

2027 Membership

Any California hospital with an operating Labor and Delivery Unit or Obstetrics Unit is invited to join CMQCC. For more information about joining, please contact membership@cmqcc.org. An overview of CMQCC's membership structure is available [here](#).

Our goal is to enable participation by all interested hospitals. We strive for fees that are fair, affordable, and consistent with the value received. Discounts are available as noted below.

Pricing: Single Sites and 2-Site Systems

If your hospital is a single standalone facility or in a network of two hospitals, your membership fee is **\$12,400/year** per site.

Pricing: 3+ Site Systems

If your hospital is part of a system with more than two hospitals, discounted pricing is available contingent on the number of system hospitals that **continue** CMQCC participation in 2027. All systems with three or more hospitals **must** pay their hospitals' membership fees via a **single invoice** in order to receive the system discounts noted below.

System Discount Criteria	Annual Fee Per Site		
	3-5 Sites	6-14 Sites	15+ Sites
Annual Fee per Site: Hospital invoices and/or Continued Participation Standard* not met	\$12,400	\$12,400	\$12,400
Annual Fee per Site: System invoice and Continued Participation Standard* met	\$9,900	\$9,200	\$8,400

**Continued Participation Standard: All system hospitals that are CMQCC members in Calendar Year 2026 must continue to participate in Calendar Year 2027 (barring closures) in order for each site to receive the system discount.*

Pricing: Need-Based Discounts/CMQCC Scholarships

If your hospital meets the criteria below and formally applies for a CMQCC scholarship**, you may be eligible for the following discounted membership fees.

Need-Based Discount Criteria	Annual Fee Per Site
A. <1,000 annual births and 70% or more Medi-Cal Patients Or <750 annual births and 60% or more Medi-Cal Patients Or <500 annual births and 50% or more Medi-Cal Patients Or a formally recognized Critical Access Hospital	\$3,300
B. 1,000+ annual births and 80% or more Medi-Cal Patients	\$6,600

****Scholarship applications are sent out every fall. If your hospital is approved for a scholarship for a specific calendar year, it is only guaranteed for that calendar year unless otherwise noted in the scholarship application.**

Invoices are sent in February of each calendar year for payment due in April of that same calendar year.

MAILING ADDRESS: