



Niagara Health Quality Coalition

Improving Quality Through Cooperation

MEMBERSHIP APPLICATION

Date: _____

I. **COMPANY/ORGANIZATION:** _____

Address: _____ City/State/Zip: _____

A. **GENERAL INFORMATION:** Industry: _____

Total US workforce: _____ Western New York workers: _____ New York State workers: _____ Total retirees: _____

Health plans & Vendors: (List the names of those you currently have contracts)

- a. PPO(s): _____
- b. HMO(s): _____
- c. PBM: _____
- d. Disease management vendor: _____
- e. Consumer-directed plan: _____

B. **CONTACT: Please identify two people to be the primary contact for NHQC:**

(Associate Members: Please list the person responsible for your firm's employee benefits as one contact)

Contact's Name: _____ Title: _____

Address: _____ City/State/Zip Code: _____

Telephone: _____ Fax: _____ E-mail: _____

Contact's Name: _____ Title: _____

Address: _____ City/State/Zip Code: _____

Telephone: _____ Fax: _____ E-mail: _____

If there are other personnel you would like us to include in NHQC mailings and program notices, attach a separate sheet of paper with their names, titles, emails and phone numbers and if their address is different than above.

II. **DUES: Membership is for 12 months, billed July. (Identify & enclose the appropriate amount)**

A. **Business Members:** Dues for private employers are based on the number of active WNY employees:

Dues are \$4.00 per employee to a max of \$7,500. Minimum employer dues are \$2,000.
(Dues: \$ _____)

B. **Government and non-profit voluntary and research organization:** Dues are 50% off standard rate. A non-profit organization, whose primary business is delivering health care services, will be treated as private employer member and is to pay the standard rate. (Dues: \$ _____)

C. **Associate Members:** Dues for organizations whose primary business is providing employers consulting or other benefit-related services/products are:
<100 employees: \$2000; 100+ employees: \$7000 (Dues: \$ _____)

D. **Pharmaceutical members:** Dues are \$3500 (Dues: \$ _____)

E. Client of _____, an Associate Member of NHQC. (Dues: \$ _____)
(30% discount for Associate Members sponsored by an NHQC business member.)



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Please make check payable to: Niagara Health Quality Coalition and mail to the address below. If you have any questions contact Bruce Boissonnault, President & CEO (716) 250-6472 x12. Thank you for your participation and support.

Gain the Value of Coalition Membership

NHQC offers an employer the ability to gain strategic insight, share health benefit management experiences with peers, acquire leading-edge and trend information, and obtain the leverage of a large group for purchasing health benefit services.

Membership Services & Benefits

NHQC provides powerful connections and vital health benefit solutions to employers through three primary services:

- NHQC Quality and Community Solutions;
- Employer Network; and
- Provider Network

Each service connects all members into the collective knowledge, experience and power of regional and national employer leaders. **For more information, contact Bruce Boissonnault at 716-250-6472.**

Quality and Community Solutions

NHQC's Quality and Community Solutions projects turn knowledge into action. NHQC develops and supports initiatives that improve transparency and improve community health care. Initiatives include:

- **New York State Hospital Report Card^(SM)**, a project examining the quality of care at every New York hospital for 28 procedures and conditions.
- **New York State Preventable Hospitalizations Report^(SM)**, a report of preventable hospitalizations for every county in New York State.
- **New York State Appropriate Health Care Report^(SM)**, an employer-led initiative advocating improved adherence to specific treatment guidelines where consistent application of the guidelines is inadequate.
- **Western New York Patient Survey Report of Hospital Quality^(SM)**, provides the opportunity for participating hospitals to collaborate on quality improvement.

Joining NHQC – There are three membership categories:

- **Business Member:** A private or public employer which purchases health benefits for employees, or non-profit organization with interest in health care, that is represented by the person(s) responsible for managing the benefits for the organization's employees.
- **Associate Member:** An organization which provides consulting, services or products to employers that offer health benefits.
- **Pharmaceutical Member:** A pharmaceutical or medical device manufacturer.

For more information, contact Bruce Boissonnault at 716-250-6472 ext. 12.