

## 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  
P: (202) 442-5892 F: (202) 442-4948 EMAIL: HPLRP@dc.gov

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 not located in Health Professional Shortage Area (HPSA) or Medically Underserved Areas (MUA) that correspond to the types of services the sites provide are not eligible to be HPLRP Service Obligation Sites. For detailed information regarding Service Obligation Site eligibility, please see the HPLRP Program Guidelines and/or Title 22B, Chapter 61 of the DC Municipal Regulations. For-profit practices are not eligible for the HPLRP.

Name of Organization/Practice:

Information of the site to be certified:

Address

Suite#

City

State

Zip Code

Ward

Federal I.D. Number

Contact Person:

Title:

Phone:

Fax

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Email:

This site is a (please check all that apply):

- FQHC (Is this an AUTO HPSA)\_\_\_\_ Yes/No
- FQHC Look-Alike
- Recipient of DC Capital Expansion Funds
- Non-Profit

DC DOH/DMH/DCPS/DOC Program (please specify)

Other (please specify)

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

- Primary Care (PC)
- Dental Health (DH)
- Mental Health (MH)

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

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

- Yes
- No

If yes

PC HPSA ID

DH HPSA ID

MH HPSA ID

Number of full time equivalent (FTE) providers on site by specialty

Family Practice

Pediatrics

Internal Medicine

OB/GYN

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Dental

Mental Health

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

Physician

Physician Assistant

Nurse Midwife

Nurse Practitioner

Dentist

Dental Hygienist

Registered Nurses

Licensed Clinical Social Worker

Clinical Psychologist

Professional Counselor

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

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

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

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.

Unduplicated patients

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

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From (Month, Day, Year) \_\_\_\_\_ To (Month, Day, Year)  
\_\_\_\_\_

## Medicaid Patients

Number

Percentage

## Alliance Patients

Number

Percentage

## Medicare Patients

Number

Percentage

## Commercial Insurance Patients

Number

Percentage

## Sliding Fee Patients

Number

Percentage

## Other (Please Specify Below)

Other (please specify)

Number

Percentage

## Total Percentage

Total Number

Total Percentage  %

[Compliance with Service Obligation Site Requirements \(for Executive Director/CEO initials or use checkmark\)](#)

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;

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- 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 every two years prior to October 1. If there is an active HPLRP participating provider at the site, it must be active.

Initials

### Assurances of Service Obligation Site Eligibility (for Executive Director/CEO initials or use checkmark)

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;
- 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.

Initials

## HPLRP SITE CERTIFICATION APPLICATION

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. Please download document, sign and date.

Signature:(Full Name)

Date:

Title:

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Save and Send to [HPLRP@dc.gov](mailto:HPLRP@dc.gov)

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