

MEMBERSHIP APPLICATION

Membership in the Network for Regional Healthcare Improvement (NRHI) is open to Regional Health Improvement Collaboratives (RHICs) which meet the criteria established by the NRHI Board of Directors. To join NRHI as a Full Member or Associate Member, the organization must:

- Be a non-profit organization;
- Be working to improve healthcare quality and value through an active program of quality measurement and public reporting or an active program of quality/value improvement or both;
- Be focused on a specific geographic region (typically either a metropolitan area or state); and
- Have representation from four types of stakeholders on its governing board:
 1. Healthcare providers (hospitals, physician groups, physicians, home health agencies, nursing homes, etc.);
 2. Healthcare purchasers (employers who purchase health insurance for their employees, state Medicaid agencies that contract with health plans for care, etc.);
 3. Healthcare payers (private health insurance plans, state Medicaid agencies that directly pay for care, etc.); and
 4. Healthcare consumers or consumer organizations.

SECTION I: APPLICANT AND CONTACT INFORMATION

**ORGANIZATION
NAME:**

ADDRESS:

Street Address 1

Street Address 2

City, State, Zip

**CEO or
Executive
Director:**

Name

Title

Telephone

Email Address

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SECTION II: ORGANIZATIONAL STRUCTURE

A. Please indicate your corporate and IRS tax status:

- Non-profit 501(c)(3)
- Non-profit 501(c) status other than 501(c)(3)
- Other: _____

B. Please attach a copy of the relevant section of your corporate or organizational bylaws describing the requirements for composition of your governing body.

C. Please attach a list of the current members of your governing body.

D. Please describe the current members of your governing body. How many members of the governing body are:

- _____ Practicing physicians
- _____ Individuals employed by or representing physicians or physician practices, but not practicing physicians
- _____ Individuals employed by or representing hospitals
- _____ Individuals employed by or representing other healthcare providers or suppliers (e.g., nursing homes, home health agencies, pharmaceutical companies, etc.)
- _____ Individuals employed by or representing private (non-healthcare provider) purchasers (i.e., private businesses that do not deliver healthcare services or manufacture healthcare products or medications, and that offer health insurance to their employees)
- _____ Individuals employed by or representing public purchasers (i.e., government agencies that purchase health insurance for the government's employees, or state Medicaid agencies)
- _____ Healthcare consumers (individuals who do not meet the criteria for any of the above categories and whose presence is intended to represent consumer and patient interests)
- _____ Other: _____
- _____ Other: _____
- _____ TOTAL MEMBERS OF THE GOVERNING BODY AS OF _____

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SECTION III: PROGRAMS AND ACTIVITIES

A. Please describe the geographic area that you serve:

B. Do you have a program for quality/cost measurement and reporting?

- We have an active program. (Please attach a brief description.)
- We have an active program of measurement, but we do not do public reporting at this time. (Please attach a brief description.)
- We are planning a program for measurement and reporting, and we expect it to be operational by: _____. (Please attach a brief description.)
- We do not have and are not currently planning to have a program for measurement and reporting of quality or cost measures.
- Other:

C. Do you have an active program for improving quality and/or reducing costs of healthcare services in the community you serve (other than measuring and reporting on quality and costs)?

- We have an active program. (Please attach a brief description.)
- We are planning a program and expect it to be operational by: _____. (Please attach a brief description.)
- We do not have and are not currently planning to have a program for improving quality or reducing costs of healthcare services other than measurement and reporting.
- Other:

EMAIL THIS APPLICATION AND ANY SUPPORTING MATERIALS TO:

**Elizabeth Mitchell
President and CEO
Network for Regional Healthcare Improvement
EMitchell@NRHI.org**