

Home Care & Hospice Alliance of Maine
Medicare Certified Provider Membership Application

Name of Agency: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

Medicare Certified Provider Member: *Home health care agency and/or hospice program that is Medicare certified and licensed in Maine.*

Report the net patient revenue for each of the following:*

Home Care \$ _____

Hospice \$ _____

Private Duty/Personal Care \$ _____

Total Net Revenue \$ _____

1. Calculate Dues based on Total Net Revenue (see page 2) \$ _____

2. Indicate the amount due for total provider #s \$ _____

Add lines 1 & 2 for Total Annual Membership Dues: \$ _____

*Net Patient Revenue = the agency's gross patient revenue minus contractual allowances.

Agreement: I have read and agree to comply with the Alliance's Provider Membership and Dues Policy.

Signature

Date

The membership year runs June 1st – May 31st. For agencies joining mid-year, dues amount will be pro-rated on a quarterly basis.

Home Care & Hospice Alliance of Maine
30 Association Drive, PO Box 227, Manchester, Maine 04351-0227

If you have any questions, please call the Alliance at 207-213-6125. Fax: 207-213-6127.

**Home Care & Hospice Alliance of Maine
Medicare Certified Provider
Dues Calculation Chart 2012/2013**

Please use the following chart to determine the annual dues amount for your agency. Net revenue includes income for home care, hospice and private duty services.

Medicare Certified Providers:

There is a \$1,500 fee for each Medicare Provider Number up to two (there is no additional fee for agencies with more than two). Additionally, there is a tiered assessment based on agency revenues. The tiers are as follows:

- \$3,000 for up to \$1 million in revenue; PLUS add
- \$1.40/\$1,000 for the next \$3 million in revenue; PLUS add
- \$0.70/\$1,000 for the next \$3 million in revenue; PLUS add
- \$0.35/\$1,000 for the next \$3 million in revenue; PLUS add
- \$0.20/\$1,000 for revenue over \$10 million

Example:

Total Revenue	Number of Medicare Provider #s	\$1,500 per provider number, up to two	Dues for revenues up to \$1M	Next \$3M (\$1,000,001 to \$4,000,000) Add 1.40/\$1000	Next \$3M (\$4,000,001 to \$7,000,000) Add \$.70/\$1,000	Next \$3M (\$7,000,001 to \$10,000,000) Add \$.35/\$1,000	Remaining Revenue (over \$10,000,000) Add \$.20/\$1,000	Dues Amount
687,888	1	1,500	3,000	0	0	0	0	4,500
734,177	1	1,500	3,000	0	0	0	0	4,500
1,297,887	2	3,000	3,000	417	0	0	0	6,417
1,553,032	2	3,000	3,000	774	0	0	0	6,774
4,265,889	1	1,500	3,000	4,200	186	0	0	8,886
7,347,553	2	3,000	3,000	4,200	2,100	122	0	12,422
10,144,800	2	3,000	3,000	4,200	2,100	1,050	29	13,379

NOTE: If you need assistance calculating your dues, please contact the Alliance at 207-213-6125.