SITE ELIGIBILITY APPLICATION FOR ALL STATE INCENTIVE PROGRAMS

Oregon's provider incentive programs are administered in partnership with the Oregon Health Policy Board (OHPB), the Oregon Health Authority (OHA), and the Health Resources Services Administration (HRSA)

This application determines practice site eligibility for the following programs:
Healthcare Provider Incentive Loan Repayment
Oregon Partnership State Loan Repayment Program (SLRP)
Primary Health Care Loan Forgiveness (PCLF)
Scholars for a Healthy Oregon Initiative (SHOI)

Please complete and submit this application and we will work with you to find the resources that best meet your needs based on your site's qualifications.

Questions about these resources, or this application, should be directed to the ORH Rural Workforce Team: ruralworkforce@ohsu.edu or 503.494.4450.

1. Name of Practice Site:_____
   Street Address: _____
   City:_____ State:_____ Zip:_____ County:_____
   Phone Number:_____ Fax:_____
   Practice Site Contact:_____ Title:_____
   Phone Number:_____ Fax:_____ Contact Email:_____
   Practice Site Website Address:_____
   Name of Practice Site's Coordinated Care Organization (CCO):_____

2. Name of Parent Organization (if applicable):_____
   Street Address: _____
   City:_____ State:_____ Zip:_____ County:_____
   Executive Director: _____
   Phone Number:_____ Fax:_____
   Executive Director Email:_____

3. HPSA Type (please indicate all that apply)
   ☐ Primary Medical Care HPSA Primary HPSA Score_____
   ☐ Mental Health Care HPSA Mental HPSA Score_____
   ☐ Dental Care HPSA Dental HPSA Score_____

HPSA scores can be searched by address at:
https://datawarehouse.hrsa.gov/tools/analyzers/geo/ShortageArea.aspx

4. Is this practice site located in an area of Oregon that is designated as rural? ☐ Yes ☐ No

   A list of Oregon zip codes and their Urban/Rural designation can be found online at: http://www.ohsu.edu/xd/outreach/oregon-rural-health/data/rural-definitions/index.cfm

5. Type of Organization (please indicate your organization type in each of the following areas):
   a) Please select one: ☐ For Profit ☐ Nonprofit
   b) Please select one: ☐ Private ☐ Public
   c) Please select one:
      ☐ Rural Health Clinic (Certified)
      ☐ Mental Health Facility
      ☐ Federally Qualified Health Center/ Community Health Center (FQHC/CHC)
      ☐ Critical Access Hospital (CAH)
      ☐ Primary Care/Family Practice Clinic
      ☐ Other, specify: _____
   d) PCPCH: ☐ Yes ☐ No; if yes indicate tier: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. Practice Site Patient Information
   The majority of our providers are eligible for reimbursement from: ☐ Medicare ☐ Medicaid ☐ Both
   Date range for following patient demographics (minimum 3 months): _____
   a) Total number of unduplicated patient encounters at site for above date range: _____
   b) Percentage of sliding fee schedule patients: _____
   c) Percentage of Medicaid patients: _____
   d) Percentage of Medicare patients: _____
   e) Percentage of patients below 200% of the federal poverty level (if available): _____

7. Executive Director or legal representative must initial the following applicable assurances. Answering to the affirmative for all of these assurances is required for participation in the Oregon State Partnership Loan Repayment Program, but is not required by all incentive programs.

   A. We do not discriminate in the provision of services to an individual (i) because the individual is unable to pay or because payment for those services would be made under Medicare, Medicaid or the State Children's Health Insurance Program or (ii) based upon the individual's race, color, gender, sexual orientation, national origin, disability or religion. **(Please attach a copy of these policies to this application.)** _____

   B. We use a schedule of fees or payments for the site's services that is consistent with locally prevailing rates or charges and is designed to cover the site's reasonable cost of operation. _____

   C. We have a policy to accept all patients regardless of their ability to pay. The policy includes an implemented schedule of discounts (sliding fee scale) for patients whose income is under 200 percent of federal poverty guidelines. We do not conduct asset testing to determine discounts. **(Please attach a copy of this policy, and all applicable patient forms, to this application.)** _____

   D. We accept assignment for Medicare beneficiaries and have entered into an appropriate agreement with the applicable state agency for Medicaid and State Children's Health Insurance Program beneficiaries. _____

E. We provide culturally appropriate ambulatory primary health, dental health, and/or mental health care services and function as part of a system of care which either offers or assures access to ancillary, inpatient, and specialty referrals. _____

F. We assure that the salaries for health professionals participating in these loan repayment programs are based on prevailing rates in the area and that the loan repayment contracts will not be used as a salary offset._____

G. We are aware of the clinician requirements for the loan repayment awardees and will require participants to maintain a full-time or part-time primary care out-patient clinical practice (in accordance with their service agreement)._____

H. We have a documented record of sound fiscal management._____

Signature of Executive Director or other legal representative of practice site (required)

By signing below I attest that the information, data, and answers contained in this Site Application are true and accurate to the best of my knowledge.

Name:_____Title_____

Signature:_____Date:_____

Email address of signee:_____

Phone number of signee:_____

Please submit the completed application via email or fax: Email: ruralworkforce@ohsu.edu **or** Fax: 503.494.4798

**The State Partnership Loan Repayment Program follows the NHSC statute, at 42 U.S.C. § 254g(b)(1)(b), which states that a schedule of discounts must be based on an individual's "ability to pay." The pertinent NHSC regulation defines ability to pay in terms of income, not assets. Under 42 C.F.R. § 23.9(c)(1), no charge or nominal charge will be made for health services provided by clinicians to individuals within the HPSA with annual incomes . . . at or below the Income Poverty Guidelines. Annual income is also the sole criterion for determining what discounts are available to those who do not make in excess of 200% of the Income Poverty Guidelines.*

The Health Care Provider Incentive Program is governed by OAR 409-036-0000 to 409-036-0150, is administered by the Oregon Office of Rural Health, and overseen by the Oregon Health Authority.

For ORH office use only:

☐SLRP
☐PCLF
☐SHOI
☐Loan Repayment

☐Rural
☐PCPCH Tier: 1 2 3 4 5
☐FQHC Multi-site
☐NHSC Site

Date Received: _____

Optional Recruitment and Retention Information

The following questions are not required for loan forgiveness or loan repayment site qualification consideration

The Oregon Office of Rural Health offers assistance to rural and underserved urban facilities in their recruitment and retention efforts. Providing information will help us better understand your needs and connect you with candidates.

1) How many healthcare professionals do you plan to recruit in the next year? Please indicate the number and discipline of new clinicians you anticipate recruiting. (Example: 2-Family Physicians; 1-FNP)

_____

_____

_____

_____

2) Are you currently recruiting for vacant positions? If yes, Please indicate the number and discipline of the healthcare professionals you are recruiting.

_____

_____

_____

_____

3) Do you have a written recruitment and retention plan? (If yes, please attach)

☐ Yes ☐ No

4) Do you have a facility leadership and governance plan? (If yes, please attach)

☐ Yes ☐ No

5) Is your site a designated student preceptor site? If so, what type of student(s) and educational programs are you affiliated with?

_____

_____

_____

_____

6) On a separate attachment please provide a brief explanation of the challenges your site experiences with the following issues:
   a) Recruitment and retention of providers
   b) Barriers for patient access to care
   c) Health disparities of the patient population
   d) Poor patient health outcomes