

2015-16 Health Professional Loan Repayment Program

SITE ELIGIBILITY

Guidelines & Terms of Agreement

It is **your** responsibility to read and understand these Guidelines and Terms of Agreement.

Web site: <http://www.wsac.wa.gov/health-professionals> Email: chrisw@wsac.wa.gov Phone: (360) 753-7794

Site Eligibility:

1. Eligible sites: Public and 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. All sites must be located in federally-designated HPSAs. Medically Underserved Areas (MUAs) or Populations and shortage areas designated by the State **do not qualify**. To find HPSA designation go to:

3. Providers must work 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. Eligible sites must charge for professional services at the usual and customary prevailing rates.

5. Eligible sites must provide 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, States must ensure that sites provide services at no charge or at a nominal charge.

- For individuals between 100 and 200 percent of the HHS Poverty Guidelines, States must ensure that sites 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 must accept 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 must accept an assignment from Medicare under the terms specified in Title XVIII of the federal Social Security Act, section 18.42 (b)(3)(B)(ii).

8. Site must accept patients entitled to medical assistance under the state Medicaid agency.

9. Site must have been in business for a minimum of **one** year.

10. 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.

11. Site may receive only one provider award per profession - per recruitment or retention - per year.
 - **Retention** status means that the site submitted the site application for someone who began working on or before June 30, 2014.
 - **Recruitment** status means the provider was hired or will be hired on or after July 1, 2014.
12. If the organization has more than one clinic, the site must submit a separate application for each physical location/clinic.
13. Site must submit separate applications for a (CAH) hospital and for each of the clinics owned by hospital.
14. Site must submit separate applications for medical, dental and behavioral health, separating the number of patients for each one.
15. Site must not be a K-12 school based clinic.
16. Stand-alone Urgent Care Clinics, Emergency Departments, Specialty Clinics and Placement Agencies are not eligible.
17. Hospital must be a Critical Access Hospital to be eligible.
18. Only Registered Nurses and Pharmacists are eligible for loan repayment at a (CAH) hospital.
19. 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.
20. **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.
21. 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.

The following site types are eligible to be approved as sites for participants:

1. Federally Qualified Health Centers (FQHCs)
 - Community Health Centers (CHCs)
 - Migrant Health Centers
 2. FQHC Look-A-Likes
 3. Centers for Medicare & Medicaid Services Certified Rural Health Clinics (RHCs)
 4. Other Health Facilities
 - Community Outpatient Facilities
 - Community Mental Health Facilities
 - State and County Health Department Clinics
 - Free Clinics
 - Mobile Units
 - Critical Access Hospitals (CAH) affiliated with a qualified outpatient clinic
 - Long-term Care Facilities
 - State Mental Health Facilities
 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)
- As with all other SLRP practice sites, solo or group practices must be a public or private non-profit entity.

PROVIDER TYPES INCLUDE:

- **Physicians:** Family Medicine: Obstetrics/Gynecology; General Internal Medicine: Geriatrics: General Pediatrics: and Psychiatry.
- **Physician Assistants:** Adult; Family; Pediatric: Psychiatry: Mental Health; Geriatrics: and Women's Health.
- **Nurse Practitioners:** Adult; Family; Pediatric; Mental Health; Geriatrics; and Women's Health.
- **Certified Nurse-Midwives (CNM)** must have: A master's degree or post-baccalaureate certificate from a school accredited by the American College of Nurse-Midwives (ACNM); National certification by the American Midwifery Certification Board (formerly the ACNM Certification Council); AND a current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) from Washington State.
- **Psychiatrists:** must meet the qualifications for physicians above AND serve exclusively in mental health HPSAs
- **Registered Nurses**
- **Pharmacists;** Must work in general pharmacy, filling and dispensing prescriptions. Cannot be working exclusively with specialty patients such as warfarin, diabetes, etc, doing educational classes, serving as liaison between lab, patient and doctor. This would fall under same the 8 hour rule as the other professions.

Provider must practice full-time providing primary health services. Full-time service is defined as a minimum of 40 hours per week, for a minimum of 45 weeks per year. (This means no more than approximately 35 days per year can be spent away from the clinic for holidays, vacation, sick leave and continuing education.)

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

For each individual Site:

- Individual Site/Clinic's Name, Address
 - You will need a separate application for Medical, Dental and Behavioral Health even if located in the same building. The numbers must be reported separately.
 - Be sure you use the zip code of the Site/Clinic – this is used in the scoring process.
- Contact name & Phone number
- Number of unduplicated patients for the most recently completed calendar or fiscal year (for this site/clinic only)
 - Patient Counts: total annual unduplicated active Medicare/Medicaid, uninsured, charity patients, sliding fee schedule
 - 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
- You may be requested to submit a picture taken from your lobby of your posted Sliding Fee Schedule.

For information on Provider eligibility, see the Guidelines & Terms of Agreement.

Site Expectations for Applicants who are awarded:

- At the end of each quarter the recipient 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, scan and email or mail a copy of the form to our office so a payment can be processed for the recipient. The form can be downloaded from our website: <http://www.wsac.wa.gov/health-professionals>.
- We expect the provider to complete their minimum two year 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 transfer process. They were approved for the site they applied at and will not get service credit for hours worked at another site. If they fall below the required 40 hours per week at the approved site, it will cause the provider to go into repayment default.
- We would hope that the site would take into consideration the provider's contract and obligation when looking at staffing changes. The site takes on an obligation to the provider when submitting a site application, to provide full time employment for the two year contract period.
- If the provider is terminated for any reason, we ask you to contact our office immediately.