

2016-17 APPLICATION CYCLE PROVIDER REFERENCE GUIDE STATE HEALTH PROFESSIONAL LOAN REPAYMENT PROGRAM (HPLRP)

Website: <http://www.wsac.wa.gov/health-professionals>

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The purpose of the Provider Reference Guide is to provide information about provider eligibility requirements, qualification factors, compliance, roles, and responsibilities. It is the responsibility of the applicant to review this document **prior** to completing the online application. Please feel free to print a copy of this document to use as a reference throughout the contract period.

PROGRAM OVERVIEW

The Washington State Health Professional Loan Repayment and Scholarship (HPLRS) program was established in 1989 to address health care workforce shortage issues in rural and underserved urban communities. The loan repayment programs provide funds to participants to pay toward their outstanding qualifying educational loans. There are two separate programs within this scope: the State Health Professional Loan Repayment Program (HPLRP) and the Federal-State Loan Repayment Program (FSLRP).

The State Health Professional Loan Repayment Program (**HPLRP**) is funded through state dollars. Funding was restored through the 2015 Legislative Session and is available for the 2016-17 award cycle with an annual amount of \$4,685,000 for the HPLRS state contracts.

- Participants are required to work a minimum of three years at an eligible site.
- Participants are allowed to work less than full time, but a minimum of 24 hours per week (service obligation is prorated).
- Awards are a maximum of \$75,000 (not to exceed actual loan debt).

The programs are administered by the Washington Student Achievement Council (WSAC) in collaboration with the Department of Health (DOH), as authorized by RCW 28B.115. A planning committee provides expertise related to each member's professional field. The loan repayment programs have helped to recruit and retain over 650 providers throughout the state.

SECTION ONE: General Information

- Site must be approved and listed on the *2016-17 Loan Repayment Approved Site List* posted on our website: www.wsac.wa.gov/health-professionals.
- Applicants must meet the eligibility requirements and be working (seeing patients) no later than July 1, 2016, at an approved site. (**Exception:** Medical residents may have until October 1, 2016, to be seeing patients.)
- Applicant must submit the online 2016-17 application and mail the required attachments postmarked by the **May 27, 2016**, deadline close date.
- All attachments should be mailed in one envelope. If letters of recommendation are in separate envelopes, please remove them from their individual envelopes before mailing application packet. Please do not staple or paper clip documents together.

PROGRAM CALENDAR 2015-16

Application Time Lines	
October 2015	Site application opens – one application for both programs
November 11, 2015	Site application closes
December 2015	Site receives notification of application request status
January 2016	FSLRP provider application cycle opens
March 11, 2016	FSLRP provider application cycle closes (All required documents for this cycle must be postmarked no later than close of business on this date.)
March 16, 2016	HPLRP provider application program cycle opens
May 27, 2016	HPLRP provider application program cycle closes (All required documents for this cycle must be postmarked no later than close of business on this date.)
June 2016	Applicants receive notification of application status
July 1, 2016	New contract for both program awards begin (Exception – Medical residents contract date may begin October 1, 2016.)

APPLICANT ELIGIBILITY

To be eligible, applicants must meet the following criteria:

- Have and maintain a current, full, permanent, unrestricted, and unencumbered health professions license in the state in which the approved service site is located, for the duration of the individual's service obligation.
Unencumbered License is a license that is not revoked, suspended, or made probationary or conditional by the state licensing authority as the result of disciplinary action.
- Be a U.S. Citizen, be a permanent citizen, or have a VISA type that allows the applicant to work unrestricted in Washington State to fulfill the service obligation.
- Not have an outstanding contractual obligation for health professional service to the federal government, or to a state or other entity, unless that service obligation will be completely satisfied before the contract has been signed. Please note that certain provisions in employment contracts can create a service obligation (e.g., an employer offers a recruitment or moving bonus agreement in return for provider to work at that facility for a certain period of time or pay back the bonus – this is an obligation). **NOTE: Any kind of payback requirement in your contract is considered an obligation and will disqualify you from being eligible unless that requirement is satisfied, null and/or void prior to your submitting an application.**
- Agree to accept reimbursement under Medicare, Medicaid, and the Children's Health Insurance Program, as appropriate for the applicant's designated discipline, and to see all patients regardless of their ability to pay.
- Be providing primary care. *Comprehensive Primary Care (CPC)* can be defined as the delivery of preventive, acute, and chronic primary health services. Approved primary care specialties are adult, family, internal medicine, general pediatric, geriatrics, general psychiatry, mental and behavioral health, women's health, and obstetrics/gynecology. CPC is a continuum of care not focused or limited to gender, age, organ system, a particular illness, or categorical population (e. g. developmentally disabled or those with cancer). CPC should provide care for the whole person on an ongoing basis. If sites do not offer all primary health services, they must offer an appropriate set of primary health services necessary for the community and/or populations they serve. For example, a site serving a senior population would need to provide geriatric primary care services. Nurses (RN and LPN) are included in this definition and should provide these services in collaborative teams in which the ultimate responsibility for patient resides with the primary care physician.
- Begin employment (seeing patients) at an eligible site no later than July 1, 2016. There is an exception for medical residents, who may have a start date no later than October 1, 2016).
- Not be working at a stand-alone urgent care clinic, emergency department, specialty clinic, or through a placement agency. These are not considered primary care and are not eligible.
- Not be working on an "as needed" basis. Be a permanent employee of the site and have scheduled hours.
- Submit an online Health Professional Loan Repayment application by the **May 27, 2016**, deadline.
- Have current qualifying educational debt incurred for licensure in the profession being applied for. *Qualifying educational loans* are a government or commercial loan for actual costs paid for tuition and reasonable educational and living costs related to the undergraduate or graduate degree (as determined by the institution of higher education) for licensure in the profession for eligibility for this loan repayment. Loans for other degrees cannot be included. (See Eligible Loan section below for complete definitions of qualifying loans.)
- Not owe a service obligation to the military, federal government, state, or other entity unless that obligation will be completely satisfied prior to the beginning of service under this program.
- Not have received an award through the Health Professional Scholarship program or be a previous Health Professional Loan Repayment Program recipient. Previous recipients cannot reapply.
- Not be in breach of another service obligation to any federal/state/local government or other entity.
- Not submit a loan that is subject to cancellation (such as a Perkins Loan).
- Not be in default on any education loans or other service obligations.
- Not be employed in a school-based clinic (K-12).
- Not be hired in an administrative position. Must provide direct care to patients.
- Not be hired as a Public Health Nurse working outside of the clinic. Must be working as a clinical nurse with scheduled clinic hours in the ambulatory setting.

APPLICANT ELIGIBILITY – *Continued*

Pharmacists must be a general staff pharmacist working in the pharmacy, filling and dispensing prescriptions, and working with the general public. Time spent on educational classes, working with specialty patients (such as warfarin, diabetes) would fall under the same eight-hour rule as the other professions.

Individuals in the Reserve Component of the U.S. Armed Forces or National Guard are eligible to participate in the program. If the participant's military training and/or service, in combination with the participant's site absences, exceed 40 workdays per service year, the service obligation will be extended to compensate for the break in service.

ELIGIBLE LOANS

Include:

- Educational loans (federal and/or commercial loans) obtained for training costs leading to licensure in the profession you are seeking loan repayment for.

Do Not Include:

- Loans that have no current balance.
- Loans for which the applicant incurred a service obligation.
- Loans that have been consolidated under non-educational lenders (*example: home mortgage*).
- Stafford Parent-Plus Loans.
- Loans that have a cosigner.
- Loans that have been consolidated with another person's loans (*example: spouse, child's Parent-Plus Loan that has been consolidated with yours*). This makes the entire loan ineligible.
- Loans obtained under someone else's name, such as a relative, spouse, or friend.
- Loans that are currently being repaid by the employer, unless those payments cease upon your acceptance of the HPLRP award.
- Perkins Loans that are eligible to be forgiven by service, unless applicant can provide documentation that such loans are not subject to cancellation from service.
- Credit card debt or personal lines of credit.
- Loans obtained from family members, private institutions, or other entities that are not subject to federal or state examination and supervision as lenders.
- Loans for other educational degrees that were not required to obtain licensure in the profession you are applying under. If those loans were consolidated – you will not be able to submit the loan.

SELECTION

The HPLRP provider application is scheduled to open **March 16, 2016, and close on May 27, 2016**. The provider must either be working at or have a contract to begin working (seeing patients) at one of the sites listed on the *Eligible Site List* no later than July 1, 2016. The exception to this is medical residents who may have a start date no later than October 1, 2016, if the applicant has a contract with an eligible employer to begin working no later than October 1, 2016, and can submit the application by the closing date of May 27, 2016.

Applications are scored based on a combination of site score and provider score. When the site applies, it receives a score comprising these elements: geographic location, ratio of underserved patients, staffing criteria, and use of a sliding fee schedule. When the applicant applies, information is extracted from the application and scored. The provider scoring information is not shared in order to protect the integrity of the application. The two scores are added together to give the applicant a total score, which places the application in rank order in their profession.

In the event of a provider application tie score in the final selection of the award process, the Council may at its discretion initiate an internal committee to review and score the essay questions submitted with the application. Those individual committee member scores will be averaged to create a score that will be added to the total application score. The application with the highest score will be awarded.

Eligible applications from psychiatrists and Advanced Registered Nurse Practitioners working at DSHS Eastern and Western State Hospitals will receive priority awarding. Remaining funds will be awarded based on score and then determined on a percentage that is based on the provider requests from the sites.

Example: If the total number of requests from the sites for all provider types equaled 500, and of those 100 were for primary care physicians, then 20 percent of the funds would go to primary care physician awards. If 50 requests were for dentists, then 10 percent of the funds would go to dentist awards.

AWARD AND PAYMENTS

The maximum award amount for the 2016-17 award cycle is \$75,000, not to exceed the applicant's loan debt (whichever is less). The contract is a minimum of three years and a maximum of five years.

- Awards are based on the loan debt balance at the time of award.
- The funds are intended to reduce the debt by the award amount. It is not intended to pay the balance in full as interest continues to accrue.
- Awards will be divided into quarterly payments over the minimum three-year contract service obligation period.
- Credit is earned during the quarter. Payments are made after the completion of each quarter and upon receipt, review, and approval of the Quarterly Service Verification Form.
- Verification of payment on loan debt will be required periodically throughout the service obligation. Participants will be asked to submit copies of their payment history from their lender(s) as documentation that **all** program funds were applied to their loan debt in January and July of each year. Failure to document that all funds were applied will place the participant in repayment default.
- The loan repayment contract begins July 1 (with the exception for residents whose start date will be October 1). The participant is responsible for continuing all lender payments, including the first three months of the contract period. **Program funds may not be used as reimbursement for those payments.**
- For program audit requirements, payment history tracking begins after the first check is issued, **not** the first day of the contract period.
- Payments will be suspended during medical leave (*example: FMLA*) and the service obligation will be prorated accordingly.
- Payments will cease upon termination of employment. If you are approved for a transfer and re-employed at an eligible site, your payments will restart at the end of the next completed quarter. You will be paid for any pending payments from past quarters of service that were being held at that time.

SERVICE OBLIGATION

- At the end of each quarter the participant will go to the council website and download the current Quarterly Service Verification Form to report the hours they have worked. This is the document used to start the payment process.
- The site administrator is responsible for verifying the hours worked, faxing, mailing or scanning and emailing a copy of the form and is required to retain the original copy of the form.
- The quarters are: Jan–Mar, Apr–Jun, Jul–Sep, and Oct–Dec.
- When requested, participants are required to send payment history from the lender(s) to verify that all loan repayment funds are being fully applied toward the approved educational lender(s).
- Funds must be applied to the approved lender(s) dollar-for-dollar for funds provided from this program.

Definition of Full Time

For all health professionals, except as noted below, full-time employment means: At least 32 hours of the minimum 40 hours per week are/will be spent providing direct outpatient care during normally scheduled clinic hours in the ambulatory care office(s). The remaining eight hours per week is/will be spent providing clinical services to patients in the ambulatory care office(s), performing clinical support activities in alternate locations as directed by the site(s), or performing practice-related administrative activities. For OB/GYNs, FPs practicing OB on a regular basis, providers of geriatric services, certified nurse midwives, and pediatric dentists health providers: At least 21 of the minimum 40 hours per week are/will be spent providing direct outpatient care during normally scheduled clinic hours in the ambulatory care office(s). The remaining 19 hours per week is/will be spent providing clinical services to patients in the office, performing clinical support activities in alternate locations as directed by the site(s), or performing practice-related administrative activities (with practice-related administrative activities not to exceed eight hours per week).

Definition of Less than Full Time

Less than full time employment means: A minimum of 24 hours per week but less than 40 hours per week. A minimum of 20 hours per week are/will be spent providing direct outpatient care during normally scheduled clinic hours in the ambulatory care office(s). The remaining four hours per week is/will be spent providing clinical services to patients in the ambulatory office, performing clinical support activities in alternate locations as directed by the site(s), or performing practice-related administrative activities. For OB/GYNs, FPs practicing OB on a regular basis, providers of geriatric services, certified nurse midwives, and pediatric dentists health providers: At least 13 of the minimum 24 hours per week are/will be spent providing direct outpatient care during normally scheduled clinic hours in the ambulatory care office(s). The remaining 11 hours per week is/will be spent providing clinical services to patients in the office, performing clinical support activities in alternate locations as directed by the site(s), or performing practice-related administrative activities (with practice-related administrative activities not to exceed four hours per week).

*For hospitals or pharmacies, substitute the word *hospital* or *pharmacy* for *ambulatory care office/clinic* in the above definitions.

- Participants must be employed a minimum of 24 hours each week (may not average hours over a pay period). You must complete your contract within a five year period from the start date of your contract. **NOTE: If you work less than full time, you will not be eligible for an extension. The maximum time you are allowed loan repayment is five years. Only those who work full time will be allowed to request extensions beyond their original three year contract.**
- Participants must not exceed eight weeks (approximately 40 work days) per service year (July 1–June 30) away from the approved service site for vacation, holidays, continuing professional education, illness, or any other reason. If participant submits documentation supporting the need for absence of longer than eight weeks, participant may qualify for a suspension (deferment) of the service obligation. A suspension of the participant’s HPLRP obligation may be granted for up to one (1) year. In order to qualify for a suspension, the participant must document a medical condition or personal situation that makes compliance with the obligation temporarily “impossible” or an “extreme hardship” such that enforcement would be against equity and good conscience. Examples would be the terminal illness of an immediate family member *for whom the participant is caretaker*.
- **Maternity/Paternity/Adoption Leave (FMLA):**
Leave of up to 12 weeks or less will be automatically approved. The HPLRS Program will allow participant to be away from their site within the timeframes established by the Family Medical Leave Act (up to 12 weeks). Participants planning to take additional leave are required to request a medical deferment and submit medical documentation to support the request.

- **Military Leave**

Military training or service performed by reservists will not satisfy the HPLRS service commitment. The participant will submit a Request for Deferment for the time spent on military training and/or service. This time will be added to the service obligation end date to compensate for the break in service.

EXTENSIONS

Participants may request an extension; however, extension requests will be determined on a case by case basis, based on available state funds and remaining eligible debt.

OTHER INFORMATION

- If you pay your loans in full before the end of the service obligation, your payments will cease but your service obligation is not waived.
- The only permissible basis for canceling a contract is one hundred percent total and permanent disability or death of the participant.
- The program will not be held responsible for any payments on principal and interest to any lender.
- Funds are considered educational and cannot be discharged in a bankruptcy.
- Loan debt continues to accrue interest during the service obligation period. Program funds are intended to reduce the debt by the award amount and may not pay the balance in full.
- Participants who enlist in any of the Armed Forces and incur an active duty military obligation before completing their HPLRP obligation are subject to the default provision of their contracts.

SITE TRANSFER POLICY

A participant who has received funding and had to leave their eligible site due to layoff, termination of employment, personal circumstances beyond the individual's control, clinic closure, or employment dissatisfaction may request a transfer to another eligible site. Program staff maintains a list of current and prior eligible sites where the participant may seek employment to continue their obligation.

A transfer from a participant's current loan repayment site to any other site approved for loan repayment at the time of the transfer request **may be approved** based on the following criteria:

Required:

1. The recipient has complied with program requirements such as starting service on the agreed contract start date.
2. The recipient's license or certification has not been revoked, suspended, or restricted, and no disciplinary action is pending.
3. The recipient has not been terminated by the site for documented cause. Recipients who are terminated "for cause" may not receive a transfer to another site and may be placed directly in default repayment.

Preferred, but may not cause a denial of transfer request in some circumstances:

1. Transfer is requested in advance.
2. Both the current site and the transfer site agree to the transfer in advance.

Approval of a service site transfer by the program does not alter any local employment contract requirements in any manner. Any change in service sites within the same health care organization (i.e., an organization or health care system with multiple delivery sites or satellites) is regarded as a transfer and must be approved in advance.

DEFAULT REPAYMENT

Participants who breach their obligation will owe the State an amount equal to double the sum disbursed plus interest. Participant has **one year** to repay debt.

Example: If \$25,000 has been disbursed and contract has been breached, the participant would owe \$50,000 plus interest.

Repayment Cost Examples

	Award Amount Disbursed	Financial Penalty	Repayment Amount	Interest Rate	Loan Term*	Assumes a Monthly Payment of:	Total Paid (includes penalty and interest)
Example 1	\$50,000	\$50,000	\$100,000	4.5%	1 year	\$8,537.86	\$102,454.23
Example 2	\$50,000	\$50,000	\$100,000	8.6%	1 year	\$8,726.61	\$104,719.32
Example 3	\$50,000	\$50,000	\$100,000	9%	1 year	\$8,745.12	\$104,941.77
Example 4	\$50,000	\$50,000	\$100,000	12%	1 year	\$8,884.85	\$106,618.53

*Contract requires repayment in one year.

INTEREST RATES, PENALTIES, FEES AND COST EXAMPLES

The interest, fees, and examples shown above are in the case of the borrower going into repayment. Interest will begin accruing on the principal balance when the borrower goes into repayment status. The beginning interest rate you will pay will be determined when your account goes into repayment status.

INTEREST RATE during the life of the repayment:

The interest rate is variable. This means the interest rate can be adjusted lower or higher than your beginning interest rate. Interest will be charged at the highest maximum prevailing government rate. The interest rate is updated each year on July 1.

REPAYMENT FEES:

Repayment Financial Penalty: You are required to repay double the amount of funds disbursed to you if your account goes into default repayment. Example: If you received \$25,000, you would be required to repay \$50,000.

LATE FEES:

- **Late Fee:** A late charge of 5% of the payment due may be charged on any payment received later than 20 days after the due date.
- **Insufficient Funds:** Up to \$50 (*does not include any fees charged by banks or other institutions*). This applies to credit card, electronic fund transfers, ACH, checks, and any other type of payments made on your account that fail to clear due to insufficient funds.
- **Collection and Legal Fees:** Any necessary expenses for collection of any amount not paid when due (to the extent permitted by law) including attorney's fees, whether or not legal proceedings have begun.

SECTION TWO: Eligible Professions and Sites

HPLRS

HPLRS 100% State Funds	
Site Eligibility	Must apply annually
Provider Eligibility	<ul style="list-style-type: none"> • May work less than full time but a minimum of 24 hours per week • Minimum three-year service obligation • Awarding is a competitive process
Funding	Current state funding is \$4,685,000.
Provider Award	<ul style="list-style-type: none"> • \$75,000 for three-year contract, not to exceed provider's individual loan debt • Possible extension based on funds available and remaining eligible debt
Eligible Professions	<ul style="list-style-type: none"> • Physician (MD/DO/ND) Family Medicine: OB/GYN; General Internal Medicine: Geriatrics: General Pediatrics: Naturopathic and Psychiatry • General Psychiatrist* • Physician Assistant* Adult; Family; Pediatric: Psychiatry: Mental Health; Geriatrics: and Women's Health • Nurse Practitioner* Adult; Family; Pediatric: Psychiatry: Mental Health; Geriatrics: and Women's Health • Registered Nurse* • Licensed Practical Nurse • Certified Nurse Midwife(CNM) • Licensed Midwife • Pharmacist Must work in general pharmacy, filling and dispensing prescriptions. Time spent on educational classes, working with specialty patients (such as warfarin, diabetes) would fall under the same eight-hour rule as the other professions. • Dentist (DDS, DMD) • Dental Hygienist <p>*Include mental health</p>

ELIGIBLE SITE TYPES

Sites approved by the program are health care facilities that provide comprehensive outpatient, ambulatory, primary health care services. (See example list below.) To become approved, the site must submit an online application **each year**. Normally the site application runs between July and September. (Dates are posted on the WSAC website: www.wsac.wa.gov/health-professionals.)

Comprehensive Primary Care (CPC) Definition

CPC can be defined as the delivery of preventive, acute, and chronic primary health services. Approved primary care specialties are adult, family, internal medicine, general pediatric, geriatrics, general psychiatry, women's health, and obstetrics/gynecology. CPC is a continuum of care not focused or limited to gender, age, organ system, a particular illness, or categorical population (e. g. developmentally disabled or those with cancer). CPC should provide care for the whole person on an ongoing basis. If sites do not offer all primary health services, they must offer an appropriate set of primary health services necessary for the community and/or populations they serve. For example, a site serving a senior population would need to provide geriatric primary care services. Nurses (RN and LPN) are included in this definition and should provide these services in collaborative teams in which the ultimate responsibility for patient resides with the primary care physician.

ELIGIBLE SITES

The following list includes examples of eligible sites but is not all-inclusive.

1. Federally Qualified Health Centers (FQHCs)
 - Community Health Centers (CHCs)
 - Migrant Health Centers
2. FQHC Look-A-Likes
3. Rural Health Clinics (RHCs)
4. Other Health Facilities
 - Community Outpatient Facilities
 - State and County Health Department Clinics (must have scheduled appointments with primary care provider – and not be a Public Health Nurse)
 - Free Clinics
 - Mobile Units
 - Critical Access Hospitals (CAH)
 - Long-Term Care Facilities
 - State Mental Health Facilities
 - Rural Hospitals
 - Sites located more than 30 miles from another primary care facility
5. Indian Health Service Facilities, Tribally-Operated 638 Health Programs, and Urban Indian Health Programs
 - Federal Indian Health Service (IHS) Clinical Practice Sites
 - Tribal/638 Health Clinics
 - Urban Indian Health Program
6. Correctional or Detention Facilities
 - Federal Prisons
 - State Prisons
7. Private Practices (Solo or Group)
8. Urgent Care Clinic if attached to an eligible site. The clinic cannot be a stand-alone urgent care or walk-in clinic.

NON-ELIGIBLE HPLRP SITES

The following list includes examples of non-eligible sites but is not all-inclusive.

- Hospitals that are not designated as Critical Access or rural
- Specialty clinics
- Placement/staffing agencies
- School K-12 based clinics
- Clinics that see members only
- Non-state operated inpatient facilities
- Private owned clinics that serve less than 40% Medicare/Medicaid patients
- Stand-alone urgent care or walk-in clinics
- Hospital emergency departments

HPLRP SITE ELIGIBILITY CRITERIA

1. Eligible sites must charge for professional services at the usual and customary prevailing rates.
2. Only Registered Nurses and Pharmacists are eligible for loan repayment at a hospital.
3. The site understands and agrees that no aspect of the provider's employer-provided wage and/or benefit(s) will be reduced in any way as a result of the provider's receipt of the Health Professional Loan Repayment Program award.
4. The site application is to be completed by an authorized HR staff or other site personnel. The provider is not allowed to complete the site application. This is a conflict of interest. If during the provider application review it is found that the provider completed both – the provider will be disqualified. The exception to this is a private practice owned by a solo provider.
5. If the site has a pay-back clause of any kind in the employment agreement/contract (such as a sign-on bonus or moving expense allowance that has a pay-back clause if the provider leaves before a specified time) it will make the provider ineligible for the program, unless that obligation has been fulfilled prior to the provider applying for the loan repayment program.
6. Site must have been in business (have patient data) for a minimum of one year prior to submitting the site application.
7. Site cannot promise loan repayment to an employee or when recruiting for an employee. The provider application process is competitive and there are no guarantees that a provider will be awarded even if the site has been approved.
8. Site may receive a maximum of two provider awards per profession (one recruitment and one retention) per year.
Retention status means that the site submitted the site application for someone who began working on or before June 30, 2015. **Recruitment** status means the provider was hired or will be hired on or after July 1, 2015.
The exception to this rule is Eastern and Western State Hospital - all eligible requests for Psychiatrists and mental health Nurse Practitioners will be filled per legislative mandate - based on funds available.
9. If the organization has more than one clinic, the site must submit a **separate** application for each **physical location/clinic** and for **each clinic type**, (dental, medical, behavioral health and pharmacy).
10. Not discriminate in the provision of services to an individual because: a) the individual is unable to pay; b) because payment would be made under Medicare, Medicaid, or the Children's Health Insurance Plan (CHIP); or c) based upon the individual's race, color, sex, national origin, disability, religion, *age, or sexual orientation.
11. Accept assignment for Medicare beneficiaries and has entered into an appropriate agreement with the applicable State agency for Medicaid and CHIP beneficiaries;
12. Use a provider credentialing process including reference review, licensure verification, and a query of the National Practitioner Data Bank (NPDB) (<http://www.npdhpbdb.hrsa.gov>).
13. Communicate to WSAC any change in site or provider employment status.

**EXCEPTION: "Age" is not an applicable discriminatory factor for pediatric or geriatric sites.*

NON-DISCRIMINATION NOTICE

Approved sites must prominently display a statement/poster, in common areas (and on the site's website, if applicable) that explicitly states that no one will be denied access to services due to inability to pay or method of payment. In addition, the signage should clearly communicate that the site accepts Medicare, Medicaid, and CHIP. The statement should be translated into the appropriate language and/or dialect for the service area. **A photograph of the common area and this sign must be submitted with your application.**

TRIBAL HEALTH PROGRAM EXCEPTION

At the request of a tribal health program, the services of a provider may be limited to tribal members or other individuals who are eligible for services from that Indian Health Program. However, tribal health programs are required to respond to emergency medical needs as appropriate.

FOR PRIVATE PRACTICES (SOLO/GROUP) ONLY

Please be aware that private practices may require a site visit before the application review is completed.

SECTION THREE: Application Process

The Washington Student Achievement Council may, at its discretion, request and consider additional documentation regarding any response you provide on this application. Failure to provide the requested additional documentation in the time required may result in the disqualification of your application.

Before you begin the application you will need to have the following information available:

- Employer name and address, and employer contact name, phone number, and email address.
- Lender names and current balances.
- Name, dates, and degree from college/universities you have attended.
- If applicable, dates and place of residency, internship, or preceptorship.
- Licensure information, date of license and license number (includes licenses from other states).
- Employment start date (month, day, and year).
- Break-out of the number of patients **you** see (insured, private pay, Medicare/Medicaid, uninsured, sliding fee, charity)
- List of rural counties (both Washington and other states) you have lived in, the dates, zip code, and length of time you lived there.
- If applicable, Medicare Core Provider Number. (This is not a required number—supply only if you have one.)

COMPLETING THE APPLICATION

- Fill out the online application and submit **by 5:00 PM on May 27, 2016.**
- You will need to be able to print out the forms at the end of the application when you click the “submit” button.
- Review the application carefully before clicking the “submit” button to make sure all fields are completed.
- Do not submit non-requested documents in the packet you mail. Do not include separate envelopes, or use paper clips or staples.
- Any packets that are missing documents or have incomplete information will be considered an incomplete packet and will not be reviewed. (Submit your packet early – this may allow time to correct for incorrect or incomplete applications. Corrections and submissions after the deadline are not accepted.)
- Documentation cannot be emailed or faxed.
- Make a copy of your documentation for your records before mailing.
- You will receive a notification by email within two weeks of receipt that your application packet has been received at our office. If you want confirmation sooner, please use a return receipt or send via a delivery service that can confirm delivery.
- Notifications of award and non-award will go out by mail by mid-June. **Please do not call the office to check on the status of your application prior to June 30th.**
- Most of our communication will be done by email. Please check your email for any messages we might send after you submit your application.

REQUIRED ATTACHMENTS

Once you click the “submit” button, the forms will become available for you to print.

- Signed and dated **Agreement** (Agreement/Signature page)
- **Current** loan statement(s) with outstanding educational debt amount.
 - Be sure to include **all** eligible debt. Once the application is submitted, you will not be able to add lenders to your list.
 - Debt must be related to obtaining licensure **for this profession only**. Do not include debt for other degrees or programs. If the loans were consolidated with other degrees, you will not be able to submit the loan.
 - Do not submit promissory notes, school statements, etc.
 - You must submit statements from the lender showing lender name, your name, account balance, and date on the lender statement. Please submit the most current lender statement.
 - Do not submit loans that can be cancelled by service. They are not eligible. (Perkins Loans, for example.)
 - If you have a Primary Care Loan you may only apply for the HPLRP, not the FSLRP.
- Three letters of recommendation from training supervisors/professional colleagues. The letters should *support your experience and commitment to serving rural and underserved urban populations*. We will not accept faxed letters or letters sent directly to our office. Please remove any letters from envelopes and do not staple documents together before submitting them in your packet.
- Completed **Site Administrator Confirmation Form**. This form is to be completed by someone who has signature authority to sign on behalf of your site. Include it with your application packet that you mail to us. **You are not to complete this form – your site is responsible for completing it. You will need a separate form for each clinic you work at.**
- Copy of employer/employee contract and/or agreement.
If a contract or agreement does not exist, submit a signed/dated letter from your Human Resource Director on letterhead stating the following:
 - That an employer/employee contract/agreement does not exist
 - The date you were employed
 - The site(s) you currently work at
 - Your job title
 - The number of hours you work each week
 - That you provide primary care and not specialty care
 - That your employer is not providing funds to pay toward your educational debt (or that this will cease upon your receiving a Loan Repayment award)
- Current job description (this is to be a **separate** document **from** your Human Resource Department. Do not submit something you write yourself).
- Photo of the Non-Discrimination signage posted in your clinic’s lobby.

SECTION FOUR: Frequently Asked Questions

Q. Can I apply for both the FSLRP and the HPLRP programs?

A. Yes, but in order to do so, you must apply during the FSLRP application cycle. Your application will be reviewed during the FSLRP cycle and, if you are not awarded for FSLRP, your application will automatically roll over into the HPLRP application cycle for review.

Q. What are the differences between the awards for FSLRP and HPLRP?

A.

Difference	FSLRP	HPLRP
Award amount	\$70,000	\$75,000
Contract service obligation period	Minimum two (2) years	Minimum three (3) years
Employment type	Full-time only	Less than full-time allowed
Default penalties	Minimum \$31,000 See default section for details	Amount disbursed, paid back at double penalty plus interest
Eligibility requirements	Vary for site and provider	Vary for site and provider

Q. Are the site qualifications the same for both programs?

A. The FSLRP has more requirements. For example, the site must have a federal Health Professional Shortage Area (HPSA) designation, and they must have an implemented and posted sliding fee discount schedule.

Q. If I apply for FSLRP and receive notice for an award, does that mean my score is high enough that I would be guaranteed an award for HPLRP if I declined the FSLRP award?

A. You will be in a larger pool of applicants when the non-awarded applications for FSLRP rolls over into the applicant pool for HPLRP, and therefore are no longer guaranteed an award. Your score could rank lower among the scores of a larger pool of applicants.

Q. What if I don't have a job by the application deadline. Can I still apply?

A. You must be employed at one of the eligible sites, or have a contract stating you will be starting employment by July 1, 2016, in order to be eligible to apply.

Q. Do you accept late applications?

A. We receive more applications than we can fund. In fairness to the providers who submit complete applications by the deadline, we do not accept late applications, or missing documents from incomplete applications, after the application deadline. It is very important to submit your application as early as possible.

Q. What are my chances of receiving an award?

A. Every year is different. It is going to depend on the applicant pool. The program plans to make 12-14 FSLRP awards and about 50 HPLRP awards for the 2016-17 cycle. Awards are given based on score. See page five for scoring elements.

Q. I am a pharmacist that works with patients outside of the pharmacy. I work as a liaison with the lab, the doctor, and the patient. Do I qualify to apply?

A. Pharmacists must work in the pharmacy, filling and dispensing prescriptions. No more than eight hours of their work week can be spent working outside of the pharmacy doing education or any case management type of work. This position must be a clinical pharmacist

Q. I see there is a limit on the number of days per year I can be away from the clinic/site. I was planning to take a month off next year to go on an extended vacation. Will this impact my contract?

A. Yes, you are only allowed a certain number of days under each program to be away from the clinic/site for any reason (holidays, sick leave, paid time off, etc.). If you exceed the number of days, it will put your account into default, and you will have to pay back according to your contract.

Q. How long after I submit my application before I will know whether or not I am selected for an award?

A. As soon as decisions are made, you will be contacted by mail. Please do not call or email regarding application status.

Q. What happens if I get laid off or—worse yet—terminated?

A. Contact our office immediately. We have a Transfer Policy (see page 9) and will work with you to try and keep your account from going into default repayment. You may have the option to look for another site where you can complete your service obligation. If you are terminated for cause, you will go into default repayment immediately.

Q. What happens if more than one person from my site applies?

A. More than one person at a site may be able to receive loan repayment. There are a number of variables. If the applicants are in different professions, or if one is recruitment and the other is retention, there can be more than one award at a site. If two people are both in the same profession, and both are recruitment, then the person with the highest ranking score would have the opportunity for receiving an award.

Q. I am a nurse that sometimes works outside of the ambulatory clinic. I do home visits, educational classes, and other activities. Do I qualify for the program?

A. To be eligible for the program, you must work in a clinic (or hospital) with scheduled appointments. Programs such as WIC, immunization programs, etc. are not included. If you are a Public Health Nurse, you may not qualify for the program. Please refer to the full-time and less than full-time definitions and hours allowed that are not scheduled appointments.

Q. I have a student loan, but my child's Parent Plus Loan got consolidated into it. Can I submit the loan and just pay my portion of the loan?

A. Unfortunately, because the Parent Plus Loan is consolidated into your loan, the whole loan is ineligible.

SCREEN SHOTS OF APPLICATION

Go to: www.wsac.wa.gov/health-professions

WASHINGTON STUDENT ACHIEVEMENT COUNCIL
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info@wsac.wa.gov | (360) 753-7800
917 Lakeridge Way SW | Olympia, WA 98502

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home » health professionals

HEALTH PROFESSIONALS

The Health Professional Loan Repayment Program encourages licensed primary care health professionals to serve in Washington's critical shortage areas. The program provides financial assistance through either conditional scholarships or loan repayment. The loan repayment portion of the program provides educational repayment assistance to licensed primary care health professionals. Applicants agree to provide primary care health care in rural or underserved urban areas with designated shortages.

In 2014, approximately 100 health professionals worked in underserved areas of Washington as a result of this program. Since 1990, the program has funded over 1,000 professionals serving in 38 Washington counties. Further, according to a recent national survey, over 80 percent of the recipient responders anticipate remaining in their health professional shortage service site for two additional years following their service term.

Health sites apply annually to participate in the program. The eligible site list is posted in January. The loan repayment portion of the program is comprised of two separate programs:

1. The Federal-State Loan Repayment Program (FSLRP) which uses matching federal grant funds for awards.
2. The Health Professional Loan Repayment Program (HPLRP) which uses state dollars only for awards.

The FSLRP Provider Application opens in January and closes March 13, 2016. It is a two-year contract with a maximum award of \$70,000. Awardees must work a minimum of 40 hours per week. The HPLRP Provider Application opens March 16, 2016, and closes May 29, 2016. It is a minimum three-year contract with a maximum award of \$75,000. Awardees may work less than full time, but a minimum of 24 hours per week, which then prorates their service.

Provider Information

Eligible Professions	Eligible Sites	Participant Requirements
Service Obligation	Application Process	

The Site Application is now open and will close on December 11, 2015. Sites may apply to be approved for both the FSLRP and the HPLRP through one application.

Site Information

Site Eligibility

When the application cycle opens, you will click on the Application Process Tab. It will give you a link to our Portal, where you will go to create a user log-in account.

CONTACT INFORMATION

Chris Wilkins
Program Manager
health@wsac.wa.gov
360.753.7794

FOUNDATION

RCW 28B 115
The Legislature created the Health Professional Loan Repayment and Conditional Scholarship program to address a shortage of health care professionals and services in rural and underserved communities. The Washington Student Achievement Council administers the program in collaboration with the Department of Health and other partners.

WAC 250-25
Defines participant and program eligibility, selection criteria, award limits, and protocols for distribution, repayment, and appeals.

RESOURCES

Loan Repayment Program Forms:

- [Quarterly Service Verification Form Instructions](#)
- [Loan Repayment Quarterly Service Verification - \(PDF\)](#)
- [Loan Repayment Quarterly Service Verification - \(Word\)](#)
- [Request for Deferment of Service or Payment](#)
- [Transfer Request](#)
- [Frequently Asked Questions](#)
- [Program Overview](#)

Scholarship Forms:

- [Quarterly Service Verification Form Instructions](#)
- [Scholarship Quarterly Service Confirmation Form \(PDF\)](#)
- [Scholarship Quarterly Service Confirmation Form \(Word\)](#)
- [Scholarship Quarterly Service Confirmation Form-Faculty \(PDF\)](#)
- [Scholarship Quarterly Service Confirmation Form-](#)



Middle/High School Staff

To nominate students for the Washington Scholars Award, [activate your account](#)
[Enter College Bound applications](#) for students

Financial Aid Administrators

[CSAW](#)
[Unit Record](#)

Students/Parents/Other

[Register](#) for a username and password
[Apply](#) for the College Bound Scholarship
[Register as a Health Professional](#)

Click here to register



Please enter the following information so we can register your account.

If we are unable to create your account, please contact staff directly for help in setting up login access:

Registration **Help** Contacts (click to show contacts)

- [Health Professional Conditional Scholarship and Loan Repayment Program](#)
- [Health Loan Repayment Healthsite Application](#)
- [Future Teacher Conditional Scholarship and Loan Repayment Program](#)
- [Washington Scholars Program](#)

Fill in your name and click next. Continue to create the log-in user account.

Name: First MI Last

SAMPLE APPLICATION (FROM LAST YEAR'S 2015-16 APPLICATION YEAR)



Home ▾ Programs ▾ Health ▾ Loan Repayment Application Professional Status

Washington State 2015-16 Health Professional Loan Repayment Program Application

Attachment Checklist [MS Word](#) or [Pdf](#)

Professional Status and Licensure Information

You are applying for a position as a:

List all your provider/license types:

Provider/License Type	Curr Statu	By
Delete Doctor of Medicine	In Pr	A

[Add Provider/License](#)

Do you have a Medicaid Core Provider?

[Save & Exit](#) Does NOT submit application

Select your profession from the drop-down menu

Washington State 2015-16 Health Professional Loan Repayment Program Application

Guidelines and Terms of Agreement [MS Word](#) or [PDF](#) *Attachment Checklist* [MS Word](#) or [Pdf](#)

[Add Employment Site](#)
You will only see sites on the Eligible Site List for Doctor of Medicine, if any.

[Save & Exit](#) Does NOT submit application

Home ▾ Programs ▾ Health ▾

Doctor of Medicine

Employment Begin Date:

After entering the date, use your tab key or click outside the box where you entered the date. A valid date will load a list of health sites appropriate to the position you selected or entered. This may take a couple of seconds.

Site that you will be working at: i

Work Email:

Number of hours worked per week: Days per week:

- For all health professionals, "full-time clinical practice" is defined as a **minimum** of 40 hours per week of patient care at an approved site, with no more than 8 of those hours per week devoted to practice-related administrative activities.
- Do not count "on call" hours.

[Add Cancel](#)

Your employment start date will determine if you are a recruitment or retention applicant.

Doctor of Medicine (Retention)

Employment Begin Date:

After entering the date, use your tab key or click outside the box where you entered the date.
A valid date will load a list of health sites appropriate to the position you selected on the previous page.
This may take a couple of seconds.

Site that you will be working at: ⓘ

- Please Select Your Employer --
- Please Select Your Employer --
- Columbia Basin Health Association - 14th Ave Medical C
- Columbia Basin Health Association - Othello Family & De
- Community Health Association of Spokane - Denny Murp
- Community Health Association of Spokane - Maple Clinic
- Community Health Association of Spokane - North County Clinic
- Community Health Association of Spokane - Valley Clinic
- Community Health Care - Downtown Clinic
- Community Health Care - Lakewood Clinic
- Community Health Care - Parkland Clinic
- Community Health Center of Snohomish County - Arlington Medical
- Community Health Center of Snohomish County - Edmonds Medical Clinic
- Community Health Center of Snohomish County - Everett North Medical Clinic
- Community Health Center of Snohomish County - Everett South Medical Clinic
- Community Health Center of Snohomish County - Lynnwood Clinic
- Community Health of Central Washington - Central Washington Family Medicine
- Community Health of Central Washington - CHCW Ellensburg
- Community Health of Central Washington - Naches Medical Clinic
- Community Health of Central Washington - Yakima Pediatric Associates
- Coulee Family Medicine

Select your site from the drop-down list. If you work at a clinic owned by a hospital district, check under the hospital name – then by clinic name.

2015-16 Health

Guidelines and Terms of A

[Add Employment Site](#)

You will only see sites on the Eligible

[Save & Exit](#) Does NOT submit a

Washington State 2015-16 Health Professional Loan Repayment Program Application

Attachment Checklist [MS Word](#) or [Pdf](#)

Personal

Name: <input style="width: 100px;" type="text"/> <input style="width: 100px;" type="text"/> <input style="width: 50px;" type="text"/>		Social Security Number:	
<small>Last</small>	<small>First</small>	<small>MI</small>	<input type="text" value="000000000"/>
Address: <input style="width: 200px;" type="text"/>		<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>
<small>Street</small>	<small>City</small>	WA ▾	<small>Zip</small>
Date of Birth: <input style="width: 100px;" type="text"/>		Email: <input style="width: 200px;" type="text"/>	
Home Phone: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>		Work Phone: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	
<input type="radio"/> Male <input checked="" type="radio"/> Female			
What race or culture do you consider yourself? <small>(Optional)</small> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Hispanic <input type="checkbox"/> White, not of Hispanic origin. <input type="checkbox"/> Other <small>Choose all that apply</small>			
Do you have another service obligation? <input type="radio"/> Yes <input type="radio"/> No <small>(Please note, program recipients cannot commit simultaneously to two service obligations)</small>			
Are you in default on any educational loans? <input type="radio"/> Yes <input type="radio"/> No			
Do you or have you: <input type="radio"/> Yes <input type="radio"/> No Ever had a judgment lien against your property for a debt to the United States? <small>Debtors with judgment liens for Federal debts are ineligible to receive Federal financial assistance.</small> <input type="radio"/> Yes <input type="radio"/> No Ever defaulted on any Federal payment obligations? <small>(HEAL, Nursing Student Loans, Federal income tax liabilities, FHA loans, etc.)</small> <input type="radio"/> Yes <input type="radio"/> No Ever breached a prior service obligation to the Federal/State/local government or other entity, even if you have subsequently satisfied the obligation? <input type="radio"/> Yes <input type="radio"/> No Ever have had any Federal debt written off as uncollectible or had any Federal service or payment obligation waived.			
Is your employer contributing toward your education debt? <input type="radio"/> Yes <input type="radio"/> No			
List all educational lender names and current loan balances for which you are requesting loan repayment: <small>(Be sure to include all lenders at this time, you will not be able to add them at a later date.)</small> Add Lender <small>Include copies of current loan statements with application (do not submit promissory notes or school statements, document(s) must be a loan statement from the lender.)</small>			

[Save & Exit](#) Does NOT submit application

Washington State 2015-16 Health Professional Loan Repayment Program Application

Attachment Checklist [MS Word](#) or [Pdf](#)

Personal (Continued)

How many years of (paid or unpaid) experience do you have working with rural and/or urban underserved populations?

Please Select ▼

Have you lived in a rural area (in Washington state or another state) for six months to one or more years?

[Add Rural Years Residency](#)

I intend to serve in the community of my application site, including my required service obligation for:

Please Select ▼

Upon **completion of the service obligation** I plan to continue working with rural and/or underserved populations.

YES NO

I speak and provide services to patients in a language listed below. This will be verified with the employer.

[Add Language](#)

Do not write "English." We are looking for languages other than English here.

If you are not successful in being awarded loan repayment during this cycle, what will you do next?

Please Select ▼

Estimate the percentage of patients that you see in a year that are in these categories:

Please Select ▼

Estimate the number of unduplicated patients seen by you per year:

Please Select ▼

[Save & Exit](#) Does NOT submit application

Previous

Save

Next

**Washington State
2015-16 Health Professional Loan Repayment Program
Application**

Attachment Checklist [MS Word](#) or [Pdf](#)

Education

Please enter your educational history that relates to your licensure:

[Add School](#)

Please enter your educational training:

[Add Training](#)

[Save & Exit](#) Does NOT submit application

Previous

Save

Next

**Washington State
2015-16 Health Professional Loan Repayment Program
Application**

Attachment Checklist [MS Word](#) or [Pdf](#)

Education

Please enter your educational history that relates to your licensure:

[Add School](#)

Please enter your educational training:

[Add Training](#)

[Save & Exit](#) Does NOT submit application

[Add Cancel](#)

School Name:

Degree:

Date Received:

**Washington State
2015-16 Health Professional Loan Repayment Program
Application**

Attachment Checklist [MS Word](#) or [Pdf](#)

Professional Experience

Please answer and submit the six essay questions about your professional experience, by following these steps:

1. Download the Microsoft Word document that contains the 6 essay questions by clicking [here](#) and save a copy.
2. Type your answers directly in the document that you've downloaded in step 1, and save it.
3. Upload the document that contains your answers using the "File Upload" box below. First click the "Browse..." button to choose the file you want to upload. Then click the "Upload" button to upload the file. (If you upload a file more than once, the old version will be overwritten by the new version.)

File Upload: No file chosen

The file you have uploaded:

[Save & Exit](#) Does NOT submit application

Keep in mind, in case of tie score, your responses to these questions will be used as additional scoring elements to break the tie score.

Once you click the submit button, the Agreement page and the Site Administrator Confirmation Form that you will need to sign and mail, and the Required Attachment Checklist form will become available for you to print.

Once you submit your application, you will no longer be able to make changes to the application.

Mail your application documents to:

WSAC/Health
PO BOX 43430
OLYMPIA WA 98504-3430

Or drop off at street address:

917 Lakeridge Way SE
Olympia, WA 98504-3430