



Primary Care Provider Loan Repayment

April 1, 2024

Cristie Duric, MPH, RRT
Primary Care Programs Manager

Kevin Wooddell
Administrative Assistant



Health and
Human Services

Rural and Community
Health Programs

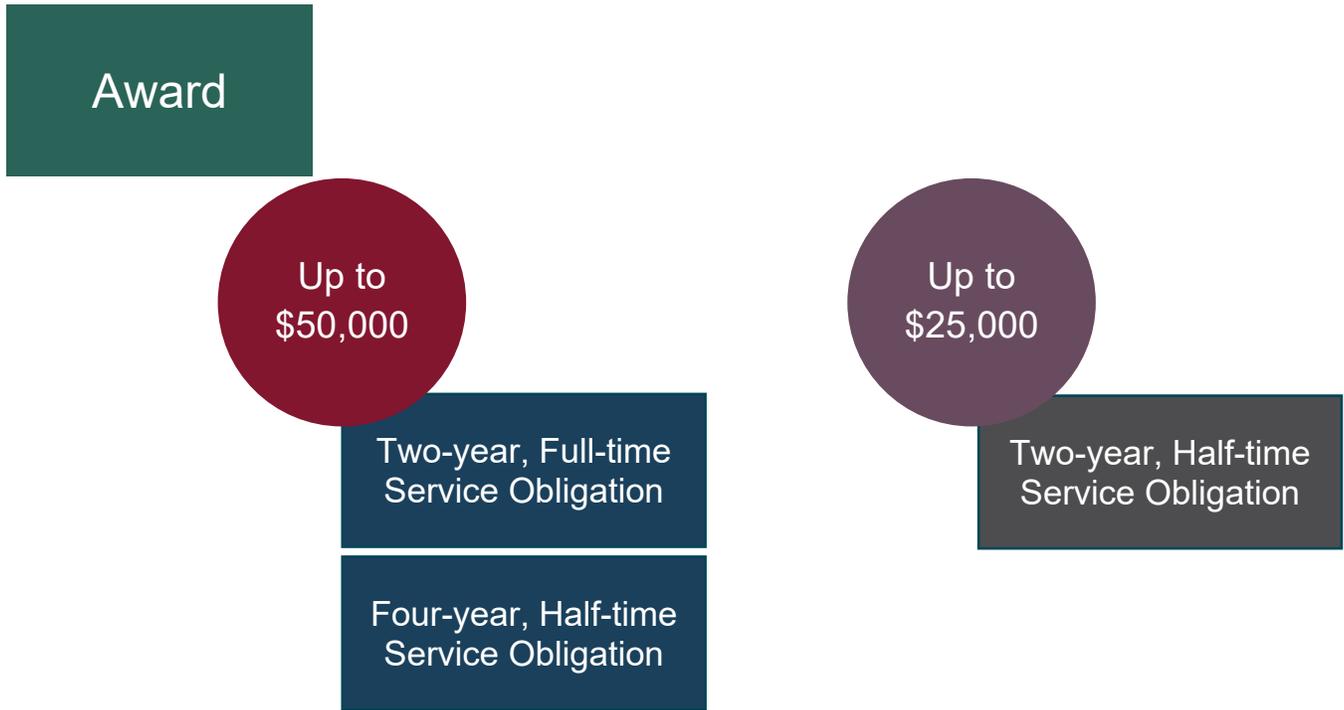
**In the event of conflicting information between this guidance and a Request for Proposal (RFP), the conflict shall be resolved according to the RFP.*

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Summary

The Iowa Department of Health and Human Services administers the Primary Care Provider Loan Repayment Program (LRP). Licensed healthcare practitioners in eligible disciplines can receive loan repayment assistance through the Primary Care Provider LRP in exchange for a service obligation at an eligible practice site(s) that is located in a federally designated health professional shortage area (HPSA) that corresponds to practitioners' discipline.



Eligible Applicants	Licensed Healthcare Practitioners who provide: <ul style="list-style-type: none">▶ Primary Health Care▶ Dental/Oral Health Care▶ Behavioral and Mental Health Care
When to Apply	The annual application cycle is typically open late summer/early fall.
Where to Apply	IowaGrants: https://www.iowagrants.gov/index.do
Get Notified	Subscribe here to receive notifications about this program and other important information about rural healthcare workforce initiatives.

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Program Overview

The Primary Care Provider LRP provides loan repayment assistance to eligible healthcare practitioners through a competitive Request for Proposal (RFP)* process. The program has an application cycle that opens annually, typically in August/Sept. timeframe. The funding opportunity is posted on [IowaGrants](#), which is also where applications are submitted.

Awarded funds are applied to the principal, interest, and related expenses of outstanding government (i.e., federal, state, or local) and commercial (i.e., private) student loans. Loan repayment assistance is limited to the minimum undergraduate or graduate education required to obtain licensure in the profession and specialty (if specialty is applicable) declared in the application.

The objectives of the Primary Care Provider LRP are to:

Objective 1: Improve access to primary health care among rural, underserved populations.

Objective 2: Expand the primary care provider workforce in rural, underserved areas of Iowa.

Objective 3: Distribute primary care providers where they are most needed.

This Primary Care Provider LRP is part of Iowa's effort to assure access to healthcare across the state. Student loan repayment is a recruitment and retention tool, assisting in access to care in areas including, but not limited to, rural areas and urban underserved areas. On average, there are 10-20 recipients annually. The number of program awards is dependent on available funds and awardee profile.

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Eligible Health Profession Disciplines and Specialties Awards

- ▶ Family Medicine Physician (and osteopathic general practice)
- ▶ General Internal Medicine Physician
- ▶ Pediatrics Physician
- ▶ Obstetrics/Gynecology Physician
- ▶ Geriatrics Physician
- ▶ Psychiatry General Practitioner
- ▶ General and Pediatric Dentistry

Maximum Award
Two-year, Full-time
OR
Four-year, Half-time
Service Obligation
\$50,000

Maximum Award
Two-year, Half-time
Service Obligation
\$25,000

- ▶ Nurse Practitioners and Physician Assistants (Adult, Family, Pediatrics, Psychiatry/mental health, Geriatrics, and Women's health)
- ▶ Psychiatric Nurse Specialist
- ▶ Certified Nurse Midwife
- ▶ Health Service Psychologist (Clinical and Counseling)
- ▶ Pharmacist
- ▶ Licensed Clinical Social Worker
- ▶ Licensed Independent Social Worker

Maximum Award
Two-year, Full-time
OR
Four-year, Half-time
Service Obligation
\$40,000

Maximum Award
Two-year, Half-time
Service Obligation
\$20,000

- ▶ Licensed Master Social Worker
- ▶ Licensed Professional Counselor
- ▶ Marriage and Family Therapist
- ▶ Registered Clinical Dental Hygienist
- ▶ Registered Nurse
- ▶ Alcohol and Substance Abuse Counselor

Maximum Award
Two-year, Full-time
OR
Four-year, Half-time
Service Obligation
\$30,000

Maximum Award
Two-year, Half-time
Service Obligation
\$15,000

Service Obligation Requirements

FULL-TIME, 2-YEAR SERVICE OBLIGATION OR HALF-TIME, 2-YEAR SERVICE OBLIGATION REQUIREMENTS

- If the service obligation includes more than one practice site, ALL sites must meet practice site eligibility requirements.
- Service credit begins when the contract period starts.
- Award recipients are required to provide services for a minimum of 45 weeks per service year for the duration of the service obligation.
- Recipients have the option to take a maximum of 7 weeks of time off (35 full-time workdays or 280 full-time working hours) per service year for any reason (e.g., vacation, holidays, sick leave, or continuing education). However, time-off does NOT count toward the 45 week service requirement (45 weeks service + 7 weeks optional time off = 52 weeks per year). Requests for additional time off are considered and if approved, require a contract amendment to extend the service obligation (contract end date).
- Services are provided under full-time employment status. Full-time service is defined as 40 hours per week.
 - The 40 hours per week may be compressed into no less than 4 days/week, with no more than 12 hours of work to be performed in any 24-hour period.
 - Hours in excess of 40 hours per week cannot be applied to any other work week.
 - If an award recipient works more than the minimum number of 40 hours per week, and it is not considered overtime, the only allotted time off that will need to be deducted are the hours of absence that cause a participant's work hours to fall below the required 40 hours per week.
 - Overtime hours do not count toward service obligation.
 - "On call" hours do not count toward the service obligation, except to the extent the provider is providing patient care during that period.
- At least 32 hours per week full-time are spent providing patient care at practice sites.
- Telehealth delivered services, if applicable, cannot exceed more than 75 percent of the minimum weekly hours required to provide direct patient care.
- No more than 8 hours per week full-time are spent in a teaching capacity or performing clinical-related administrative activities.
- Award recipients are allowed to change full-time or half-time employment status once per service obligation upon request to the Agency. If approved, the change will require a contract amendment and may require a change to the service obligation period/contract term.

If eligible and awarded, healthcare practitioners must sign a contract and complete a minimum service obligation at an eligible practice site(s) that is located in a federally designated health professional shortage area (HPSA).

Example: A practitioner is sick for 24 hours one week. He works a standard 60 hours that week with no overtime so he will only need to claim 4 hours of allotted time-off for the week.

HALF-TIME, 4-YEAR SERVICE OBLIGATION REQUIREMENTS

- If service obligation includes more than one practice site, ALL sites must meet practice site eligibility requirements.
- Service credit begins when the contract period starts.
- Award recipients are required to provide services for a minimum of 45 weeks per service year for the duration of the service obligation.
- Recipients have the option to take a maximum of 7 weeks of time off (35 half-time workdays or 140 half-time working hours) per service year for any reason (e.g., vacation, holidays, sick leave, continuing education). However, time-off does NOT count toward the 45 week service requirement (45 weeks service + 7 weeks optional time off = 52 weeks per year). Requests for additional time off are considered and if approved, require a contract amendment to extend the service obligation (contract end date).
- Services are provided under half-time employment status. Half-time service is defined as a minimum of 20 hours per week not to exceed 39 hours per week.
 - The 20 hours per week may be compressed into no less than 2 days/week, with no more than 12 hours of work to be performed in any 24-hour period.
 - Hours in excess of 20 hours per week cannot be applied to any other work week.
 - If an award recipient works more than the minimum number of 20 hours per week, and it is not considered overtime, the only allotted time off that will need to be deducted are the hours of absence that cause a participant's work hours to fall below the required 20 hours per week.
 - Overtime hours do not count toward service obligation.
 - "On call hours do not count toward the service obligation, except to the extent the provider is providing patient care during that period.
- At least 16 hours per week are spent providing patient care at practice sites.
- Telehealth delivered services, if applicable, cannot exceed more than 75 percent of the minimum weekly hours required to provide direct patient care.
- No more than 4 hours per week are spent in a teaching capacity or performing clinical-related administrative activities.
- Award recipients are allowed to change full-time or half-time employment status once per service obligation upon request to the Agency. If approved, the change will require a contract amendment and may require a change to the service obligation period/contract term.

Example: A practitioner is sick for 24 hours one week. He works a standard 36 hours that week with no overtime so he will only need to claim 8 hours of allotted time-off for the week.

Eligibility Conditions

The following conditions automatically disqualify an applicant from being considered for an award under the Primary Care Provider LRP. Individuals who have experienced ANY of the following conditions should not apply.

1. Eligible applicants must not have judgment liens arising from federal or state debt.
2. Eligible applicants must not have a current default on any federal payment obligations, [e.g., Department of Education student loans, Health Education Assistance Loans, Nursing Student Loans, Federal Housing Administration Loans, federal income tax liabilities, federally

guaranteed/insured loans (e.g., student or home mortgage loans) or any non- federal payment obligations (e.g., court-ordered child support payments or state tax liabilities)] even if the creditor now considers the default to be in good standing.

3. Eligible applicants must not have breached a prior service obligation to the federal/state/local government or other entity, even if the service obligation was subsequently satisfied.
4. Eligible applicants must not have write-offs/charge-offs of any federal or non-federal debts as uncollectible or waiver of any federal service or payment obligation.
5. Eligible applicants must not have an existing current service obligation (e.g., an NHSC Scholarship, Loan Repayment Program obligation, NURSE Corps Loan Repayment Program obligation), or other state loan repayment program, and agree not to incur any service obligation that would be performed concurrently with, or overlap with, their Primary Care Provider Loan Repayment Program service obligation.
 - a. Certain provisions in employment contracts can create a service obligation (e.g., an employer offers a physician a recruitment bonus in return for the physician's agreement to work at that facility for a certain period of time or pay back the bonus).
 - b. EXCEPTION: Individuals in the Reserve Component of the U.S. Armed Forces or National Guard are eligible to participate in Primary Care Provider LRP. In making awards to reservists, the Agency must inform the potential Primary Care Provider LRP participant that:
 - i. Placement opportunities may be limited by the Primary Care Provider LRP program in order to minimize the impact that a deployment would have on the vulnerable populations served by the reservist.
 - ii. Military training or service performed by reservists will not satisfy the Primary Care Provider LRP service commitment.
 - iii. If participant's military training and/or service, in combination with the participant's other absences from the service site, exceed 35 workdays per service year, the Primary Care Provider LRP service obligation must be extended to compensate for the break in service.
 - iv. If the participant is a reservist and is called to active duty, the amount of time he/she is on active duty (which does not count as Primary Care Provider LRP service) must be added to the length of the original Primary Care Provider LRP obligation.

Eligibility Requirements

To be considered for an award, applicants must meet **ALL** eligibility requirements. The documentation required to be submitted with an application may take several days to weeks to obtain so plan accordingly.

<p>Eligibility Requirement 1</p>	<p>Applicants must be a U.S. citizen or U.S. naturalized citizen.</p>
<p>Eligibility Requirement 2</p>	<p>Applicants must be licensed, board eligible, or board-certified to practice in Iowa as a health care provider in an eligible discipline and specialty (if specialty is applicable). Click here for eligible health profession disciplines and specialties.</p>
<p>Eligibility Requirement 3</p>	<p>Applicants must have qualifying education that is related to the applicant's discipline.</p>
<p>Eligibility Requirement 4</p>	<p>Applicants must have qualifying educational loans.</p>
<p>Eligibility Requirement 5</p>	<p>Applicants must work at an eligible practice site. Click here for eligible practice site types.</p>

Description of Eligibility Requirements

Descriptions are provided as necessary. Some eligibility requirements do not have accompanying descriptions.

Description of Eligibility Requirement 2: Health Profession Discipline & Specialty

- Applicants may apply with a provisional license or certificate but must have a current, full, permanent, unencumbered, and unrestricted health professional license, certificate, or registration, as applicable, prior to the posting of the Notice of Intent to Award.
- Applicant's license or certificate **MUST** be consistent with the professional discipline declared in the application.

Description of Eligibility Requirement 4: Qualifying Educational Loans

- Applicants have the opportunity to submit individual, consolidated, or refinanced federal or commercial student loans.
- Qualifying educational loans:
 - Are limited to the minimum undergraduate or graduate education required to obtain licensure in the profession declared in the application.
 - Must have a related transcript or signed statement included in the application.
 - Must correspond to the dates indicated on educational transcripts (or signed statements from educational institutions) provided in the application.
 - Are government and commercial loans for actual costs paid for tuition and reasonable educational and living expenses related to the education of the applicant.
- **Reasonable educational expenses** are costs of education, exclusive of tuition, (e.g., fees, books, supplies, clinical travel, educational equipment and materials, and board certification/licensing exams), which do not exceed the school's estimated standard student budget for educational expenses for the participant's degree program and for the year(s) of that participant's enrollment. Debt associated with residency programs or relocation is not considered a "reasonable educational expense".
- **Reasonable living expenses** include the costs of room and board, transportation, and commuting costs, which do not exceed the school's estimated standard student budget for living expenses at that school for the participant's degree program and for the year(s) of that participant's enrollment. Debt associated with residency programs or relocation is not considered a "reasonable living expense".

Ineligible loans include:

- Credit Card debt
- Loans for which the applicant incurred a service obligation which will not be satisfied prior to the start of this contract.
- Loans obtained after the applicant submits an application for loan repayment assistance.
- Loans not obtained from a government entity or commercial/commercial student loan lending institution. (Most loans made by private foundations to individuals are not eligible for repayment)
- Loans that have no current balance or have already been paid in full.
- Loans subject to cancellation (for example, Perkins Loans may require documentation to confirm no cancellation through service).
- Loans that have been consolidated with another person's loans (e.g., a spouse or child). This makes the entire loan ineligible.
- Loans that have been consolidated with any personal debt.
- Parent Plus loans (reference <https://studentaid.gov/understand-aid/types/loans/plus>)
- Personal lines of credit/Personal loans
- Primary Care Loans, as they have an obligation for health professional service to the federal government.
- Residency loans
- Relocation loans

- Loans for other educational degrees that were not required to obtain licensure in the professional discipline and specialty (if specialty is applicable) declared in the application.
- If an otherwise eligible educational loan is consolidated/refinanced with ineligible (non-qualifying) debt of the applicant, no portion of the consolidated/refinanced loan will be eligible for loan repayment.

Description of Eligibility Requirement 5: Qualifying Practice Sites

Practice Site Business Structure

An eligible business structure can be one of the following (a resource to verify the business structure is on the Secretary of State's website at <https://sos.iowa.gov>. Search Databases/Business Entities):

- Public entity (any state or local government)
- Non-profit private entity (an entity which may not lawfully hold or use any part of its net earnings to the benefit of any private shareholder or individual and which does not hold or use its net earnings for that purpose)
- For-profit health facility operated by a non-profit organization

NOTE: For-profit, private entities are NOT eligible.

Practice Site Patient Non-discrimination Policy (NDP)

The NDP must indicate that the site will not discriminate in the provision of services based on an individual's: Inability to pay; Medicare, Medicaid, or Children Health Insurance Program coverage; or race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity.

Practice Site Telemedicine Practices

- The originating site (location of the patient) and the distant site (location of the Primary Care Provider LRP participant) must be located in a HPSA and be an eligible practice site.
- Applicants must comply with all applicable telemedicine policies of their site as well as all-applicable federal and state rules and policies regarding telemedicine services.
- Applicants must be practicing in accordance with applicable licensure and professional standards.
- Applicants must be available, at the discretion of the approved practice site(s), to provide in-person care at the direction of each telehealth site on the application regardless of whether such sites are distant or originating.
- Telehealth may be conducted to or from an approved alternative setting as directed by the participant's practice site(s).
- All service completed in an approved alternative setting is restricted to the program guidelines.
- If telehealth services are provided to patients in another state, the clinician must be licensed to practice (including compacts) in both the state where the clinician is located (i.e., the distant site) and the state where the patient is physically located (i.e., the originating site).

- Telehealth services must be furnished using an interactive telecommunications system, defined as multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real time interactive communication between the patient at the originating site and the applicant at the distant site.
- Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system.

Practice Site Sliding Fee Scale Policy

- Sliding fee scale must be the most updated version in accordance with U.S. Department of Health and Human Services (HHS) Poverty Guidelines.
- For information about the U.S. Department of Health and Human Services (HHS) Poverty Guidelines, please visit <https://www.federalregister.gov/documents/2023/01/19/2023-00885/annual-update-of-the-hhs-poverty-guidelines>.
- Sliding Fee Policy must indicate that:
 - For individuals with annual incomes at or below 100 percent of the HHS Poverty Guidelines, practice sites provide services at no charge or at a nominal charge.
 - For individuals between 100 and 200 percent of the HHS Poverty Guidelines, practice sites must provide a schedule of discounts, which must reflect a nominal charge covered by a third party (either public or private).
 - Practice sites may charge for services to the extent that payment will be made by a third party which is authorized or under legal obligation to pay the charges.
 - Critical Access Hospitals must utilize a Sliding Fee Discount Program, at a minimum, for low-income patients in both the emergency room and the affiliated outpatient clinic. The Sliding Fee Discount Program requirements do not extend to the Critical Access Hospital inpatient fee structure (i.e., the Critical Access Hospital in-house discounted fee schedule or charity care program for other settings) or for requirements necessary to meet Medicare certification requirements.
 - Practice sites cannot require Medicare, Medicaid, or Children's Health Insurance Program application or proof of denial before allowing a patient to apply and be eligible for the Sliding Fee Discount Program

Here is a [sample](#) of a sliding fee scale policy and schedule.

Practice Site Health Insurance Acceptance

Each eligible practice site must accept insurance, including Medicare, Medicaid, and the Children's Health Insurance Program.

Practice Site Professional Services Rates

Each eligible practice site must charge for professional services at the usual and customary prevailing rates (free clinics are exempt from this requirement).

Practice Site Patient Acceptance

Each eligible practice site must accept all individuals regardless of their ability to pay.

Practice Site Type

- Centers for Medicare & Medicaid Services Certified Rural Health Clinics
- Community Outpatient Facilities
- Community Mental Health Facilities
- Correctional or Detention Facilities
 - Federal Prisons
 - State Prisons
- Critical Access Hospital affiliated with a qualified outpatient clinic
- Federally Qualified Health Centers (FQHCs), may include:
 - Community Health Centers
 - Migrant Health Centers
 - Homeless Programs
 - Public Housing Programs
- FQHC Look-Alikes (community-based health care providers that meet all HRSA Health Center Program requirements and are part of the Health Center Program but do not receive federal award funding)
- Free Clinics
- Immigration and Customs Enforcement Health Service Corps
- Indian Health Service Facilities, Tribally-Operated 638 Health Programs, and Urban Indian Health Programs to include:
 - Federal Indian Health Service (IHS) Clinical Practice Sites
 - Tribal/638 Health Clinics
 - Urban Indian Health Program
 - IHS and tribal hospitals
- Mobile Units
- Private Practices (Solo or Group), must be operated by a non-profit organization
- School-based Programs
- State and County Health Department Clinics
- State Mental Health Facilities

Ineligible Practice Site Types

- Homes of Patients or Providers
- Retail Pharmacies
- Private, For-profit Entities
- County/local prisons
- Inpatient hospitals, unless specified
- VA Medical Centers and Clinics, Military Bases, and Civilian Health Care Providers in the Tricare Network
- Long-term care facilities

Eligibility Verification

Verification Item	What is Needed
Verification of Citizenship	<p>One of the following:</p> <ul style="list-style-type: none"> • Certified copy of the applicant's birth certificate issued by a state or territory of the U.S. • Valid, unexpired U.S. passport or U.S. passport card • Certificate of Naturalization • Certificate of Citizenship
Verification of Legal Name(s) Change, if Applicable	<p>One of the following:</p> <ul style="list-style-type: none"> • Marriage Certificate • Divorce Decree • Court Order
Verification of Eligible Discipline	Professional license or professional certificate to practice in Iowa
Verification of Eligible Specialty	Specialty board certificate (e.g. ANCC or AANP for Nursing; or ABFM, ABP, or BCGM for Physicians).
Verification of Qualifying Education	<p>Official educational transcript or signed statement from educational institution on official letterhead for <i>EACH</i> educational institution attended to obtain the minimum degree required for licensure under the applicant's discipline. (Certificates or diplomas are not acceptable documentation.)</p> <p>Documentation must include institution name, student name, dates of attendance, and degree obtained.</p>
Authorization to Access Student Loan Data	In the application, consent is provided by the applicant for the Agency and the Iowa College Student Aid Commission (ICSAC) to access the National Student Loan Data System (NSLDS) in order to verify student loan information.
Verification of Student Loans	<p>All of the following:</p> <ul style="list-style-type: none"> • Debtor Name/Borrower Name (i.e., the PCPLRP applicant) • Lender/Holder Name • Loan Account Number • Original Loan Date • Original Amount Disbursed • Last Date of Disbursement • Principal Balance • Current Outstanding Balance/Total Balance (must be no more than 30 days from the date of the PCPLRP application submission). • Current Interest Rate

- Outstanding Interest Balance
- Loan Type (e.g. Direct Subsidized Loan, Direct Unsubsidized Loan, Direct Grad PLUS Loan, Direct Consolidation Loan)
- Loan Identifier (e.g. token, group, or number for each loan)
- Servicer Name
- School Name

For a consolidated loan, additional information and documents will be required:

- Original date of consolidation.
- Original balance of consolidation.
- Account number.
- What loans were included in the consolidation
- Supporting documentation (see below) for each loan included

NOTE: If a loan was consolidated twice, each consolidation must be listed separately in the application. Information must be provided about all of the loans included in the first consolidation and all of the loans that were included in the second consolidation.

Required Supporting Documentation. Applicants will be required to provide an account statement and a disbursement report for each commercial loan, each consolidated loan, and for each loan included in the consolidation. Supporting documentation for an individual federal loan is not required (unless the loan is part of a consolidation).

Account Statement. This document is used to provide current information on qualifying educational loans and should:

- Be on official letterhead or other clear verification that it comes from the lender/holder;
- Include the name of the debtor/borrower (i.e., the PCPLRP applicant);
- Contain the account number;
- Include the date of the statement (cannot be more than 30 days from the date of PCPLRP application submission);
- Include the principal balance and outstanding/accrued interest
- Include the current outstanding balance/total balance (principal and interest); and
- Include the current interest rate.

Disbursement Report. This report is used to verify the originating loan information and should:

- Be on official letterhead or other clear verification that it comes from the lender/holder;
- Include the name of the debtor/borrower;
- Contain the account number;
- Include the type of loan;
- Include the original loan date (must be prior to the date of the PCPLRP application submission);

	<ul style="list-style-type: none"> • Include the original loan amount; and • Include the school name. <p>NOTE: For non-federal loans, the disbursement report requirement may be satisfied through various types of documents including a promissory note, a disclosure statement, and letters directly from the lender containing the required information (as indicated above). The applicant may be able to obtain this disbursement information on their lender’s website or from other documentation; however, all documentation must be on official letterhead and clearly demonstrate that the loan originated from the servicer/lender.</p>
<p>Verification of Employment</p>	<p>All of the following:</p> <ul style="list-style-type: none"> • Employer Legal Name • Employer Address, City, State, Zip • Business Structure • Business Type • Authorized Representative Name, Email, Phone
<p>Verification of Employer/Practice Site PATIENT Non-discrimination Practices</p>	<p>Non-discrimination policy on official letterhead.</p> <ul style="list-style-type: none"> • Documentation MUST be a copy of an official document of the employer/practice site and must be identified as such. • Employee non-discrimination policies are NOT acceptable documentation.
<p>Verification of Employer/Practice Site Telemedicine Practices</p>	<p>In the application, applicants will indicate adherence to telemedicine policies for employer/practice site(s).</p>
<p>Verification of Employer/Practice Site Sliding Fee Scale Practices</p>	<p>Sliding Fee Scale and Policy on official letterhead.</p> <ul style="list-style-type: none"> • Documentation MUST be a copy of an official document of the employer/practice site and must be identified as such.
<p>Verification of Employer/Practice Site Health Insurance Acceptance Requirement</p>	<p>In the application, applicants will indicate adherence to acceptance of health insurance requirements.</p>
<p>Verification of Employer/Practice Site Professional Services Rates Requirement</p>	<p>In the application, applicants indicate adherence to rate requirements.</p>
<p>Verification of Employer/Practice Site</p>	<p>In the application, applicants will indicate adherence to patient acceptance requirements.</p>

Patient Acceptance Requirement	
Verification of Practice Site(s)	<p>All of the following:</p> <ul style="list-style-type: none"> • Practice Site Name • Doing Business As (DBA) • Practice Site Address • Practice Site City, State, Zip • Practice Site County • Practice Site Type • FTE (what portion of time will be spent at each practice site (e.g. 0.2 FTE, 0.7 FTE) • Rural-Urban Status • County-level Poverty • Health Professional Shortage Area (HPSA) Discipline • HPSA ID • HPSA Name • HPSA Score

Award Recipient and Employer Responsibilities

AWARD RECIPIENT RESPONSIBILITIES

1. Refrain from consolidating or refinancing approved educational loans with any other debt.
2. After receiving an award disbursement, render payment of approved educational loans directly to the lender(s). Disbursement payments must be made in lump sum, and are not a substitute for regular monthly payments of educational loans, regardless of “Pay Ahead Status” of loan(s).
3. Continue to make regularly scheduled loan payments toward the outstanding balance(s), regardless of “Pay Ahead Status” of loan(s), and remain in good standing with lenders throughout the entire service obligation (i.e. your monthly payments are \$50. In August, you paid \$100 instead. You still need to pay \$50 in September and each month after).
4. Provide proof of regularly scheduled payments of approved educational loans.
5. Maintain credentials for your professional discipline.
6. Maintain appropriate malpractice insurance for the duration of the service obligation.
7. Provide clinical services for the duration of the service obligation.
8. Accept reimbursement under Medicare, Medicaid and the Children’s Health Insurance Program, as appropriate for your professional discipline.
9. Utilize a sliding fee scale.
10. See all patients regardless of their ability to pay.
11. Complete and submit required reports.
12. Participate in a site visit with the Employer and the Agency, as needed.

EMPLOYER RESPONSIBILITIES

1. Verify that the Practitioner has no other service obligation for the duration of the contract period indicated on the contract face sheet.

2. Verify that the practitioner is appropriately credentialed in the healthcare discipline indicated on the contract face sheet.
3. Verify that the Practitioner does not have a restricted professional license/certificate.
4. Verify that the Practitioner is rendering services at the approved practice site(s).
5. Make all attempts to employ the practitioner for the duration of the contract period indicated on the contract face sheet.
6. Provide a salary for the practitioner that is based on the prevailing rate in the area and is not supplanted by the contract award.

Funds Disbursement

- ▶ Primary Care Provider LRP award disbursements are contingent on contract compliance and will be dispersed in year one of the service obligation.
- ▶ Award disbursement payments are not a substitute for regular monthly payments of educational loans.
- ▶ If at any time during the service obligation, the outstanding balance of approved educational loans is less than the maximum disbursement amount, any unused funds must be returned to the Agency and the contractor will remain obligated to complete the service obligation.
- ▶ If an approved educational loan is forgiven and a credit is due to the debtor/borrower that includes all or part of the Primary Care Provider LRP disbursement, then that portion of the credit must be returned to the Agency.
- ▶ Within 60 days of receiving an award disbursement, the Practitioner must render payment of approved educational loans directly to the lender(s).
- ▶ Payment must be made in lump sum, and is not a substitute for regular monthly payments of educational loans, regardless of "Pay Ahead Status" of loan(s).
- ▶ Within 90 days of receiving an award disbursement, the Practitioner must submit documentation of payment to the lender(s).

Tax Liability

- ▶ Loan repayment program awards are not subject to federal or state income taxes. Public Law 111-148, the Patient Protection and Affordable Care Act, makes payments under the National Health Service Corps Loan Repayment Program and certain state loan repayment programs tax exempt. The Primary Care Provider LRP is Iowa's State Loan Repayment Program. The provision is effective for loan repayment grants received by an individual in taxable years beginning after December 31, 2008.
- ▶ Iowa income taxes were coupled with the Internal Revenue Code as of January 31, 2005, thereby exempting Primary Care Provider LRP funds from state income taxes under the same effective dates reflected in federal legislation.