

Managed Long Term Care Provider Member Dues Application - 2013



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:

<input type="checkbox"/> MLTC	Agency Name _____
	\$ _____ Patient Revenue
	_____ NYS Operating Certificate #
<input type="checkbox"/> MLTC	Agency Name _____
	\$ _____ Patient Revenue
	_____ NYS Operating Certificate #
<input type="checkbox"/> 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

Or choose another payment method:

- Check will follow for the full amount payable to: Home Care Association of NYS, 388 Broadway, 4th Floor, Albany, NY 12207
- Pay dues on a quarterly basis. Please note you will only receive one invoice but will receive quarterly statements as a reminder.

Card Number	_____	Expiration Date	_____
Printed Name	_____	Authorized Signature	_____