

## DC HEALTH PROFESSIONAL LOAN REPAYMENT PROGRAM (HPLRP) GUIDELINES

The Health Professional Loan Repayment Program (HPLRP) Guidelines outline the legislation and regulations governing the Health Professional Loan Repayment Program. The information contained herein represents the most current information regarding program eligibility and program administration. Any subsequent updates to the legislation and regulations governing the Program will be reflected in the Guidelines.

Interested parties can find additional information and materials by visiting the Primary Care Office's webpage on the DC Department of Health's Website (<https://dchealth.dc.gov/service/dc-health-professional-loan-repayment-program-hplr>), by emailing [HPLRP@dc.gov](mailto:HPLRP@dc.gov) or by calling (202) 442-5892.

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### **I. Program Overview**

The purpose of the DC Health Professional Loan Repayment Program (HPLRP), hereafter referred to as the Program, is to recruit and retain primary care providers to serve in Health Professional Shortage and Medically Underserved Areas of the District. The Program provides loan repayment of up to \$151,841.29 over four years for physicians and dentists and \$83,510.61 to all other eligible providers practicing in HPLRP-certified Service Obligation Sites (D.C. Code § 7-751.01, amended, and D.C. Register Title 22B, Chapter 61).

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## II. Information for Providers

### A. Provider Eligibility

#### 1. Eligible Professions

The following licensed (as applicable) health professionals who have graduated from accredited programs and completed all required post-graduate training are eligible for the HPLRP:

- a. Physicians who have completed post-graduate training in family practice medicine, general internal medicine, general pediatrics, obstetrics/gynecology, psychiatry or osteopathic general practice;
- b. Dentists practicing in general or pediatric dentistry;
- c. Nurse Midwives, Nurse Practitioners, and Physician Assistants practicing in primary care specialties;
- d. Registered Nurses;
- e. Dental Hygienists; and
- f. Mental health providers including Licensed Clinical Social Workers, Clinical Psychologists, and Professional Counselors.

#### 2. Basic Eligibility Criteria

To be eligible for the Program, a provider must:

- a. Be a citizen or permanent resident of the United States;
- b. Be licensed and otherwise eligible to practice in the District of Columbia;
- c. Have no other obligation for health professional services to the federal, state or local government, unless the obligation will be completely satisfied prior to the beginning of service under the Program;
- d. Propose to practice at a certified HPLRP Service Obligation Site (SOS); and
- e. Propose to provide services that correspond to the Health Professional Shortage Area (HPSA) or the Medically Underserved Area (MUA) in which the provider's SOS is located.

#### 3. Eligible Educational Debts

The Program will pay for the cost of education necessary to obtain the requisite health professional degree, including payments towards the outstanding principal, interest and related expense of federal, state or local government loans and/or commercial loans obtained by the participant for school tuition, required fees, and reasonable educational expenses defined as costs of education that are required by the school's degree program or an eligible program of study. Such expenses include fees for room, board, transportation and related commuting costs, books, supplies, educational equipment and materials, or clinical travel, which were part of the estimated student budget of the school in which the participant enrolled.

### B. Provider Applications

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### 1. Application Cycles

Unless otherwise indicated, provider applications for the HPLRP are accepted during two application periods, fall and spring. Applications will be screened, selected and applicants will be provided written notification of their acceptance into or denial from the Program by the end of the year for the first application period and by June 30<sup>th</sup> for the second application period. Denial notifications will include a justification for the denial.

An applicant who is not accepted into the Program for any reason may re-apply during any subsequent application cycle.

### 2. Application Screening

Provider applications will be competitively screened and scored using a 100-point scale. An application must score at least 80 points out of 100 to be qualified for participation in the Program; however, a qualifying score does not guarantee selection (Please see [Section B.3](#) below). During the screening phase, points will be awarded to those who are:

- a. Residents of the District of Columbia (DC);
- b. Graduates of accredited DC health professional schools or programs;
- c. Residents of HPSAs or MUAs within DC;
- d. Applicants who are immediately eligible and available for service;
- e. Applicants whose SOS are also qualified Medical Homes DC providers or recipients of DOH capital expansion funds;
- f. Applicants who have fewer than three years of employment at their proposed SOS;
- g. Applicants who have experience practicing at community-based primary care facilities and/or have attended community-based health professional training institutions or programs (such as the AHEC Scholars Program);
- h. Applicants who are proficient in Spanish, Chinese, Vietnamese, Korean or Amharic.

### 3. Application Selection

Qualifying applications will be selected for participation and offered contracts based on funding availability\* and the following considerations:

- a. Achievement and/or maintenance of the following target HPLRP participation rates by discipline:
  - Sixty percent (60%) of HPLRP participants will be primary health care providers;
  - Twenty percent (20%) of HPLRP participants will be mental health care providers;
  - Twenty percent (20%) of HPLRP participants will be dental health providers.
- b. Application score: a higher application score shall receive a higher priority.

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- c. Degree of need: if the applicant will serve in an area or at a site where there is a documented (or documentable) critical need for the services the applicant will provide, then the application shall receive a higher priority.
- d. Current HPLRP/NHSC participation at SOS: if the numbers of HPLRP and/or National Health Service Corps (NHSC) participants already assigned to the applicant's SOS or organization are high, then the application shall receive a lower priority.
- e. Additional information: information related to the application that is available to or provided to the Primary Care Office may be used in prioritizing applications for selection.

\*Funding availability refers to "net" funding availability as determined by: gross funding levels, existing and projected funding commitments, and other funding considerations such as match requirements for Federal funds.

### 4. Selection Notification Packages and Participant Contracts

Applicants who are selected for participation will be provided with a notification package to include a contract, Internal Revenue Service (IRS) W-9 form and a direct deposit enrollment form (ACH Enrollment Form) that must be signed and returned to the Primary Care Office by January 15 or August 15, for the first and second application periods, respectively or within two weeks of DOH sending the contract to the applicant. Once returned to the Primary Care Office, the contract will be signed by the DOH Director or the designee. The effective start date for the service obligation outlined in the contract is the date on which the contract is signed by the Director or the first day of employment - whichever is later, but not to exceed three months from the date of the Director's signature. No offer or participation is final until the DOH Director or the designee has signed the contract.

The target contract start dates shall be January 31 for the first application period and September 1 for the second application period.

### 5. Denials

Denial notification will include a justification for the denial.

### 6. Retention of Rejected Applications

Applications will be kept on file for two months after applicants have been notified of rejection. An applicant may reclaim his/her application in-person during this time. All application materials will be destroyed at the end of the two-month retention period.

## C. Program Payments

### 1. Repayment Amounts

- a. Physicians and dentists in 2019 shall be eligible to have 100% of their total debt, not to exceed **\$151,841.29** repaid by the Program over 4 years of contracted service. For each year of participation, the Program will repay loan amounts according to the following schedule:

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- For the 1<sup>st</sup> year of service, 18% of total debt, not to exceed **\$27,331.43**
  - For the 2<sup>nd</sup> year of service, 26% of total debt, not to exceed **\$39,478.74**;
  - For the 3<sup>rd</sup> year of service, 28% of total debt, not to exceed **\$42,515.56**;  
and
  - For the 4<sup>th</sup> year of service, 28% of total debt, not to exceed **\$42,515.56**
- b. All other health professionals shall be eligible to have 100% of their total debt, not to exceed **\$83, 510.61** prepaid by the Program over 4 years of originally contracted service. For each year of participation, the Program will repay loan amounts according to the following schedule:
- For the 1st year of service, 18% of total debt, not to exceed **\$15,031.91**
  - For the 2nd year of service, 26% of total debt, not to exceed **\$21,712.76**;
  - For the 3rd year of service, 28% of total debt, not to exceed **\$23,382.97**;  
and
  - For the 4th year of service, 28% of total debt, not to exceed **\$23,382.97**
- c. The Director is permitted to increase the dollar amount of the total loan repayment annually to adjust for inflation.

\*Loan Repayment amounts may change annually to adjust for inflation

### 2. Payment Disbursement Schedule and Invoice Process

The Department shall disburse, within 90 days of the start of the contract or within 90 days of the date by which the participant submits an invoice to DOH, a single lump-sum payment covering the initial two-year cost of the contract (44% of the total eligible debt to be repaid by the Program).

For each year of approved contracted service beyond the two years covered by the initial payment, the Department shall disburse a one-year lump sum payment within 90 days of the start of the additional contract year, or within 90 days of the date by which the participant submits an invoice to DOH. For more information on extending contract beyond 2 years, please see [Section E](#).

The amounts and schedule of payments will be specified in Section B.2 of the participant contract.

The Participant must submit an invoice to the Department in order to receive payment. The invoices must be submitted, on the forms provided by the Bureau, at the start of each payment period, and no earlier than 10 days before the start of the period (unless otherwise advised in writing by the Bureau staff). Participants that submit their invoices earlier than 10 days before the start of the period for which they are requesting payment will be asked to resubmit the invoice within the indicated timeframe. Invoices must be signed by both the participant and the SOS's designated HPLRP contact.

The participant shall submit all invoices electronically to [HPLRP@dc.gov](mailto:HPLRP@dc.gov). Invoices will be paid via electronic funds transfer (i.e. direct deposit) into the participant's chosen

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bank account within 90 days of start of the payment period, or within 90 days of the date by which the participant submits an invoice to DOH.

An invoice for any payment period that begins before September 30 of a given calendar year must be submitted by October 30 of that calendar year. Payment for a payment period that started before September 30, and for which an invoice is submitted *after* October 30 is not guaranteed.

A participant who fails to submit an invoice shall be deemed in breach of contract and shall be subject to the penalties outlined in [Section G](#).

### 3. Tax Exemption for HPLRP Payments

HPLRP payments are DC and Federal income tax-exempt.

## D. Participation Requirements

As a condition of participation in the Program, a selected applicant shall enter into a contract with the DOH Director and the designated representative of the SOS agreeing to the following terms and conditions.

Participants shall:

1. Provide a minimum of 2 years of service at the SOS;
2. **For all providers, except for** OB/GYN physicians, family medicine physicians who practice obstetrics on a regular basis, and certified nurse midwives, must provide full-time service of at least 40-hours per week for 45 weeks per year. The minimum 40-hour week must not be performed in fewer than 4 days per week, with no more than 12-hours of work performed in any 24-hour period. On-call status does not count toward the 40-hour week. Any exceptions to the on-call provision of this subsection must be approved by the Director of the DC Department of Health prior to the start of the contract. No period of internship, residency, or other advanced clinical training may count toward satisfying a period of obligated service under the Program;
  - a. At least 32 of the minimum 40 hours per week must be spent providing direct patient care at the SOS.
  - b. Up to 8 hours of the minimum 40 hours per week may be spent providing clinical services to patients in alternate settings (e.g., hospitals, nursing homes) as directed by the approved service site, or performing patient care related administrative activities.
3. For OB/GYN physicians, family medicine physicians who practice obstetrics on a regular basis, and certified nurse midwives:
  - a. At least 21 of the minimum 40 hours per week must be spent providing direct patient care at the SOS.
  - b. Up to 19 hours of the minimum 40 hours per week may be spent providing clinical services for patients in alternate settings (e.g., hospitals, nursing homes) as directed by the approved service site, or patient care-related administrative activities;
4. Agree to provide reasonable, usual, and customary health services without discrimination and regardless of a patient's ability to pay;

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5. Participate in or otherwise bill for services to the Medicare, Medicaid, and Alliance Programs for all eligible claims;
6. Begin the contracted period of service obligation on the date or within 3 months of the Director's signature on the HPLRP Participant Contract;
7. Immediately notify DOH in writing of any change in employment status at any time during the duration of the service obligation period;
8. Negotiate with each lending institution the terms and conditions of the educational loan repayments and assume responsibility for any penalties associated with late or early repayment;
9. Maintain required licensure and certifications in accordance with the District of Columbia regulations issued by the appropriate licensing authority;
10. Submit an invoice for each payment year to DOH by email to [HPLRP@dc.gov](mailto:HPLRP@dc.gov) in order to receive disbursements of funds by direct deposit;
11. Participate in surveys to ensure compliance with the terms and conditions of the Program and assess Program effectiveness.
12. Not enter into employment contracts that include non-compete clauses;
13. Comply with all other Program requirements as outlined in the participant contract;
14. Any participant who is found in breach of contract is deemed to have agreed to all penalties set forth in the participant's contract and these Program Guidelines (see [Section G](#) below).

### **E. Contract Renewals**

A participant in the HPLRP who has completed the original term of HPLRP participation may apply to renew his/her contract, one year at a time, up to a total of four years of contracted service. Renewals will be approved based on the criteria outlined in [Section B.3](#).

A participant seeking to renew his or her contract shall:

1. At least 3 months before the expiration of the original contract or the contract modification, request a 1-year contract modification for each additional year of HPLRP service.
2. At least 30 days before the expiration of the current contract or contract modification:
  - Provide verification of personal and employment information;
  - Provide a letter signed by the participant's employer confirming the participant will continue employment for the period of the proposed contract addendum; and
  - Provide current professional licensing verification.

### **F. Contract Suspension, Waiver and Termination**

#### **1. Leave and Contract Suspensions**

- a. The service obligation of a Participant may be suspended without penalty, for a period not to exceed 12 months, for the following:
  - i. Extended illness verified by a physician;

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- ii. Family leave or maternity leave, not to exceed 6 months;
  - iii. Suspension from practice pending an investigation; or
  - iv. Termination of employment requiring job search and relocation to another eligible practice site, not to exceed 6 months.
- b. The service obligation of a Participant may be suspended without penalty for a period not to exceed three years for military service;
  - c. A suspension shall not relieve the Participant of the responsibility to complete the remaining portion of the service obligation. A suspension shall not be permitted as a matter of course, but may be allowed at the discretion of the Director. The Department will not issue any payments during the period of contract suspension.

### **2. Contract Waiver**

A waiver of the HPLRP contract shall be granted if the following situation should occur: If the participant suffers from a physical or mental disability resulting in the total and permanent inability of the participant to perform the obligated service, as determined by the Director.

### **3. Contract Terminations**

- a. The Director has discretion in choosing to terminate or not terminate a contract;
- b. The Director may terminate a contract with a participant in the Program if, not later than August 16 of the year in which the contract became effective, the participant:
  - Submits a signed written request to terminate the contract, and
  - Repays all amounts of payments paid under the contract.
- c. All obligations of service or payment of damages shall be terminated upon the death of the individual.

## **G. Breach of Contract and Termination Penalties**

### **1. Breach Penalties**

Any participant who fails to complete the service obligation required under the terms of his/her contract will be considered to have breached such contract.

DOH is entitled to recover from a participant who has breached his/her HPLRP contract the sum of:

- a. The amount paid by the DOH to the participant for any period of obligated service not served;
- b. An “unserved obligation penalty” defined as the number of months of obligated service not completed multiplied by \$7,500; and



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- c. Interest on the above amounts that has accrued during the period of time between the date of the breach and the date of full repayment. The interest rate will be based on the maximum prevailing rate determined by the United States Department of the Treasury.
- d. The minimum participant liability following a breach of contract shall be \$31,000. Any amount that the DOH is entitled to recover shall be paid within a one-year period starting from the date of the breach.

### 2. Termination Penalties

In the event that a participant requests and is approved to terminate his/her contract according to the requirements set forth in [Section F.3](#), the penalty to be repaid will be equal to the total amount of payments paid to the participant under the contract.

## III. INFORMATION FOR SITES

### A. Site Eligibility

In order for a site's employee(s) to be eligible for loan repayment through the HPLRP, the site must apply and be certified as an HPLRP Service Obligation Site (SOS). An eligible site must provide primary care, mental health and/or dental services to District residents regardless of their ability to pay and that are located in a federally-designated Health Professional Shortage or Medically Underserved Area within the District that corresponds to the services the entity provides;\*

#### 1. Eligible Facility Types

The following types of facilities are eligible to become Service Obligation Sites:

- Nonprofit or public entities;
- Department of Health program ;
- Department of Behavioral Health program;
- District of Columbia Public School sites;
- District of Columbia Department of Corrections site.

*\*Before submitting an application, a health facility should verify at [HPSAfind.hrsa.gov](http://HPSAfind.hrsa.gov) that it resides in a MUA or HPSA appropriate for the services the facility provides.*

#### 2. Other Eligibility Requirements

Eligible entities must:

- a. Accept Medicare, Medicaid and Healthcare Alliance.
- b. Charge for services at the usual and customary rates prevailing in the discipline, except that the service site shall have a policy providing that patients unable to pay the usual and customary rates shall be charged a reduced rate according to the service site's sliding scale fee\*\* structure that is to be based on federal poverty level guidelines.
- c. Not discriminate based on patients' ability to pay for care or on their payment source.

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*\*\*A sliding scale fee is a formal, posted up-front discount policy based on income or ability to pay and is tied to the Federal Poverty Levels (see: <http://aspe.hhs.gov/POVERTY/>). Bad debt write-offs do not qualify.*

### **B. Site Certification**

#### 1. Site Certification Applications:

An eligible site that seeks to participate in the Program shall apply for certification by submitting a site certification application. Site certification applications from new sites are accepted on a rolling basis.

#### 2. Site Certification Renewal Applications:

An eligible site that seeks to participate in the Program shall submit a site certification application in such form as is provided by the Department of Health. An eligible site that participates in the Program shall submit an application for renewal of its eligibility to participate in the Program no later than September 30<sup>th</sup> of the next even numbered year and every even numbered year thereafter.

### **C. Site Participation Requirements**

A participating Service Obligation Site (SOS) must:

1. Maintain status as a public or non-profit health care entity;
2. Designate an individual to serve as the HPLRP contact at the site. This individual will be responsible for providing data for and signing all invoices and service verification forms that must be submitted by the site's HPLRP providers and for providing data for the site's certification [renewal] applications. This individual should be knowledgeable about providers' hours worked, tasks performed and the insurance status of the patients the providers have served;
3. Provide an employment contract for the HPLRP provider that covers the provider's service obligation under the HPLRP;
4. Ensure that the site has the financial means to cover the costs of the contract, including salary, benefits, and malpractice insurance expenses;
5. Retain and ensure HPLRP participants, for the duration of their service obligation periods, are providing services in a full-time capacity (see [Section D](#) for more information on the 40-hour/week work requirement) consistent with the Participant's professional credentials, and provide appropriate clinical health services to patients served by the site;
6. Provide HPLRP providers with salaries and benefits that are comparable to other non-HPLRP providers at the organization;
7. Immediately notify DOH in writing of any breaches of the terms of the HPLRP contract of any HPLRP provider or if the practice site or status of a HPLRP provider changes at any time during the duration of the service obligation period;
8. Maintain status as a DOH-certified Service Obligation Site (SOS). An eligible site that seeks to participate in the Program shall submit a site certification application in such form as is provided by the Department of Health. An eligible site that participates in the Program shall submit an application for renewal of its eligibility

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to participate in the Program no later than September 30<sup>th</sup> of the next even numbered year and every even numbered year thereafter.

9. Allow DOH to conduct surveys to ensure compliance;
10. Participate in DOH or DOH-sponsored requests for information and surveys to assess Program effectiveness.

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