

2023 PROVIDER MEMBER DUES APPLICATION



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. 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.

Agency Name (Home Care Parent)

CEO/Authorized Representative

Business Address

Email/Direct Phone/Fax:

City/State/Zip:

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

| | Dues Amount |
|---|-------------|
| <input type="checkbox"/> \$500 Million or greater | \$74,000 |
| <input type="checkbox"/> \$250 Million to \$499,999,999 Million | \$68,000 |
| <input type="checkbox"/> \$150 Million to \$249,999,999 Million | \$61,500 |
| <input type="checkbox"/> \$100 Million to \$149,999,999 Million | \$49,000 |
| <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 | \$40,000 |
| <input type="checkbox"/> \$40 Million to \$49,999,999 Million | \$32,000 |
| <input type="checkbox"/> \$30 Million to \$39,999,999 Million | \$23,000 |
| <input type="checkbox"/> \$20 Million to \$29,999,999 Million | \$22,000 |
| <input type="checkbox"/> \$10 Million to \$19,999,999 Million | \$21,000 |
| <input type="checkbox"/> \$5 Million to \$9,999,999 Million | \$19,500 |
| <input type="checkbox"/> \$1 Million to \$4,999,999 Million | \$ 9,750 |
| <input type="checkbox"/> Below \$1 Million | \$ 4,300 |

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 \$9,750). 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.