pennsylvania
DEPARTMENT OF HEALTH

PENNSYLVANIA PRIMARY CARE LOAN REPAYMENT PROGRAM

Practice Site Application Reference Guide & Instructions

PENNSYLVANIA DEPARTMENT OF HEALTH
Bureau of Health Planning
Division of Health Professions Development
625 Forster Street
Room 1033, Health & Welfare Building
Harrisburg, PA 17120

For questions, please call (717) 772-5298 or email loanrepayment@pa.gov.

Table of Contents

Purpose

The purpose of the Pennsylvania Primary Care Loan Repayment Program (LRP) Site Application Reference Guide & Instructions (Guide) is to provide clarity on site eligibility requirements, qualification factors, compliance, roles and responsibilities, as well as a number of other key elements on becoming an LRP-approved site. The Guide serves as an additional resource to supplement the information contained in the Practice Site Application.

It is strongly recommended that applicants review this document prior to completing their Site Application. Future modifications to the Guide, including updated web links, are subject to occur.

LRP participants and current or eligible LRP sites are requested to reference the online application and information available on the Pennsylvania Department of Health (DOH) website for any program changes:
http://www.portal.state.pa.us/portal/server.pt/community/primary_care_resources/14194/loan_repayment_program/608697

Program Overview

Introduction

The LRP is a network of primary healthcare professionals that provide preventive healthcare services at community-based health centers located in federally designated Health Professional Shortage Areas (HPSAs) or serving a significant low-income population. In exchange for their service, the LRP provides clinicians with financial support in the form of educational loan repayment. Clinicians fulfill their service requirement by working at LRP-approved sites.

Eligible disciplines include physicians, certified physician assistants, certified registered nurse practitioners, certified nurse-midwives, dentists, registered dental hygienists, psychologists, licensed clinical social workers, licensed professional counselors, and marriage and family therapists.

The LRP is administered by the DOH, Bureau of Health Planning, Division of Health Professions Development.

LRP-approved sites are medical or dental facilities that provide comprehensive outpatient, ambulatory primary medical care or dental services to underserved populations. Each site that would like to use the LRP to recruit and retain health professionals must submit a Site Application and be approved by the DOH.

Eligibility Requirements

The following types of sites are eligible to become LRP-approved sites:

- Federally Qualified Health Centers (FQHCs)
- FQHC Look-Alikes
- Certified Rural Health Clinics (RHCs)
- Hospital-Affiliated Outpatient Primary Care Practices
- State Correctional Institutions (SCIs) (with facility HPSA designation)
- Group or Solo Private Practices
- Public Health Departments
- General Dental Clinics
- Free Clinics

Federal, county and local prisons, inpatient hospitals, and other inpatient or outpatient facilities are not eligible to be LRP-approved sites.

LRP-approved sites can include both main and satellite sites. A main site is the primary clinical practice site for an organization. Typically, the administrative and executive offices are located at the main organization site, as well as patient medical records. Additionally, more healthcare services (i.e., outpatient surgical procedures, x-rays, laboratory testing, and pharmacy services) may be offered at this location.

A satellite site is considered a secondary or practice site and an extension of the organization. These clinical practice locations are usually located in communities apart from the main organization site to offer health services in other areas. These practice sites often have less patient volume than the main organizational site and are staffed accordingly. Additionally, this practice site may refer patients to the main organization site where a greater variety of services are available.

If an organization has multiple qualifying sites and would like all sites to be LRP-approved sites, each location must submit a separate Site Application and be approved individually.

Qualification Factors

To be qualified to participate as an LRP-approved site, sites must:

- Be located in a designated primary care or dental HPSA as appropriate **OR** serve a minimum of 30 percent low-income patients
- Provide comprehensive outpatient, ambulatory, primary medical and/or dental services
- Ensure access to ancillary, inpatient, and specialty referrals
- Provide services on a free or reduced fee schedule basis to uninsured individuals at or below 200% of the federal poverty level and post signage advertising this statement
- Accept patients covered by Medicare, Medicaid, and the Children's Health Insurance Program (CHIP)
- Agree not to discriminate in the provision of services to individuals based on their inability to pay, race, color, sex, national origin, disability, religion, or sexual orientation
- Use a clinician credentialing process including reference review, licensure verification, and a query of the National Practitioner Data Bank
- Agree not to reduce a clinician's salary due to LRP support
- Provide a supportive environment for LRP clinicians, facilitating mentorship, professional development, and training opportunities for clinicians

Organizations and clinics that do not provide basic primary and preventive health services furnished by physicians (and other providers) related to the specialties of general dentistry, pediatric dentistry, family medicine, internal medicine, pediatrics, geriatrics, and obstetrics and gynecology are not eligible. Examples include medical and dental specialty clinics, behavioral and mental health clinics and facilities, and social and human services agencies.

HPSA DESIGNATION

HPSAs are designated by Health Resources and Services Administration's (HRSA) Office of Shortage Designation as having shortages of primary medical care, dental, or mental health providers and may be a geographic area (e.g., county), a population group (e.g., low-income), a public or private nonprofit medical facility, or other public facility.

To determine if a practice site is located in a HPSA, contact the Bureau of Health Planning at (717) 772-5298 or by emailing ShortageDesignation@pa.gov.

LOW-INCOME PATIENTS

Sites serving low-income patients must have at least 30 percent of its patients who are low-income. The DOH makes this determination taking into consideration the number of Medicaid patients (including those in Medicaid HMOs), sliding fee scale patients, and patients who receive care but are unable to pay for services.

Prior to receiving DOH approval, sites may be asked to provide 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 may require documentation to support 30 percent of services to the above listed groups for the past three years and your intention to serve at least 30 percent in the future.

COMPREHENSIVE PRIMARY CARE

Comprehensive Primary Care (CPC) is defined as the delivery of preventive, acute and chronic primary health services in an LRP-approved specialty. LRP-approved primary care specialties are family medicine, general internal medicine, general pediatrics, geriatrics, psychiatry and obstetrics/gynecology. CPC is a continuum of care not focused or limited to gender, age, organ system, a particular illness, or categorical population. 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 along with an appropriate referral network for other preventive, acute, and chronic primary health services.

DENTAL SERVICES

Dental health facilities must offer comprehensive primary dental health services. Specialty practices, for example, orthodontics, do not meet the definition of comprehensive primary dental care and are not approved by the DOH.

BEHAVIORAL AND MENTAL HEALTH SERVICES

For LRP participation, behavioral and mental health services MUST be provided at a practice site that offers CPC. Sites that do not provide primary health services related to family medicine, general internal medicine, general pediatrics, geriatrics, or obstetrics/gynecology are not eligible to become LRP-approved practice sites.

FREE OR DISCOUNTED SERVICES

LRP-approved sites are required to provide services for free or on a sliding fee scale (SFS) or discounted fee schedule for low-income, uninsured individuals. A SFS or discounted fee schedule is a set of discounts that is applied to a site's schedule of charges for services, based upon a written policy that is non-discriminatory.

The SFS or discounted fee schedule is based upon the Federal Poverty Guidelines (FPG), and patient eligibility is determined by annual income and family size. Specifically, for individuals with annual incomes at or below 100 percent of the FPG, sites should provide services at no charge. For individuals between 100 and 200 percent of the FPG, sites should provide a schedule of discounts, which should reflect a nominal charge. (DOH will reserve the right to determine the reasonableness of a site's nominal charge, prior to approval.) To the extent that a patient who otherwise meets the above criteria has insurance coverage from a third party, a site can charge for services to the extent that payment will be made by the third party. Current poverty guidelines can be found at http://aspe.hhs.gov/poverty/index.cfm.

Sites must prominently post signage stating that patients will not be denied services based on inability to pay. A copy of this statement can be found in Attachment 1.

To the extent that a site does not charge or bill for any services (i.e., a free clinic or an SCI), a site may not need a sliding fee scale.

Discounted/Sliding Fee Schedule – must include the following:

- The nominal fee

- The most recent FPG
- A full discount (100%) to those at or below 100% of poverty
- A sliding schedule of discounts up to 200% of poverty

Discounted/Sliding Fee Schedule Board Approved Policy – the policy should describe how the SFS is implemented at the site and include:

- How the SFS will be advertised
- Procedures for patients to apply
- The site's procedures for processing applications

Application Information

Application Procedure

Interested sites can submit their application online via the LRP website http://www.portal.state.pa.us/portal/server.pt/community/primary_care_resources/14194/loan_repayment_program/608697. Please read these instructions carefully before completing the Site Application. Each site administrator or designee will be held responsible for ensuring that all information reported on this application is true and accurate. Any intentional or negligent misrepresentation of the information contained in the application may result in the forfeiture of your organization's eligibility to participate in the LRP. Missing information will delay the processing of your application.

Once a site is LRP-approved, its approval is valid for 18 months, as long as the site continues to meet all LRP eligibility requirements and qualification factors. Any site that wants to reapply must submit a Site Application including the supporting documents. The LRP will notify a site three months before their approval is due to expire.

CREATE USER ACCOUNT

Prior to completing an online application, the applicant must create a user account in the LRP portal by selecting "Request Account" on the main logon page. Only one user account can be created per organization. On the Create Account page, the user will be asked to select an Organization from the drop-down menu. If the organization name is not present in the drop-down menu, type it in on the line below. Only one of these two organization fields is required.

COMPLETE APPLICATION

Applicants are expected to complete each of the sections below to be able to submit an online application.

Organization Details – This section if for the organization information. The organization may or may not be the same as the practice site. An organization may have multiple practice sites. If an organization wishes to have multiple sites approved, they must complete a Site Application for each site. Include the name of the executive director of the organization and his or her title.

Site Information – This section is for the practice site information which is the physical location where the LRP participant will be providing primary care services. The Practice Site Director will be the individual contacted if additional information regarding the site or the practitioner is required.

Providers – This section is for recording current staffing based on Full Time Equivalents.

Patient Information – This section is for recording the number of active patients by source of payment. Fill in the number of patients and the system will automatically calculate the percentage and total numbers. For practices serving low-income patients, this data is used to determine that at least 30 percent of the site's patients be Medicaid patients (including those in Medicaid HMOs), sliding fee scale patients, and patients who are unable to pay for services.

Requirements – In this section, all requirements must be met for a site to be approved for loan repayment. By clicking the check box, the executive director or medical director

verifies that each requirement is met. The organization must comply with all requirements.

Submit Application – In order for an application to be considered complete, a copy of the organization's Sliding Fee Scale and Policy must be uploaded. The Policy must address 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. A message, "Application Submitted Successfully," will be returned indicating successful submission of the application. It is recommended that a copy of the Site Application be downloaded and saved for future reference.

Once "submitted", organizations will not be able to edit information in their applications. If an error in the application is detected, contact the LRP Administrator for advice on making corrections. Upon receipt of the application from the organization, LRP administrative staff will change the status of the application from "Submitted" to "Review" until the application is either approved or rejected.

Site Roles and Responsibilities

LRP-approved sites must continually meet the eligibility requirements and qualification factors set forth above. In addition to these requirements, sites must assist LRP practitioners in meeting their service obligation.

LRP practitioners enter into a Participation Grant Agreement with the DOH, thus it is important that their practice sites afford providers the opportunity to fulfill this Agreement. The DOH expects sites to do the following in support of their LRP practitioners:

- Ensure practitioners work only at LRP-approved practice sites. Each site must be approved prior to the beginning of a practitioner's assignment at that site.
- Make certain practitioners follow the LRP minimum hourly and weekly service requirement, however, the employment contract between the site and the practitioner may stipulate additional work hours.
    - Full-Time Clinicians are expected to provide continuous, full-time practice in the underserved area. Full-time practice is defined as not less than 40 hours per week, 48 weeks per year. Furthermore, the 40 hour week must include not less than four days per week, with not more than 12 hours of work to be performed in any given 24-hour period. Of the 40 hours per week, a minimum of 32 hours must be spent providing direct patient care. No more than eight hours per week can be spent in an administrative capacity.
    - Half-Time Clinicians are expected to provide continuous, half-time practice in the underserved area. Half-time practice is defined as a minimum of 20 hours per week (not to exceed 39 hours per week), 48 weeks per year. Furthermore, the 20 hour week must include not less than two days per week, with not more than 12 hours of work to be performed in any given 24-hour period. Of the 20 hours per week, a minimum of 16 hours must be spent providing direct patient care. No more than four hours per week can be spent in an administrative capacity.
- Verify practitioners continuous primary healthcare service by completing Section 2 of the practitioner's Service Verification Form annually.
- Submit all proposed changes to a practitioner's practice site or work schedule, including terminations, resignations, and extended leaves of absence, to the DOH in writing for prior approval.

Site Monitoring

All participating practitioners and practice sites are subject to monitoring efforts conducted by the DOH or its designee.

Definitions

Certified 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 healthcare practitioners and provide routine diagnostic and clinical laboratory services.

Comprehensive Primary Care (CPC) - The delivery of preventive, acute and chronic primary health services in an LRP-approved specialty. LRP-approved primary care specialties are family practice, general internal medicine, general pediatrics, and obstetrics/gynecology. CPC is a continuum of care not focused or limited to gender, age, organ system, a particular illness, or categorical population. CPC should provide care for the whole person on an ongoing basis.

Federally Qualified Health Centers (FQHCs) – Nonprofit entities that receive a grant (or funding from a grant) under section 330 of the Public Health Service (PHS) Act.

FQHC Look-Alikes – Nonprofit entities that are certified by the Secretary of the Department of Health and Human Services (HHS) as meeting the requirement for receiving a grant under section 330 of the PHS Act but are not grantees.

Full-Time Clinical Practice – Working not less than 40 hours per week, 48 weeks per year. Furthermore, the 40 hour week must include not less than four days per week, with not more than 12 hours of work to be performed in any given 24-hour period. Of the 40 hours per week, a minimum of 32 hours must be spent providing direct patient care. No more than eight hours per week can be spent in an administrative capacity.

Group or Solo 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.

Half-Time Clinical Practice - Working a minimum of 20 hours per week (not to exceed 39 hours per week), 48 weeks per year. Furthermore, the 20 hour week must include not less than two days per week, with not more than 12 hours of work to be performed in any given 24-hour period. Of the 20 hours per week, a minimum of 16 hours must be spent providing direct patient care. No more than four hours per week can be spent in an administrative capacity.

Health Professional Shortage Area (HPSA) – A geographic area, population group, public or nonprofit private medical facility or other public facility determined by HHS to have a shortage of primary healthcare professionals.

Health Resources and Services Administration (HRSA) – An operating agency of HHS.

Sliding Fee Scale or Discounted Fee Schedule – 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.

State Correctional Institute (SCI) – A state prison administered by the PA Department of Corrections.

Attachment 1

NOTICE

THIS PRACTICE HAS ADOPTED THE FOLLOWING POLICIES FOR CHARGES FOR HEALTHCARE 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