



Managed Long Term Care Provider - Member Dues Application - 2018

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 lconstable@hcany.org or 518-810-0660.

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	\$43,250
\$200 million to \$399,999,999	\$32,000
\$100 million to \$199,999,999	\$21,500
\$50 million to \$99,999,999	\$16,500
\$49,999,999 million or under	\$11,250

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:

 Card Number Expiration Date Security Code

Check will follow for the full amount payable to:
 Home Care Association of NYS, 388 Broadway, 4th Floor,
 Albany, NY 12207

 Printed Name Authorized Signature

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

 Mailing Address (Including Street, City, State and Zip)