

HPLRP Certified Site Certification Application

DC Department of Health
Health Care Access Bureau, Primary Care Office
Health Professional Loan Repayment Program
899 North Capitol Street, NE 3rd Floor
Washington, DC 20002
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This application must be completed by those practices interested in employing a health professional who receives or would like to receive loan repayment from the DC Health Professional Loan Repayment Program (HPLRP). A separate Site Certification Application must be submitted for each site where applicants may provide services.

PLEASE NOTE: Sites that are to be located in Health Professional Shortage Area (HPSA) or Medically Underserved Areas /Populations (MUA/P) that correspond to the types of services the sites provide are eligible for HPLRP SOS (facility discipline must match HPSA). For detailed information regarding Service Obligation Site eligibility, please see the HPLRP Program Guidelines. Specialty sites if in an MUA/P in Wards 7 or 8 are also eligible if indigent services offered.

1. Name of Organization/Practice:

2. Site address to be certified:

Number	Street	Suite#
_____	_____	_____
Zip Code	Ward	Federal I.D. Number

3. Contact Person: _____ Title: _____

4. Phone: _____ Ext. ____ Fax: _____ Email: _____

5. Please check all that apply: This site is: Not for Profit:

FQHC: FQHC Look-Alike: For-Profit:

DC DOH/DBH/DCPS/DOC Program (please specify) _____

Other (please specify) _____

6. Types of services provided at site (please check all that apply):

Primary Care (PC) Dental Health (DH) Mental Health (MH) Specialist in DC Ward 7/8:

Reference Specialty or Subspecialty that you are practicing in: Specialty

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7. Is this site located in a health professional shortage area (HPSA) that relates to the services the site provides?

Yes _____ No _____

If Yes, HPSA ID: _____

8. Is this site located in a medically underserved area (MUA)?

Yes _____ No _____

If Yes, MUA ID: _____

PROVIDER CAPACITY

For questions 9 and 10, please enter in the total number and the full time equivalent for providers working in each specialty or type. The calculation for full time equivalent should represent the number of hours worked within a week, Monday – Friday, excluding time allotted for lunch, breaks, and administrative tasks.

9. Number of full time equivalent providers on site by specialty:

Provider Specialty	Number of Providers	Full Time Equivalent
Family Practice		
Pediatrics		
Internal Medicine		
OB/GYN		
Dental		
Mental Health		

10. Number of full time equivalent providers on site by provider type:

Provider Type	Number of Providers	Full Time Equivalent
Physician		
Physician Assistant		
Nurse Midwife		
Nurse Practitioner		
Dentist		
Dental Hygienist		
Registered Nurses		
Licensed Clinical Social Worker		
Clinical Psychologist		
Professional Counselor		

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11. Name and credentials of health professional(s) applying for this program

12. . Number of current J-1 visa waiver physicians at this site: _____

13. Number of current National Health Service Corps (NHSC) providers at this site: _____

14. Does the practice offer a sliding scale fee* based on income or ability to pay?

Yes (Please submit a copy)

Not at all

***PLEASE NOTE:** 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 are not included.

PATIENTS SERVED

15. Please list the number of unduplicated patients served by the practice site for the most recent and previous 12-month period for which complete data are available:

Patient Category	Previous 12-month period		Recent 12-month period	
	____ / ____ to ____ / ____		____ / ____ to ____ / ____	
	MM	YYYY	MM	YYYY
	Number	Percentage	Number	Percentage
Medicaid Patients				
Alliance Patients				
Medicare Patients				
Commercial Insurance Patients				
Sliding Fee Patients				
Homeless Patients				
Other (Please specify)				

Total				

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AGREEMENTS & REQUIREMENTS

16. Compliance with Service Obligation Site Requirements (For Executive Director/CEO initials)

Signature Example: Christopher Jenkins; C.J.

The site agrees to comply with the following HPLRP program requirements:

- _____ a. Designate an individual to serve as a program point of contact at the facility;
- _____ b. Designated individual must agree to sign all invoices and service verification forms that must be submitted by the site's participating providers;
- _____ c. Provide the site's annual patient data, by payer class;
- _____ d. Provide annual patient data, by payer class, for any current HPLRP participants;
- _____ e. Provide HPLRP providers with salaries and benefits that are comparable to other non-program providers at the organization;
- _____ f. Notify the Primary Care Bureau of any change in site or HPLRP-participating provider employment status;
- _____ g. A site must submit a Site Certification Renewal application prior to October 1 of each year if there is an active HPLRP participating provider at the site.

17. Assurances of Service Obligation Site Eligibility (for Executive Director/CEO initials)

Signature Example: Christopher Jenkins; C.J.

This site complies with the HPLRP site eligibility requirements. To be eligible to be a certified service obligation site (SOS) for HPLRP, a site must:

- _____ a. Provide primary care, mental health or dental services as part of a public or non-profit practice;
- _____ b. Accepts Medicare, Medicaid and DC Alliance;
- _____ c. Charges 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 policy based on federal poverty level guidelines;

****PLEASE NOTE: 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 are not included.***

- _____ d. Not discriminate on the basis of a patient's ability to pay for care or the payment source, including Medicare or DC Alliance;
- _____ e. Be located in a federally designated Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA) that corresponds to the services the site provides;
- _____ f. This site has an employment contracts for all HPLRP providers that cover the period of loan repayment applied for by each participant, and has the financial means to support the provider, including salary, benefits, and malpractice insurance expenses for a minimum of 24 months; and
- _____ g. Providers awarded loan repayment funds work full-time (minimum of 40 hours) in their professions at the site.

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THE FOLLOWING ITEMS MUST BE ATTACHED WITH EMAIL OR SENT SEPARATELY IN ORDER TO PROCESS YOUR APPLICATION:

- Background information about the practice;
- A copy of the site's brochure or marketing material;
- A copy of your Sliding Scale Fee policy and application and a copy of the public notice at the practice site that indicates a sliding scale fee are in effect.



I hereby certify that, to the best of my knowledge, the information contained in this application is accurate, and I hereby authorize the Health Care Access Bureau, Primary Care Office, to verify all information presented.

Signature: _____ Date: _____

Title: _____



Save and Send to HPLRP@dc.gov

Online Web Version: <https://dcforms.dc.gov/webform/fy17-site-certification-application>