

POLICIES FOR SITE REVIEW FOR RECRUITMENT/RETENTION ASSISTANCE

LOAN REPAYMENT PROGRAM

1. Practice sites located in Low Income Health Professional Shortage Areas (HPSAs) must be serving at least 30% of its patients who are at or below 200% of the poverty level. The Department of Health (DOH) makes this determination taking into consideration a percentage of your Medicare patients who are at or below 200% of the poverty level (percentage is based on the county wide percentage according to the 2000 Census Poverty Levels by Age); Medicaid patients (includes those in Medicaid HMOs); *sliding fee scale patients, and patients who are unable to pay for services. *Sliding Fee scale is a method of payment you use for patients who cannot pay you the full amount due to financial barriers, but who are willing to pay you something.

Sponsor must attach a written response as to how phone calls to the office are handled from callers who have no insurance; callers who cannot pay the full amount; and callers who receive Medicaid to document your nondiscrimination in serving these groups of individuals and in providing a sliding fee scale or other documentable means to ensure access to health care.

In addition to the above, the DOH requires documentation to support 30% of services to the above listed groups for the past three years and your intention to serve at least 30% in the future. Exempt: FQHC & FQHC-LA

- 2. Physician must work for forty (40) hours per week at the approved practice site in no less than four days. On-call, travel time and hospital rounds are not included in the 40 hours. Exception: Ob-Gyn physicians See # 3.
- 3. Practice sites approved for Ob-Gyns require a minimum of 21 hours of direct patient care at the approved practice site and 19 hours at the hospital.
- 5. Practice sites provided with recruitment/retention assistance must post the attached "Notice" in the waiting room for all patients to read.
- 6. Practice sites provided with recruitment/retention assistance must gain approval in advance from the DOH before any changes are made to the practitioner's practice site.

- 7. Physicians/practitioners are subject to monitoring efforts conducted by the DOH or its designee.
- 8. Appointment only practices deny access to health care; therefore, this is not allowed.
 - 9. Organizations must comply with all policies/program requirements. Failure to do so may result in the forfeiture of eligibility to participate in our recruitment/retention assistance programs.



PENNSYLVANIA DEPARTMENT OF HEALTH (DOH) **BUREAU OF HEALTH PLANNING**

DOH Use Only

HPSAName	
ID#	Desig. Date
Ratio	
Degree of Shortage	HPSA Score:

SITE APPLICATION for RECRUITMENT/RETENTION ASSISTANCE

Complete a Separate Application for Each Practice Site.

This form will be used to evaluate a practice site for participation by Primary Health Care Practitioners in the Pennsylvania Loan Repayment Program (LRP).

Site a	application is being submitted for:		o fill a vacancy roceed with a loan repayment application urrent practitioner
1.			
	STREET ADDRESS:		
	CENSUS TRACT:		
	CITI:	COUNTY: ZID CODE:	TWP/BORO: (LIST 9 DIGIT ZIP CODE)
	DHONE: ()	ZIP CODE EAY: (E-mail Address:
			J man Address.
	TYPE OF PRACTICE: Public	Private Non-Pro	fit Private For Profit
	Date Practice Opened:		
	Is this a collaborative practice? Yes	No	
	Check applicable: BPHC-FUNDED HF	ALTH DEPARTMENT	OTHER
		COUNTY CITY	HOSPITAL PRIVATE OFFICE
	HOMELESS SHELTER (340)		GROUP PRACTICE
	RYAN WHITE		SOLO PRACTICE UNIVERSITY
			CERTIFIED RURAL HEALTH CLINIC FOHC LOOK ALIKE

Page 2 Application for Recruitment/Retention Assistance

2.	NAME OF APPLICANT ORGANIZATION: ADDRESS: CITY: STATE: ZIP CODE: PHONE: FAX: (List 9 digit zip code)					
	CITY:		STATE:	ZIP C	ODE:	
	PHONE:()		FAX: ()		(List 9 digit zip code)	
	E-mail Address:_				, <i>U</i> ,	
3.	NAME OF RECI	NAME OF RECRUITMENT CONTACT/PRACTICE SITE CONTACT:				
	TITLE:			PHONE: ()	
	E-Mail Address:_			FAX: ()	
4.	SHOW ALL CUI		BASED ON FULL TI	ME EQUIVALENTS AT		
Staff	by Specialty		Current Level	Full Staff Level	<u>Vacancies Projected</u> Through End of Year	
	icians (FP, INT, PED, C	OB/GYN)				
Dent						
Nurs	e Practitioners (FNP,	ANP, PNP, OB/GYN)	·			
	ician Assistants		·			
Certi	fied Nurse-Midwives	S				
Othe	r (Specify)					
TOT	AL FTEs					
5.	(A) LOA (B) HAS	N REPAYMENTORGANIZATION	Has assistan YES PARTICIPATED IN TI		IHSC? PPLIED Γ PROGRAM IN THE PAST?	
6.				actitioner's name: TENTION ASSISTANC		
	Discipline	Specialty	Projected	Name of Prop	posed	
			<u>Hire Date</u>	<u>Participant</u>		
	Indicate with a * bo	eside participant's nam	ne if requesting loan repay	ment to retain a provider alr	ready on site.	
	Will the practition	ner for whom loan re	epayment is requested p	rovide prenatal and/or obs	stetric services? Yes No	
7.	FOR EACH CRN PHYSICIAN.	NP, PA, OR CNM V	ACANCY REQUESTE	D, PLEASE LIST THE N	NAME OF THE SUPERVISIN	

Page 3 Application for Recruitment/Retention Assistance 8. TOTAL NUMBER OF ACTIVE USERS (patients not visits) OF THE SITE IN PREVIOUS CALENDAR YEAR. (as applicable) FOR PRIMARY CARE ? FOR DENTAL CARE ?_____ List the actual or projected _____number (Check One) of patients in the practice by source 9. of payment for the proposed practice site during the past calendar year. (Do not combine patient numbers for other practice sites or combine other specialties if located at the same site, i.e., if the proposed practitioner is a dentist, only report dental patients below. The patient numbers should be specific to the specialty listed in Question 6, Page 3. Both numbers and percentages must be listed. List all Medicaid HMO patients in #2. List all non-Medicaid HMO patients in #5. #3-Other is a category for patients who cannot pay the full amount, but pay you something. #4-No Pay is for patients you do not charge. The numbers listed below should reflect the number of patients in this practice during the previous calendar year or projections if the site is not yet established.) If you checked projected number of patients above, furnish information to substantiate projected number of patients for a 3 to 4 year period. If the practice site is located in a Low Income HPSA, complete the low income table attached. TOTAL PATIENTS IN PRACTICE # of patients % of practice 1. Medicare 2. Medicaid 3. Other (Sliding fee scale) 4. No pay 5. Full pay and commercial insurance. 10. WHAT IS THE DISTANCE FROM THE PROPOSED PRACTICE SITE TO THE NEXT NEAREST SOURCE OF HEALTH CARE WHICH IS APPLICABLE TO THIS REQUEST (Primary Care or Dental). GIVE MILES OR MINUTES USING AVAILABLE PUBLIC TRANSPORTATION. MILES_____OR MINUTES_ REQUIREMENTS FOR RECRUITMENT/RETENTION ASSISTANCE 11. (Executive Director/Medical Director must initial all requirements in order for a site to be approved; organization must comply with all requirements.) A. ACCESSIBILITY: SITE SHALL ASSURE ACCESSIBILITY TO ALL PATIENTS AS FOLLOWS: (Initials on all requirements) LRP providers at site will accept assignment for Medicare, Medicaid & SCHIP patients. Site uses a sliding/discount fee schedule using current Federal Poverty Levels that assures no financial barriers

to care for those below 200% of poverty. COPY of Sliding/Discount Fee Schedule that assures no financial

barriers to care MUST be submitted with this application.

Site will conspicuously post a statement of nondiscrimination based on ability to pay.

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orienta	_Site has a nondiscrimination policy that prohibits discrimination based on race, creed, disability, sexual ation or religion.
which	_Site assures that at least 50 percent of patients seen by LRP providers at site will be from the HPSA in providers are working.
В. СО	MPREHENSIVE SYSTEM OF CARE:
	Providers shall practice in ambulatory primary care settings that assure the availability of primary care services, including after hours and inpatient coverage, and referral arrangements for services not available on site.
	Hospital privileges for inpatient practice shall be encouraged pending appropriate credentialing.
C. QU	ALITY OF CARE:
	Site has a credentialing program in place to review references and verify licensure and certification status of all providers, including National Practitioner Data Bank query.
	Site has an improvement system in place, which may include patient satisfaction surveys, peer review systems, clinical outcome measures or similar systems.
	Services will be delivered in a culturally appropriate fashion so as to be sensitive and responsive to the needs of the target population.
	Site will address retention of providers through monitoring of turnover, clinical team management efforts, pay comparability surveys, exit interviews, and other means.
D. PRO	OVIDER EMPLOYMENT CONTRACT:
	Providers shall practice only in the approved HPSA and at the site to which originally assigned unless a change is approved in writing by the Department of Health.
	All Loan Repayment Program providers will have contracts or employment agreements that include the following: providers shall perform full-time clinical practice, which is defined as a 40-hour minimum workweek. A workweek cannot be compressed to less than 4 days.
	On call hours, travel time and hospital rounds shall not be included as part of the 40 hours.
	Salary and benefits offered shall be at least equal to those offered to an individual not participating in the Loan Repayment Program.
	Continuing professional education time and funds shall be made available.
	Site shall inform the Bureau of Health Planning immediately regarding status of providers and vacancies, including resignations, termination, extended leave for providers, and filled/withdrawn status of recruitment needs.
	Site shall document all circumstances surrounding resignations and terminations and provide this to the Bureau of Health Planning upon request.

12. I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT AS OF THE DATE SET FORTH OPPOSITE MY SIGNATURE. I ALSO UNDERSTAND THAT ANY INTENTIONAL OR NEGLIGENT MISREPRESENTATION (S) OF THE INFORMATION CONTAINED IN THIS APPLICATION MAY RESULT IN THE FORFEITURE OF OUR ENTITY'S ELIGIBILITY TO PARTICIPATE IN THIS RECRUITMENT AND RETENTION PROGRAM.

ENTITY AGREES TO COOPERATE WITH MAIL, TELEPHONE AND/OR ON-SITE SITE MONITORING CONDUCTED BY THE DEPARTMENT OF HEALTH OR ITS REPRESENTATIVES FOR THE PURPOSE OF MONITORING COMPLIANCE WITH THE LOAN REPAYMENT PROGRAM.

EXECUTIVE DIRECTOR/MEDICAL DIRECT	OR
NAME	
NAME(Please print or type)	
SIGNATURE	DATE:
PHONE NUMBER ()	Email address:
Fax #:	
Return completed application to:	
PA Department of Health, Bureau of Health I Division of Health Professions Development Room 1033, Health & Welfare Bldg. 625 Forster Street Harrisburg, PA 17120-0701	Planning
Phone: 717-772-5298 Fax: 717-705-6525 Visit the Department of Health Web Site at: www.	w.health.state.pa.us/pco
ADDI ICAN	NT DO NOT WRITE BELOW THIS LINE
ATLICA	NI DO NOT WRITE BELOW THIS LINE
PENNSYLVANIA DEPARTMENT OF HEAD	LTH – Bureau of Health Planning
NAME	
TITLE	PHONE NUMBER 717-772-5298
SIGNATURE_	DATE



Low Income Table

Complete this table if the proposed practice site is located in a Low Income Health Professional Shortage Area (HPSA). The data provided is used to evaluate the organization's services to the low-income population of the service area. We require that 30% of the site's patients be from the low income categories. To determine this, we use the data listed below and county wide data indicating the number of elderly residents who are at or below 200% of the poverty level.

*Provide the number of patients (not visits) below in the specific categories. Count a patient in one category even though they may have supplementary insurance. Patients in Medicaid HMO's should be listed in #2. The data should be provided for the specialty you are requesting assistance with, i.e., recruitment of a family practice physician, and it should be site specific. Do not combine patient numbers for other specialties within the practice and do not combine patient data for other practice sites.

	Two Years Ago (Full 12 Months)	Previous Year (Full 12 Months)	Current Year (Year to Date)	Next Year Projected (For 12 Months)
*Total number of patients served				
1. Medicare				
2. Medicaid				
3. Sliding Fee Scale (This category is for patients who cannot pay the regular fee, but pay something.)				
4. No pay (Patients served who could not pay)				
5. Full Pay/ Commercial Insurance/HMO's				

Please provide your response below or attach a separate document to explain how your staff handles calls from low income or uninsured individuals.

2012 POVERTY LEVEL GUIDELINES

INCLUDES 48 CONTIGUOUS STATES AND DISTRICT OF COLUMBIA EXCLUDES ALASKA AND HAWAII

Income Guidelines as Published in the Federal Register (Vol. 77, No. 17) on January 20, 2012

ANNUAL GUIDELINES

FAMILY SIZE	100% POVERTY	200% POVERTY
1	11,170	22,340
2	15,130	30,260
3	19,090	38,180
4	23,050	46,100
5	27,010	54,020
6	30,970	61,940
7	34,930	69,860
8	38,890	77,780

^{*}For families/households with more than 8 persons, add \$3,960 for each additional person.

Site to retain this copy.

NOTICE

THIS PRACTICE HAS ADOPTED THE FOLLOWING POLICIES FOR CHARGES FOR HEALTH CARE SERVICES

We will charge persons receiving Health Services at the usual and customary rate prevailing in this area. Health Services will be provided at no charge, or at a reduced charge, to persons unable to pay for services. In addition, persons will be charged for services to the extent that payment will be made by a third party authorized or under legal obligation to pay the charges.

We will not discriminate against any person receiving Health Services because of his/her inability to pay for services, or because payment for the Health Services will be made under Part A or B of Title XVIII ("Medicare") or Title XIX ("Medicaid") of the Social Security Act.

We will accept assignment under the Social Security Act for all services for which payment may be made under Part B of Title XVIII ("Medicare") of the Act.

We have an agreement with the State agency, which administers the State Plan for medical assistance under Title XIX ("Medicaid") of the Social Security Act to provide services to persons entitled to medical assistance under the plan.

SITE TO DISPLAY THIS COPY AT APPROVED PRACTICE SITES