Provider Member Contract 2024-25

☐ New Member ☐ Renewal

Date: _____

The New York State Association of Health Care Providers, Inc. (HCP) is a trade association representing home and community-based care providers across New York State through advocacy, information and education.

HCP 2024-25 membership is for one full year, from November 1, 2024 – October 31, 2025.

Provider members must be members of HCP at the State level in order to be eligible for regional HCP Chapter membership.

Please select your dues category based on your agency's total revenues from the most recent fiscal year, including home care programs, companion, consumer directed, staffing, and other home and community-based services provided in New York State.

- If your agency has related corporations, subsidiaries, or shared ownership/management agreements, include revenues from all entities. This also applies to entities under management agreements, regardless of which entity is applying for membership.

- Agencies affiliated with vendor/service companies that are HCP Associate/Allied members must join as a Provider member based on their agency's revenues and cannot receive benefits through their affiliate's membership.

- Independently incorporated agencies that are part of a hospital or medical group should calculate dues based only on their independent corporation's revenue.

To ensure fairness, we kindly ask all members to submit a financial statement from the most recent fiscal year, or provide a letter from an accountant certifying the agency's revenue for the selected dues category. Rest assured, all information will remain confidential and be used solely for HCP purposes.

Questions? Please call 518.463.1118 ext. 824 or email casale@nyshcp.org

HCP dues are not deductible as a charitable contribution for Federal tax purposes, but may be deductible as a business expense as well as an allowable Medicare expense. However, in accordance with Section 13222 of OBRA 1993 (Denial of the Deduction for Lobbying Expenses), 9% of your membership dues are not tax deductible as ordinary and necessary business expenses.

Please scan & email to **hcp@nyshcp.org**, or send by mail to
HCP, 20 Corporate Woods Blvd., 2nd Floor, Albany, NY 12211

Provider Member Contract 2024-25

Please provide the following information so that we may serve you better.

Organization Name and DBA, if applicable

Mailing Address, City, State, Zip

Main Contact and Title

Email

Phone

Agency Website

Which of the following programs do you participate in?

☐ NHTD ☐ TBI ☐ OMH ☐ OPWDD

☐ SOFA ☐ PACE ☐ CDPAP

☐ Long-Term Home Health Care Program (LTHHCP)

☐ Other (please specify)

_____

Is your agency a non-profit organization?

☐ Yes ☐ No

How many licenses does your agency hold?

_____

Please list any additional staff with the following titles so that we may fully serve your organization: **CEO, CFO, COO, Administrator, Director of Patient Services, RN Supervisor, Human Resources Manager.** You can also email hcp@nyshcp.org with your roster.

Name, Title, Email

Name, Title, Email

Name, Title, Email

Name, Title, Email

Please check the appropriate dues category based on agency revenue.

HCP Dues Categories and Annual Dues

☐	Less than $250,000	$ 1,751	☐	$30M-34.99M	$13,872
☐	Less than $500,000	$ 2,776	☐	$35M-$39.99M	$14,456
☐	$501,000-$999,999	$ 3,615	☐	$40M-$49.99M	$15,560
☐	$1M-$3.99M	$ 5,341	☐	$50M-$74.99M	$16,665
☐	$4M-$7.99M	$ 6,602	☐	$75M-$99.99M	$18,025
☐	$8M-$11.99M	$ 8,292	☐	$100M-$149.99M	$19,446
☐	$12M-$15.99M	$10,609	☐	$150M-$199.99M	$21,038
☐	$16M-$19.99M	$12,484	☐	$200M-$249.99M	$23,180
☐	$20M-$24.99M	$12,885	☐	$250M-$299.99M	$25,323
☐	$25M-29.99M	$13,287	☐	$300M-349.99M	$27,434
			☐	$350M+	$29,546

HCP's Principles of Conduct

(Required as per the HCP Board of Directors)

As providers of health care services, we consider the care, needs, worth and dignity of the patient to be of paramount importance and will endeavor as individual members to ensure respect for the rights of patients, including:

1. *Delivery of services to our clients and patients in accordance with standards of business practice and health care.*
2. *Respect for the right of privacy of patients and protection of the confidentiality of all patient medical and financial information.*
3. *Assurance of continuity of care of our patients.*

We will do all that is necessary to develop and implement plans for corporate compliance that assure conformity with all local, State and Federal rules of law and professional practices. We will maintain the highest standards of integrity in advertising, sales promotion, and marketing and will not knowingly misrepresent our services or employees.

Please sign to confirm that the applying agency has done the following:

I have read and understood the **HCP Principles of Conduct** and understand that as a member of HCP, I agree to abide by these Principles. I certify that the dues category selected reflects my agency's total revenues generated from home care programs, staffing and other related home and community-based services provided in New York State from my agency's most recently completed fiscal year. I understand that my agency is obligated for the entire dues amount. I understad that organizations are responsible for full dues amount even in the event of an ownership transition. I agree to receive information from HCP, affiliates, and Associate members.

Signature on this contract constitutes agreement with this policy. _____

Main contact signature & date

HCP Dues Payment

Please choose **ONE** payment option:

Total 2024-25 Dues: _____

Total Enclosed:_____

☐ **Check** (payable to HCP) **(PREFERRED) or,**
☐ Full ☐ Quarterly

☐ **Bank to Bank Transfer** (EFT) Routing # 221371372, Checking Acct. # 128006269 (**PREFERRED)**
☐ Full ☐ Quarterly

☐ **Credit card (**please complete credit card section below)
☐ Full ☐ Quarterly automatic*

Type of card: _____

Card Number_____ Expiration _____ Security Code _____

Print Cardholder Name_____ Cardholder Signture _____

Payment plans are available as a courtesy. Members remain obligated for the entire dues amount. Members that do not submit payments within 15 business days of the due date as established by the payment plan will have their HCP membership suspended until full payment is received.

**Automatic credit card payments will be charged 5 business days prior to the due date so payments can be fully processed by the due date. Members with automatic payments will NOT receive an invoice prior to the due date; a receipt will be sent after the payment has been applied.*