

2016-17

Health Professional Loan Repayment Program

HPLR SITE REFERENCE GUIDE

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

Email: health@wsac.wa.gov Phone: (360) 753-7794

The purpose of the Health Professional Loan Repayment Program Site Reference Guide is to provide information about site eligibility requirements, qualification factors, compliance, roles and responsibilities, as well as other key factors on becoming an eligible site.

It is the responsibility of the site administrator and staff supervising the provider to review this document **prior** to completing the site application. Please feel free to print a copy of this guide to use as a reference throughout the contract period.

Sites must apply annually to be approved if they wish to be an eligible site for providers to apply and compete for a loan repayment award. The site approval is not automatically renewed year to year.

The Washington State Health Professional Loan Repayment and Scholarship (HPLRS) program was established in 1989, to address health care workforce issues in rural and underserved urban communities.

The program is 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 their professional field. The loan repayment program has helped to recruit and retain over 650 providers throughout the state.

Loan Repayment helps to repay educational loans of health care providers. In exchange for financial assistance, providers work at an eligible site for a minimum of three years, with the possibility of extensions.

The Washington State program (HPLRPS) funding was restored with an annual amount of \$4,685,000 for the HPLR program state contracts through the 2015 Legislative Session and is available for the 2016-17 application cycle.

Information on the Federal-State Loan Repayment Program (FSLRP) can be found in the FSLRP Site Reference Guide.

SECTION ONE: PROGRAM OVERVIEW

PROGRAM OVERVIEW

100% State Funds	
Site Eligibility	<ul style="list-style-type: none"> • Must apply annually
Provider Eligibility	<ul style="list-style-type: none"> • Minimum three-year service obligation • May work less than full time but a minimum of 24 hours per week (service obligation period is prorated to meet the equivalency of three years full time service) • Applicants are not guaranteed an award – it is a competitive process, based on score • Additional Eligibility Criteria outlined in Provider Reference Guide (Available in January 2016)
Funding	<ul style="list-style-type: none"> • Current HPLRP funding is \$4,685,000 per year
Provider Award	<ul style="list-style-type: none"> • \$75,000 for three-year contract, <i>not to exceed provider's individual loan debt</i> • Possible extension based on funds available and remaining eligible debt.
Eligible Professions	<ul style="list-style-type: none"> • Physician (MD/DO) (Family Medicine, Women's Health, General Internal Medicine, Geriatrics, General Pediatrics, and General Psychiatry) • Naturopathic Physician • 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 as a general staff pharmacist, filling and dispensing prescriptions. Time spent on educational classes, working with specialty patients (such as warfarin, diabetes) would fall under same the 8 hour rule as the other professions. • Dentist (DDS, DMD) • Dental Hygienist <p>*Include mental health</p>

Provider must practice a minimum of 24 hours per week providing primary care health services. Full-time service is defined as a minimum of 40 hours per week. Less than full time is permitted, but provider must work a minimum of 24 hours per week. No more than 8 weeks or 40 days per year can be spent away from the clinic for any reason including holidays, vacation, sick leave and continuing education.

PROGRAM CALENDAR

2016-17 Application Cycle

	Programs Time Line
October 2015	Site Application Opens – One Application for Both Programs
December 11, 2015	Site Application Closes
December, 2015	Site receives notification of application request status
January, 2016	Federal-State Loan Repayment Provider Application Cycle Opens*
March 11, 2016	Federal-State Loan Repayment Provider Application Cycle Closes*
March 16, 2016	State Health Professional Loan Repayment Program Application Program Cycle Opens
May 27, 2016	State Health Professional Loan Repayment Program Application Program Cycle Closes
June 2016	Applicants receive notification of application status
July 1, 2016	New contract for both program awards begin

**Information on the Federal-State Loan Repayment Program (FSLRP) can be found in the FSLRP Site Reference Guide*

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. For the 2016-17 application cycle, the application cycle will open in October and run through December 11, 2015. (Dates are posted on our website: www.wsac.wa.gov/health-professionals.)

Comprehensive Primary Care (CPC) Definition:

CPC is 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 health, and women's health. 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.

Pharmacists must be a general staff pharmacist working in the pharmacy filling and dispensing prescriptions working with general public. Time spent on educational classes, working with specialty patients (such as warfarin, diabetes) would fall under same the 8 hour rule as the other professions. (*Comprehensive Primary Care is a continuum of care not focused or limited to gender, age, organ system, a particular illness, or categorical population.*)

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.

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
 - Community Mental Health Facilities
 - State and County Health Department Primary Care Clinics
 - Free Clinics
 - Mobile Units
 - Critical Access Hospitals (CAH)
 - Long-term Care Facilities
 - State Residential Facilities
 - 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
 - State Prisons
7. Private Practices (Solo or Group)

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

Site Eligibility Criteria:

1. Eligible sites must charge for professional services at the usual and customary prevailing rates.
2. For hospitals, Registered Nurses and Pharmacists are the only provider types eligible for loan repayment. (Pharmacists must meet the criteria for the program.)
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 it is found that the provider completed both – the provider will be disqualified.
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 only one provider award for recruitment and one provider award for retention per profession - 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's request for Psychiatrists and mental health Nurse Practitioners.
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, mental 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 Medicaid/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.npdbhipdb.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 languages and/or dialects for the service area.

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 TWO: SITE APPLICATION PROCESS

APPLICATION PROCESS

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

For each individual Site:

- Individual Site/Clinic's Name and Address
 - You will need a separate application for Medical, Dental, Mental Health, and Pharmacy even if located in the same building. The numbers for each clinic type must be reported separately.
 - Be sure you use the zip code of the Site/Clinic physical location (not the business office zip code) – as this is used in the scoring process.
- Contact name, phone number and email
- Number of unduplicated patients for the most recently completed calendar or fiscal year (for this individual site/clinic only)
 - Patient Counts: total annual unduplicated active Medicare/Medicaid, uninsured, charity patients, sliding fee schedule (if used)
 - Patient Counts: total annual unduplicated active patients
- The number of each of the following that you will be requesting loan repayment for by provider type:
 - Budgeted FTE's
 - Vacant FTE's
 - Filled FTE's
 - Retention requests FTE's

To apply, go to our website: www.wsac.wa.gov/health-professions. See Section Five for a step-by-step pictorial of the process.

SITE APPROVAL AND NOTIFICATION

The Site Application Cycle opens each year between July and September. This year the site application will open in October and run through December 11, 2015. Sites are notified by the end of December of their application status.

Approval is based upon the application score which includes: legislative directives, geographic location (zip code data); ratio of underserved patients versus non-underserved; staffing need criteria; and the use of a sliding fee schedule (optional but points are given if used).

SECTION THREE: PROVIDER SELECTION INFORMATION

PROVIDER SELECTION

The HPLRP Provider Application Cycle is scheduled to open March 16, 2016 and close on May 27, 2016. The provider must be either 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 provider's application is scored and that score is added to

the Site Score to create a Total Score. This places the provider in rank order among others in their profession. Please note that provider scoring elements are not disclosed to protect the integrity of the application score.

The FSLRP provider application is scheduled to open January 4, 2016 and close on March 11, 2016. Applicants who apply in the Federal-State application cycle and are not awarded, will have their applications automatically roll-over into the state application cycle unless they “opt-out” at the time of application.

Eligible applications from Psychiatrists and Advanced Registered Nurse Practitioners working at DSHS Eastern and Western State Hospitals will receive priority and be awarded first. Remaining funds will be awarded 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% of the funds would go to primary care physician awards. If 50 requests were for dentists, then 10% of the funds would go to dentist awards.*

SECTION FOUR: SITE ROLE AND EXPECTATIONS

SITE ROLE AND EXPECTATIONS

The site will receive a Memorandum of Understanding which will outline the responsibilities of the site and WSAC.

- At the end of each quarter the provider will submit a Quarterly Service Confirmation Form to their supervisor to verify the hours they worked. It is the site’s responsibility to verify the hours and to retain the original copy of the form. The site is to either: fax, mail or scan and email a copy of the form to our office so a payment can be processed for the recipient.

- We expect the provider to complete their minimum three-year HPLRP contract at the site where they applied and were approved. If your organization has multiple clinics, the provider **cannot** move from one clinic to another without going through a pre-approved transfer process. The provider was approved for the site they applied at and will not get service credit for hours worked at another site.

- **Definition of “full time” employment:**

For all health professionals, except as noted below: 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 8 hours per week is/will be spent providing clinical services to patients in the approved office(s), performing clinical support activities in alternate locations as directed by the above site(s), or performing practice-related administrative activities. For women’s health, FPs practicing OB on a regular basis, providers of geriatric services, certified nurse midwives, and pediatric dental 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) approved on the contract.. The remaining 19 hours per week is/will be spent providing clinical services to patients in the approved office(s), performing clinical support activities in alternate locations as directed by the approved site(s), or performing practice-related administrative activities (with practice-related administrative activities not to exceed 8 hours per week).

Definition of “less than full time” employment:

For less than full time employment, a minimum of 24 hours per week is required. Of the 24 hours per week, only 4 hours per week is allowed performing clinical support activities in alternate locations as directed by the approved site(s), or performing practice-related administrative activities (with practice-related administrative activities not to exceed 4 hours per week).

- If the provider falls below the required 24 hours per week at the approved site, it will cause the provider to go into repayment default.
- The site takes on an obligation to the provider when submitting a site application, to provide a minimum of 24 hours per week employment for the minimum three-year contract period (working less than full time will prorate the service obligation period). The site should take into consideration the provider’s contract and obligation when looking at staffing changes.
- If the provider is terminated; has their license suspended; has a disciplinary action brought against them; or no longer has a valid license to practice, the site is required to contact WSAC immediately.
- The site is required to keep the original copy of the Quarterly Service Verification Form. When program staff do site visits, they will ask for the form to verify it against the form received in the office for payment.
- The form is to be signed by the site designee who has signature authority to verify the hours of the provider.
- The Quarterly Service Verification Form is posted at the council website: www.wsac.wa.gov/health-professions.
 - **A current** copy of the form must be downloaded at the end of each quarter.
 - Form cannot be signed or dated before the last day of the quarter. Forms dated before the end of the quarter will not be accepted.

SITE VISITS

WSAC program staff will conduct on-site visits to provide technical assistance to answer questions and ensure compliance with program requirements. Once a date is agreed upon, staff may request documentation, policies on non-discrimination, sliding fee scale information (if available), and the original copies of the provider’s Quarterly Service Verification Forms. During the site visit, staff will meet separately with the site administrator and the providers (either individually or in a group if number is large). The discussion with the site administrator is focused on how the site is meeting expectations and requirements. Using a standard site visit tool, questions will be asked regarding the site’s compliance which was submitted at time of application. This visit also provides the opportunity for the site to ask questions of the program and for staff to offer technical assistance. Interviews with the providers are a priority and are conducted with a dual focus of: 1) assuring providers are meeting program

requirements, and; 2) making certain they are integrating into the community and experiencing a rewarding practice setting.

SECTION FIVE: SCREENSHOTS OF THE APPLICATION PROCESS IN THE PORTAL

Go to: www.wsac.wa.gov-healthprofessionals
Click on each of the [Site tabs](#) under [Site Information](#) for details.
To start the application, click where the [orange](#) box indicates.

home » financial aid » targeted workforce » 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.

Healthcare sites apply annually to participate in the program. The eligible site list is posted in January when the provider application cycle opens. The provider may apply and compete for an award at that time.

The 2014-15 application cycle awarded providers up to \$35,000 per year for a minimum two-year (\$70,000), full-time service obligation. Each additional one-year extension request amount is based on funds available.

The 2015-16 provider application is currently open until April 30, 2015.

Provider Information

Eligible Professions	Eligible Sites	Participant Requirements
Service Obligation	Application Process	

The site application cycle will be open in July 2015 and run through September 11, 2015.

Site Information

Site Eligibility	HPSA Designation	Application Process
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The Washington Student Achievement Council, in coordination with the Department of Health, oversees the site application process. To access the online application [here](#). Click on register and follow the directions to register under the column "Students/Parents/Other" and then select "Register as a Health Professional".

If you have submitted an online site application previously, enter your email address and password to login and access your site application. If you forgot your password, click on the link to reset your password. Please note, you will not be able to access the application when the application cycle is not open.

Once you submit your application, you will not be able to make changes. You can contact Chris Wilkins at chrisw@wsac.wa.gov or call 360-753-7794 to make changes before September 12, 2014. After that date no changes or additions can be made to the applications.

CONTACT INFORMATION

Chris Wilkins
Program Manager
chrisw@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](#)

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 - Faculty \(Word\)](#)

Create a User Log-in Account

If you are already registered,
Login here.

email address password



Middle/High School Staff
To nominate students for the Washington Scholars Award, [activate your account](#)
[Enter College Bound applications](#) for students
[Request](#) a GEAR UP account
[View FAFSA Completion statistics](#) for public school 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 if you have not registered before



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](#)

Enter your name here
And click next

Name: First MI Last

Example of a Site Application in Process

Login anytime to check the status of your application.

Health Site Name	Last Activity	Status
Wilkins Medical Clinic	10/8/2015	Incomplete <small>View/Print not available for incomplete applications.</small>

Start Another Application

- Please **read** the following guidelines carefully.
- Not every Health Site will qualify.

Site Reference Guides:

[Health Professional Loan Repayment Program \(HPLRP\)](#)
[Federal-State Loan Repayment Program \(FSLRP\)](#)

Your site may qualify for both. Read the Reference Guides for full details.

I have read and understood the **Site Application Guidelines**.

Check each option that applies to your site.

- This Health Site has been in business longer than one year.
- This site meets the definition of non-profit or for-profit eligibility. This is required for the (FSLRP). See Site Reference Guide for details.

"Non-profit private entity means an entity which may not lawfully hold or use any part of its net earnings to the benefit of any private shareholder or individual and which does not hold or use its net earnings for that purpose" (42 C.F.R. 62.52). For-profit health facilities operated by non-profit organizations must follow the same guidelines as all other SLRP sites.

- This site is located in a HPSA or has a HPSA designation. This is required for the (FSLRP). See Site Reference Guide for details.

HPSA is a federal designation for Health Professional Shortage Area. Go to: <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx> to find out if you meet the HPSA designation criteria.

For HPLRP – the first two boxes must be checked.

For FSLRP – All four boxes must be checked.

Next

Loan Repayment - Health Site Application

2016-2017

Wilkins Medical Clinic

Status: **Incomplete**

[Application Admin](#)

[Help/Contact Info](#)

- Click on the arrow below to find your site.
- If your site is not listed, click on the Help/Contact Info link above or call 360-753-7794 so your site can be added. *(Check to see if the site is listed under a different name, such as under the hospital's clinic name.)*
- A hospital and a hospital owned clinic are two separate sites for our program purpose and must submit separate applications.
- If your organization has more than one clinic, you must submit separate applications for each clinic - physical location.
- If you have dental, medical and behavioral health clinics, you must submit separate applications for each one, and count the number of patients for each one separately.
- **NEW THIS YEAR.** You must submit a separate application for **Pharmacy**. Do not include your Pharmacist request with your Medical Clinic or Hospital application.

Use the **physical address and zip code of the actual location** of the clinic for the **physical location**. This impacts the site score.

Wilkins Medical Clinic ▼

Select site name from drop down menu.

Site Address (Physical location of the clinic)

Physical Addresses

Business:	123 This street Olympia, WA 98504	Edit	Delete
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[Add New Address](#)

Click "edit" to update information.

1. **"Business Address"** is the clinic's physical street address.
2. If your **"Mailing Address"** is different, then please enter that address too.

[Previous](#) [Next](#)

Loan Repayment - Health Site Application

2016-2017

[Help/Contact Info](#)

- Click on the arrow below to find your site.
- If your site is not listed, click on the Help/Contact Info link above or call 360-753-7794 so your site can be added. *(Check to see if the site is listed under a different name, such as under the hospital's clinic name.)*
- A hospital and a hospital owned clinic are two separate sites for our program purpose and must submit separate applications.
- If your organization has more than one clinic, you must submit separate applications for each clinic - physical location.
- If you have dental, medical and behavioral health clinics, you must submit separate applications for each one, and count the number of patients for each one separately.
- **NEW THIS YEAR.** You must submit a separate application for **Pharmacy**. Do not include your Pharmacist request with your Medical Clinic or Hospital application.

Use the **physical address and zip code of the actual location** of the clinic for the **physical location**. This impacts the site score.

--Select a Site--

New this year – Pharmacy requires a separate application.

If your site is not listed, call 360-753-7794 for assistance.

Please select a health site
[Previous](#) [Next](#)

Loan Repayment - Health Site Application

2016-2017

Wilkins Medical Clinic

Status: **Incomplete**

[Application Admin](#)

[Help/Contact Info](#)

Provide the following patient numbers for:

- Medicare/Medicaid,
- Sliding fee or discounted care regardless of ability to pay
- Charity care.

We will ask for patient days or number of unduplicated patients, depending on the type of site you are.

- Use the most recently completed calendar or fiscal year.
- If you have multiple sites, provide counts for this physical site located at the address provided for this clinic only
- If you do not have actual data - **do not send estimates**. Contact [Chris Wilkins](#) at (360-753-7794) to discuss.
- Do not include write-offs.
- Uninsured does not include private pay patients.

Facility Type

Medical Clinic

Facility Type

- Medical Clinic
- Specialty Facility Type
- Dental Clinic
- Hospital
- Medical Clinic**
- Mental/Behavioral Health
- Nursing Home
- Pharmacy
- State Institution

Facility Designation

--Select Designation that best describes your site-- The Facility Designation is required

Facility Designation

--Select Designation that best describes your site--

- Select Designation that best describes your site--**
- Community Mental Health Center
- Federally-Qualified Health Centers (FQHC)
- Community Health Center (CHC)
- Rural Health Clinic (RHC)
- Tribal Clinic
- County Public Health Clinic
- Free Clinic
- Mobile Clinic
- Private Practice (Solo or Group)
- Hospital based/owned clinic
- Community Outpatient Facility
- Critical Access Hospital
- Long-term Care Facility
- Mental Health Facility
- Urgent Care Center (attached to qualified clinic)

Patient Profile Data

- A.** Patient Count: Total annual unduplicated active Medicare/Medicaid, uninsured, charity patients, sliding fee schedule.
- B.** Patient Count: Total annual unduplicated active patients.

Facility Type	A. Patient Count	B. Patient Count
Medical Clinic	<input type="text"/>	<input type="text"/>

This information is used to calculate critical staffing need. One Full Time Equivalent (FTE) = 40 hours of work per week.

F SLRP REQUIRES PROVIDERS TO WORK FULL TIME:

Definition of "full time" employment:

- For all health professionals, except as noted below: 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) specified above.
- The remaining 8 hours per week is/will be spent providing clinical services to patients in the above offices, performing clinical support activities in alternate locations as directed by the above site(s), or performing practice-related administrative activities.
- For Women's Health, FPs practicing OB on a regular basis, providers of gynec services, 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) specified above.
 - The remaining 19 hours per week is/will be spent providing clinical services to patients in the above offices, performing clinical support activities in alternate locations as directed by the above site(s), or performing practice-related administrative activities (with practice-related administrative activities not to exceed 8 hours per week).

HPLRP ALLOWS PROVIDERS TO WORK LESS THAN FULL TIME BUT NOT LESS THAN 24 HOURS PER WEEK:

- For less than full time employment, only 4 hours per week is allowed performing clinical support activities in alternate locations as directed by the approved site(s), or performing practice-related administrative activities (with practice-related administrative activities not to exceed 4 hours per week).

For F SLRP

- No more than 7 weeks (35 work days) per service year can be used for vacation, holiday, continuing education, illness or any other reason.
- The site supervisor must notify our office immediately if a participant exceeds the 35 day limit as this is a breach of contract.

For HPLRP

- No more than 8 weeks (40 work days) per service year can be used for vacation, holiday, continuing education, illness or any other reason.
- The site supervisor must notify our office immediately if a participant exceeds the 40-day limit as this is a breach of contract.

Recruitment means the provider began on or after July 1st of the current year.

Retention means the provider was working on or before June 30th of the current year.

Provider Type	Vacant (Recruitment) FTE (a)	Budgeted FTE (b)	Retention Positions (c)	Filled FTEs (d)
Fill in this information for each of the selected provider types	For this provider type - the number of budgeted FTE's that have been, are or will be vacant at any time on or after July 1st of the current year (even if filled at the time of application submission)	For this provider type - the number of "budgeted" FTE's your site has allocated funds for	For this provider type - the number of current providers already on staff wishing to apply for loan repayment	For this provider type - the number of providers who are employed as of July 1st of this year.

- NOTE: You will need to count any new hires since July 1st of the current year as a Vacant FTE in order for them to qualify as a recruitment applicant and to be eligible to apply during the provider application cycle.
- The number of Vacant FTEs and Filled FTEs should equal the Budgeted FTE number.
- Do not leave blanks!
- If you know for certain an employee is going to leave within the next six months and you want to use a recruitment slot, reduce your filled FTE by one and increase your vacant FTE by one.
- Once the application cycle closes, changes cannot be made. This includes changing recruitment to retention or vice versa.
- Provide numbers for this clinic only

Be sure to read this note.

Please select a Provider License Type
(And keep selecting until all your provider license types are represented.)

Please select a Provider Type from the dropdown list.

Loan Repayment - Health Site Application

2016-2017

Wilkins Medical Clinic

Status: **Incomplete**

[Application Admin](#)

[Help/Contact Info](#)

Sliding-fee discount patients are patients that receive care on a:

- Sliding-fee discount schedule,
- Ability-to-pay, or
- Free of charge basis.

To be eligible for the sliding fee discount score: your site must have an active/implemented Sliding-Fee Discount Schedule and a public notice of its availability for all patients conspicuously posted near the front desk or check-in area. This will be verified during site visits.

Terms and Definitions Examples in [MS Word](#) or [PDF](#)

Sliding fee schedule posted and used

Or site is:

WA DOC

WA DSHS

Tribal Clinic

[Previous](#) [Next](#)

The Sliding Fee Schedule is required for FSLRP, but not for the HPLRP.

Loan Repayment - Health Site Application

2016-2017

Wilkins Medical Clinic

Status: **Incomplete**

[Application Admin](#)

[Help/Contact Info](#)

All application entries are valid and accurate to the best of my knowledge.

1. Please make sure to review your entries FIRST (before clicking "Submit Application") by using the **PREVIOUS** button.
2. Once you click the "Submit Application" button, you will not be able to make any changes to your application (we will have to make them for you).
You WILL, however, be able to print a copy of your application at any time that is convenient for you.
3. If you have questions or wish to amend your application in the future, please contact the WSAC or DOH by using the Help/Contact Info link above.
4. Clicking the "Submit Application" button will submit your application to the WSAC where it will be further reviewed by staff.

I hereby certify that the information presented on this application is true, accurate and complete and that I have the appropriate authority to submit this application on behalf of my employer/organization.

The Checkbox must be checked.

[Previous](#) [Submit Application](#)

The person who submits this application is required to have signature authority for the clinic/organization. This should not be filled out by the provider who plans to apply for the program. They will be disqualified if they complete this application.

SECTION SIX: GLOSSARY

GLOSSARY

Community Mental Health Center (CMHC) – An entity that meets applicable licensing or certification requirements for CMHCs in the State in which it is located and provide all of the following core services:

- (1) outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC’s mental health service area who have been discharged from inpatient treatment at a mental health facility;
- (2) 24 hour-a-day emergency care services;
- (3) day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and
- (4) screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission. Effective March 1, 2001, in the case of an entity operating in a State that by law precludes the entity from providing the screening services, the entity may provide for such service by contract with an approved organization or entity (as determined by the Secretary) that, among other things, meets applicable licensure or certification requirements for CMHCs in the State in which it is located. A CMHC may receive Medicare reimbursement for partial hospitalization services only if it demonstrates that it provides such services.

Comprehensive Primary Care (CPC) - The NHSC defines Comprehensive Primary Care (CPC) as the delivery of preventive, acute and chronic primary health services in an NHSC-approved specialty. NHSC-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). Comprehensive Primary Care should provide care for the whole person on an ongoing basis.

Correctional Facility – Clinics within state or federal prisons. Clinical sites within county and local prisons are not eligible. Federal prisons are clinical sites that are administered by the U.S. Department of Justice, Federal Bureau of Prisons (BOP). State prisons are clinical sites administered by the state.

Critical Access Hospital (CAH) – A non-profit facility that is (a) located in a State that has established with the Centers for Medicare and Medicaid Services (CMS) a Medicare rural hospital flexibility program; (b) designated by the State as a CAH; (c) certified by the CMS as a CAH; and (d) in compliance with all applicable CAH conditions of participation. For more information, please visit: <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-NetworkMLN/MLNProducts/downloads/critaccesshospfctsht.pdf>.

FQHC Look-Alike – Health centers that have been identified by Health Resources and Services Administration (HRSA) and certified by the Centers for Medicare and Medicaid Services as meeting the definition of “health center” under Section 330 of the PHS Act, although they do not receive grant funding under Section 330. More information is available at <http://bphc.hrsa.gov/about/apply.htm>.

Free Clinic – A medical facility offering community healthcare on a free or very low-cost basis. Care is generally provided in these clinics to persons who have lower or limited income and no health insurance, including persons who are not eligible for Medicaid or Medicare. Almost all free clinics provide care for acute, non-emergent conditions. Many also provide a full range of primary care services (including preventive care) and care for chronic conditions.

Full-Time Provider – A Provider working a minimum of 40 hours per week in a clinical practice, for a minimum of 45 weeks per service year.

Health Professional Shortage Area (HPSA) – A HPSA is a geographic area, population group, public or nonprofit private medical facility or other public facility determined by the Secretary of HHS to have a shortage of primary health care professionals. HPSAs may be identified on the basis of agency or individual requests for designation. Information considered when designating a primary care HPSA include health provider to population ratios, rates of poverty, and access to available primary health services. These HPSAs are designated by the Office of Shortage Designation, within HRSA’s Bureau of Health Professions, pursuant to Section 332 of the PHS Act (Title 42, U.S. Code, Section 254e) and implementing regulations (Title 42, Code of Federal Regulations, Part 5).

Indian Health Service, Tribal or Urban Indian Health Clinic (ITU) – A non-profit health care facility (whether operated directly by the Indian Health Service or by a tribe or tribal organization, contractor or grantee under the Indian Self-Determination Act, as described in 42 Code of Federal Regulations (CFR) Part 136, Subparts C and H, or by an urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act) that is physically separated from a hospital, and which provides clinical treatment services on an outpatient basis to person of Indian or Alaskan Native descent as described in 42 CFR Section 136.12. For more information, please visit: <http://www.ihs.gov>.

Mobile Units/Clinics – Medical vehicles (e.g. mobile health vans) that travel to underserved rural and urban communities, providing primary care services to individuals located in a HPSA. Providers working within a mobile unit that functions as part of an approved site or through an alternative care setting (e.g. hospitals, nursing homes, shelters, etc.) will receive service credit for direct patient care, so long as the mobile unit is affiliated with an approved site and provides services to only the approved HPSA area and/or members of a HPSA.

Public Health Department Clinic – Primary or mental health clinics operated by a State, County or Local health departments.

Rural Health Clinic (RHC) – A facility certified by the Centers for Medicare and Medicaid Services under section 1861(aa) (2) of the Social Security Act that receives special Medicare and Medicaid reimbursement. RHCs are located in a non-urbanized area with an insufficient number of health care practitioners and provide routine diagnostic and clinical laboratory services. RHCs have a nurse practitioner, a physician assistant, or a certified nurse midwife available to provide health care services not less than 50 percent of the time the clinic operates. There are two types of RHCs:

- Provider-Based: affiliated with a larger healthcare organization that is a Medicare certified provider.
- Independent: generally stand-alone clinics.

Sliding Fee Scale or Discounted Fee Schedule – A sliding fee scale or discount fee schedule is a set of discounts that is applied to your practice’s schedule of charges for services, based upon a written policy that is non-discriminatory.

Solo or Group Private Practice – A clinical practice that is made up of either one or many providers in which the providers have ownership or an invested interest in the practice. Private practices can be arranged to provide

primary medical, dental and/or mental health services and can be organized as entities on the following basis: fee-for-service; capitation; a combination of the two; family practice group; primary care group; or multi-specialty group.

Tribal Health Program – An Indian tribe or tribal organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the Indian Health Service (IHS) through, or provided for in, a contract or compact with the IHS under the Indian Self-Determination and Education Assistance Act (25 USC 450 et. seq.).

SECTION SEVEN: SAMPLE COPY - MEMORANDUM OF AGREEMENT

Document in process

SECTION EIGHT: EXAMPLES OF FORMS

QUARTERLY SERVICE FORM

SAMPLE

This is an example of the Quarterly Service Verification Form that the Provider and Site complete at the end of each quarter. The site retains the original copy and submits a copy to WSAC for a payment to be processed for the provider. It is important that the site/provider go to the website each quarter to download the most current copy of the form.

WASHINGTON STATE HEALTH PROFESSIONAL LOAN REPAYMENT PROGRAM Quarterly Service Verification Form	
Do not leave blanks. Submit form on or after last day of quarter.	
LOAN REPAYMENT RECIPIENT	EMPLOYER SECTION
2015 Quarter: <input type="checkbox"/> Jan-Mar <input type="checkbox"/> Apr-Jun <input type="checkbox"/> Jul-Sep <input type="checkbox"/> Oct-Dec Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____ <i>I certify that I am serving at the site listed on the right, and that I have fully applied funds received from the previous quarter to my educational debt.</i> Signature: _____ Date: _____ <input type="checkbox"/> My remaining debt is less than my normal payment. Adjust final payment to payoff amount: \$ _____ <input type="checkbox"/> I have no remaining eligible loan debt; my loans are paid in full. I realize that my payments will cease but I am not released from my remaining service obligation.	Site Name: _____ Address: _____ City: _____ Zip: _____ I have reviewed the hours worked and certify that the loan repayment recipient: <i>(check all that apply):</i> WORKED: <input type="checkbox"/> Full time - a minimum of 40 hours per week <input type="checkbox"/> Less than 40 hours per week, but a minimum of 24 hours per week – fill in box below. <div style="border: 1px solid black; display: inline-block; width: 50px; height: 20px; vertical-align: middle;"></div> Actual Hours Worked this quarter. <small><i>(Include all paid hours – do not include on-call or overtime hours)</i></small> <small><i>Also use this box to fill in hours if submitting as the final form before the end of the quarter or if participant was an extended leave.</i></small> <input type="checkbox"/> Is/was on extended leave from _____ to _____ due to _____ <small><i>Indicate the reason for the extended leave and record paid hours worked in the Actual Hours Worked • box above)</i></small> Paid Leave Hours: _____ Unpaid Leave Hours: _____ <small><i>Recipients may receive service credit for up to 35 days of paid leave during the contract year. They will not receive credit for unpaid leave or leave beyond the 35 day limit. FMLA recipients may arrange for a deferment by contacting program staff.</i></small>
DEFINITION OF "FULL TIME EMPLOYMENT" <i>For all health professionals, At least 32 hours of the minimum 40 hours per week are/will be spent providing direct outpatient care during normally scheduled clinic hours at an approved & eligible site as described on the Washington Health Professional Shortage Areas Listing. The remaining 8 hours per week is/will be spent providing clinical services to patients in the above offices, performing clinical support activities in alternate locations as directed by the above site(s), or performing practice-related administrative activities.</i> <i>For part time, at least 20 hours of the minimum 24 hours per week are/will be spent providing direct outpatient care during normally scheduled clinic hours at an approved and eligible site as described above for full time employment.</i> <i>Participants with a State/Federal contract are only allowed a maximum of 35 days per contract year away from the clinic (July 1 – June 30) for any reason except FMLA.</i>	The certifications and information provided above are true, accurate and complete to the best of my knowledge and belief. I have read and understand the definition of "full time" employment. I understand that I must retain the original copy of this form.
PROGRAM INFORMATION	Signature: _____ Printed Name: _____ Title: _____ Date: _____ Phone Number: _____ Email: _____
<ul style="list-style-type: none"> Form is due in our office no later than 14 days after the end of the quarter. In January and July, you must submit payment history documentation. Allow 14- 20 business days for payment to be processed. 	
<small>The administrator (not the recipient) may mail, fax, or scan and email the service form to: Mail: WSAC PO Box 4340 Olympia WA 98504-3430 Fax: 360-704-6242 Email: chrisw@wsac.wa.gov Phone: 360-753-7794 *REMEMBER FOR PAYMENT: It is your responsibility to contact the Department of Enterprise Services (DES) to update any changes to your address, name or bank account information. Our office cannot make those changes for you. Contact DES at: (360) 407-8180 or email payeehelpdesk@des.wa.gov</small>	

PROVIDER APPLICATION SITE ADMINISTRATOR CONFIRMATION FORM SAMPLE

This form is an example of the form that the provider asks the site to complete and they submit with their application packet. It confirms the provider's site location(s), hours and other employment verification. It is important that it be reviewed for completeness and accuracy before the provider submits the form.



**Health Professional Loan Repayment Program
2015-16 Site Administrator Confirmation Form**

This form is to be completed by the appropriate site designee and must accompany the provider's application packet.

1. Applicant Name:	2. Applicant is a permanent employee: <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Applicant Employment Start date: (date provider began seeing patients – not contract start date)	4. Hours worked per week: ____ (minimum 40 hours per week – see definition below) Do not count on-call hours as part of the 40 hours.
5. Job Title:	6. License Type: (Example MD, DO, NP):
7. Site Name: <i>(Use the clinic name where provider is working. If multiple locations, attach a separate sheet with information for each site.)</i>	
8. Site Address: _____ City: _____ Zip: _____ <i>(Physical location where provider will work.) Site cannot be stand-alone urgent care or a specialty center.</i>	
9. Site's has a: <input type="checkbox"/> Federal Health Professional Shortage Area (HPSA) score. Score: _____ <input type="checkbox"/> Site does not have a HPSA score but is located in a HPSA designated area.	
10. Site/organization contributes toward this applicant's educational debt: <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, explain the terms of agreement and the amount paid.</i>	
11. Describe the typical type of care provided by this applicant (<i>specify any specialty work</i>): How many patients does/will this provider see annually? _____	
12. Hours per week applicant spends in direct patient care: ____ In administrative work: ____ On call: ____	
13. Provider provides care to patients in another language: <input type="checkbox"/> No <input type="checkbox"/> Yes - Percent of Patients ____%	
14. Applicant provides care outside of the clinic or hospital: <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, explain:</i>	
15. <input type="checkbox"/> This site meets the following Eligibility Criteria: 1. Site is a Public and/or non-profit private entities located in and providing health care services in HPSAs. "Non-profit private entity means an entity which may not lawfully hold or use any part of its net earnings to the benefit of any private shareholder or individual and which does not hold or use its net earnings for that purpose" (42 C.F.R. 62.52). For-profit health facilities operated by non-profit organizations must follow the same guidelines as all other SLRP sites. They must accept reimbursement from Medicare, Medicaid, and the Children's Health Insurance Program, utilize a sliding fee scale, and see all patients regardless of their ability to pay. 2. Site is located in federally-designated HPSA, Medically Underserved Areas (MUAs) or Populations and shortage areas designated by the State <u>do not qualify</u> . 3. Provider(s) is working in a HPSA that corresponds to their training and/or discipline. For example, psychiatrists and other mental health providers must serve in a mental health HPSA. 4. Site charges for professional services at the usual and customary prevailing rates. 5. Site provides discounts for individuals with limited incomes (i.e., use a sliding fee scale). For information about HHS Poverty Guidelines, please visit http://aspe.hhs.gov/poverty/13poverty.cfm . • For those with annual incomes at or below 100 percent of the HHS Poverty Guidelines, site must provide services at no charge or at a nominal charge. • For individuals between 100 and 200 percent of the HHS Poverty Guidelines, site must provide a schedule of discounts, which should reflect a nominal charge covered by a third party (either public or private). A State may allow sites to charge for services to the extent that payment will be made by a third party which is authorized or under legal obligation to pay the charges. 6. Site accepts Medicaid patients using A or B of Title XVIII of the Federal Social Security Act or a state plan for medical assistance approved under Title XIX of the Act. 7. Site accepts assignments from Medicare under the terms specified in Title XVIII of the federal Social Security Act, section 18.42 (b)(3)(B)(ii). 8. Site accepts reimbursement under Medicare, Medicaid and the Children's Health Insurance Program, as appropriate for providers designate discipline. 9. Site has been in business for a minimum of one year.	

16. I have read the Site Guidelines and Terms of Agreement and understand the site's responsibilities while participating in the Health Professional Loan Repayment Program. (Located at: www.wsac.wa.gov/health-professional)

I acknowledge that the applicant named above has made a commitment to stay at this facility for a minimum of two years while participating in the Loan Repayment Program.

I understand that it is the site's responsibility to validate that the provider worked and met the program's definition of the minimum 40 hours each week during the quarter and submit the Quarterly Service Verification Form with an authorized signature. Site is to retain original copy of the service form.

The site will notify the Health Professional Loan Repayment Program staff of any changes to the provider's employment status, work location and substantial changes to job duties. *If Provider relocates to another clinic within your organization without preapproval it will place the provider in repayment default.*

Authorized Site Administrator Signature:	Date:
Printed Name:	Title:
Phone Number:	Email:
Direct Supervisor's Signature:	Date:
Printed Name:	Title:
Phone Number:	Email:

Program definition of Full Time employment:

- Participants must be employed full time; a minimum of 40 hours each week (may not average hours over a pay period).
- o Definition of "full time" employment: *For all health professionals, except as noted below: 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) specified above. The remaining 8 hours per week is/will be spent providing clinical services to patients in the above offices, performing clinical support activities in alternate locations as directed by the above 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) specified above. The remaining 19 hours per week is/will be spent providing clinical services to patients in the above offices, performing clinical support activities in alternate locations as directed by the above site(s), or performing practice-related administrative activities (with practice-related administrative activities not to exceed 8 hours per week).*