



County Provider Member Dues Application - 2012



Agency Name (Home Care Parent) _____

CEO/Authorized Representative _____

Address _____

Email _____

Direct Phone _____

City/State/Zip _____

Main Phone _____

Fax _____

Three Membership Options: Please select one of the following three packages for HCA Membership/Dues

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Package One – Full HCA Membership

Under this package, County (Sponsored) Programs will pay dues based on patient revenue and the corresponding dues level (see structure below). Benefits include all member benefits, publications, and services provided by the Association, as well as some enhanced (County Only) benefits both of which include:

- Communications (ASAP, E-lets, and other publications)
- An additional 15% discount on ALL HCA education programs and attendance at HCA Free Programming
- Two for one registration at our signature events (Annual Meeting, Senior Financial Managers Conference, and Quality and Technology Conference)
- Staff/Technical Assistance on pressing policy issues
- Assistance with locating alternative-priced accommodations when attending multi-day workshops

HCA dues are for a calendar year, based on the agency's total home care patient revenue reported from your most recently completed fiscal year. If an agency has affiliated entities, the agency must add the revenue of all affiliates to the agency's revenues to determine the total home care patient revenue. **Mandatory inclusion of the agencies audited, consolidated, financial statement, including the functional schedule (related to home care) must be included with this application. HCA will not disclose this information for any purpose to any party outside the Association.**

Step 1: Determine Total Revenue

Please show the following to determine your Total Revenue:

	Patient Revenue	NYS Operating Certificate #	Agency Name
<input type="checkbox"/> CHHA	\$ _____	_____	_____
<input type="checkbox"/> LTHHCP	\$ _____	_____	_____
<input type="checkbox"/> LHCSA	\$ _____	_____	_____
<input type="checkbox"/> Home Attendant	\$ _____	_____	_____
<input type="checkbox"/> MLTC/PACE	\$ _____	_____	_____
<input type="checkbox"/> Hospice	\$ _____	_____	_____
<input type="checkbox"/> Other Affiliates	\$ _____	_____	_____

Total Revenue: \$ _____

Step 2: Calculate Dues

Total Patient Revenue Scale

<input type="checkbox"/> \$150,000,001 or greater	\$40,500
<input type="checkbox"/> \$50,000,001 to \$150,000,000	\$25,500
<input type="checkbox"/> \$30,000,001 to \$50,000,000	\$16,500
<input type="checkbox"/> \$21,000,001 to \$30,000,000	\$14,500
<input type="checkbox"/> \$11,000,001 to \$21,000,000	\$12,500
<input type="checkbox"/> \$6,000,001 to \$11,000,000	\$11,500

Total Patient Revenue Below \$6,000,000 – Use this formula:

$$.00174 \times \frac{\text{Total Patient Revenue}}{\text{Total Patient Revenue}} = \frac{\text{Total Dues Amount}}{\text{Total Dues Amount}}$$

If the "Total Dues Amount" calculated above is less than \$2,500., your agency's 2012 membership dues are \$2,500.

Total 2012 Dues \$ _____

Step 3 – Certify Information

I certify that the above revenue information is true and correct: _____

Authorized Signature

Title (CEO, Administrator, CFO)

Date

See next page for other membership package options and payment details

