Managed Long Term Care Provider
Member Dues Application - 2012

HCA HOME CARE ASSOCIATION OF NEW YORK STATE

Annual Dues

Managed Long Term Care (MLTC) programs that are part of a system that provide other types of home care (such as a CHHA, LTHHCP or LHCSA) should use HCA's Provider Membership Dues Application. HCA dues are for a calendar year based on the agency's total home care patient revenue in New York reported from your most recently completed fiscal year. Freestanding MLTCs, or those MLTCs that are part of a system that are not providing any other type of home care services (such as a hospital system) must add the revenue of ALL home care affiliates to the agency's revenues to determine the total home care patient revenue. For questions about your application, please contact Laura Constable, Senior Director of Member Services, at lconstable@hcanys.org or 518-810-0660.

Agency Name (Home Care Parent) _____ CEO/Authorized Representative _____

Address _____ Email _____ Direct Phone _____

City/State/Zip _____ Main Phone _____ Fax _____

Step 1 – Determine Total Revenue

Please show the following to determine your Total Revenue:

☐ MLTC Agency Name _____

$_____ Patient Revenue _____ NYS Operating Certificate #

☐ MLTC Agency Name _____

$_____ Patient Revenue _____ NYS Operating Certificate #

☐ MLTC Agency Name _____

$_____ Patient Revenue _____ NYS Operating Certificate #

Total Revenue: $_____

Step 2 – Calculate Dues

$400 million or greater	$40,000.
$200 million to $399,999,999	$30,000.
$100 million to $199,999,999	$20,000.
$50 million to $99,999,999	$15,000.
$49,999,999 million or under	$10,000.

Total Dues: $_____

Step 3 – Certify Information

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

_____
Authorized Signature

_____ _____
Title (CEO, Administrator, CFO) Date

Step 4 – Indicate Method of Payment

Charge the full amount to credit card: VISA ☐ MasterCard ☐ AMExp ☐ Discover ☐

_____ _____
Card Number Expiration Date

_____ _____
Printed Name Authorized Signature

Or choose another payment method:

☐ Check will follow for the full amount payable to: Home Care Association of NYS, 194 Washington Avenue, Suite 400, Albany, NY 12210

☐ Pay dues on a quarterly basis. Please note you will only receive one invoice but will receive quarterly statements as a reminder.

Please fax this completed application to 518-426-8788 or mail to HCA, 194 Washington Avenue, Suite 400, Albany, NY 12210