INSTRUCTIONS FOR COMPLETING THE
SITE ELIGIBILITY APPLICATION FOR ALL STATE INCENTIVE PROGRAMS

Section 1
The "Practice Site Contact" will be the first point of contact for all communications from the Office of Rural Health. The "Practice Site Contact" should be the person at your site who can answer questions about your practice and providers, or the person who can route questions to the appropriate departments.

Section 3
Health Professional Shortage Areas (HPSAs) are designated by the Health Resources & Services Administration (HRSA) as having shortages of primary care, dental care, or mental health providers and may be geographic (a county or service area), population (e.g., low income or Medicaid eligible) or facilities (e.g., Federally Qualified Health Centers, or state or federal prisons). Not all practice sites will have a HPSA score.

Section 6
The date range for your site's patient demographics must be an actual date range (e.g. Jan- March 2019). This date range must be at least 3 months and must reflect current data. For example, Site Applications submitted in mid-2019 may not contain data form 2018.

Part a, the total number of unduplicated patient encounters question, is asking for the number of individual patients seen at your site for your listed date range. For example, if your site has a total of 50 visits during your listed date range, but those 50 visits are made up of 40 individual patients, your site's number of unduplicated patient encounters would be 40.

Section 7
Your practice site's Executive Director or legal representative must initial all assurances that apply to your practice site. The inability to initial to the affirmative in to all the assurance in section 7 may not disqualify your practice site from all incentive programs. When initialing assurance please use actual initials, rather than "yes" or "no".

If your practice site's Executive Director or legal representative initials to the affirmative in parts C and/or E you must include copies of policies and patient forms that coincide with the assurance. For example, if your practice site's Executive Director or legal representative initials to the affirmative on part E, you must include your practice site's sliding fee policy, the sliding fee schedule, and the form the patient completes to apply for the slide fee schedule. **Omitting these documents will void your sites affirmative response to the assurance.**

Program Notes
The Oregon Partnership State Loan Repayment Program (SLRP) 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.

Oregon Health Care Provider Loan Repayment 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.

SITE ELIGIBILITY APPLICATION FOR ALL STATE INCENTIVE PROGRAMS

Please complete and submit this application and The Office of Rural Health (ORH) will work with your practice site to find the resources that best meet your practice site's needs based on your practice site's qualifications. Oregon's provider incentive programs are administered by ORH 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)

For questions about these resources, or this application, please contact the ORH Rural Workforce Team: ruralworkforce@ohsu.edu or 503.494.4450.

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

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:_____
   Name of Executive Director: _____
   Executive Director Phone Number:_____Fax:_____
   Executive Director Email:_____

3. Practice Site's Health Professional Shortage Area (HPSA) Scores:
   ☐ Primary Medical Care HPSA Primary HPSA Score_____
   ☐ Mental Health Care HPSA Mental HPSA Score_____
   ☐ Dental Care HPSA Dental HPSA Score_____

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

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)
   ☐ Dental Clinic
   ☐ Mental Health Clinic/ Facility
   ☐ Federally Qualified Health Center/ Community Health Center (FQHC/CHC)
   ☐ Critical Access Hospital (CAH)
   ☐ Primary Care/ Family Practice Clinic
   ☐ Other, specify: _____

   d) Patient-Centered Primary Care Home (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

   This practice site provides: ☐ Inpatient Services ☐ Outpatient Services ☐ 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. This practice site does not discriminate in the provision of services to an individual because the individual is unable to pay for services._____

   B. This practice site does not discriminate in the provision of services to an individual because payment for those services would be made under Medicare, Medicaid or the State Children's Health Insurance Program._____

   C. This practice site does not discriminate in the provision of services to an individual 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)**. _____

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

   E. This practice site has 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. This practice site does not conduct asset testing to determine discounts. **(Please attach a copy of this policy, and all applicable patient forms, to this application.)**_____

F. This practice site accepts assignment for Medicare beneficiaries. _____

G. This practice site has entered into an appropriate agreement with the applicable state agency for Medicaid and State Children's Health Insurance Program beneficiaries. _____

H. This practice site provides 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. _____

I. This practice site assures that the salaries for health professionals participating in Loan Repayment and Loan Forgiveness programs are based on prevailing rates in the area, and that Loan Repayment and Loan Forgiveness contracts will not be used as a salary offset._____

J. This practice site has a documented record of sound fiscal management._____

K. This practice site is aware of the requirements for clinicians participating in Loan Repayment and Loan Forgiveness programs to maintain a full-time or part-time primary care outpatient clinical practice at an approved practice site (in accordance with their service agreement)._____

L. This practice site is aware that if a clinician from our practice site participates in a Loan Repayment or Loan Forgiveness program there will be required employment verifications, and the practice site will respond to requests for information in a timely manner._____

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 signer:_____

Phone number of signer:_____

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

For ORH office use only:

☐SLRP
☐PCLF
☐SHOI
☐Loan Repayment

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

Date Received: _____