

# MLTC Provider – Member Dues Application - 2020



Your dues at work for you!



Agency Name: \_\_\_\_\_

CEO/Authorized Rep: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_, \_\_\_\_\_

Email/Direct Phone: \_\_\_\_\_

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: \$ \_\_\_\_\_

## 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@hcanys.org or 518-810-0660.

## Step 2 – Calculate Dues

\$400 million or greater	\$46,000
\$200 million to \$399,999,999	\$34,000
\$100 million to \$199,999,999	\$22,500
\$50 million to \$99,999,999	\$17,500
\$49,999,999 million or under	\$12,000

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 Security Code

\_\_\_\_\_  
 Printed Name Authorized Signature

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

Or choose another payment method:

- Check will follow for the full amount payable to: Home Care Association of NYS, 388 Broadway, 4<sup>th</sup> 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.

Please fax this completed application to 518-426-8788 or mail to HCA, 388 Broadway, 4<sup>th</sup> Floor, Albany, NY 12207