



Ohio Physician Loan Repayment Program

2015 Application Guidance and Instructions

**Ohio Department of Health
Primary Care Office
246 N. High Street - 7th Floor
Columbus, Ohio 43215**

Email:

HealthPolicy@odh.ohio.gov

Background

The Ohio Physician Loan Repayment Program (OPLRP) is administered by the Primary Care Office within the Ohio Department of Health (ODH). The OPLRP seeks primary care physicians to provide culturally competent, interdisciplinary primary health care services to underserved populations located in selected Health Professional Shortage Areas (HPSAs) and Health Resource Shortage Areas. Shortage areas can be found in rural and urban communities across Ohio. In return, the OPLRP assists physicians in their repayment of outstanding qualifying educational loans.

The OPLRP seeks physicians who demonstrate the characteristics for and an interest in serving the state's medically underserved populations and remaining in HPSAs or other underserved areas beyond their service commitment. It is important to remember that service to medically underserved and vulnerable populations, not the repayment of educational loans, is the primary purpose of the OPLRP.

Application and Due Date

The application consists of the four-page 2015 Ohio Department of Health Application for Loan Repayment,* Sections I – VI, and all required documents as listed below, including the Background and Biographical Statements narrative as explained on page 3 of the application. Applications and supporting documents must be received on or before **May 15, 2015**. Incomplete applications will not be reviewed.

Required Documents

In addition to the pages of the application described above, the applicant must submit the following:

1. Practice Site Summary*
2. Site Agreement*
3. IRS Form W-9 (obtained on-line at www.ohiosharedservices.ohio.gov/VendorsForms.aspx)
4. Vendor Information Form (OBM 5657, obtained on-line at the above website address)
5. Current résumé or CV
6. Ohio Medical License
7. Background and Biographical Statements narrative (Section IV of Application)
8. Balance statement from each lender showing the current loan balance, account number and lender's address (see Section VI of Application)
9. Letter from applicant to ODH, authorizing lenders to release financial information to ODH
10. Practice site's Sliding Fee Scale, policy and photo of the waiting room/lobby sign, if applicable (see Practice Site Summary)
11. Job description
12. Employment contract

*Available on the Ohio Department of Health's website -
http://www.odh.ohio.gov/odhprograms/chss/pcrh_programs/recruitment/slrp.aspx

Eligibility

Physicians who are practicing or in their last year of residency or fellowship training in the following primary care specialties may apply: Family Practice, General Internal Medicine, Internal Medicine/Pediatrics, Obstetrics and Gynecology, General Pediatrics, Adolescent Medicine, Geriatrics, and Psychiatry (General, Child, and Adolescent, Geriatric).

Applicants may work full-time, defined as a minimum of 40 hours per week at an eligible site, or part-time, defined as at least 20 hours per week but no more than 39 hours.

For all full-time physicians, except OB/GYNs, at least 32 of the 40 hours must be spent in direct patient care in an outpatient setting. OB/GYNs must spend at least 21 hours per week in direct patient care in an outpatient setting. Part-time OB/GYNs must spend at least 12 hours per week in direct patient care in an outpatient setting.

Teaching may be considered part of the direct patient care hours under certain circumstances. OPLRP participants serving full-time can count up to eight hours per week of teaching at the approved practice site. For participants serving half-time, no more than four hours of the minimum 20 hours per week may consist of teaching or other practice-related administrative activities at the approved practice site.

All sites **must be located in a federally-designated Health Professional Shortage Area (HPSA) specific to the applicant's discipline** or in a Health Resource Shortage Area, defined as a former primary care HPSA that meets a certain population to physician ratio. To search for HPSAs, go to <http://hpsafind.hrsa.gov/>. To inquire whether a site is in a Health Resource Shortage Area, send an email to HealthPolicy@odh.ohio.gov.

Instructions

Application for Loan Repayment – Four Pages

I. Applicant Information

In this section, as all sections, every field is required unless the field is not applicable to your specific circumstances. Enter your home address in the first section. Under “Race”, more than one option may be selected. For “Ethnicity”, mark only one. If you lived in multiple geographic areas, list up to three where you lived the most years, and ages while living there. “Other” includes suburban, adequately served areas in the city, etc.

II. Education and Credentials

Respond to all components, including dates of attendance. If you attended more than one medical school list only the one from which you graduated.

III. Obligations

No person with an existing obligation to a state or federal government can apply unless the obligation will be fulfilled prior to the time of loan repayment contract awards. This includes existing loan repayment programs in other states, National Health Service Corps loan repayment or scholar commitments, active military obligation, or employment contracts that impose a service obligation.

IV. Background and Biographical Statements

Address all seven items listed in the application. Type responses in a separate document and include them with the completed application packet. Use the same outline for responses as shown in the list of required items.

V. Certification and Acknowledgements

Sign and date items 1 and 2. Acquire the signature of the Executive Director or practice site administrator for item 3.

VI. Loan Information

SECTION 1: Applicant Information

If you have consolidated medical school loans with non-medical school loans, ALL original loan documents and the consolidation documents must be included.

SECTION 2: Lender Information

In the chart, complete one line for each loan acquired. If additional room is needed, provide the information on another sheet. A current balance statement from each loan holder/servicer must be attached. Also include a letter addressed to ODH, authorizing the lenders to release financial information to ODH.

SECTION 3: Certification

Sign and date once the first two sections of the "Loan Information" are complete.

Required Forms

Practice Site Summary – One Page

Complete one page for each practice site where the applicant is, or will be, practicing. All sections must be completed in their entirety, including information about the sponsoring organization. Example: If you practice at a hospital-affiliated primary care clinic, then the hospital should be listed as the Sponsoring Organization. If the site has a sliding fee scale, a copy of the scale, corresponding policy and waiting room/lobby sign must be included with the application (see #8). The person completing the Practice Site Summary should be the office manager, billing manager or similar staff. The applicant cannot complete the Practice Site Summary unless he or she is the practice owner. All fields are required, including the certification at the bottom of the page.

Site Agreement – One Page

Forward this form to the appropriate person who can attest to practice site policies and procedures. If you practice at two sites, both columns under item 1 must be completed. If you practice at more than two sites, use a second Site Agreement to provide information about the additional site(s). Note that if the practice site does not use a standard sliding fee scale for discounts to patients with limited incomes, the box in item 7 must be checked.

IRS Form W-9 and State of Ohio Vendor Information Form (OBM 5657)

To access the IRS Form W-9 and State of Ohio Vendor Information Form, go to <http://www.ohiosharedservices.ohio.gov/VendorsForms.aspx>

Before mailing the loan repayment application and documents to ODH, submit the completed W-9 and Vendor Information Form by mail, fax or email (preferred) to:

Vendor Maintenance Fax: 614-485-1052
Ohio Shared Services Email: vendor@ohio.gov
P.O. Box 182880
Columbus, Ohio 43218-2880

After submission of the W-9 and Vendor Information Form to Ohio Shared Services, print and include the forms with the mailed application.

IRS Form W-9 – One Page

When completing the W-9, use **your** name, **home** address and social security number. Do **not** use the practice site information or Tax ID, even if you are the owner of the practice. Enter the full legal name on the W-9 exactly the same way entered on the Vendor Information Form, described next. Mail only the first page of the W-9 with the application packet.

Vendor Information Form – Two Pages

Section 1: Mark the box NEW.

Section 2: Use the same legal name you entered on the W-9. Use your social security number for Taxpayer ID.

Section 3: Provide your permanent *home address*, which matches the information provided on the W-9. Do NOT enter the practice address.

Section 4: Leave blank.

Section 5: Leave blank.

Section 6: Select Net 30.

Section 7: Leave blank.

Section 8: Sign and date. Provide a full signature, which exactly matches the name entered in Section 2.

Section 9: Enter Primary Care Office Contact Information: Shane Ford, 614-466-7475,
shane.ford@odh.ohio.gov

Other Required Items

In addition to the required forms described above, each applicant must include the documents listed below as well as on page 1 of the Instructions under Required Documents, items 5 – 12:

- Current résumé or CV
- Ohio Medical License
- Background and Biographical Statements narrative (Section IV of Application)
- Balance statement from each lender showing the current loan balance, account number and lender's address (see Section VI of Application)
- Letter from applicant to ODH, authorizing lenders to release financial information to ODH
- Practice site's Sliding Fee Scale, policy and photo of the waiting room/lobby sign, if applicable (see Practice Site Summary). These are required only if the site uses a sliding fee scale based on current federal poverty levels. The waiting room/lobby sign must inform patients that no one will be denied services, regardless of ability to pay.
- Job description
- Employment contract

All items must be **mailed** to the following address:

Ohio Physician Loan Repayment Program
Primary Care Office
Ohio Department of Health
246 N. High Street – 7th Floor
Columbus, Ohio 43215

Application due date: The application and all required documents must be received on or before May 15, 2015.

Mailing Checklist:

Before mailing the application, double check to ensure the following items are included:

- Application (4 pages)
- Practice Site Summary (1 page)
- Site Agreement (1 page)
- Background and Biographical Statements Narrative
- Loan balance statements
- Original loan documents if training loans were consolidated with non-health professional training loans
- Resume or CV
- Ohio Medical License (copy)
- Practice site's Sliding Fee Scale **chart**, if applicable*
- Practice site's Sliding Fee Scale **policy**, if applicable*
- Photo of the practice site's lobby/registration area sign, if applicable*
- Job description
- Employment Contract (copy)
- Letter from applicant to ODH authorizing lenders to release financial information to ODH

Submitted first to Ohio Shared Services (<http://www.ohiosharedservices.ohio.gov/VendorsForms.aspx>) and also included with the application:

- W-9: Submitted to Ohio Shared Services
- W-9: first page only included in the application packet
- State of Ohio Vendor Information Form: Submitted to Ohio Shared Services
- State of Ohio Vendor Information Form included in the application packet

* required if site uses a sliding fee scale and the box in item 7 of the Site Agreement is unchecked

Frequently Asked Questions

1. What is the purpose of the Ohio Physician Loan Repayment Program (OPLRP)?
2. Where are Health Professional Shortage Areas (HPSA) and Health Resource Shortage Areas in Ohio?
3. Who is eligible to apply for the OPLRP?
4. Are practice sites required to meet specific criteria?
5. What are the loan repayment benefits?
6. How long is the loan repayment commitment?
7. What happens if I receive loan repayment but then change my mind or relocate before the contract ends?
8. How are the loan payments made?
9. When are payments made?
10. Are there other obligations by the physician or the site?
11. When are the applicants notified of award decisions?
12. What is contained in the loan repayment contract offered to those selected to receive an award?
13. Is an applicant who currently receives loan repayment from the National Health Service Corps (NHSC) eligible to apply?
14. If I receive loan repayment from the OPLRP, can I then apply to the NHSC if outstanding loans still remain?
15. Why do applicants need to complete a W-9 and State Vendor Information form?

1. What is the purpose of the Ohio Physician Loan Repayment Program (OPLRP)?

Loan repayment programs for certain health professionals were created to assist communities and practice sites in underserved areas that are seeking physicians to provide primary care, dental and/or mental health services. In addition, the programs aid primary care physicians, mental health providers and dental professionals who are dedicated to working with the medically underserved in Ohio's Health Professional Shortage Areas (HPSAs), Health Resource Shortage Areas or other areas of underservice. Eligible physicians may apply for loan repayment if they choose employment at an eligible site in one of the qualified areas.

2. Where are Health Professional Shortage Areas (HPSA) and Health Resource Shortage Areas in Ohio?

Ohio has many HPSAs in rural and urban areas. All quadrants of the state include HPSAs. To determine if an area (county, group of census tracts, special population or facility) is a HPSA, go to <http://hpsafind.hrsa.gov/>.

Health Resource Shortage Areas, as defined for purposes of the OPLRP, are former primary care HPSAs that currently have a population to primary care physician ratio \geq 2000:1. If a practice site is determined to not be located in a HPSA, you may request a review of its Health Resource Shortage Area status from the Primary Care Office at ODH.

3. Who is eligible to apply for the OPLRP?

Ohio Physician Loan Repayment Program (OPLRP) applicants must either be in current practice or in the final year of residency or fellowship training at the time of application. If an applicant has an existing obligation to a government or other entity, the obligation must be met prior to beginning a loan repayment contract. The applicant's practice site must be located in a HPSA or Health Resource Shortage Area. A physician may work **full-time**, defined as 40 hours per week, or **part-time**, defined as 20 to 39 hours per week, at an approved practice site. For full-time primary care physicians, no more than eight hours can be spent for hospital coverage and practice administration. Part-time physicians can spend no more than four hours in coverage and administration. OB-GYNs are allowed additional hospital hours.

Allopathic (MD) and osteopathic (DO) physicians specializing in family medicine, general pediatrics, adolescent medicine, general internal medicine, internal medicine/pediatrics, geriatrics, obstetrics/gynecology, general psychiatry, child/adolescent psychiatry and geriatric psychiatry are considered primary care physicians for purposes of this program.

4. Are practice sites required to meet specific criteria?

Yes. All loan repayment programs require sites (excluding Free Clinics) to accept Medicaid, assignment for Medicare for covered services, and serve all patients regardless of ability to pay. Other requirements may apply, depending on the program. For example, the Bureau of Health Workforce State Loan Repayment Program (SLRP) requires sites to be nonprofit and use a sliding fee scale for patients in households at or below 200 percent of the current federal poverty level. As part of the loan repayment application, a *Site Agreement*, completed by an official of the practice site, must be included.

For purposes of the Ohio Physician Loan Repayment Program, Free Clinics are defined as:

“A nonprofit organization exempt from federal income taxation under section 501(c)(3) of the Internal Revenue Code, or a program component of a nonprofit organization, to which both of the following apply:

- (a) Its primary mission is to provide health care services for free or for a minimal administrative fee to individuals with limited resources.
- (b) It facilitates the delivery of health care services through the use of volunteer health care professionals and voluntary care networks (in addition to any paid staff).”

Sites must assure that those selected for loan repayment work the appropriate number of hours and adhere to program requirements. In addition, the practice sites must agree to complete semi-annual reports providing data on patient and patient visits by payer source.

5. What are the loan repayment benefits?

Loan repayment programs enable a health professional to work in an underserved community while receiving assistance with health professional training debt. Selected full-time applicants may receive up to \$25,000 per year for an initial two-year contract. Participants who retain eligibility and wish to continue with the program may receive up to \$35,000 in years three and four. Part-time participants may receive up to half of the full-time amounts. Payments are non-taxable.

6. How long is the loan repayment commitment?

The first contract is for two years. Those continuing in their practice, and who meet contractual obligations, may renew the contract for up to two additional one-year terms. Thus, the minimum commitment is for two years and the maximum participation is four years.

7. What happens if I receive loan repayment but then change my mind or relocate before the contract ends?

A failure to complete the terms of the contract results in the physician reimbursing the State of Ohio a sum equal to \$7,500 for each month remaining in the length of the contract, plus interest, or other amount as stipulated in the contract.

If a participant in OPLRP must leave the practice site due to unavoidable and unforeseen circumstances, the Ohio Department of Health (ODH) will work with the physician to find a similar practice site in Ohio if ODH is notified promptly of the need for relocation. Physicians in OPLRP may not initiate transfers without the expressed approval of their existing site and ODH. Doing so may be considered a breach of contract.

8. How are loan payments made?

Payments are made to the loan repayment participants. Participants submit an *Invoice for Payment* to ODH to generate payments. Within 45 days after receiving the payment, loan repayment participants must complete and submit to the Ohio Department of Health the *Payment Verification*, along with required loan balance statements. This confirms that the payments received from ODH were applied toward the outstanding qualifying loans.

9. When are payments made?

The first payment is usually made within the third or fourth month of the contract. Subsequent payment, if applicable, is made approximately nine to 12 months later. ODH cannot issue payment until the participating physician submits the *Invoice for Payment*.

10. Are there other obligations by the physician or the site?

Semi-Annual Patient Activity Reports, providing the number of patients and patient visits by payer type (Private Insurance, Medicaid, Medicare, Sliding Fee Scale Discount, Self-Pay Full Fee, No Payment, and Other), are required. Numbers are reported for the site and for the participating physician.

Changes or additions to practice sites must receive prior approval from ODH. Both the physician and site must contact ODH immediately to discuss any desired changes in practice sites.

11. When are the applicants notified of award decisions?

Selected applicants are informed approximately ten to twelve weeks after the application cycle closes. Those not receiving loan repayment are informed after all decisions about funding have been made and the selected applicants have the opportunity to accept or decline the contract.

12. What is contained in the loan repayment contract offered to those selected to receive an award?

Loan repayment contracts are based on standard language used by ODH, but also contain provisions specific to the OPLRP. Contracts outline the obligations of the practitioner receiving a loan repayment award and the obligations of ODH. Included among those obligations are the practice site name and address, definitions, minimum hours per week, reporting, contract beginning and ending dates, amount of loan repayment, physician accountability and certifications, contract default provisions, and contract termination and/or waiver of obligations.

13. Is an applicant who currently receives loan repayment from the National Health Service Corps (NHSC) eligible to apply?

Applicants must have no current commitments to the National Health Service Corps or certain other state or federal loan programs at the time the state's loan repayment contract would begin, if selected. Applicants may apply to both programs, but cannot accept contract offers of loan repayment from both programs.

14. If I receive loan repayment from the OPLRP, can I then apply to the NHSC if outstanding loans still remain?

Yes, you can apply to the NHSC while under contract with OPLRP. Your OPLRP obligation must be complete before any NHSC obligation begins.

15. Why do applicants need to complete a W-9 and State Vendor Information form?

Selected physicians must be registered in the State's Vendor File in order for a loan repayment contract to be offered and payment to be issued. Completing these forms during the application process ensures adequate time for approval and entry into the Vendor File.