number of covered days of hospice care doubled. Hospice is expanding at a rate of 30-35% per year, faster than most other areas of health care. While this is good for the patients and families we serve, it is drawing attention and scrutiny from Congress, the Centers for Medicare and Medicaid Services (CMS) and the Medicare Payment Advisory Commission (MedPAC), which advises Congress on Medicare issues.

Change, change, change

• CHAPCA has been there for you in the past and we’ll be your voice for quality hospice care in the future. The challenges are constant...
• Maintaining the optional Medi-Cal hospice benefit in a time of state deficits.
• Moving legislation forward to protect and expand hospice care.
• Implementing the new CoPs.
• Preparing for cuts in reimbursement at the federal level.
• Working with the Medical Payment Advisory Commission (MedPAC), the federal commission that advises Congress on health issues and the Office of the Inspector General (OIG) to be certain they understand hospice and its issues.
• Leading a statewide grassroots effort to visit and educate every state and national legislator -- and his/her staff -- about quality care at the end of life.
• Being at “the table” in the Capitol, with regulatory agencies, with other healthcare providers and with coalitions, advocating every step of the way for you and for your patients.

Hospices received 83% of their reimbursement from Medicare; 7% from Medi-Cal/Medicaid; and almost 9% from third party payors. CHAPCA is your link to the agencies that provide 99% of the reimbursement you receive. Your dues make it possible for the association to represent you. You can’t be in the state capitol, Baltimore and Washington, D.C. to speak for yourself -- support CHAPCA now so that we can be your voice for quality hospice care.
**CHAPCA Membership**

**Categories**

**PROVIDER MEMBERS**
Corporate agencies or individual companies that provide hospice care, including hospice in-patient facilities licensed as CLHF B, are eligible to be Provider members of CHAPCA. Provider member dues are based on the actual operating expenditures for hospice care during the previous fiscal year for that single office. Providers with multiple offices or branches should calculate dues for each individual office location. Corporate discounts are available to agencies with four or more locations/offices in their network. Providers are encouraged to register each office so they can be included in CHAPCA’s on-line membership directory and in referrals from our office. In addition, every employee of a member provider office is considered a CHAPCA member for purposes of registration for educational programs and other services provided by CHAPCA. If you have questions relative to calculating corporate discounts, please call the CHAPCA office at 916.925.3770.

**PALLIATIVE CARE MEMBERS**
Individuals, hospitals, medical groups or hospices that provide palliative care consultations are eligible to be Palliative Care members of CHAPCA. Palliative Care membership dues are based on the number of palliative care consultations provided during the previous calendar year.

**RCFE MEMBERS**
Residential Care Facilities for the Elderly may belong to CHAPCA. RCFE membership dues are based on the number of beds in the facility.

**PROFESSIONAL (INDIVIDUAL) MEMBERS**
Any individual may join CHAPCA as a member.

**ASSOCIATE MEMBERS**
Any individual or company that provides a product or service to the hospice industry may be an associate member. Hospice care providers are not eligible to be associate members.

**Dues**

1. **PROVIDER MEMBER (BASE) DUES:** CHAPCA Provider Member dues are based on the previous year’s operating expenditures for hospice programs.
   - Less than $99,999 ...................................................... $435
   - $100,000 - $999,999 .............................................. $1,675
   - $1,000,000 - $4,999,999 ........................................... $2,575
   - $5,000,000 - $9,999,999 ........................................... $3,850
   - More than $10,000,000 ........................................... $5,500

2. **VOLUNTEER (NON-LICENSED) HOSPICE DISCOUNT:** Non-licensed/non-certified volunteer hospices that do not charge for services and do not receive any payment for services rendered qualify for a 10% discount on base dues.

3. **MULTIPLE LOCATIONS (BRANCH OFFICES):** Additional hospices operating under the same Medicare provider number as the parent office may join CHAPCA for $435 per location. In order for a branch office to belong, the parent office must be a member.

4. **PROVIDER CORPORATE DISCOUNT:** Corporations with 4 or more member hospices providing services in California and/or Nevada under separate Medicare provider numbers qualify for a discount. The 3 hospices with the highest estimated operating expenses must pay full dues, while each additional hospice program receives a 20% discount on base dues for that office/hospice.

5. **PALLIATIVE CARE MEMBERSHIP DUES:** Palliative Care Member Dues are based on the number of palliative care consultations provided during the previous calendar year.
   - Professional (individual) ........................................... $95
   - Less than 100 consultations ...................................... $300
   - 101 to 300 consultations .......................................... $500
   - 301 to 500 consultations .......................................... $750
   - More than 501 consultations ..................................... $1,000

6. **RCFE PROGRAM MEMBERSHIP DUES:** RCFE Membership Dues are determined by the number of beds in the facility.
   - 1 – 6 Beds ................................................................. $50
   - 7 – 15 Beds ............................................................... $75
   - 16 – 49 Beds ............................................................. $100
   - 50+ Beds ................................................................. $175

7. **PROFESSIONAL MEMBERSHIP DUES:** CHAPCA Professional (Individual) Membership Dues are $125.00 per year. Benefits apply ONLY to the professional member and not to co-workers, other related individuals, or the member’s employer.

8. **ASSOCIATE MEMBERSHIP DUES:** CHAPCA Associate Membership Dues are $650.00 per year.
ALL MEMBERS of CHAPCA receive the following benefits with membership:

- Regulatory Presence with CMS, DPH, DSS, OSHPD and other state agencies
- Legislative advocacy
- Member communications about the latest research and trends in hospice and palliative care
- Significant discounts on hospice education
- Technical assistance
- Networking opportunities

PROVIDER, PALLIATIVE CARE and RCFE MEMBERS & THEIR STAFF also receive:

- Hospice referrals to members through the phone, community events and our website
- Discounts on advertising and publications
- Regulatory e-mail alerts
- Discounts on exhibiting at annual conferences

ASSOCIATE MEMBERS & THEIR STAFF also receive:

- Referrals of those looking for hospice related products and services
- Comprehensive online listing and direct link to your own website
- An annual copy of the mailing list
- Discounts on advertising
- Discounts on exhibiting at annual conferences