

Provider Member Dues Application - 2020



Agency Name (Home Care Parent): _____
 CEO/Authorized Representative: _____
 Business Address: _____
 Email/Direct Phone/Fax: _____
 City/State/Zip: _____

Your dues at
work for you!



Annual Dues

HCA Provider dues are for a calendar year, based on the agency's total patient care revenue reported from your most recently completed fiscal year (Fiscal Year 2019 Cost Report). If an agency has affiliated entities, the agency must add the revenue of ALL affiliates including but not limited to payment from MLTC, MCO, Home Care agencies, Medicare, Medicaid and private pay (but excluding inpatient institutional and adult day care) to the agency's revenue to determine the total home care patient revenue. **Mandatory inclusion of the agencies audited, consolidated financial statement, including the functional schedule (related to home care) must be included with this application. HCA will not disclose this information for any purpose to any provider or any entity outside the Association.** For questions about your application, please contact Laura Constable Senior Director, Membership and Operations at lconstable@hcanys.org or 518-810-0660.

Step 1 – Determine Total Revenue

Please complete the following to determine your Total Revenue from ALL patient revenue payers:

- CHHA Agency Name _____
 \$ _____
 Patient Revenue NYS Operating Certificate # _____
- LHCSA Agency Name _____
 \$ _____
 Patient Revenue NYS Operating Certificate # _____
- MLTC/
MCO
PACE Agency Name _____
 \$ _____
 Patient Revenue NYS Operating Certificate # _____
- Telehealth/
Case Mgmt Agency Name _____
 \$ _____
 Patient Revenue NYS Operating Certificate # _____
- LTHHCP Agency Name _____
 \$ _____
 Patient Revenue NYS Operating Certificate # _____
- Hospice Agency Name _____
 \$ _____
 Patient Revenue NYS Operating Certificate # _____
- Other Agency Name _____
 \$ _____
 Patient Revenue NYS Operating Certificate # _____

Total Revenue: \$ _____

Step 2 – Calculate Dues

Total Patient Revenue Scale

<input type="checkbox"/> \$500 Million or greater	Dues Amount
<input type="checkbox"/> \$250 Million to \$499,999,999 Million	\$68,000
<input type="checkbox"/> \$150 Million to \$249,999,999 Million	\$62,000
<input type="checkbox"/> \$100 Million to \$149,999,999 Million	\$57,000
<input type="checkbox"/> \$75 Million to \$99,999,999 Million	\$45,000
<input type="checkbox"/> \$60 Million to \$74,999,999 Million	\$42,000
<input type="checkbox"/> \$50 Million to \$59,999,999 Million	\$39,000
<input type="checkbox"/> \$40 Million to \$49,999,999 Million	\$37,000
<input type="checkbox"/> \$30 Million to \$39,999,999 Million	\$29,000
<input type="checkbox"/> \$20 Million to \$29,999,999 Million	\$21,000
<input type="checkbox"/> \$10 Million to \$19,999,999 Million	\$20,500
<input type="checkbox"/> \$5 Million to \$9,999,999 Million	\$19,500
<input type="checkbox"/> \$1 Million to \$4,999,999 Million	\$18,000
<input type="checkbox"/> Below one million	\$ 9,000
	\$ 4,000

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 MC AMExp Discover

Card Number _____ Expiration Date _____ Security Code _____

Billing Address _____ City _____ State _____

Printed Name _____ Authorized Signature _____

- Check enclosed.
- Pay dues on a quarterly basis (if total dues are over \$9,000). Please note you will only receive one invoice, but will receive quarterly statements as a reminder.
- Check will follow for the full amount payable to **Home Care Association of NYS.**