

HPLRP SITE CERTIFICATION RENEWAL APPLICATION

This application must be completed every other even numbered year prior to October 1 to maintain certification for practices that have been certified by the DC Department of Health's Primary Care Office as Service Obligation Sites (SOS) for the DC Health Professional Loan Repayment Program (HPLRP). Prior certification as an SOS does not guarantee that a site will be re-certified. Any site that has a current HPLRP participant must be certified. Certifications are good for two years or up to October 1 of the next even numbered year; separate Site Certification Renewal applications must be submitted for each site by the due date.

PLEASE NOTE: Sites that are not located in a Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA) that corresponds to the types of services the site provides, the site is not eligible to be a HPLRP Service Obligation Site. For detailed information regarding Service Obligation Site eligibility, please see the HPLRP Program Guidelines and/or DC Municipal Regulations and amendments to.

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 a:

FQHC _____ FQHC Look-Alike _____ Recipient of DC Capital Expansion Funds _____ Non –Profit _____

DC DOH/DMH/DCPS/DOC program (Please specify) _____

Other (Please specify) _____

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

Primary Care _____ Mental Health _____ Dental _____

7. HPSA ID _____ MUA ID _____ of area where site is located

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

Family Practice _____ Pediatrics _____ Internal Medicine _____ OB/GYN _____ Dental _____ Mental _____

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

Physician ____ Physician Assistant ____ Nurse Midwife ____ Nurse Practitioner ____

Dentist ____ Dental Hygienist ____

Licensed Clinical Social Worker ____ Clinical Psychologist ____ Professional Counselor ____

10. Number of current HPLRP-participating providers at this site ____

11. Number of current J-1 Visa Waiver physicians at this site ____

12. Number of current National Health Service Corps (NHSC) participating providers at this site ____

13. 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:

Please specify: 12-month time period: ____ / ____ to ____ / ____
MM YYYY MM YYYY

	<u>Number</u>	<u>Percentage</u>
Medicaid	_____	_____
Alliance	_____	_____
Medicare	_____	_____
Commercial Insurance	_____	_____
Self-Pay/Sliding Fee	_____	_____
Other (Please specify: _____)	_____	_____
Total	_____	_____

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14. Compliance with Service Obligation Site Requirements **(for Executive Director/CEO initials)**: Example: Jane Doe, JD

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 participant
- _____ 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 every other year (even numbered years); Sites with HPLRP participants must be active.

15. Assurances of Service Obligation Site Eligibility **(for Executive Director/CEO initials)**: Example: Jane Doe, JD

This site is in compliance with the HPLRP site eligibility requirements. To be eligible to be a certified service obligation site for the HPLRP, a site must:

- _____ A. Provide primary care, mental health or dental services in a public or nonprofit practice;
- _____ B. Accept Medicare, Medicaid and DC Alliance;
- _____ C. 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-fee scale* 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: <https://aspe.hhs.gov/poverty-guidelines>). 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; and

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_____ 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 contract for all HPLRP providers that covers 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.

_____ G. Providers awarded loan repayment funds work full-time (minimum of 40 hours) in their professions at this site.

I hereby certify that, to the best of my knowledge, the information contained in this application is accurate, and I hereby authorize the DC Department of Health's Primary Care Office to verify all information presented. Please download document, sign and date

Signature: _____ Date: _____

Title: _____

SUBMIT OR EMAIL FORM
DC Department of Health
PRIMARY CARE OFFICE
899 North Capitol Street, NE 3rd Floor
Washington, DC 20002
Telephone: (202) 442-5892 Email: HPLRP@dc.gov
Fax #:(202) 442-4948

For Official Use Only:

Application Received: _____ Reviewed by: _____ Reviewer Signature: _____

Approved Denied PCO Director Signature: _____ Date _____