ARIZONA DEPARTMENT
OF HEALTH SERVICES

Arizona State Loan Repayment Program

Electronic Application System

Site Reference Guide

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PURPOSE

The purpose of the Arizona State Loan Repayment Program (SLRP) Site Reference Guide is to provide information on service site eligibility requirements, program requirements, site's roles and responsibilities, and to provide technical assistance in navigating the electronic application system (PCO Portal).

Please review this document thoroughly prior to registering your sites in the PCO portal. Information in this reference guide may also be found on the State Loan Repayment Program website.

The Arizona State Loan Repayment Program (SLRP) seeks to improve access to care in medically underserved areas in Arizona by increasing the number of health care providers working in underserved communities. SLRP is administered by the Arizona Department of Health Services (ADHS), Bureau of Women's and Children's Health within the Division of Public Health Prevention Services. SLRP is legislatively authorized under Arizona Revised Statutes A.R.S. 36-2172 and A.R.S. 36-2174 to promote the recruitment and retention of health care professionals to serve in federally designated Health Professional Shortage Areas (HPSA) or Arizona Medically Underserved Areas (AzMUA) in Arizona and in exchange for their service, ADHS repays their qualifying educational loans for an initial two-year commitment.

Per A.R.S. 36-2172, the Primary Care Provider Loan Repayment Program (PCPLRP) qualifies a primary care provider with current or prospective employment with a **public or private, non-profit entity** located and providing services in a federally designated health professional shortage area (HPSA) in the state as designated under 42 Code of Federal Regulations section 62.52.

Per A.R.S. 36-2174, the Rural Private Primary Care Provider Loan Repayment Program (RPPCPLRP) qualifies a primary care provider with current or prospective employment with a **rural private primary care practice** located in federally designated health professional shortage areas (HPSA) or Arizona medically underserved areas in the state, as prescribed in section 36-2352.

What is a "Primary Care Provider?"

"Primary care provider" means one of the following providing direct patient care:

- A physician practicing in Family Medicine, Internal Medicine, Pediatrics, Geriatrics, Obstetrics-Gynecology, or Psychiatry;
- A physician assistant practicing in Adult Medicine, Family Medicine, Pediatrics, Geriatrics, Women's health, or Behavioral health;
- A registered nurse practitioner practicing in Adult Medicine, Family Medicine, Pediatrics, Geriatrics, Women's health, or Behavioral health;
- A certified nurse midwife;
- A dentist practicing General Dentistry, Geriatric Dentistry, or Pediatric dentistry;
- A pharmacist; or
- A behavioral health provider independently licensed to practice as a psychologist, a clinical social worker, a marriage and family therapist, or a professional counselor.

What is a Service Site?

> **"Service site"** means a health care institution that provides primary care services at a specific location.

What is a "primary care service?"

> **"Primary care service"** means medical, dental, pharmaceutical, or behavioral health services provided on an outpatient basis by a primary care provider.

Reference: Arizona Administrative Code Title 9, Chapter 15. Laws 2015, Ch. 3.

What are the service site eligibility requirements to participate?

For service sites to participate in SLRP, they must meet the following service site eligibility requirements:

1. Public or private non-profit entity providing primary care services in a federally designated Health Professional Shortage Area (HPSA) or a rural private practice located in a designated HPSA or Arizona Medically Underserved Area (AzMUA).

   Note: Urban for profit entities do not qualify for SLRP.

2. Except for a free clinic or a federal or state prison, charge for primary care services at the usual and customary rates prevailing in the primary care area, except that an employer or service site shall have a policy providing that:
   a. A patient who is unable to pay the usual and customary is charged:
      i. A reduced rate according to the service site's sliding-fee schedule,
      ii. A fee less than the sliding-fee schedule, or
      iii. Not charged; and
   b. A medically uninsured individual from a family unit with annual incomes at or below 200% of the poverty level is charged according to the services site's sliding-fee schedule or not charged;
3. Except for a free clinic, accept assignment for payment under Medicare if providing primary care services to adults, AHCCCS, and a qualifying health plan;
4. Except for a free clinic, be an AHCCCS provider
5. Except for a primary care provider working at a free clinic, not discriminate on the basis of a patient's ability to pay for care or a payment source, including Medicare, AHCCCS, and a qualifying health plan;
6. Except for IHS facilities, a free clinic, or a federal or state prison, develop and implement a policy for the service site's sliding-fee schedule;
7. Except for IHS facilities, a free clinic, or a federal or state prison, ensure signage, informing individuals that the service site has a sliding-fee schedule, is conspicuously posted in the service site's reception area; and agrees to notify the Department when the employment status of the primary care provider changes.
8. Agrees to notify the Department when the employment status of the primary care provider changes

What types of service sites can qualify for SLRP?

Service sites that qualify for SLRP include the following:

- Federally-Qualified Health Centers (FQHCs);
- American Indian Health Facilities: Indian Health Service Facilities, Tribally-Operated 638 Health Programs, and Urban Indian Health Programs (ITU);
- FQHC Look-Alikes;
- Centers for Medicare & Medicaid Services Certified Rural Health Clinics (RHC);
- Community Mental Health Centers (CMHC);
- Community Outpatient Facilities;
- Rural or Urban Non-Profit outpatient primary care, dental or behavioral health clinic
- RURAL For-Profit Private Practices;
- Other outpatient clinics providing primary care services

What are non-eligible service sites?

Generally, service sites that are not eligible for the National Health Service Corps Loan Repayment Program are not eligible sites for SLRP. The following services sites are not eligible to participate:

- Hospitals or inpatient settings are not eligible sites for SLRP except for primary care services delivered in critical access hospitals (CAH) in conjunction with primary care services delivered in CAH-affiliated outpatient or rural health clinics.
- Clinics that limit care to Veterans and Active Duty Military Personal (including Veteran's Health Administration Medical Centers, Hospitals, and Clinics; Military Bases, and Civilian Health Care Providers in the TRICARE Network)
- Other types of Inpatient Facilities, Inpatient Hospital Settings, and Inpatient Rehabilitation Programs
- Residential Facilities
- Local County/Correctional Facilities
- Home-Based Health Care Settings of Patients or Clinicians
- Specialty clinics and/or service specific sites limited by gender, age, organ system, illness, or categorical population (e.g. sites that only provide crisis intervention and addiction treatment; sites that only have substance abuse treatment centers; clinics that only provide STD/HIV/TB services)

What is a Health Professional Shortage Area (HPSA) designation?

A Health Professional Shortage Area (HPSA) designation is the process that uses federal criteria to identify an area, a population or a facility as having a shortage of primary care, dental, or mental health providers. An area, population or facility designated as a HPSA obtains a score. The HPSA score represents the need in the community or facility, where an area/facility with a higher score is deemed as having higher health care needs. The State Loan Repayment Program uses the HPSA score as one of its criteria to prioritize applicants.

There are four types of HPSA designations:

Geographic: based on the ratio between the number of full-time equivalent (FTE) clinical providers and the patient population within a given area. This designation indicates that all individuals, who are not living in a detention facility, in the area of designation, have insufficient access to care.

Population: This designation indicates that a subpopulation of individuals living in the area of designation has insufficient access to care. Population groups include those below 200% of federal poverty level, groups on Medicaid, migrant farm workers, tribal or homeless populations, among others.

Facility: This designation indicates that individuals served by a specific health facility have insufficient access to care. The types of facilities that can be designated include federal and state correctional institutions, public and nonprofit healthcare facilities, Indian Health Service facilities and state and county mental hospitals.

Automatic HPSA: Certain types of facilities and population groups receive an automatic HPSA designation from HRSA.

For more information about the designation process, click here.

Additional criteria and guidelines for HPSA designation can be found at the HRSA Shortage Designation Branch.

What are the benefits of a HPSA Designation?

- HPSA Designation is a key requirement for participating in and prioritizing applicants to receive incentives through programs such as the State Loan Repayment Program (SLRP), National Health Service Corps Loan Repayment Program (NHSC LRP), NHSC Scholarship Program (NHSC SP), and the Nurse Corps Scholarship and Loan Repayment Program.
- Medicare HPSA Bonus Payment. Physicians in *geographic* Primary Care or Mental Health HPSAs are automatically eligible for a 10% increase in Medicare reimbursement. Note: This bonus payment does NOT apply to population HPSAs. It is the physician's responsibility to verify their eligibility for the Medicare HPSA Bonus Payment).
  - Find HPSAs Eligible for the Medicare Physician Bonus Payment
- Part of eligibility requirements for other federal workforce programs such as the J-1 Visa Waiver Program and the National Interest Waiver Program.
- Part of eligibility requirements for Rural Health Clinic Designation
- Area Health Education Centers receive special consideration if they serve HPSAs with higher percentages of underserved minorities along with funding priority if they provide substantial training experience in HPSAs
- Scoring Preference for Various Federal Title VII & VIII Grants

How can I find out if my service site is located in a HPSA?

To determine if a facility or an area is designated as a HPSA, visit Health Resources and Services Administration, Data Warehouse.

Step 1: Please log in to https://data.hrsa.gov/tools/shortage-area/

Step 2: Follow the instructions below.

NOTE: Federally Qualified Health Centers (FQHC), FQHC Look-Alikes, Rural Health Clinics, Indian Health Service (IHS)/Tribal Clinics may have both an area and facility HPSA. You may use the higher HPSA for the purpose of the State Loan Repayment Program.

How can a service site receive a federal HPSA designation or request to re-assess a current HPSA?

Sites that are not in designated HPSAs should contact their State PCO to inquire if the area where the service site is located could qualify for HPSA designation. The State PCO can also assist with requests for HPSA re-designations.

What is an Arizona Medically Underserved Area?

The Arizona Medically Underserved Area (AzMUA) designation is a state designation which is different from the federal Medically Underserved Area (MUA) designation.

The AzMUA Designation is established in Arizona Revised Statute, ARS § 36-2352, and is used for planning the delivery of primary care services in Arizona. The AzMUA designation is based on Federal Primary Care HPSA designation or the application of the Primary Care Index. The Primary Care Index is used to assign points to each area based on data gathered from state and federal agencies. A Primary Care Index Score is calculated for each of the Primary Care Areas in Arizona. A total of 121 possible points are available for each area. AzMUA designated areas are Primary Care Areas (PCAs) scoring in the top 25% or having a score greater than 55, whichever is greater. By Arizona Statute, all federally designated Arizona Primary Care Health Professional Shortage Areas (HPSAs) are also considered AzMUAs.

For-profit rural private practice service sites that are not in federally designated HPSAs may use an AzMUA designation to participate in SLRP.

How can I find out if my service site is located in an AzMUA?

Step 1: Find out the census tract where the service site is located by accessing: https://geomap.ffiec.gov/FFIECGeocMap/GeocodeMap1.aspx.

Step 2: Enter address on Address field, then "Search"

Step 3: Using the census tract, locate the AzMUA Name in the AzMUA Biennial Report. This report is published yearly by the Arizona Department of Health Services and can be accessed online at
http://www.azdhs.gov/documents/prevention/health-systems-development/data-reports-maps/reports/azmua-biennial-report.pdf.

What is a discounted/sliding fee scale?
- Discounted/sliding fee scale is a way of addressing the need for equitable charges for services rendered to patients.
- A discounted/sliding fee scale is developed according to local fee standards and must be in writing.
- Discounted/sliding fees are based upon federal poverty guidelines, and patient eligibility is determined by annual income and family size.
- Schedules are established and implemented to ensure that a non-discriminatory, uniform, and reasonable charge is consistently and evenly applied.
- For patients whose household income and family size place them below poverty, a nominal fee is charged.
- Patients between 101-200% of poverty are expected to pay some percentage of the full fee. A discounted/sliding fee scale applies only to direct patient charges.
- Billing for third party coverage (Medicare, Medicaid, SCHIP or private insurance carriers) is set at the usual and customary full charge.

Why do we have a discounted/sliding fee scale?
To be eligible to participate in the State Loan Repayment Program, service sites must implement a Sliding Fee Scale based on current Federal Poverty Level Guidelines. State requirements prescribe that a locally determined discounted/sliding fee schedule be used, and that services be provided either at no fee or a nominal fee, as determined by the service site.

Which patients are covered by a discounted/sliding fee scale?
By joining the State Loan Repayment Program (SLRP) and accepting SLRP clinicians into your practice, you are agreeing to apply the discounted/sliding fee scale equally, consistently, and on a continuous basis to all recipients of services in your site and/or location, without regard to the particular clinician that treats them.

How do we develop a discounted/sliding fee scale?
When developing a discounted/sliding fee scale, the following should be taken into consideration:
- The discounted/sliding scale fee scale must be in writing and non-discriminatory;
- No patient should be denied services due to an inability to pay;
- Signage is posted to ensure that patients are aware that a discounted/sliding scale fee is available to them;
- Patients must complete a written application to determine financial eligibility for the discounted/sliding scale fees;
- Every patient's privacy is protected;
- Records are kept to account for each visit and the charges incurred (if any);
- Patients below poverty are charged a nominal fee or not charged at all;
- Service Sites may establish at least three incremental percentages (discount pay classes) as they find appropriate between 101-200% of poverty;
- Patients above 200% of poverty may be charged full fees for services.

What services must be offered by primary care medical clinics provide to qualify for SLRP?

Primary care clinics must be located in a primary care HPSA and must provide comprehensive primary care services that ensure continuity of care to patients served by the service site. Primary care services must not be targeted to a categorical population or provided only to a subset of the general population in the primary care HPSA with a particular illness or diagnosis. For example, a primary care clinic that only serves developmentally disabled adults or only serving patients with specific diagnoses i.e. HIV or cancer, while providing primary care services do not qualify for SLRP.

Pediatric or geriatric primary care clinics are eligible service sites for SLRP as long as they serve the general pediatric or geriatric population residing in the primary care HPSA.

What services must be offered by primary dental health clinics to qualify for SLRP?

Dental clinics must be located in a dental HPSA and must provide dental services that include primary and preventative dental care services to all residents in the dental HPSA where the dental clinic is located. Orthodontic clinics and other dental specialty clinics are not eligible sites for SLRP.

What services must be offered by primary behavioral and mental health clinics?

Behavioral and mental health clinics must be located in a mental health HPSA and are required to offer comprehensive primary behavioral/mental health services to all residents of the mental health HPSA. For example, a mental health clinic that provides care only to individuals with developmental disabilities is not eligible for SLRP because the clinic limits care to a categorical population.

What are my roles and responsibilities as an employer or service site in the SLRP application process?

Employers and service sites must fully understand the service site eligibility requirements of SLRP and determine if they meet those requirements. This will help in advising potential applicants about their eligibility for SLRP.

Employers and service sites must be able to demonstrate compliance with the service site eligibility requirements of SLRP by providing evidence of their eligibility per the SLRP guidelines.

What are the roles of the service site administrator?

> **The site administrator is...**

- Responsible for verifying the provider applicant's employment and other additional eligibility requirements such as employment start date, service hours (full-time or half-time), etc.
- Responsible for maintaining the SLRP portal.
- Responsible for gathering, entering, and uploading site specific documents in the portal and for completing the site registration.
- Is the provider applicant's point of contact at the site.
- Is ADHS' key contact person for any site-specific questions during the application process.
- Is ADHS' key contact person for any questions related to provider applicants or participants working at his/her site(s).
- Responsible for completing the Employer/Service Site electronic form including providing site-specific data for the last 2 calendar years on underserved populations served by the service site.
- Responsible for uploading the required documents including supplemental documents that may be requested by ADHS.
- Responsible for updating the site registration each calendar year during an open site registration cycle and uploading the required documents as evidence of continued compliance with SLRP requirements.

What are some ground rules to register service sites?

1. An employer can assign anyone to be a site administrator.
2. Only site administrators will be able to create a profile in the SLRP portal.
3. One individual can be a site administrator for more than one site.
4. The site administrator must register in the SLRP portal.   Once registered, he/she will receive an email notification to verify the email account and access the login page of the application portal where the site administrator can continue with the site registration process.
5. Each site registration must indicate the service category (medical, dental, or behavioral health).
6. If a site is registering for a combination of service categories i.e. medical and dental only or all service categories (medical, dental, and behavioral), it must be indicated at the time of registration. The service categories can be changed during an open site registration cycle.

Is there a site registration cycle?

Yes, service sites that have not previously registered in the system must register during an open site registration cycle between the beginning of January through the end of March of each year. Please check the SLRP website for updates on this announcement.

What documents are <u>required</u> for the SLRP site registration?

Please make sure that the following PDF documents are ready for upload in the portal:

1. **Sliding Fee Schedule (SFS).** This document outlines discounts offered by the service site based on family size and income. (Sample)
    i.   Based on the most recent <u>Federal Poverty Guidelines</u>
    ii.   Provides a full (100%) discount to those at or below 100% of poverty or a nominal fee
    iii. Provides a sliding schedule of discounts up to 200% of poverty based on current Federal Poverty Level Guidelines

   SFS Policy (Sample). These policies should describe at a minimum:
    i.   Eligibility requirements for the SFS program, including definitions of income and family size and frequency of re-evaluation of eligibility
    ii.   Charges to patients based on family size and gross income

iii.   Documentation and verification requirements and site procedures on determining patient eligibility; and

iv.   How the sliding fee discount program will be advertised to the patient population

2. **SFS Signage.** The SFS signage is a poster displayed in a conspicuous area of the service site such as the waiting area that informs the public of the availability of the SFS. The signage must specifically include that the service site will not discriminate in the provision of health services by basis of ability to pay or source of payment. Upload a photograph or copy of the posted signage. ([Sample](#))

3. **Evidence of the site's Health Professional Shortage Area Designation (HPSA)**

Evidence of the site's HPSA for the particular category that the site is registered for. To find out if an area is a HPSA: https://data.hrsa.gov/tools/shortage-area/hpsa-find.

➢ [Step by Step Instructions](#)

If the site is a rural, private practice site and is not in a designated HPSA, evidence of Arizona Medically Underserved Area (AzMUA) designation is sufficient. ([Click here for instructions on how to find AzMUA designations](#)).

4. **Completed Data Table for Proof of Service to the Underserved (last two full calendar years)**

i.   The data table must reflect data for a specific service category that the site is registering for. For example, a site registering as a medical site must provide medical encounters data while dental sites must provide dental encounters data. Sites registering for a combination or all service categories must enter data for each service category.

ii.   Data for a particular medical, dental or behavioral health site will only be entered once in a calendar year and will be used for new and renewing providers applying from those sites.

iii.   To help service sites prepare for the data submission requirement, below is the data table that must be completed in the SLRP electronic system. Please make sure you have the site-specific data available (for the last 2 calendar years) before you access the electronic application system.

	2023	2024
A. TOTAL # ENCOUNTERS [1][2] **AT THE SERVICE SITE**		
B. TOTAL # MEDICARE[3] **ENCOUNTERS**		
C. TOTAL # MEDICAID[4] **ENCOUNTERS**		
D. TOTAL # SFS[5] **ENCOUNTERS**		
E. TOTAL # ENCOUNTERS FREE OF CHARGE		
F. C + D + E		
G. F / A * 100 (% of underserved patients served		

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

NOTE: Sites that have been in operation for less than two years may submit data available for the period of time they have been in operation.

5. **Signed and notarized site certification of eligibility.**
   The site administrator must print, sign, and notarize the form then upload the document to the SLRP electronic system.

Do I have to re-register my site each year?

No, but the site administrator must update the site information once per calendar year between January and March of each year. The following documents must be updated:

- Data table for the underserved populations served (last calendar year)
- Revised Sliding Fee Schedule (SFS) based on current Federal Poverty Level Guidelines
- SFS Policy
- SFS Signage

What happens after I register my sites?

Once you have successfully registered your sites, providers working at your registered sites can then submit their online application through the portal. During the online application process, the provider will have an option to select his/her service site and once selected, the assigned site administrator for that particular site will be notified. Once an email notification is received by the site administrator, he/she must access the portal through a link provided in the email notification and verify the pending provider applications in his/her queue.

Note: Please check your spam folder if you do not receive the email notification.

What if I do not complete my site registration?

Provider applicants whose sites have not registered or whose site registrations have not been completed will not be allowed to proceed with the electronic application.

How do I change the site information?

You may edit or update your site information while the site registration cycle is still open. Otherwise, changes to the site registration cannot be done until the following year during an open site registration cycle between January 2nd and March 31st of each year. Site administrators can make changes to their site information at any time during the year except when there is an active provider application cycle. For example, when the Initial Application cycle opens in mid-April to June 1st of each year, sites will not be allowed to access and edit their site information.

How do I edit or update site registrations created by a Site Administrator who no longer works for the site/agency?

The new Site Administrator should create an account as a "Site Administrator" for the same employer. Please refer to the Technical Document for the Step-by-Step on how to request a transfer to a new site administrator account.

Will ADHS approve my site registration?
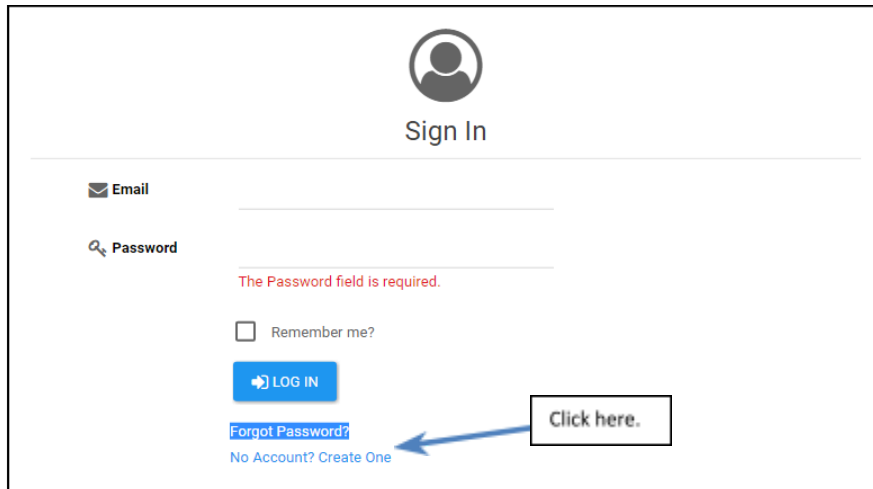
No, ADHS does not approve site registrations. The site registration process should capture sites that are not eligible to apply for the program, therefore, will not be allowed to continue with the registration process. However, in the event that an ineligible site was able to successfully register, ADHS upon reviewing the provider's application from the ineligible site should be able to determine and confirm the site's ineligibility with SLRP in which case, the provider will be notified.

Who should I contact for any issues with the site registration or to ask for help in navigating the SLRP Portal?

Please contact the ADHS State Primary Care Office at workforce@azdhs.gov for any questions regarding the electronic application system or SLRP requirements.
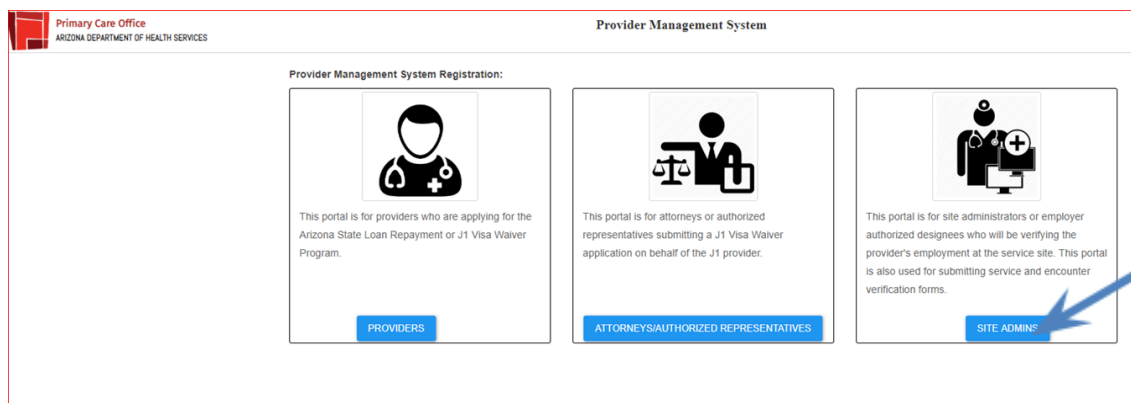
1. To access the portal, login to https://apps.azdhs.gov/PCO/Account/Login.

2. Once logged in, the below screen will be displayed. Click "No Account? Create One"
    Exhibit 1

3. Select Site Admins
    Exhibit 2

4. Complete the required fields then click "Register" Exhibit 3

5. An email notification is sent to the site administrator's email account for verification purposes. Click on the link provided in the email to access the "Sign In" page (Exhibit 4). Note: Please check your spam folder if you do not receive the email notification.
6. Enter email address and password then click "Log-in."

Exhibit 4 - Sign In Page

7. After logging in to the system, the landing page (Exhibit 5 below) opens. Complete the registration process starting with Step 1. Please refer to the description in the text boxes above each column.

Exhibit 5 – Landing Page

STEP 1: Employer Information

Upon clicking "Step 1," Employer Information screen (Exhibit 6 below) opens. All fields in this section are required.

Exhibit 6

Step 2: Active Sites Information

Upon clicking "Step 2," Active Sites Information screen opens (Exhibit 7). Click on the SLRP sites tab" on top. You may edit your employer's site(s) in this section (previously registered sites) or add a new site. There is no limit to the number of sites that can be entered. NOTE: If you have not registered your sites in the portal, the "SLRP sites" tab will be blank until you have added your site(s).

Inactive Sites are site registrations with incomplete documentation.

Exhibit 7

Click on any of the sites to edit site information.

Sites					
Site Name	Status	Employer Name	Address	Email	Phone
NEW SITE	In Active	Test America	2222 New Site Address, Phoenix, AZ, 85007	newsite@comcast.net	111-111-1111
ABC Healthcare	In Active	Test America	123 W Peoria, Peoria, AZ, 85382	abc@healthcare.com	111-111-1111
XYZ Health	In Active	Test America	1111 N 18th , Phoenix, AZ, 85007	xyz@comcast.net	111-111-1111

Total Rows: 3

ADD NEW SITE

Click here to add a site.

Check the Status:
Active means site is successfully registered. **Inactive** means site has not completed the registration (i.e. incomplete documents, etc.) or has registered previously but needs to be re-activated. Please note that on January 1st of each year, ADHS will inactivate all previously registered sites. Site points of contacts MUST re-activate their sites by updating their site information and supporting documents.

Adding a New Site

Exhibit 8 – Display screen opens upon clicking "Add a New Site."

Per R9-15-101

"Service site" means a health care institution that provides primary care services at a specific location.

"Primary care service" means medical, dental, pharmaceutical, or behavioral health services provided on an *outpatient* basis by a primary care provider.

Site Information

Service Site	Phone	Email	Fax
	__ - __ - ____		__ - __ - ____

Site Address	City	State	Zip
		AZ	

Site Practice Type

Select ▾

Does this Site accept Title XVIII (Medicare)?   ● Yes ○ No

Medicare Identification Number

Does this site accept Title XIX (Medicaid/AHCCCS?)   ● Yes ○ No

AHCCCS Provider Number

Does this site accept marketplace health insurance qualifying health plan(s)?   ● Yes ○ No

> These are service site eligibility requirements. Answering "No" to these questions will render you ineligible to participate in SLRP. When you respond YES, you will be asked to enter your AHCCCS and Medicare ID number. For the marketplace insurance, you must enter the name and number of the plan.

Health Provider Name	Health Provider Number

Does this site implement Sliding Fee Schedule(SFS)?   ● Yes ○ No

> The system will not allow a "No" answer to this question unless site is a free clinic, state or federal prison, all must implement a Sliding Fee Scale.

Note: Except for a free clinic or a state or federal prison, please attach the service site's SFS, SFS Policy and SFS Notice that is posted on the premises.

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

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

Note: If the next nearest SFS clinic is an affiliated clinic of the service site, indicate site's distance to that affiliated clinic.

Census Tract Information

Census Tract# Step-By-Step Instructions

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

> The system should pre-populate the census tract information based on the site address entered. If not, please access the Step by Step Instructions to obtain the site's census tract.

Continuation screen...

Exhibit 9 – This section of the application collects the HPSA information and Data for Underserved Populations. **Data entered in this section will be used for scoring applicants.**

- Site administrator must select the service category that he/she is the Site Admin for.
- Selecting "Behavioral Health" will display relevant HPSA fields and data table for behavioral health. This will also apply if you selected either "Dental" or "Medical."
- You must provide "Encounters" data for the specific category. For example, if "Behavioral Health," report the total number of behavioral health encounters for the past 2 calendar years.
- If site has not been in operation for two years, site may report data available for the period of time that site has been in operation.

Exhibit 9

Categories/ Health Professional Shortage Area(HPSA)/ Under Served Data

Please select all the categories in which you are the Site Admin for this specific site:

☑ Behavioural Health Category   ☑ Dental Category   ☑ Medical Category

Select the Service Category. Your selection prompts the system to display the appropriate fields and data required to be completed. If you check all categories, you must report data for medical, dental and behavioral health.

Behvaioural Health Category

Behavioural Health HPSA ID# ❓

Behavioural Health HPSA Name

(HPSA information can be obtained from: http://hpsafind.hrsa.gov/.)

Access this link to find the HPSA information. Print the evidence of HPSA and upload in the site portal.
Step by Step Instructions

NOTE: Please print evidence of the service site's HPSA and attach with this document.

	Last Two Calendar Years	
	2017	2016
A. Total # Encounters(1)(2) at the Service Site		
B. Total # Medicare(3) Encounters		
C. Total # Medicaid(4) Encounters		
D. Total # SFS(5) Encounters:		
E. Total # Encounters Free of Charge		
F. C + D + E		
G. F/A * 100 (% of underserved patients served)		

(1) An encounter is an office visit with a patient. (2) All encounters must have been at the specific facility referred to in this application. (3) Number of encounters where patients used Medicare as a method of payment. (4) Number of encounters where patients used AHCCCS as a method of payment. (5) Number of self-pay encounters using a Sliding Fee Schedule.

NOTE: Previously registered sites will be required to enter the last calendar year's data only.
Step by Step Instructions

Continuation - Exhibit 9

Please enter the description if you are unable to provide the past 2 years of underserved population data.

Enter your Notes here!

If data for the past two years is not available, please enter your explanation on this section.

NOTE: Rural private practice sites that are not in a HPSA may submit evidence of AzMUA.

An AzMUA designation is required **ONLY** if the service site is a RURAL for-profit PRIVATE PRACTICE that is NOT located in a Health Professional Shortage Area. All public and non-profit entities MUST meet the HPSA requirement.

AzMUA Name

(AzMUA information can be obtained from: http://www.azdhs.gov/hsd/data/documents/reports/azmuaannualrp

SAVE AND CONTINUE   CANCEL

Click Save and Continue.

After clicking "Save and Continue," Exhibit 10 display screen opens. This is where the Site Admin will upload all site-specific documents.

Exhibit 10

Site Documents Information

Service Site ABC Healthcare

Please upload all the documents per type to Activate a site.

Sliding Fee Scale Policy (Sample Document)

Drop files here

Sliding Fee Scale Table based on Current Federal Poverty Level Guidelines (Sample Document)

Drop files here

Click here to access your files for upload. You must upload at least ONE document in each of the boxes. Otherwise, your site's status will remain inactive.

Sliding Fee Scale Signage

Drop files here

Other

Drop files here

Please upload here any other site-specific documents. For example Evidence of HPSA, 501 C3 status, etc.

NOTE: Sliding Fee Scale (SFS) documents MUST be current and based on the current year's Federal Poverty Level (FPL) Guidelines. Please make sure you are uploading the updated SFS. Otherwise, the provider application review may be delayed as a result of outdated site documents. To access the current FPL to be used for the SFS update, click https://aspe.hhs.gov/poverty-guidelines.

After uploading the documents and clicking "Save," Exhibit 11 opens. This is where you can view all uploaded documents or delete documents.

Exhibit 11

Site Documents Information

Service Site ABC Healthcare

Please upload all the documents per type to Activate a site.

File Name		
Template_SFS.pdf.pdf	☁	🗑
Sample Notie of Discount.pdf.pdf	☁	🗑
sample SFS policy.pdf.pdf	☁	🗑
Sample Notie of Discount.pdf.pdf	☁	🗑

Step 3: Pending Approval

Display screen opens upon clicking "Step 3." Within the Pending Approval section, the site administrator can view all provider requests whose employment verifications have been completed by the site administrator or those with "Accepted Status (Exhibit 12)"

Exhibit 12 (Approved Status)

The Site Admin can approve multiple provider requests by checking the boxes.

Exhibit 13 - Rejected Status means that the Site Administrator was rejected a provider request for employment verification at the site. Rejections should not occur frequently unless a provider selected the incorrect site administrator for his/her site.

PENDING REQUESTS
(Provider Employment Verification Requests, Pending Site Administrator Approval.)

▲ Request Id	Provider Name	Site Name	Provider Status
		No data available in table	

Showing 0 to 0 of 0 entries   Previous   Next

APPROVE   REJECT

ACCEPTED REQUESTS   REJECTED REQUESTS

Request Id ▲	Provider Name	Site Name	Provider status	Site Admin status
225	AVINASH, VEERLAPATI	sa_site2	ACCEPTED	REJECTED

Showing 1 to 1 of 1 entries   Previous   1   Next

Step 4: Incomplete Applications

Upon clicking "Step 4," the Incomplete Applications section opens (Exhibit 14). This is where the Site Admin can view all provider requests that have not been fully verified. Incomplete applications are provider requests pending additional eligibility verifications by the Site Admin. Click "Request Id" to access the individual provider file.

Exhibit 14

Upon clicking Request Id, Exhibit 15 display screen opens. The site administrator then completes additional employment questionnaires related to the provider applicant then clicks "Submit." The provider employment verification request is considered complete at that point.

Exhibit 15

After clicking "Submit," Exhibit 16 (Certification Section) opens. The Site Admin must check the boxes to certify compliance of the service site to the SLRP eligibility requirements and initial the consent to release information.

Exhibit 16

Certification and Authorization(Initials Required)

☑ The employer is a private non profit, and is eligible to participate in the LRP.
☑ This service 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 an area that is federally designated as a HPSA (Primary Care Provider Loan Repayment Program) or a HPSA or an AzMUA (Rural Private Primary Care Provider Loan Repayment Program);
2. Accept Medicare, Medicaid (AHCCCS) and qualifying health plan assignment;
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 See Schedule submission and content' except that a free clinic or a state or federal prison is exempt from the SFS requirements.
4. Not discriminate on the basis of a patient's ability to pay for care or the payment source, including Medicare, AHCCCS, and qualifying health plan.

☑ This site has an employment contract/agreement with the provider or a letter of intent to hire the provider for the duration of the initial loan repayment contract of at least 24 months and has the financial means available to support the primary care provider, including salary, benefits, and malpractice insurance expenses.

☑ Except for state/federal prison, 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.)

☑ The primary care provider awarded loan repayment funds will work half-time at least 20 hours per week as required in their profession at this site (s).

☑ 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.

ds   Initial

CONSENT TO RELEASE INFORMATION

Sites with State Loan Repayment Program participants may be surveyed for the purpose of understanding provider retention at their sites, For the purpose of collecting retention survey data, I hereby authorize the Arizona Department Health Services (ADHS) to release the Site Administrator's information to Practice Sights Retention Collaborative or another entity that ADHS employs to collect retention data as long as the release of my information is limited to the data requirement of the survey project.

da   Initial

‹ PREVIOUS   SAVE & CONTINUE ›

Click Save and Continue.

After clicking "Submit," Exhibit 17 screen opens. This section is where the Site Admin must download the provider applicant's completed Employer and Service Site Form. Once the document is downloaded, please review all the information entered, sign and notarize.

Once the form has been notarized, please upload the PDF document back into the portal. Click "Submit."

Exhibit 17

A pop up message confirms that your process is complete. Click "OK" to be redirected to the home page.

YOU ARE DONE!

Step 5: Complete Applications

To view all completed provider applications, click "Step 5" from the home page. Exhibit 18 display screen below opens.

Exhibit 18
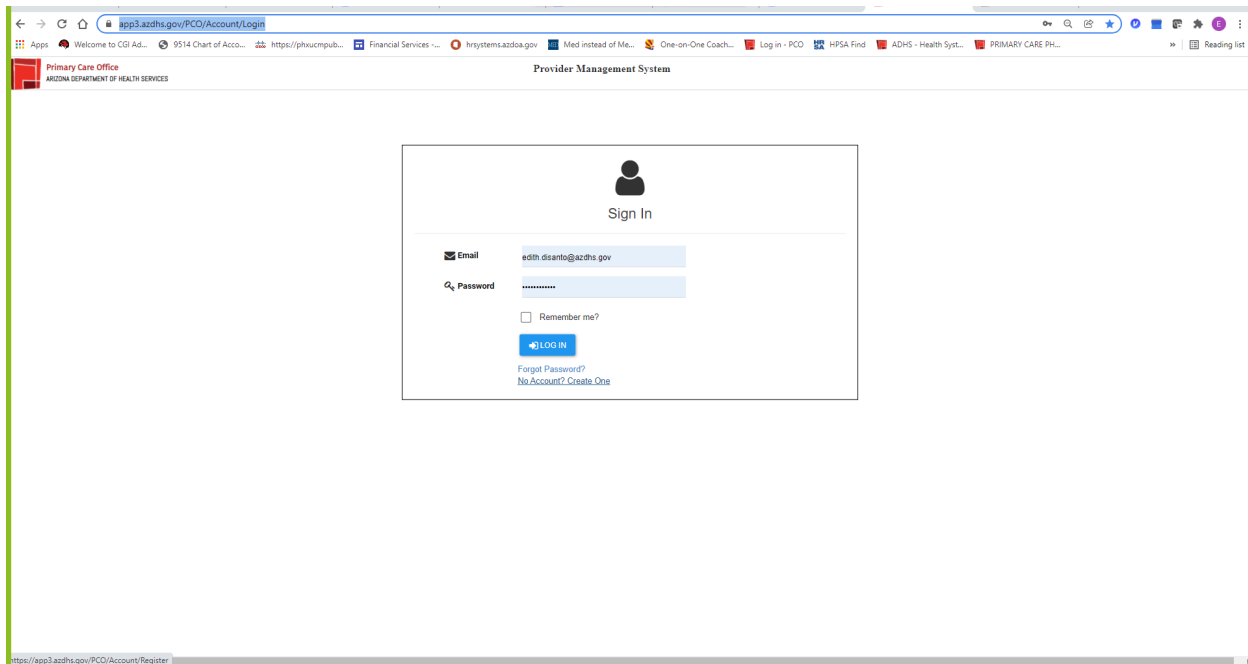
Completed Requests

Provider Name	Site Name	Status
AVINASH, VEERLAPATI	sa_Site1	COMPLETED
dasdas, dfs	sa_Site1	COMPLETED

Showing 1 to 2 of 2 entries

Previous | 1 | Next

SITE ADMIN TRANSFER (STEP-BY-STEP INSTRUCTIONS)
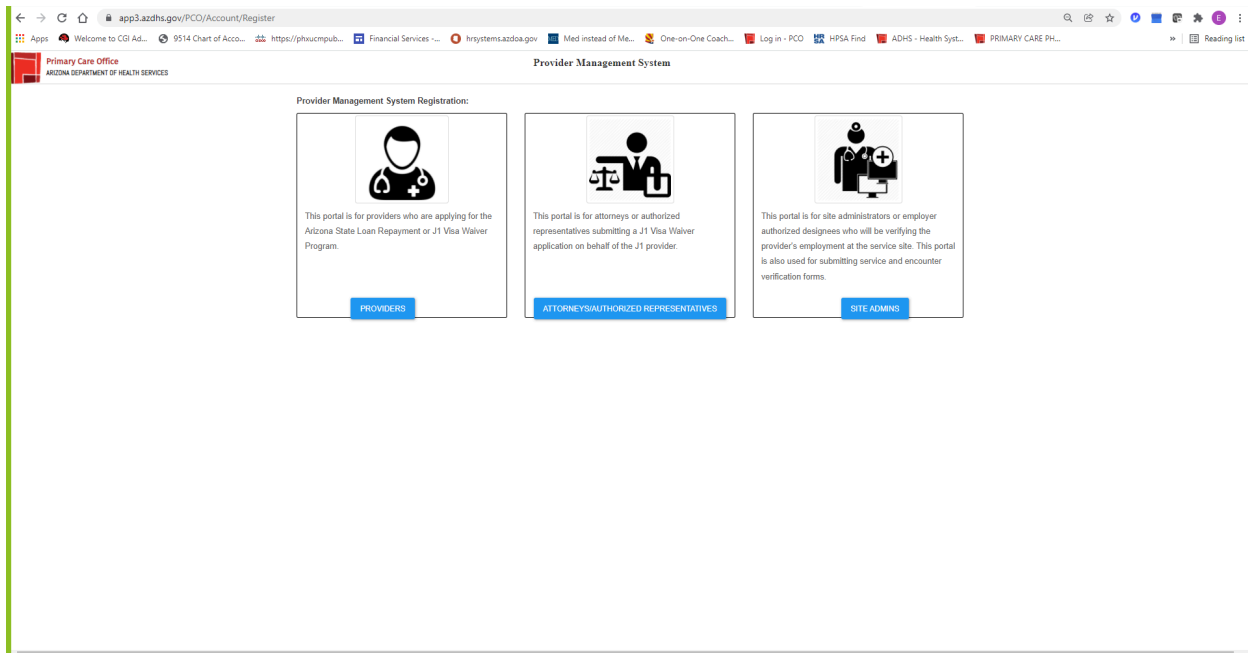
If you have an existing site administrator account and would like to transfer the role to a new person/account, please follow the steps below.

Step 1: New site admins visit https://app3.azdhs.gov/PCO/Account/Login

Step 2: Click the link that says "No Account? Create One"

Step 3: Choose the SITE ADMINS option on the right side of the screen
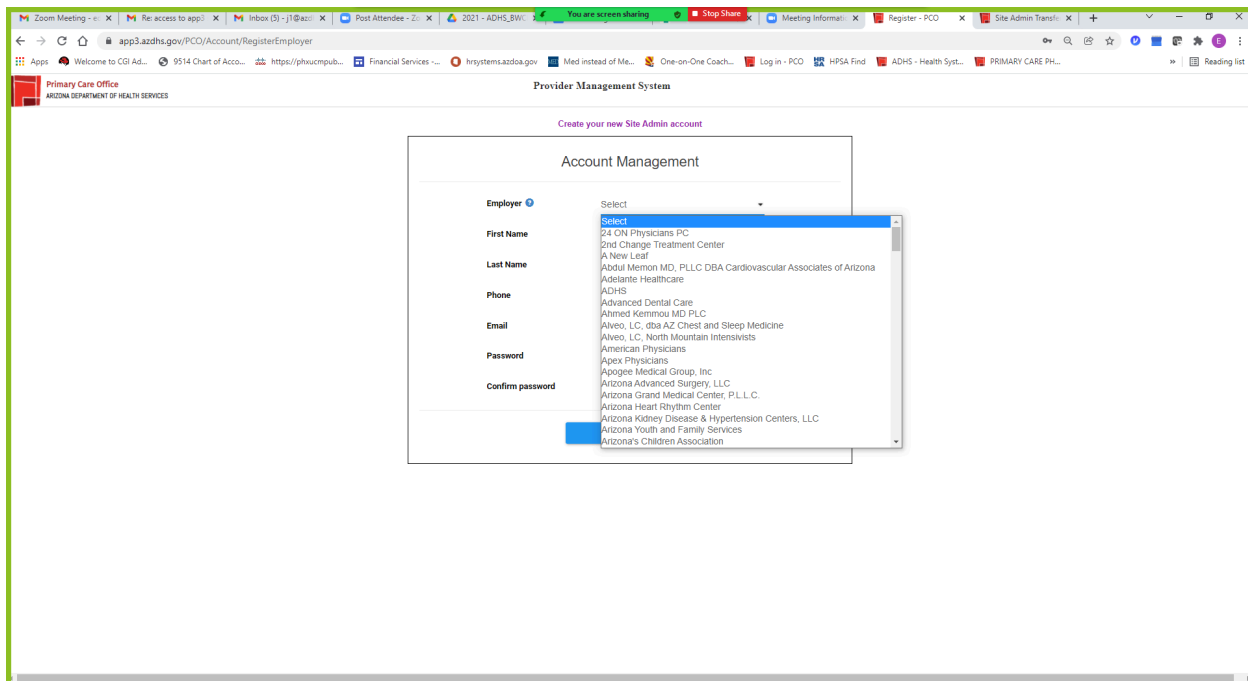
Step 4: Select your employer from the drop-down menu, fill in the requested information and create a password.

Step 5: Confirm the account when you receive the confirmation email to the email address you provided.
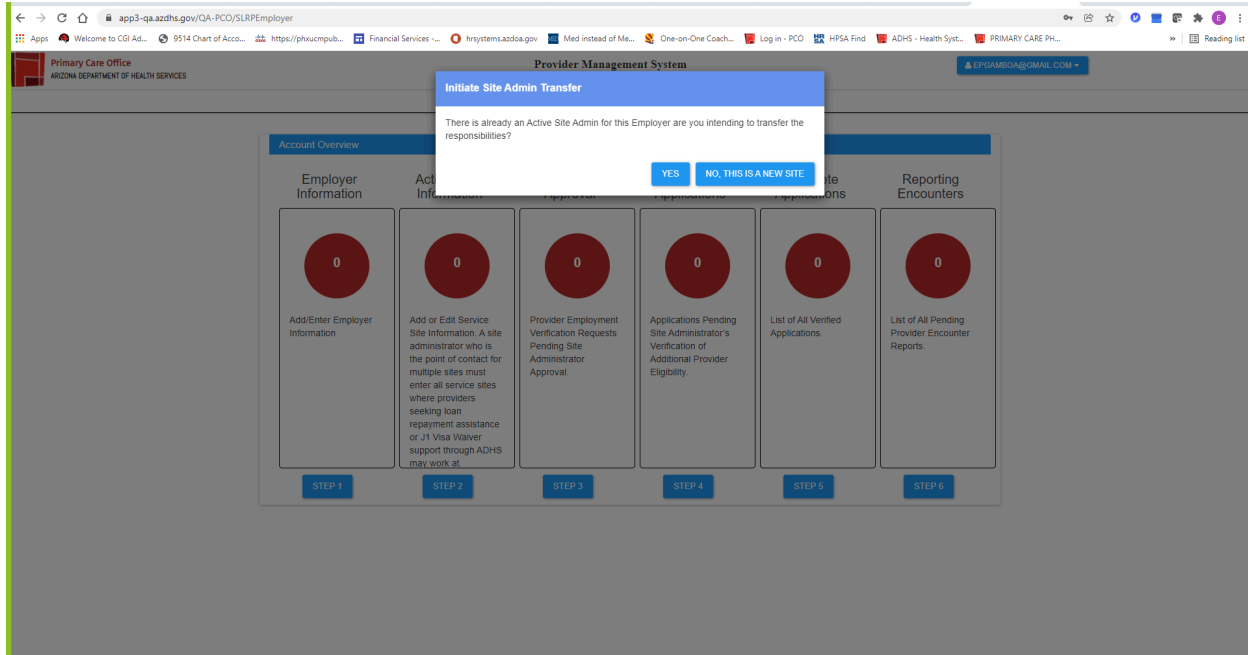
Step 6: Choose YES if the information is correct. Choose NO if this is a new site.

Step 7: Select the name of the former site admin and click SUBMIT.

The PCO will review your request. You will receive an email notification if it is approved or if additional information is needed.

APPENDICES

Sliding Fee Policy Information

Sliding Fee Scale (SFS) policies may vary from employer to employer. Generally, SFS policies provide the specific instructions or procedures for implementing the SFS. The SFS policies ensure that the sliding fee scale program is patient-centered, improves access to care, and assures that no patient will be denied health care services due to an inability to pay. At a minimum, the following areas must be addressed in the policy:

1. The purpose of the Sliding Fee Scale;
2. Patient eligibility for the Sliding Fee Scale Program, including definitions of income and family size and the process for determining family income;
3. Documentation and verification requirements to determine patient eligibility including utilizing a Patient Financial Assistance Worksheet to document income;
4. An explanation of SFS charges based on Federal Poverty Level
5. Process of assessing patient's continued eligibility for the Sliding Fee Scale Program; and
6. How the Sliding Fee Scale Program will be advertised to the patient population;

Sliding Fee Scale

The Sliding Fee Scale must be based on current Federal Poverty Level (FPL) Guidelines. The FPL guidelines are updated each year. To access the current poverty levels:

https://aspe.hhs.gov/poverty-guidelines.

[ORGANIZATION NAME HERE]
Sample Sliding Fee Scale
Based on 2019 Federal Poverty Level Guidelines

**The Sliding Fee Scale must be updated yearly based on the most current Federal Poverty Level Guidelines, which can be found here.

Family Size	100% Discount *		80% Discount *		60% Discount *		40% Discount *		20% Discount *	
	Above	Below	Above	Below	Above	Below	Above	Below	Above	Below
1	$0	$ 12,490	$ 12,491	$ 15,613	$ 15,614	$ 18,735	$ 18,736	$ 21,858	$ 21,859	$ 24,980
2	$0	$ 16,910	$ 16,911	$ 21,138	$ 21,139	$ 25,365	$ 25,366	$ 29,593	$ 29,594	$ 33,820
3	$0	$ 21,330	$ 21,331	$ 26,663	$ 26,664	$ 31,995	$ 31,996	$ 37,328	$ 37,329	$ 42,660
4	$0	$ 25,750	$ 25,751	$ 32,188	$ 32,189	$ 38,625	$ 38,626	$ 45,063	$ 45,064	$ 51,500
5	$0	$ 30,170	$ 30,171	$ 37,713	$ 37,714	$ 45,255	$ 45,256	$ 52,798	$ 52,799	$ 60,340
6	$0	$ 34,590	$ 34,591	$ 43,238	$ 43,239	$ 51,885	$ 51,886	$ 60,533	$ 60,534	$ 69,180
7	$0	$ 39,010	$ 39,011	$ 48,763	$ 48,764	$ 58,515	$ 58,516	$ 68,268	$ 68,269	$ 78,020
8	$0	$ 43,430	$ 43,431	$ 54,288	$ 54,289	$ 65,145	$ 65,146	$ 76,003	$ 76,004	$ 86,860
9	$0	$ 47,850	$ 47,851	$ 59,813	$ 59,814	$ 71,775	$ 71,776	$ 83,738	$ 83,739	$ 95,700
10	$0	$ 52,270	$ 52,271	$ 65,338	$ 65,339	$ 78,405	$ 78,406	$ 91,473	$ 91,474	$104,540
% of Poverty	100%		125%		150%		175%		200%	
Plan Code	904		903		902		901		900	

For families/households with more than 10 persons, add $4,420 for each additional person

* Patient Pays at a Minimum a $25 Nominal Fee

Laboratory, X-Ray, and Other Diagnostic Services are Charged Separately from the Office Visit Charge

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SAMPLES

Public Notice Signage

NOTICE TO PATIENTS

This practice serves all patients regardless of ability to pay.

Discounts for essential services are offered depending upon family size and income

You may apply for a discount at the front desk.

Thank you.

* * *

AVISO PARA PACIENTES

Los centros de salud ofrecen servicios de atención médica primaria y preventiva, sin considerar la capacidad de los pacientes para pagar.

Los cargos generados por servicios de salud son calculados de acuerdo al nivel de ingreso del paciente.

Pacientes pueden aplicar para servicios médicos con la recepcionista en la clínica.

Gracias

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Determine Health Professional Shortage Area (HPSA) Status

Please go to the HRSA Data Warehouse Website: http:/hpsafind.hrsa.gov
There are 2 ways to determine a service site's HPSA status.
STEP 1

a. **To find area HPSAs, click "Search Shortage Areas by Address."**

NOTE: This will NOT give you facility HPSAs. For Federally Qualified Health Centers (FQHC), FQHC Look-Alikes, Indian Health Service, Tribal 638, CMS Certified Rural Health Clinics, state and federal prisons, please proceed to STEP 2 to find your facility HPSA.

b. Enter the address of the service site.

c. Select the HPSA Specific to the provider's discipline

Pharmacists must select the primary care HPSA.

Psychiatric Physician Assistants and Nurse Practitioners must select the mental HPSA.

Note: This search will not identify facility HPSAs. To find these HPSAs, use the HPSA Find tool.

Input address: 150 N. 18th Avenue, Phoenix, AZ, 85007
Geocoded address: 150 N 18th Ave, Phoenix, Arizona, 85007

Start Over

HPSA Data as of 09/07/2018
MUA Data as of 09/07/2018

[+] More about this address

In a Dental Health HPSA: Yes
HPSA Name: Low Income-Central City Village
ID: 6041975610
Designation Type: HPSA Population
Status: Designated
Score: 25
Designation Date: 11/27/2017
Last Update Date: 11/27/2017

In a Mental Health HPSA: No

In a Primary Care HPSA: Yes
HPSA Name: Low Income-Central City Village
ID: 1041499689
Designation Type: HPSA Population
Status: Designated
Score: 16
Designation Date: 12/26/2017
Last Update Date: 12/26/2017
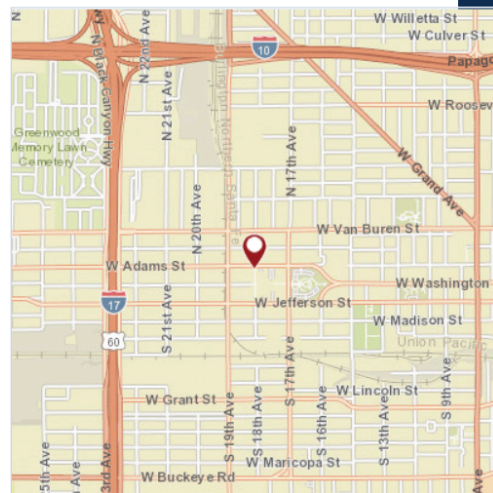
Click on the image to see an expanded map view

In a MUA/P: No

a. To find facility HPSAs, choose "Arizona" for State. After selecting Arizona, the county field will populate, select the specific county.

    Note: FQHCs are listed only by parent site and county that parent site is located.

    Additional search functionality is available. You may search by:

    - **Primary care, dental, or mental HPSA**
    - **Metropolitan, Non-Metropolitan or Frontier**
    - **Facility Type**

Sample Result for Maricopa County "Federally Qualified Health Center (FQHC)" Facility HPSA

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	HPSA FTE	HPSA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	10499904C4	Adelante Healthcare, Inc.	Federally Qualified Health Center	Arizona	0	15	Designated	Non-Rural	08/27/2003	09/29/20
Primary Care	10499904QY	Circle the City	Federally Qualified Health Center	Arizona	0	19	Designated	Non-Rural	04/30/2015	04/30/20
Primary Care	10499904B9	Maricopa County Community Health Center	Federally Qualified Health Center	Arizona	0	13	Designated	Non-Rural	08/27/2003	01/08/20
Primary Care	10499904C5	Mountain Park Health Center	Federally Qualified Health Center	Arizona	0	16	Designated	Non-Rural	08/27/2003	11/22/20
Primary Care	10499904P1	Native American Community Health Center	Federally Qualified Health Center	Arizona	0	16	Designated	Non-Rural	02/28/2009	11/22/20
Primary	10499904QG	Neighborhood	Federally	Arizona	0	18	Designated	Non-	01/25/2012	04/23/20

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