

ARIZONA STATE LOAN REPAYMENT PROGRAMS

SERVICE SITE APPLICATION



Mail completed *Application* to:

Arizona Department of Health Services
Bureau of Health Systems Development
Attn: Loan Repayment Program Manager
150 N 18th Ave Suite 300
Phoenix, Arizona 85007

| Application Period: |
|----------------------------|
| December 16 – March 15 |
| March 16 - June 15 |
| June 16 - September 15 |
| September 16 - December 15 |

Please direct all inquiries to:

Ana Roscetti, MPH
PH: 602-542-1066
FX: 602-542-2011
ana.lyn.roscetti@azdhs.gov

****Be sure to include copies of requested additional information****

**ARIZONA LOAN REPAYMENT PROGRAMS (ALRP)
SERVICE SITE APPLICATION**

(Complete a service site application for each site at which the LRP provider applicant will be working full-time or half-time)

Name of service site: _____

Site Address: _____

Site Administrator Name: _____

Phone Number: _____ Fax Number: _____

Practice Type

- ___ Tribal/Indian Health Service Clinic
- ___ CMS-Certified Federally Qualified Health Center (FQHC)
- ___ CM-Certified Federally Qualified Health Center Look –Alike (FQHC-LA)
- ___ CMS-Certified Critical Access Hospital
- ___ CMS Certified Rural Health Clinic
- ___ State/Federal Prison
- ___ Other
 - o Please specify _____

Employer Information

Name of Organization: _____

Executive director/manager's name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

The employing organization is a ___non-profit___ for-profit organization.

The employing organization is a ___public___ private entity.

Does this site accept Title XVIII (Medicare), Title XIX (Medicaid/AHCCCS) and Title XXI (SCHIP/KidsCare)? ___Yes___ No

If yes, provide Medicare identification number: _____

AHCCCS provider number: _____

Forward this form along with the Primary Care Provider Application to the Arizona Loan Repayment Program Manager at the address listed on the front of the application.

Distance from the next sliding fee scale clinic with same type of service: _____

Link to Sliding Fee Scale Clinics locations: <http://www.azdhs.gov/hsd/sliding-fees/locations.htm>.

Name of the federally designated Health Professional Shortage Area (HPSA) and the Federal identification number in which the service site is located: _____

Census tract of service site (can be obtained from: <http://www.ffiec.gov/Geocode/default.aspx>):

Census tract#: _____

HPSA ID# _____ HPSA Name: _____
(HPSA information can be obtained from: <http://hpsafind.hrsa.gov/>)

Service Site Proof of Services to Underserved Populations

| | <u>Last Two Years</u> (Please enter year) | |
|---|--|--|
| | | |
| A. TOTAL # ENCOUNTERS ⁽¹⁾⁽²⁾ AT THE SERVICE SITE | | |
| B. TOTAL # MEDICARE ENCOUNTERS | | |
| C. TOTAL # MEDICAID⁽³⁾ ENCOUNTERS | | |
| D. TOTAL # SELF-PAY ENCOUNTERS on SLIDING FEE SCHEDULE⁽⁴⁾ | | |
| E. TOTAL # ENCOUNTERS FREE OF CHARGE | | |
| F. C + D + E | | |
| G. F / A * 100 (% of underserved patients served) | | |

- (1) An encounter is a face-to-face visit with a patient.
- (2) All encounters must have been at the specific facility referred to in this application.
- (3) Number of visits where patients used AHCCCS as a method of payment.
- (4) Number of visits using a Sliding Fee Schedule.

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Assurances of Service Site Eligibility (for Executive Director/Manager's initials):

- _____ A. This site is in compliance with the LRP site eligibility requirements.
To be eligible to have a primary care provider participate in the LRP, a service site shall:
 1. Provide primary care services in a public or nonprofit private practice (ASLRP) located in a HPSA or rural private practice (RPPCPLRP) located in a HPSA or an AzMUA;
 2. Accept Medicare, Medicaid (AHCCCS), and other public or private insurance;
 3. Charge for services at the usual and customary rates prevailing in the primary care area, 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 and meets [A.A.C. R9-1-504](#) 'Sliding Fee Schedule submission and content'
 4. Not discriminate on the basis of a patient's ability to pay for care or the payment source, including Medicare or AHCCCS.
- _____ B. This site has an employment contract for this provider to cover the period of loan repayment applied for, and has the financial means available to support the primary care provider, including salary, benefits, and malpractice insurance expenses for a minimum of 24 months.
- _____ C. This site is implementing a sliding fee scale program for patients without health insurance based on current federal poverty levels as dictated by the Federal Register. (Attach a copy of the sliding fee scale, the office procedure for its use, and the sliding fee scale signage posted on the premises.)
- _____ D. The primary care provider awarded loan repayment funds will work full-time or half-time as required in their profession at this site.
- _____ E. This site agrees to notify the Arizona Department of Health Services immediately when the employment status of the provider has changed i.e. termination, transfer to a different site, leave beyond 35 work days, change in work hours that is less than full-time or half-time, change in the scope of primary care services provided, etc.

I hereby certify that, to the best of my knowledge, the information contained in this application is accurate, and hereby authorize the Arizona Department of Health Services or its designee to verify all information presented.

Typed or Printed Name of Executive Director/Manager: _____

Signature of Executive Director/Manager: _____ Date: _____

State of _____)

County of _____)

The foregoing instrument was acknowledged before me this _____ day of _____.

_____ My Commission Expires: _____

Notary Public

WARNING: Any person who knowingly makes a false statement or misrepresentation or material omission in this loan repayment application, fraudulently obtains repayment for a loan, or commits any other illegal action in connection with this transaction is subject to a fine or imprisonment. I have read this statement and understand its contents.

(Initials of Executive Director/Manager)

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