

2017-18 APPLICATION CYCLE PROVIDER REFERENCE GUIDE HEALTH PROFESSIONAL FEDERAL-STATE LOAN REPAYMENT PROGRAM (FSLRP)

Website: <http://www.wsac.wa.gov/health-professionals>
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The purpose of the Provider Reference Guide is to provide information about provider eligibility requirements, qualification factors, compliance, roles, and responsibilities. It is the responsibility of the provider to **review this document prior to completing the online application**. Please feel free to print a copy of this document to use as a reference throughout the contract period.

PROGRAM OVERVIEW

The Washington State Health Professional Loan Repayment and Scholarship (HPLRS) program was established in 1989 to address health care workforce shortage issues in rural and underserved urban communities. There are two separate programs within this scope: the State Health Professional Loan Repayment Program (HPLRP) and the Federal-State Loan Repayment Program (FSLRP). The loan repayment programs provide funds to participants to pay toward their outstanding qualifying education loans.

The programs are administered by the Washington Student Achievement Council (WSAC) in collaboration with the Department of Health (DOH), as authorized by RCW 28B.115. A planning committee provides expertise related to each member's professional field. The loan repayment programs have helped to recruit and retain over 775 providers throughout the state.

The U.S. Department of Health and Human Services–State Loan Repayment Program (**FSLRP**) matches state funds with federal funds. This component is also active for awards that meet criteria as approved in WSAC's grant application to the U.S. Department of Health and Human Services. Washington State received a new four-year matching HRSA federal grant beginning in 2014-15. For the 2017-18 award cycle, \$1,050,000 is available for FSLRP contracts.

- Participants are required to work full time, a minimum of 40 hours per week.
- Participants are required to work a minimum of two-years at an eligible site.
- Awards are a maximum of \$70,000 (not to exceed actual loan debt).

SECTION ONE: General Information

- Site must be approved and listed on the *2017-18 Loan Repayment Approved Site List* posted on our website: www.wsac.wa.gov/health-professionals.
- Providers must meet the eligibility requirements and be seeing patients at an approved site no later than July 1, 2017.
- Provider must submit the online 2017-18 application and upload the required attachments by the deadline close date: **April 14, 2017**.

PROGRAM CALENDAR

2017-18 Application Cycle

Application Timeline	
October 2016	Site application opened (one application for both FSLRP and HPLRP)
November 30, 2016	Site application closed
January 2017	Site receives notification of application request status
January 2017	Provider application opens (one application for both FSLRP and HPLRP)
April 14, 2017	Provider application closes
June 2017	Providers receive notification of application status
July 1, 2017	New contract for both program awards begin

PROVIDER ELIGIBILITY

To be eligible, providers must meet the following criteria:

- Be a United States or naturalized citizen. Permanent resident status does not qualify.
- Have and maintain a current, full, permanent, unrestricted, and unencumbered health professions license in Washington State for the entire duration of the individual's service obligation period. An unencumbered license is a license that is not revoked, suspended, or made probationary or conditional by the state licensing authority as the result of disciplinary action.
- Be a full-time permanent employee of the approved, eligible site(s) and have scheduled direct patient clinic/hospital/pharmacy hours. Provider may not be working on an as-needed or on-call basis, or as a float without a regular predetermined schedule.
- Begin seeing patients at the approved, eligible site(s) no later than July 1, 2017.
- Not be hired in an administrative position. Must provide direct care to patients.

- Be providing primary care. **Comprehensive Primary Care (CPC)** is defined as the delivery of preventive, acute, and chronic primary health services. Approved primary care specialties are adult, family, internal medicine, general pediatric, geriatrics, general psychiatry, mental and behavioral health, women’s health, and obstetrics/gynecology. CPC is a continuum of care not focused on or limited to gender, age, organ system, a particular illness, or categorical population (e. g. developmentally disabled or those with cancer). 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 or populations they serve. For example, a site serving a senior population would need to provide geriatric primary care services. Nurses (RN and LPN) are included in this definition and should provide these services in collaborative teams in which the ultimate responsibility for patients resides with the primary care physician.
- Pharmacists must be a general staff pharmacist working in the pharmacy, filling and dispensing prescriptions, and working as part of a managed care team. Time spent on educational classes, working with specialty patients (such as warfarin, diabetes) would fall under the same eight-hour rule limitation as the other professions. (See “Definition of Full Time.”)
- Not be hired as a Public Health Nurse working outside of the clinic. Must be working as a clinical nurse with scheduled clinic hours in the ambulatory setting.
- Not be working at a stand-alone urgent care clinic, emergency department, specialty clinic, or through a placement agency. These are not considered primary care and are not eligible. A walk-in clinic may be approved if it is attached to an approved eligible medical site and used to see patients who cannot be scheduled for appointments during regular clinic hours and seen for after-hours and weekends.
- Agree to accept reimbursement under Medicare, Medicaid, and the Children’s Health Insurance Program, as appropriate for the provider’s designated discipline, and to see all patients regardless of their ability to pay.
- Not have received an award through the Health Professional Scholarship Program or be a previous FSLRP/HPLRP recipient. Previous recipients cannot reapply.
- Not have an outstanding contractual obligation for health professional service to the federal government, or to a state or other entity, unless that service obligation will be completely satisfied before the effective date of the FSLRP contract. *NOTE:* Certain provisions in employment contracts can create a service obligation. For example, an employer offers a recruitment, moving bonus, or contribution toward educational debt. In return, the provider must work at that facility for a certain period of time, or they will be required to pay back a portion of the bonus. **Any kind of payback requirement in your contract is considered an obligation and will disqualify you from being eligible**, unless that requirement is satisfied, null, or void prior to your submitting an application.
- Not owe a service obligation to the military, federal government, state, or other entity, unless that obligation will be completely satisfied prior to the beginning of service under this program.
 - Individuals in the Reserve Component of the U.S. Armed Forces or National Guard are eligible to participate in the FSLRP. If the participant’s military training or service, in combination with the participant’s site absences, exceed 35.7 workdays per service year, the FSLRP service obligation will be extended to compensate for the break in service.

- Not ever have breached a prior service obligation to any federal/state/local government or other entity, even if the obligation has subsequently been satisfied.
- Not ever have defaulted on any federal payment obligations (HEAL, Nursing Student Loans, federal income tax liabilities, FHA loans, etc.), even if the obligation is now satisfied.
- Not have Primary Care Loans through the Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions.
- Not ever have defaulted on any education loans or other federal loans.
- Not ever have had any federal debt written off as uncollectible or had any federal service or payment obligation waived.
- Not have a judgment lien against property for a debt to the United States.
- **Submit an online application by the April 14, 2017, deadline.**

ELIGIBLE LOANS

Eligible loans include:

- Federal and/or commercial education loans obtained for training costs leading to licensure in the profession submitted under this application. Be aware that consolidating to a “personal” non-education loan will disqualify your loans from eligibility.

Loans that are not eligible include:

- Loans that have no current balance.
- Loans for which the provider incurred a service obligation.
- Loans that have been consolidated under non-educational lenders (*example: home mortgage*).
- Stafford Parent-Plus Loans.
- Primary Care Loan.
- Loans that have been consolidated with another person’s loans (*example: spouse, child’s Parent-Plus Loan that has been consolidated with yours*). This makes the entire loan ineligible.
- Loans obtained under someone else’s name, such as a spouse, relative, or friend.
- Perkins Loans that are eligible to be forgiven by service, unless provider can provide documentation that such loans are not subject to cancellation from service.
- Credit card debt or personal lines of credit.
- Loans obtained from family members, private institutions, or other entities that are not subject to federal or state examination and supervision as lenders.
- Loans for other educational degrees that were not required to obtain licensure in the profession you are applying under. If those loans were consolidated with an otherwise eligible loan, you will not be able to submit either loan.

SELECTION

The provider application cycle is scheduled to open in January 2017 and close on April 14, 2017. The provider must either be working at or have a contract to begin seeing patients at one of the sites listed on the *Eligible Site List* no later than July 1, 2017.

Applications are scored based on a combination of site score and provider score. When the site applies, it receives a score comprising these elements: geographic location, ratio of underserved patients, staffing criteria, and use of a sliding fee schedule. Providers are scored based on criteria outlined in the WAC and scoring elements identified by the program's planning committee. The two scores are added together to give the provider a total score, which places the application in rank order in their profession.

Example: If the total number of requests from the sites for all provider types equaled 500, and of those 100 were for primary care physicians, then 20 percent of the funds would go to primary care physician awards. If 50 requests were for dentists, then 10 percent of the funds would go to dentist awards.

In the event of a provider application tie score in the final selection of the award process, the Council may request at its discretion, that an internal committee review the essay questions and assign a score to those answers. Those individual committee member scores will be averaged to create an additional score that will be added to the total application score. The application with the highest score will be awarded.

AWARD AND PAYMENTS

The maximum FSLRP award amount for the 2017-18 award cycle is \$70,000, not to exceed the provider's loan debt. The contract is a minimum of two years.

- Awards are based on the loan debt balance submitted on the application and supported by lender statements.
- The funds are intended to reduce the debt by the award amount. It is not intended to pay the balance in full as interest continues to accrue.
- Awards will be divided into quarterly payments over the two-year contract service obligation period.
- Credit is earned during the quarter. Payments are made after the completion of each quarter and upon receipt, review, and approval of the *Quarterly Service Verification Form*.
- Verification of payment on loan debt will be required periodically throughout the service obligation. Participants will be asked to submit copies of their payment history from their lender(s) as documentation that all program funds were applied to their loan debt in January and July of each year. Failure to document that all funds were applied will place the participant in repayment default.
- The loan repayment contract begins July 1. The participant is responsible for continuing all lender payments, including the first three months of the contract. **Program funds may not be used as reimbursement for those payments.**
- For program audit requirements, payment history tracking begins after the first check is issued, **not** the first day of the contract period.

- Payments will be suspended during medical leave (for example, FMLA) and the service obligation will be prorated accordingly. Participant will be required to complete a contract addendum for the deferment period.
- Payments will cease upon termination of employment. If you are approved for a transfer and re-employed at an eligible site, your payments will restart at the end of the next completed quarter. Upon approval, you will be paid for any pending payments from past quarters of service that were being held at that time.

SERVICE OBLIGATION

- At the end of each quarter, the participant must submit a *Quarterly Service Verification Form* (available at www.wsac.wa.gov/health-professionals) reporting service hours worked. This is the document used to start the payment process.
- The site administrator is required to verify the hours worked; fax, mail, or scan and email a copy of the form; and retain the original copy of the form.
- Quarters are January–March, April–June, July–September, and October–December.
- When requested, participants must send payment history from the lender(s) to verify that all loan repayment funds are being fully applied toward the approved educational lender(s).
- Participants awarded FSLRP must be employed full time, a minimum of 40 hours each week (may not average hours over a pay period).

- Participants must not exceed 7.14 weeks (approximately 35 eight-hour workdays) per service year (July 1–June 30) away from the approved service site for vacation, holidays, continuing professional education, illness, leave without pay, or any other reason. A participant who submits documentation supporting the need for an absence of longer than 7.14 weeks may qualify for a suspension (deferment) of the service obligation.

A suspension of the participant’s FSLRP obligation may be granted for up to one (1) year. In order to qualify for a suspension, the participant must document a medical condition or personal situation that makes compliance with the obligation **temporarily** “impossible” or an “extreme hardship” and “unconscionable.”

- **FMLA Leave:**
FSLRP may approve a participant to be away from their site within the timeframes established by the Family Medical Leave Act (up to 12 weeks). Participants planning to take additional leave are required to request a medical deferment and submit medical documentation to support the request.
- **Military Leave**
Military training or service performed by reservists will not satisfy the FSLRP service commitment. If a participant’s military training or service, in combination with the participant’s other absences from the service site, will exceed 7.14 weeks per service year, the participant should request a suspension of the service obligation. The FSLRP service obligation end date will be extended to compensate for the break in service.

Definition of Full Time

For all health professionals, except as noted below, full-time employment means: At least 32 hours of the minimum 40 hours per week are spent providing direct outpatient care during **normally scheduled clinic hours in the ambulatory care office(s)**.^{*} The remaining eight hours per week are spent providing clinical services to patients in the ambulatory care office(s), performing clinical support activities in alternate locations as directed by the site(s), or performing practice-related administrative activities.

For OB/GYNs, FPs practicing OB on a regular basis, providers of geriatric services, certified nurse midwives, and pediatric dentists: At least 21 of the minimum 40 hours per week are spent providing direct outpatient care during normally scheduled clinic hours in the ambulatory care office(s).^{*} The remaining 19 hours per week are spent providing clinical services to patients in the office, performing clinical support activities in alternate locations as directed by the site(s), or performing practice-related administrative activities. Administrative activities must not exceed eight hours per week.

^{*}For hospitals or pharmacies, substitute the word *hospital* or *pharmacy* for *ambulatory care office/clinic* in the above definitions.

EXTENSIONS

Participants may request an extension; however, extension requests will be determined on a case-by-case basis, based on available federal grant funds and remaining eligible debt. You do not need to and are not able to submit a new application for an extension. Program staff will contact you about extension opportunities.

If the site loses its federal Health Professional Shortage Area (HPSA) designation before the end of the provider's FSLRP contract, the provider will not be eligible for an extension.

OTHER INFORMATION

- If you pay your loans in full before the end of your service obligation, your payments will cease, but your service obligation is not waived.
- The only permissible basis for canceling a contract is 100% total and permanent disability or death of the provider.
- The program will not be held responsible for principal or interest paid to any lender.
- Funds are considered educational and cannot be discharged in a bankruptcy.
- Loan debt continues to accrue interest during the service obligation period. Program funds are intended to reduce the debt by the award amount and may not pay the balance in full.
- Participants who enlist in any of the Armed Forces and incur an active duty military obligation before completing their FSLRP obligation are subject to the default provision of their contracts.

SITE TRANSFER POLICY

A participant who has received funding and had to leave their eligible site due to layoff, termination of employment, personal circumstances beyond the individual's control, clinic closure, or employment dissatisfaction may request a transfer to another eligible site. Program staff maintains a list of current and prior eligible sites where the participant may seek employment to continue their obligation.

Any change in service sites within the same health care organization (i.e., an organization or health care system with multiple delivery sites or satellites) is regarded as a transfer and must be approved in advance.

A transfer from a participant's current loan repayment site to any other site approved for loan repayment at the time of the transfer request **may be approved** based on the following criteria:

Required:

1. The recipient has complied with program requirements such as starting service at the approved site(s) on the agreed contract start date.
2. The provider has worked a minimum of one pay period at the approved site.
3. The recipient's license or certification has not been revoked, suspended, or restricted, and no disciplinary action is pending.
4. The recipient has not been terminated by the site for documented cause. Recipients who are terminated "for cause" may not receive a transfer to another site and may be placed directly in default repayment.
5. A current site Memorandum of Agreement must be either in place or put into place prior to employment at the new site.

Preferred, but may not cause a denial of transfer request in some circumstances:

1. Transfer is requested in advance.
2. Both the current site and the transfer site agree to the transfer in advance.

Approval of a service site transfer by the program does not alter any existing local employment contract requirements in any manner.

The FSLRP guidelines allow up to a one-year suspension of service while completing the transfer process. Transfer requests are reviewed on a case-by-case basis.

DEFAULT REPAYMENT

Participants who breach their obligation have **one year** to repay debt and will owe the State an amount equal to **the sum of the following**:

- The total of the amounts paid to, or on behalf of, the participant for loan repayments for any period of obligated service not served.
- An amount equal to the number of months of obligated service not completed multiplied by \$7,500.
- Interest on the above amounts at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of breach, except that the amount the State is entitled to recover shall not be less than \$31,000.

Repayment Cost Examples

	Financial Penalty	Repayment Amount (before interest is assessed) Minimum of \$31,000	Interest Rate	Loan Term*	Monthly Payment	Total Paid (includes penalty and interest)
Example 1	3 months x \$7,500 = \$22,500	\$31,000	10%	1 year	\$2,725.40	\$32,704.67
Example 2	12 months x \$7,500 = \$90,000	\$90,000	10%	1 year	\$7,912.43	\$94,949.14
Example 3	12 months x \$7,500 = \$90,000	\$90,000	8.25%	1 year	\$7,839.37	\$94,072.40
Example 4	24 months x \$7,500 = \$180,000	\$180,000	10%	1 year	\$15,824.86	\$189,898.33

*Contract requires you to repay the loan in one year

INTEREST RATES, PENALTIES, FEES AND COST EXAMPLES

The interest, fees, and examples shown above are in the case of the borrower going into repayment. Interest will begin accruing on the principal balance when the borrower goes into repayment status. The beginning interest rate you will pay will be determined when your account goes into repayment status. The interest rate will be on the notification letter sent to you at the time you enter default repayment. You may contact WSAC for annual interest rates.

Interest rate during the life of the repayment

The interest rate is variable. This means the interest rate can be adjusted lower or higher than your beginning interest rate. Rate amounts are set at the maximum legal prevailing rate as determined by the Treasurer of the United States, from the date of the breach.

Repayment fees

Repayment Financial Penalty: The balance of award funds paid but not served, **plus** the number of un-served months times \$7,500 (minimum repayment amount of \$31,000). Interest will be charged at the highest maximum prevailing government interest rate.

Late fees

- **Late Fee:** A late charge of 5% of the payment due may be charged on any payment received later than 20 days after the due date.
- **Insufficient Funds:** Up to \$50 (does not include any fees charged by banks or other institutions). This applies to credit card, electronic fund transfers, ACH, checks, and any other type of payments made on your account that fail to clear due to insufficient funds.
- **Collection and Legal Fees:** Any necessary expenses for collection of any amount not paid when due (to the extent permitted by law) including attorney's fees, whether or not legal proceedings have begun.

SECTION TWO: Eligible Professions and Sites

FSLRP ELIGIBILITY OVERVIEW

FSLRP – 50% federal funds/50% state funds	
Site Eligibility	<ul style="list-style-type: none"> • Must have a federal Health Professional Shortage Area (HPSA) designation or be located in an HPSA • Must be a nonprofit • Must have a posted and implemented sliding fee schedule
Provider Eligibility	<ul style="list-style-type: none"> • Must work full time (minimum 40 hours per week) • Minimum two-year service obligation • Awarding is a competitive process
Funding	<ul style="list-style-type: none"> • Current FSLRP funding for Washington State is \$1,050,000
Provider Award	<ul style="list-style-type: none"> • \$70,000 for two-year contract, not to exceed provider’s individual loan debt • Possible extension based on funds available and remaining eligible debt
Eligible Professions	<p>Determined by Federal HPSA designations.</p> <ul style="list-style-type: none"> • Physician (MD/DO) Family Medicine: OB/GYN; General Internal Medicine, Geriatrics, General Pediatrics, and General Psychiatrist (Must meet the qualifications for physicians above AND serve exclusively in mental health HPSAs) • Physician Assistant: Adult; Family; Pediatric, Geriatrics and Women’s Health • Nurse Practitioner: Adult; Family; Pediatric, Geriatrics and Women’s Health • Registered Nurse • Certified Nurse Midwife(CNM) • Pharmacist: Must work in general pharmacy, filling and dispensing prescriptions, and working as part of a manage care team. 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 the same eight-hour rule as the other professions. • Dentist (DDS, DMD) • Dental Hygienist

Provider must practice full time providing primary health services. Full-time service is defined as a minimum of 40 hours per week with a minimum of 32 hours a week in direct patient contact hours, for a **minimum of 45 weeks per year**. This means no more than approximately 35.7 days per year can be spent away from the clinic for holidays, vacation, sick leave, continuing education, leave without pay, or any other reason. Exceeding the maximum days away from the clinic will place provider in repayment default.

ELIGIBLE SITES

Sites approved by the FSLRP program are health care facilities that provide comprehensive outpatient, ambulatory, primary health care services, including critical access hospitals, state mental health hospitals, nursing homes, and clinics that have a Health Professional Shortage Area (HPSA) designation or are located in an HPSA. To become approved, the site must submit an online application **each year**. Normally the site application runs between July and September. (Dates are posted on the WSAC website: www.wsac.wa.gov/health-professionals.) The 2017-18 Site Application Cycle opened October 2016, and closed November 30, 2016.

HPSA Designation

HPSAs are designated by the Bureau of Clinician Recruitment and Services, Division of Policy and Shortage Designation (DPSD) as having shortages of primary care medical, dental, or mental health providers, and may refer to a geographic area (e.g. county), a population group (e.g. low-income), a public or private nonprofit medical facility, or other public facility. In order to be designated as an HPSA, communities or facilities apply for designations by providing the required data on an area, population, or facility. Applications are submitted through the State Primary Care Offices (PCO's); additional information is provided below.

Federally Qualified Health Centers (FQHC), FQHC Look-Alikes, and Indian Health Service (IHS) sites are automatically designated as being a facility HPSA. Some Rural Health Clinics (RHC) that meet additional criteria **may be** automatically designated as a facility HPSA.

To apply for or request an HPSA designation, please contact your State PCO. State PCO contacts can be found at <http://bhpr.hrsa.gov/shortage/hpsas/primarycareoffices.html>. Providers may also search for this information by state and county at <http://hpsafind.hrsa.gov>, or by site address at <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>.

There are three HPSA categories: primary care, dental, and mental health. In addition to being designated as an HPSA, a community, population, or facility is scored on the degree of shortage that exists based on the same factors used in the designation process. HPSA scores range from 1 to 25 for primary care and mental health, and 1 to 26 for dental health. The numerical score provided for an HPSA reflects the degree of need (the higher the score, the greater the need).

Currently sites must have an HPSA score of 1 or higher to be eligible to apply; however, the actual HPSA score is not used in determining the site score used for approval in the state loan repayment program.

Because dental and mental and behavioral health facilities must be located in a dental or mental health HPSA, these facilities are required to offer comprehensive primary dental or mental and behavioral health services. For example, an orthodontic practice would not meet the definition of comprehensive primary care dental, as it is a specialty. Likewise, a mental health center that sees only developmentally disabled clients would be ineligible because they limit care to a specific population. (See Page 3 for Comprehensive Primary Care definition.)

A pharmacist must be a general staff pharmacist working in the pharmacy, filling and dispensing prescriptions, working as part of a managed care team, as well as working with the general public. Time spent on educational classes, working with specialty patients (such as warfarin, diabetes) would fall under the same the eight-hour rule as the other professions.

Approved sites (with the exception of state facilities such as correctional facilities, state mental hospitals, or free clinics) are required to provide services for free or on a sliding fee scale (SFS) or discounted fee schedule for low-income individuals. An 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. Approved sites are also required to prominently post signage (on-site and online, if applicable) stating that patients will not be denied services based on inability to pay and that discounts are available based on family size and income. The SFS or discounted fee schedule should be presented as an option during a patient's initial visit.

Eligible Site Types

The following list includes examples of eligible sites but is not all-inclusive.

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
 - Federal Indian Health Service (IHS) Clinical Practice Sites
 - Tribal-Operated 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 FSLRP practice sites, solo or group practices must be a public or private nonprofit entity
8. Urgent Care Clinic, if attached to an eligible site. The clinic cannot be a stand-alone urgent care or walk-in clinic

FSLRP Site Eligibility Criteria

1. Public and nonprofit 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).
2. For-profit health facilities operated by non-profit organizations must follow the same guidelines as all other FSLRP 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.
3. All sites must be located in federally-designated HPSAs or have an HPSA designation.
4. Providers must work in an HPSA that corresponds to their training or discipline. For example, psychiatrists and other mental health providers must serve in a mental health HPSA.
5. Eligible sites must charge for professional services at the usual and customary prevailing rates.
6. Hospitals must be a Critical Access Hospital to be eligible.
7. Only Registered Nurses and Pharmacists are eligible for loan repayment at a (CAH) hospital.

8. The site understands and agrees that no aspect of the provider's employer-provided wage or benefits will be reduced in any way as a result of the provider's receipt of the Federal State Loan Repayment Program award.
9. **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. The exception to this is if the site is a private practice owned by a solo provider.
10. If the site has a payback clause of any kind in the employment agreement/contract (such as a sign-on bonus or moving expense allowance that has a payback 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.
11. Site must have been in business and have patient data for a minimum of **one** year prior to submitting the site application.
12. Site cannot promise loan repayment to a provider 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.
13. Site may receive a maximum of two provider awards per profession (one recruitment and one retention) per year.
 - **Retention** status means that the site submitted the site application for someone who began working on or before June 30, 2016.
 - **Recruitment** status applies to a provider hired on or after July 1, 2016.
14. If the organization has more than one clinic, the site must submit a **separate application for each physical location/clinic and for each clinic type**, (dental, medical, behavioral health, and pharmacy).
15. The site cannot discriminate in the provision of services to an individual: a) because the individual is unable to pay; b) because payment would be made under Medicare, Medicaid, or the Children's Health Insurance Plan (CHIP); or c) based upon the individual's race, color, sex, national origin, disability, religion, age, or sexual orientation.
EXCEPTION: Age is not an applicable discriminatory factor for pediatric or geriatric sites.
16. The site must:
 - Use a schedule of fees or payments consistent with locally prevailing wages or charges and designed to cover the site's reasonable cost of operations.
 - Use a discounted/sliding fee schedule to ensure that no one who is unable to pay will be denied access to services.
 - Make every reasonable effort to secure payment in accordance with the schedule of fees.
17. Site must accept assignment for Medicare beneficiaries and enter into an appropriate agreement with the applicable state agency for Medicaid and CHIP beneficiaries.
18. Site must provide culturally competent, comprehensive primary care services (medical, dental, and/or behavioral) which correspond to the designated HPSA type.
19. Site must function as part of a system of care which either offers or assures access to ancillary, inpatient, and specialty referrals.

20. Site must use a provider credentialing process including reference review, licensure verification, and a query of the National Practitioner Data Bank (NPDB) (<http://www.npdbhipdb.hrsa.gov>).
21. Site will adhere to sound fiscal management policies and adopts provider recruitment and retention policies to help the patient population, the site, and the community obtain maximum benefits.
22. Site will communicate to WSAC any change in site or provider employment status.

SLIDING FEE SCHEDULE

The SFS or discounted fee schedule is based upon the Federal Poverty Guidelines, and patient eligibility is determined by annual income and family size. Specifically, for individuals with annual incomes at or below 100% of the HHS Poverty Guidelines, approved sites should provide services at no charge or at a nominal charge. For individuals between 100% and 200% of the HHS Poverty Guidelines, approved sites should provide a schedule of discounts, which should reflect a nominal charge. To the extent that a patient who otherwise meets the above criteria has insurance coverage from a third party (either public or private), an approved site can charge for services to the extent that payment will be made by the third party.

EXCEPTIONS: State facilities such as free clinics, correctional facilities, and mental health institutions are exempt from submitting certain required documents, including SFS documents and required signage, due to their inability to bill and charge for services.

NON-DISCRIMINATION NOTICE

Approved sites must prominently display a statement—in a common area and on the site’s website, if applicable—that explicitly states that no one will be denied access to services due to inability to pay or method of payment. In addition, the signage should clearly communicate that the site accepts Medicare, Medicaid, and CHIP (free clinics are exempt from the Medicare, Medicaid, and CHIP statement). The statement should be translated into the appropriate language or dialect for the service area. To review the appropriate and downloadable signage, please visit the NHSC website: <http://nhsc.hrsa.gov/currentmembers/membersites/downloadableresources/index.html>

TRIBAL HEALTH PROGRAM EXCEPTION

At the request of a tribal health program, the services of a provider may be limited to tribal members or other individuals who are eligible for services from that Indian Health Program. However, tribal health programs are required to respond to emergency medical needs as appropriate.

FOR PRIVATE PRACTICES (SOLO/GROUP) ONLY

Private practices may require a site visit before the application review is completed.

SECTION THREE: Application Process

The Washington Student Achievement Council may, at its discretion, request and consider additional documentation regarding any response provided on this application. Failure to provide the requested additional documentation in the time requested may result in the disqualification of your application.

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

- Employer name and address, and employer contact name, phone number, and email address.
- Copy of current lender statements showing lender names and current balances.
- Name, dates and degree from colleges you have attended.
- If applicable, dates, and place of residency.
- Licensure information, date of license and license number (includes licenses from other states).
- Employment start date (month, day, and year), use the date you began employment, not the date you signed the contract.
- Data regarding the number of patients you personally see, separated out by the following factors: insured, private pay, Medicare/Medicaid, uninsured, sliding fee, charity.
- List of rural and urban counties you have lived in (both in Washington and in other states), and the dates, zip code, and length of time you lived in each.

COMPLETING THE APPLICATION

- Complete the online application and **submit by 5:00 PM on April 14, 2017.**
- Review the application carefully before clicking the “submit” button to make sure all fields are completed and all required documentation is uploaded.
- Any applications that are missing documents or have incomplete information will be considered incomplete and will not be reviewed. Submit your application early; program staff may contact you to make corrections. However, corrections and submissions are not accepted after the deadline.)
- Notifications of award and non-award will go out by mail. **Please do not call the office to check on the status of your application prior to June 30.**
- Most program communication will be done by email. Please check your email for any messages we might send after you submit your application. Check to make sure the messages don't go to your “junk” email.

REQUIRED ATTACHMENTS

You will be asked to upload these documents to complete your application:

- **Current** loan statement(s) with outstanding educational debt amount.
 - Be sure to **include all eligible debt**. Once the application is submitted, you will not be able to add lenders or additional loan debt to your list.
 - Debt must be related to obtaining licensure **for this profession only**. Do not include debt for other degrees or programs. You will not be able to submit loans that have been consolidated with loans for other degrees.
 - Do not submit promissory notes, school statements, etc.
 - Please submit the most current lender statement. Statement must show the lender name, your name, account balance, and date.
 - Do not submit loans that can be cancelled by service. (Perkins Loans, for example.) They are not eligible.
- **Three letters of recommendation** from training supervisors or professional colleagues. The letters should support your experience and commitment to serving rural and underserved urban populations.
- **Employment and Site Confirmation Form**. This form is to be completed and signed by someone who has authority to sign on behalf of your site, as well as by your direct supervisor. Submit a separate form for each clinic you work at. If you have an employee/employer contract, please upload that as well.
- **Current job description**. This is to be a separate document from your Human Resource Department. Do not submit something you write yourself.

SECTION FOUR: Frequently Asked Questions

Q. Can I apply for both the FSLRP and the HPLRP programs?

A. Yes. Designate which program (one or both) you are applying for in the beginning of the online application. *Please note:* You will not be considered for a program if you did not select it by checking the box.

Q. What are the differences between FSLRP and HPLRP?

A.

Difference	FSLRP	HPLRP
Award amount	\$70,000	\$75,000
Contract service obligation period	Minimum two (2) years	Minimum three (3) years
Employment type	Full-time only	Less than full-time allowed
Default penalties	Minimum \$31,000 See default section for details	Amount disbursed, paid back at double penalty plus interest
Eligibility requirements	Vary for site and provider	Vary for site and provider

Q. Are the site qualifications the same for both programs?

A. The FSLRP has more requirements. For example, the site must have a federal Health Professional Shortage Area (HPSA) designation, and they must have an implemented and posted sliding fee discount schedule.

Q. What if I don't have a job by the application deadline. Can I still apply?

A. You must be employed at one of the eligible sites, or have a contract stating you will be starting employment by July 1, 2017, in order to be eligible to apply.

Q. Do you accept late applications?

A. We receive more applications than we can fund. In fairness to the providers who submit complete applications by the deadline, we do not accept late applications, or missing documents from incomplete applications after the application deadline. It is very important to submit your application as early as possible to allow time for review.

Q. What are my chances of receiving an award?

A. Every year is different, depending on the applicant pool. For the 2017-18 cycle, the program plans to make 12 to 14 FSLRP awards and about 50 HPLRP awards. Awards are given based on score. Applicants are scored based on criteria outlined in the WAC and scoring elements identified by the program's planning committee.

Q. I am a pharmacist that works with patients outside of the pharmacy. I work as a liaison with the lab, the doctor, and the patient. Do I qualify to apply?

A. Pharmacists must work in the pharmacy, filling and dispensing prescriptions as part of a managed care team. They must meet the minimum 32 hours a week with direct patient contact. No more than eight hours of their work week can be spent doing non-patient care such as administration or "specialty" type work, including teaching classes on specific and targeted medical needs.

Q. I see there is a limit on the number of days per year I can be away from the clinic/site. I was planning to take a month off next year to go on an extended vacation. Will this impact my contract?

A. Yes, you are only allowed a certain number of days under each program to be away from the site for any reason (holidays, sick leave, paid time off, leave without pay, etc.). If you exceed the number of days, it will put your account into default, and you will have to pay back according to your contract.

Q. How long after I submit my application before I will know whether or not I am selected for an award?

A. As soon as decisions are made you will be contacted by mail. Please do not call or email regarding application status until after June 30, 2017.

Q. What happens if I get laid off or terminated?

A. Contact our office immediately. We have a Transfer Policy and will work with you to try and keep your account from going into default repayment. You may have the option to look for another site where you can complete your service obligation. If you are terminated for cause, you will go into default repayment immediately.

Q. What happens if more than one person from my site applies?

A. More than one person at a site may be able to receive loan repayment. There are a number of variables. If the providers are in different professions, or if one is recruitment and the other is retention, there can be more than one award at a site. If two people are both in the same profession, and both are recruitment, then the person with the highest ranking score would have the opportunity for receiving an award.

Q. I am a nurse that sometimes works outside of the ambulatory clinic. I do home visits, educational classes, and other activities. Do I qualify for the program?

A. To be eligible for the program you must work in a clinic (or hospital) with scheduled appointments. Programs such as WIC, immunization programs, etc. are not included. If you are a Public Health Nurse, you may not qualify for the program. Please review the section related to the definition of full time and the number of hours permitted for non-scheduled appointments.

Q. I have a student loan but my child's Parent Plus Loan got consolidated into it. Can I submit the loan and just pay my portion?

A. Unfortunately, because the Parent Plus Loan is consolidated into your loan, the whole loan is ineligible.

Q. I just found a great loan company, but it is a private personal loan. Will it still qualify?

A. Read the fine print. If it is a personal loan to consolidate your education loan, it will not qualify. It must be an education loan, not a personal loan. There are many lenders willing to buy out your education loan for a lower interest rate. Be aware of these and know that it may make your loan ineligible.

ONLINE APPLICATION GUIDE

To complete the online provider application, go to:

www.wsac.wa.gov/health-professionals



info@wsac.wa.gov | (360) 753-7800
917 Lakeridge Way SW | Olympia, WA 98502



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HEALTH PROFESSIONALS

The Health Professional Loan Repayment Program encourages licensed primary care health professionals to serve in Washington's critical shortage areas. The program provides financial assistance through either conditional scholarships or loan repayment. The loan repayment portion of the program provides educational repayment assistance to licensed primary care health professionals. Applicants agree to provide primary care health care in rural or underserved urban areas with designated shortages.

In 2014, approximately 100 health professionals worked in underserved areas of Washington as a result of this program. Since 1990, the program has funded over 1,000 professionals serving in 38 Washington counties. Further, according to a recent national survey, over 80 percent of the recipient responders anticipate remaining in their health professional shortage service site for two additional years following their service term.

Two programs provide educational loan repayment assistance (see table below for detailed information):

1. The Federal-State Loan Repayment Program (FSLRP) uses matching federal grant funds for awards.
2. The Health Professional Loan Repayment Program (HPLRP) uses only state dollars for awards.

Federal-State Loan Repayment Program (FSLRP)	Health Professional Loan Repayment Program (HPLRP)
Awards use federal funds matched with state dollars	Awards use state funds only
Maximum \$70,000 award	Maximum \$75,000 award
Minimum two-year service obligation	Minimum three-year service obligation
Minimum 40-hour work week	Minimum 24-hour work week (service obligation period prorated to three-year equivalency)
Default penalty - months not served x \$7,500 per month plus interest (minimum of \$31,000 payback)	Default penalty - funds disbursed doubled plus interest
Maximum 35.7 days per contract year allowed in leave away from	Maximum 40 days per contract year allowed in leave away from
Eligible sites: See Provider Reference Guide for full details, but must have a federal Health Professional Shortage Area (HPSA) designation, be a nonprofit and have an implemented and posted Sliding Fee Schedule (SFS)	Eligible sites: See Provider Reference guides for full details. Does not require HPSA designation or a SFS.
Eligible Providers: DDS or DMD, Registered Dental Hygienist, MD, DO, Physician Assistant, Nurse Practitioner, Registered Nurse, Pharmacist, Certified Nurse Midwife	Eligible Providers: DDS or DMD, Registered Dental Hygienist, MD, DO, ND, Physician Assistant, Nurse Practitioner, Psychiatrist, Advance Practice Clinician (NP or PA), Registered Nurse, Licensed Practical Nurse, Mental Health Nurse, Pharmacist, Certified Nurse Midwife, Licensed Midwife. Newly added this year: Requires Master or Doctoral Degree working in an integrated setting/system of care: Clinical Psychologist, Licensed Independent Clinical Social Worker, Marriage and Family Therapist, Mental Health Counselor

Provider Information

The provider application opens in January and will close **April 14, 2017**. Providers will use one application to apply for the FSLRP and/or the HPLRP. The FSLRP is a two-year contract with a maximum award of \$70,000 and requires awardees to work a minimum of 40 hours per week. The HPLRP is a three-year contract with a maximum award of \$75,000 and allows awardees to work less than full time but requires a minimum of 24 hours per week, pro-rating the service obligation period. A Reference Guide with full details and requirements for each program is provided in the tab below.

Reference Guides	Eligible Professions	Eligible Sites	Application Process
Participant Requirements	Service Obligation		

Applying for loan repayment:

To apply for the Loan Repayment Program, visit the [WSAC web portal](#).

The 2017-18 application cycle will follow the schedule below.

2017 Applications Timeline	
January	Provider application cycle opens
April 14	Provider application cycle closes
June	Applicants receive notification of application status
July 1	New contract for both program awards begin

CONTACT INFORMATION

Chris Wilkins
Program Manager
health@wsac.wa.gov
360.753.7794

FOUNDATION

RCW 28B.115

The Legislature created the Health Professional Loan Repayment and Conditional Scholarship program to address a shortage of health care professionals and services in rural and underserved communities. The Washington Student Achievement Council administers the program in collaboration with the Department of Health and other partners.

WAC 250-25

Defines participant and program eligibility, selection criteria, award limits, and protocols for distribution, repayment, and appeals.

RESOURCES

Program Brief

Loan Repayment Program Forms:

- [Quarterly Service Verification Form Instructions](#)
- [Loan Repayment Quarterly Service Verification - \(PDF\)](#)
- [Loan Repayment Quarterly Service Verification - \(Word\)](#)
- [Request for Deferment of Service or Payment](#)
- [Transfer Request](#)
- [Frequently Asked Questions](#)

Scholarship Forms:

- [Quarterly Service Confirmation Form Instructions](#)
- [Scholarship Quarterly Service Confirmation Form \(PDF\)](#)
- [Scholarship Quarterly Service Confirmation Form \(Word\)](#)
- [Scholarship Quarterly Service Confirmation Form - Faculty \(PDF\)](#)
- [Scholarship Quarterly Service Confirmation Form - Faculty \(Word\)](#)

[2017-18 Health Handout](#)

In the Provider Information section, click on the [Application Process](#) tab. Then click on the link to the [WSAC web portal](#).



Middle/High School Staff

[Enter College Bound applications](#) for students
[Request](#) a GEAR UP account
[View FAFSA Completion statistics](#) for public school students

Financial Aid Administrators

[CSAW](#)
[Unit Record Report](#)

Students/Parents/Other

[Register](#) for a username and password
[Apply](#) for the College Bound Scholarship
[Register](#) as a Health Professional



Click to [Register as a Health Professional](#).



Please enter the following information so we can register your account.

If we are unable to create your account, please contact staff directly for help in setting up login access:

Registration **Help** Contacts (click to show contacts)

- [Health Professional Conditional Scholarship and Loan Repayment Program](#)
- [Health Loan Repayment Healthsite Application](#)
- [Washington Scholars Program](#)

Name: First MI Last

[Enter your name](#) to begin registration, click [next](#).
A link to continue the provider application will be sent to the email address you provide.

Loan Repayment Provider Application

It is your responsibility to read and understand the Provider Reference Guides.

[HPLRP Provider Reference Guide](#)
[FSLRP Provider Reference Guide](#)



Preliminary Questions

- I have read the Provider Reference Guides and agree to the terms and conditions.

I would like to apply for (check all that apply):

- Federal** Loan Repayment Program (FSLRP)
 State Loan Repayment Program (HPLRP)

**Take care when making this selection!
Errors cannot be corrected after submission.**

Save and Continue

Save and Exit

Loan Repayment Provider Application Status

- Started
 Completed
 Reviewed
 Finalized

You have filled out your 2017-2018 application, but you're missing some attachments.

You may [edit your application](#) or submit your remaining attachments:

- 3 Letters of Recommendation has not been uploaded. [upload now](#)
- Employment and Site Confirmation Form has not been uploaded. [upload now](#)
- Job Description has not been uploaded. [upload now](#)
- Loan Statement has not been uploaded. [upload now](#)

Existing Applications

Academic Year	Applied For	Status	Completed
<input type="checkbox"/> 2017-2018	FSLRP	Missing-attachments	
	<input type="checkbox"/> 3 Letters of Recommendation	<input type="checkbox"/> Employment and Site Confirmation Form	<input type="checkbox"/> Job Description <input type="checkbox"/> Loan Statement



Upload supporting documentation required by checking these boxes.
Once documentation has been uploaded, SUBMIT APPLICATION.