



## Health Care Professional Loan Redemption Program

### PROGRAM AND PLACEMENT SITE APPLICATION GUIDANCE

#### PROGRAM GUIDANCE

The goal of the Health Care Professional Loan Redemption Program of New Jersey (HCPLRP) is to increase the availability of primary care services to medically underserved patients by encouraging providers to serve in such underserved areas. As an incentive, the HCPLRP provides for the redemption of eligible graduate education loans for its participants in exchange for service in underserved areas. Eligible participants must be a resident of New Jersey, licensed to practice in New Jersey, have completed a discipline as a Physician (Internal Medicine, Pediatrics, Family Practice, Obstetrics/Gynecology), Psychiatrist, Dentist (General Dentist, Pediatric Dentist), Certified Nurse Practitioner, Certified Physician Assistant, or Certified Nurse Midwife. If the loan redemption is funded by matching dollars from federal/State funds, then the eligible participant must be a U.S. citizen or U.S. national.

Please read the program and placement site application guidance before proceeding with the placement site application. The guidance provides an explanation of program criteria and requirements. The HCPLRP requires placement sites to sign an Agreement for a minimum of two (2) years, once approved to participate.

#### DEFINITIONS:

- **Medicaid.** Medicaid is a joint federal and state program providing free or low-cost health coverage to millions of low-income Americans, including children, pregnant women, the elderly, and people with disabilities, covering essential medical services and often long-term care not included in Medicare, with eligibility and benefits varying by state. It's administered by states within federal guidelines, with states setting specific rules for who qualifies and what's covered, but it's a crucial safety net for vulnerable populations.
- **Medicare.** Federal health insurance for people 65 or older, and some people under 65 with certain disabilities or conditions.
- **Medicaid Managed Care.** System where state Medicaid programs contract with private health insurance companies, called Managed Care Organizations (MCOs), to deliver health benefits and services to beneficiaries, replacing traditional fee-for-service with a model that manages costs, utilization, and quality through fixed payments (capitation) and network providers.
- **Sliding Fee Schedule.** A discounted/sliding fee schedule 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 typical, nominal fee is often between \$7 and \$15. Patients between 101-200% of poverty are expected to pay some percentage of the full fee. A discounted/sliding fee schedule 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.
- **Patient Origin Study (POS).** A study analyzing the geographic locations (e.g. zip codes or counties) where a healthcare facility's patients live, helping define service areas, plan new facilities, understand community needs, and identify patient demographics, essentially mapping "where the patients come from" to better target health services and development.

2. **Eligibility Screening.** Applications are screened by the New Jersey Higher Education Student Assistance Authority (HESAA). Placement sites determined ineligible will be notified via written correspondence specifying the reason they are ineligible. Following a favorable review, eligible placement sites may be contacted for a site visit and are then presented to the HCPLRP Selection Committee for approval into the program at the next scheduled meeting. The Selection Committee meets regularly to review placement site and provider applications. Applications are accepted on an ongoing basis. A participant's service obligation begins upon the effective date of the contract between the participant and HESAA. No service credit will be given for employment at an approved site before the effective date of an HCPLRP contract.

**3. Site Requirements.**

a. A facility must be one of the following:

- i. Located within a medically underserved area as identified by the Commissioner of Health; or State, county, and municipal and private non-profit health care facilities which meet staffing shortage ratios; or
- ii. Located within a federally designated Health Professional Shortage Area (HPSA) as defined in Section 332 of the Public Health Service Act see [Health Workforce Shortage Areas](#); or
- iii. A clinic which is part of the extramural network of dental clinics established by the Rutgers School of Dental Medicine; or
- iv. A site that meets the minimum criteria in 3.b. below.

b. At a minimum all sites must meet the following criteria:

- i. Provide universal access to populations served regardless of insurance coverage;
- ii. Do not discriminate on basis of race, color, religion, sexual orientation, gender or national origin;
- iii. Unless providing services free of charge, accept Medicare and Medicaid;
  - 1. Sites are not required to participate in more than one Medicaid managed care organization.
- iv. Provide a sliding fee scale for patients falling under 250% of the federal poverty level; and
- v. Demonstrate that the site provides services to an underserved population based on the percentage of medically underserved patients served in the county.
  - 1. In a county in which less than 30 percent of the population are Medicaid enrollees, the site must serve medically underserved populations at a rate equal to or greater than the percentage of residents of the county who are Medicaid enrollees.
  - 2. In a county in which 30 percent or more of the populations are Medicaid enrollees, the site must serve medically underserved populations at a rate equal to or greater than 80 percent of the percentage of the county who are Medicaid enrollees.
  - 3. The percentage of medically underserved persons served by the site is calculated by dividing the number of individuals who are insured by Medicaid by the total number of patients served at the site, then dividing the number of uninsured patients by the total number of patients served at the site, and adding these two numbers.
  - 4. The percentages of Medicaid enrolled in each county are as follows:

County	Percentage of Medicaid Enrollee
Atlantic	25%
Bergen	13%
Burlington	15%
Camden	26%
Cape May	18%
Cumberland	33%
Essex	26%
Gloucester	16%
Hudson	24%
Hunterdon	8%
Mercer	21%
Middlesex	17%
Monmouth	13%
Morris	9%
Ocean	25%
Passaic	30%
Salem	24%
Somerset	11%
Sussex	10%
Union	21%
Warren	15%

Source: New Jersey Department of Human Service

Subsequent to the verification of a proportionate share of Medicaid populations at placement sites, HESAA reserves the right to confirm patient service statistics submitted to the program on a continuing basis.

- c. Enter a contract with the applicant to include the requisite number of hours to equal full- or part-time service as applicable.
- d. If an applicant is the owner of the approved site at which the applicant requests to be placed, the site must have operated for a minimum of two years prior to the program participant's application for the program.
- e. Complete evaluation report on the HCPLRP provider after the initial six-month probationary period.

In the event the participant is an owner of the approved site, in lieu of an evaluation report, the participant must submit supporting documentation demonstrating their suitability for the program and the placement site. The supporting documentation includes, but is not limited to, the required quarterly reports.

- f. Complete quarterly service reports on patient services rendered. HESAA reserves the right to confirm patient service statistics submitted by placement sites.
- g. Placement sites which have off-site facilities may not assign HCPLRP providers to these off-site facilities unless they are approved as a part of the initial placement site application, or subsequently approved separately.
- h. The maximum number of providers that will be placed in any one approved placement site is contingent on provider productivity standards, availability of program funds, and other applications in process regarding sites of greatest need.

4. **Productivity Standards.** HCPLRP productivity standards are used as the minimum number of annual patient encounters an HCPLRP provider is required to provide while enrolled in the program (see chart below). The HCPLRP uses these standards to measure productivity of its providers to assess both the ability of the placement site to support the provider and the ability of the provider to meet the program standards. Based on the assessment, as well as the recommendation of the placement site, HESAA will determine either the need for a change of placement, or the program participant's unsuitability for the program.

<b>Specialty</b>	<b>HCPLRP Productivity Standards # visits annually</b>
Dentists	2,500-3,000
Pediatric Dentists	2,500-3,000
Family Practice	3,500-4,000
Internal Medicine	3,000-3,500
Ob/Gyn	3,000-3,500
Pediatricians	3,700-4,200
Physician Assistants	2,500-3,000
Psychiatrist	3,250-3,750
Nurse Midwives	2,200-2,700
Nurse Practitioners	<i>see specialty (below)</i>
<i>-Family Practice</i>	1,600
<i>-Obstetrics/Gynecology</i>	2,000
<i>-Pediatrics</i>	1,600

## **COMPLETING THE HCPLRP PLACEMENT SITE APPLICATION**

The HCPLRP placement site application consists of two parts: 1. Completion of the placement site application and 2. Submission of required supporting documents. Placement sites are required to complete each of the sections and submit the placement site application along with supporting documents.

### **A. Site Location**

Answers to this section include the placement site name, contact person, mailing and email addresses, Medicaid number; Medicaid Managed Care program(s), and other contact information.

### **B. Scope of Service**

This section should include the hours of operation and location of all offices. If there are additional offices the name of each address location must be provided.

### **C. Description of Practice**

Answers to this section should include the type of practice; information on Medicaid Managed Care participation, Medicare participation, Sliding Fee Schedule participation, employment vacancies and if the practice is located in a New Jersey Medically Underserved Area.

### **D. Patient Population Served**

This section should be completed to include the number of medical and/or dental patients the site has for the specified reporting period and the Payor Mix. The section for visits consists of the number of times each of the specified patients came into the practice for services during the reporting period. Information in this section should be completed for a recent twelve (12) month period of service. If a newly opened practice; the data reported on the application should be projected for both patients and visits for a 12-month period.

### **E. Patient Visits by Specialty**

Data in this section should include the number of visits provided for each specialty during the reporting period listed on the placement site application. This section should only include primary care visits; Internal Medicine, Obstetrics/Gynecology, Pediatrics, Family Practice, General Dentistry, and Pediatric Dentistry. Do not include other patient visits in this section not considered primary care by the HCPLRP. Do not include patients seen by the applicant in this section.

### **F. Staffing**

Indicate the number of each full-time and part-time provider by specialty for the reported twelve (12) month period of service. List the number of full-time physicians for each specialty. List the number of part-time physicians under each specialty. Under each specialty, list the total number of part-time hours worked (i.e. if a part-time staff member works 12 hours per week then these hours should be listed). For the total part-time hours worked under each specialty, list the total full-time equivalent. Do not include the applicant's time in this section.

Attention Placement Site: If there is already a health care professional working at this placement site, please submit this completed document to that profession so they may upload it during the application process. If there is not a designated professional, and your placement site is looking to be considered for approval, please submit this completed document by the following methods:

Email completed form to: [LoanRedemption@hesaa.org](mailto:LoanRedemption@hesaa.org)

**OR**

Mail completed paperwork to:

HESAA

Attn: Loan Redemption

P.O. Box 549

Trenton, NJ 08625-0549