



## Health Care Professional Loan Redemption Program of New Jersey

### PLACEMENT SITE APPLICATION

Date of Application: \_\_\_\_\_

The purpose of the Health Care Professional Loan Redemption Program (HCPLRP) is to increase the availability of primary care services to medically underserved patients by encouraging providers to serve in such underserved areas. Please complete this application and return it with the requested supporting documents.

### SITE LOCATION

Site Name	Contact Person Name:	
	Title:	
Telephone	Email Address:	
Street Address		
City	State	Zip Code
Medicaid #:	Medicare #:	
Medicaid Managed Care Program Name(s):		

### SCOPE OF SERVICES

**AMBULATORY CARE**

Hours: M: \_\_\_\_\_ Tu: \_\_\_\_\_ W: \_\_\_\_\_ Th: \_\_\_\_\_ F: \_\_\_\_\_ Sa: \_\_\_\_\_ Su: \_\_\_\_\_

**EMERGENCY ON CALL AVAILABLE**       Yes     No

Hours: M: \_\_\_\_\_ Tu: \_\_\_\_\_ W: \_\_\_\_\_ Th: \_\_\_\_\_ F: \_\_\_\_\_ Sa: \_\_\_\_\_ Su: \_\_\_\_\_

**ADDITIONAL OFFICES (Satellite)**       Yes     No

Hours: M: \_\_\_\_\_ Tu: \_\_\_\_\_ W: \_\_\_\_\_ Th: \_\_\_\_\_ F: \_\_\_\_\_ Sa: \_\_\_\_\_ Su: \_\_\_\_\_

**LOCATIONS: (specify addresses)** \_\_\_\_\_

## DESCRIPTION OF PRACTICE

1. Is the practice a group or solo?  Group  Solo
2. Is the practice new or ongoing?  New  Ongoing  
If new, date practice established: \_\_\_\_\_
3. Does the practice accept Medicare patients?  Yes  No
4. Does the practice accept Medicaid patients?  Yes  No
5. Does the practice accept at least one Medicaid managed care plan?  Yes  No
6. Does the practice have a Sliding Fee Schedule Providing a sliding fee for patients falling under 250% of the federal poverty level?  Yes  No
7. Does the practice currently have vacancies for health care professionals who might be placed through the HCPLRP and must meet the minimum productivity standards as defined in the HCPLRP Program and Placement Site Guidance?  Yes  No  
If yes, please check your selection  Family Practice  Obstetrics/Gynecology  Pediatrics  
 Internal Medicine  General Dentistry  Pediatric Dentistry  Certified Nurse Midwife  
 Physician Assistant  Nurse Practitioner  Psychiatry
8. Does the practice have a provider seeking to participate in the HCPLRP through this site?  
 Yes  No  
If yes, list provider's name and specialty/discipline: \_\_\_\_\_
9. Is the practice located in an underserved area on the New Jersey Medically Underserved Index (NJMUI)?  Yes  No
10. Is the practice located in a health professional shortage area  Yes  No
11. Is the practice part of the extramural network of dental clinics established by Rutgers School of Dental Medicine?  Yes  No
12. How many additional full-time providers can your practice support, including any current applicants into the HCPLRP? \_\_\_\_\_

**PLACEMENT SITE DATA**

PERIOD REPORTED: \_\_\_\_\_ to \_\_\_\_\_  
 (Ongoing sites must report a recent 12-month period of service; new sites should report projections for a 12-month period)

**PATIENT POPULATION SERVED**

Payor Mix	MEDICAL		DENTAL	
	# Patients	# Visits	# Patients	# Visits
Medicare				
Medicaid (Includes Medicaid-managed care)				
Self-Pay/ Uninsured (sliding fee scale)				
Commercial Insurance				
Other (Specify):				
<b>Total:</b>				

**PATIENT VISITS BY SPECIALTY**

Type of Visits	Total Number of Visits by Specialty
Internal Medicine	
Obstetrics/Gynecology	
Pediatric	
Psychiatry	
Family Practice	
Other (Specify):	
Dental	
<b>Total # of Visits</b>	

STAFFING						
	Physicians					
(Not Including the HCPLRP Applicant)	Family Practice	Internal Medicine	Obstetrics/ Gynecology	Pediatrics	Psychiatry	
List the number of full-time physicians for each specialty.						
List the number of <i>part-time</i> physicians under each specialty.						
Under each specialty, list the total number of <i>part-time</i> hours worked.						
For the total <i>part-time</i> hours worked under each specialty, list the total <u>full-time equivalent</u> .						
	Dentists					
(Not Including the HCPLRP Applicant)	General Dentist		Pediatric Dentist			
List the number of full-time dentists for each specialty.						
List the number of <i>part-time</i> dentists under each specialty.						
Under each specialty, list the total number of <i>part-time</i> hours worked.						
For the total <i>part-time</i> hours worked under each specialty, list the total <u>full-time equivalent</u> .						
	Certified Nurse Practitioners					
(Not Including the HCPLRP Applicant)	Family NP	Obstetrics/ Gynecology	Pediatric NP	Primary Ambulatory Care NP	Primary Healthcare Adult NP	Women's Health NP
List the number of full-time certified nurse practitioners for each specialty.						
List the number of <i>part-time</i> certified nurse practitioners under each specialty.						
Under each specialty, list the total number of <i>part-time</i> hours worked.						
For the total <i>part-time</i> hours worked under each specialty, list the total <u>full-time equivalent</u> .						

	Certified Nurse Midwives
(Not Including the HCPLRP Applicant)	Obstetrics/Gynecology
List the number of full-time certified nurse midwives for each specialty.	
List the number of <i>part-time</i> certified nurse midwives under each specialty.	
Under each specialty, list the total number of <i>part-time</i> hours worked.	
For the total <i>part-time</i> hours worked under obstetrics/gynecology, list the <u>total full-time equivalent</u> .	

	Certified Physician Assistants			
(Not Including the HCPLRP Applicant)	Family Practice	Internal Medicine	Obstetrics/Gynecology	Pediatrics
List the number of full-time certified physician assistants for each specialty.				
List the number of part-time certified physician assistants under each specialty.				
Under each specialty, list the total number of <i>part-time</i> hours worked.				
For the total <i>part-time</i> hours worked under each specialty, list the <u>total full-time equivalent</u> .				

**SUPPORTING DOCUMENTS**  
**(Please include the following documents with the placement site application)**

- Copies of all signed Medicaid managed care contracts verifying participation. (The HCPLRP does not need a full copy of each contract; a copy of the front and signed last pages of each contract is sufficient.)
- A copy of the current Sliding Fee Schedule on company letterhead to include an effective date. (If the practice does not have a Sliding Fee Schedule, one should be established in order to qualify as an HCPLRP site. Please contact the HCPLRP office to obtain a Sliding Fee Schedule guide).

Please share the completed application and supporting documentation with the Provider to upload at the time they complete their application.

Attention Placement Site: If there is already a health care professional working at this placement site, please submit this completed document to that professional 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

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