Managed Long Term Care Provider - Member Dues Application - 2017



Agency Name:							
CEO/Authorized Rep:							
Address:							
City/State/Zip,,							
Email/Direct Phone:							
Main Phone/Fax:							
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 must report total home care patient revenue. For questions about your application, please contact Laura Constable, Senior Director of Member Services, at Iconstable@hcanys.org or 518-810-0660.							
Step 1 – Determine Total Revenue Please show the following to determine your Total Revenue:							
□ MLTC	Agency Name						
□ MLTC				erating Certificate #			
Agency Name							
	Patient Revenue NYS Oper			ating Certificate	 e #		
□ MLTC	Agency Name						
	\$ Patient Revenue NYS Operating Certificate #				 e #		
Total Revenue: \$							
Step 2 – Calculate Dues				Step 3 – Certify Information			
\$400 million or greater \$42,000 \$200 million to \$399,999,999 \$31,000				I certify that the above revenue information is true and correct:			
\$100 million to \$199,999,999 \$21,000 \$50 million to \$99,999,999 \$16,000 \$49,999,999 million or under \$11,000				Authorized Signature			
Total Dues: \$				Title (CEO, Administrator, CFO) Date			
Sten 4 – Ind	icate Method of Paym	ent					
•	Il amount to credit card:	VISA	MasterCard □	AMExp □	Discover	Or choose another payment method:	
Card Number Expiration Date			Date	Security Code		☐ Check will follow for the full amount payable to: Home Care Association of NYS, 388 Broadway, 4 th Floc Albany, NY 12207	or,
Printed Name Authorized Signature						Pay dues on a quarterly basis. Please note you will only receive one invoice but will receive quarterly statements a reminder.	
Mailing Addre	ess (Including Street, City, State	and Zip)					