

## **CAPITOL ASSOCIATES**

**Moderator: Bill Finerfrock**  
**May 11, 2010**  
**2:00 pm CT**

Operator: Good day everyone and welcome to the Rural Health Clinic's Technical Assistance National Teleconference entitled, "Applying for a National Health Service Corps Site Approval." Today's call is being recorded.

At this time for opening remarks and introductions, I would like to turn the call over to your host, Mr. Bill Finerfrock. Please go ahead, sir.

Bill Finerfrock: Thank you, Operator. And I want to welcome everyone to today's call presentation by some folks from the National Health Service Corps and the Office of Shortage Designation about becoming a National Health Service Corps-approved site and a discussion about possible changes that may occur and how the federal government determines whether an area qualifies as a medically underserved area, health professional shortage area.

My name is Bill Finerfrock and I'm the executive director of the National Association of Rural Health Clinics and I'll be the moderator for today's call. Our presenters today are from the Health Resources and Services Administration. We have Andy Jordan and Leah Lample who will provide an overview of the National Health Service Corps and the benefits of clinical sites for participation as well as site eligibility requirements and application process.

After their presentation, we'll open the phone lines for your questions. This call series is sponsored by the Health Resources and Services Administration Federal Office of Rural Health Policy in conjunction with the National Association of Rural Health Clinics. The purpose of the series is to provide RHC staff with valuable technical assistance and RHC-specific information.

Today's call is the 34th in the series, which began in late 2004; and during that time, over 7000 individuals have participated on the bimonthly RHC national teleconference calls. There is no charge, as you know to participate in this conference call series. We encourage you to refer others who might benefit from this to sign up to receive announcements regarding call dates, topics, and presentations.

During the question and answer period, we request that you identify yourself by name and where you're calling from by state. In the future, you can also e-mail questions or topic ideas to [info@narhc.org](mailto:info@narhc.org) and put RHC teleconference question or topic in the subject line. All questions and answers are included as part of the recording and the transcript of the call and is posted on the ORHP Web site.

And you can also get information by going to our Web site which is [www.narhc.org](http://www.narhc.org). You can follow on. Hopefully, you've all received the slides ahead of time. We ask our presenters to please note when they are moving to a slide.

With those opening remarks, I'd like to turn the control of the meeting over to our speakers. First up is Leah Lample. Leah, it's all yours.

Leah Lample: Thank you so much, Bill. Good afternoon, everyone. This is Leah Lample. I'm at the National Health Service Corps at HRSA and I just want to again thank you so much, Bill, for having us come and provide this information to rural health clinics all over the country.

I'm going to try to keep this as brief as possible so we can get through everything and then also leave some time for questions. This first section, there are no slides that accompany it. It's actually sort of going through that two-page quick reference guide that we provided that's also on the ORHP Web site. So here we go.

The National Health Service Corps was established in the early 70's, as you all know. It was created to address primary workforce shortage issues throughout the U.S. including rural and urban areas. And since then, we placed over 30,000 clinicians who have either received a scholarship or loan repayment award for serving in underserved communities. And here we are, 40 years later and that is still the mission of the Corps.

We're having this call today because of some increased funding that we received in 2009; and because of the increased funding, we're planning to receive through health reform. And so in 2009 – and we just want to make sure that you are aware of all of the updates that have happened and how this affects sites you are trying to recruit and retain clinicians who provide services.

And in 2009, we received funding through the American Recovery and Reinvestment Act in – that was in February 2009 which essentially provided enough funding to double the number of clinicians who are serving in the field as a Corps member. And so far this year, in fiscal year 2010, we've nearly awarded 3,000 loan repayment awards. And that's huge.

We're still planning toward approximately 1100 more this year and that will put us somewhere close to 8000 clinicians which will achieve our goal of nearly doubling the Corps. Also because of ARRA, we're able to bring in one of the largest scholar classes that we've had in awhile. We'll be able to provide around 170 scholarships this year and about 70 of them are due to ARRA funding. And we only expect this sort of funding to increase opportunities for clinicians who have a passion

to work in underserved communities. Through health reform, we're going to continue to grow.

This is really a historic time.

Some of the major changes you might be aware of or haven't been aware of is that we've had an open and continuous application cycle since last fall which means that loan repayment applications have been awarded on a first come, first serve basis. What this has done is provided clinicians who work in lower HPSA scores (sites with lower HPSA scores) to have a greater opportunity to be awarded.

And this is something that we want to make sure that that new sites who are contemplating applying for NHSC designation and that sites who are currently approved know about this as well as sites who are approved. We also – through the bureau, the Bureau of Clinician Recruitment and Service which is where the National Health Service Corps is administrated, the bureau was able to fund SEARCH contracts to 28 states throughout the county and this also is crucial for sites like yourself who are trying to be a place where students and residents can have rotational experience in communities like yours. This is something to do some further investigation on.

In 2009, we funded a national marketing campaign that not only is working to create a new brand for the National Health Service Corps, something new and refreshed, but also we're conducting research to find out new ways that we can communicate more effectively with clinicians who are currently in the corps, ones who are interested in applying and also to our sites.

We know that site administrators and clinicians are extremely busy and they need to receive information from the National Health Service Corps that's organized and easy to follow. So we're continuing to work on various processes that will affect sites that want to apply as well as sites that are already approved sites. And you'll be seeing more of this in the future.

We also were able to offer a piloted program for a half-time loan repayment program. This is something that sites and clinicians have been asking us for awhile if we would be able to do this and we're expecting to make 400 awards for this fiscal year for clinicians who work at least 20 hours in our sites. So this is definitely something you should keep your eyes and ears out for us as well.

So from this call, we're hoping to achieve the following; we know that some of you on this call may not be National Health Service Corps-approved sites and so we want to make sure that you understand how to become an approved site and what the benefits are for becoming one. We've provided the document that I just referred to; it's the two-page document. It's called "A Quick Guide for Rural Health Clinics about Becoming an Approved Site." And that's a step-by-step instruction with links and contact information, anything that you would need to get you started in the process and also help you through the process.

We're hoping that this call is going to provide some technical assistance for you all. And then also for our other participants, sites that are already approved, we want to remind you of a couple of things. We want to encourage you to make sure that your vacancies are current on the job opportunities list. Please know that clinicians are using the job opportunities list to research potential employment opportunities and it's an important tool for sites as you're trying to recruit clinicians.

We also want to make sure that you're keeping your contact information correct on there so that if a clinician is interested in applying, that they have someone to go to to talk about this opportunity. And if those two things do need to be updated, if you need to add or update vacancies or if you need to update your contact information, you can do so through the RTSC, which is the Recruitment Training and Support Center.

Also, we want you to walk away from this call knowing that it's a great time to communicate with staff about current opportunities with the Corps. Maybe your site is in a lower HPSA and in the past, your clinicians have applied but haven't been awarded due to limited funding, this isn't currently an issue right now and we're not expecting that to be an issue for awhile and so we want to make sure that you're encouraging your clinicians who are already at your site to take advantage of this loan repayment opportunity.

And then finally, when communicating with potential clinicians about coming to work at your site, make sure that they know the full support that the National Health Service Corps has to offer. Although the initial commitment is for 2 years for \$50,000, there is no cap to how much loan repayment funding one can receive as long as they have qualifying educational debt.

So let's say for example you have a clinician that would decide to stay for 3 years past their initial agreement, that would be a total of \$145,000 in loan repayment for this 5-year commitment. Maybe we haven't done a really good job of communicating what this means for retention for your site but it's something that we have been trying to communicate better and we want to make sure that you're aware of how to communicate this with your clinicians or potential clinicians.

So those are the updates that we have right now. Again, please refer to the two-page document that was provided for the step-by-step instructions for those who are currently approved but we're going to go – I think, next, I'm going to pass it to Andy Jordan from the Office of Shortage Designation. She's going to talk about some things related to health professional shortage area and the shortage designation.

Andy Jordan: Thanks, Leah. Thanks, Bill and folks of the association for allowing us to spend some time hopefully try to clarify few things that may have been confusing to people over the years. I think I'm next and first in line for the rest because we hold the key to the door to the National Service Corps and some cases to your rural health clinic status.

But since those of you on the phone, most are already rural health clinics; you don't need to know so much about that door. But you want to know a lot more about the National Health Service Corps door. The first slide just says we do a number of different designations. There's the health professional shortage area, medically underserved area, governor's certified shortage areas; and then we'll talk about the automatic facility HPSAs.

The third slide is a little chart that just shows how those different designations are used by a number of different programs in the rural health clinic column. It's highlighted. As you can see, there are number of different ways to get in the rural health clinic door. Being in a HPSA is one of them; being in a medically underserved area is another; and being in the state governor's area is another one.

For those of you who are in MUAs or the state governor's and not on the HPSA, you're not eligible for the National Service Corps on that basis, but you do have another opportunity to do that. One other thing that's important for your Rural Health Clinic eligibility certification that the fourth slide talks about the deadline and the timing; CMS proposed to basically sunset eligibility in areas after 4 years. So if you're eligibility depends on an area, either a HPSA or an MUA, it needs to be updated within the last 4 years. While the regulations have not yet been published on this it is important to know about it. For new RHCs, the 4 year deadline is enforced now.

That's changed from 3 years from a legislation a couple of years ago but you need to pay attention to that. The people in the states are very aware of those deadlines as we talked about it all the time. You can see the dates on the Web site in the Advanced Search option. So you can see when – if you do an advanced search on our Web site, you can see what the day of the last update was and figure what 4 years from that is. So you can get ahead of it to make sure that the area you're in doesn't drop off the list on their calendar. Their calendar is not the same as

ours. Our review cycle ends up being almost 5 years by the time we initiate the review, complete the review, and then get the changes made.

So you need to pay attention to those dates. If you're eligibility for rural health (status) depends on any of those things, pay attention to that timeframe. In terms of the National Service Corps, for those of you who are not in HPSA, there is an automatic facility HPSA option available to you. In 2002, the Healthcare Safety Net Amendments were passed that opened up an automatic HPSA status for FQHCs, FQHC look-alikes, and some rural health clinics who were willing to meet certain of their requirements.

Those requirements are on the next slide in terms of services cannot be denied based on ability to pay; there has to be a sliding fee scale arrangement of some kind. You have to be open to Medicare and Medicaid. Those are the same requirements that any National Service Corps site has and as well as the requirement for the FQHC program. If a rural health clinic can meet those requirements and wishes to become an automatic HPSA, there's a form; and the next slide talks a little bit about it.

We initially mailed out forms of the 3000 or whatever rural health clinics there were at the time, and I think we got 4 – 500 back. We're now at about 800 rural health clinics that have submitted that form. It basically certifies that you will meet those requirements, that you understand what they are. And it comes straight out of the National Health Service Corps application, so it's the same information that's in there. So if you want to be in the Corps, it's the same requirements you'd have to meet for them anyway.

Male: Andy...

Andy Jordan: Yes?



Male: Can I ask you a question? I'll just clarify a point.

Andy Jordan: Yes.

Male: On your slide, it says that – state the site must accept Medicare patients as well as Medicaid. We have some rural health clinics that are either – well, more pediatric so they rarely see, if ever, a Medicare patient.

Andy Jordan: Sure.

Male: So they would still be eligible even though they don't see Medicare patients because they're simply attesting to the fact that if one were to show up, we would take care of them and it was appropriate clinically for our site.

Andy Jordan: That's correct.

Male: So pediatric practice, if it was an elderly patient, obviously, they couldn't see them...

Andy Jordan: OK.

Male: The pediatrician would be outside their scope.

Andy Jordan: That's correct.

Male: Can you explain that point a little bit?

Andy Jordan: Yes. No, you're absolutely right. And obviously, it's appropriate for the practice. It says the National Service Corps pediatrician isn't going to see Medicare patient very often either unless they're SSI or whatever.

Male: Right.

Andy Jordan: So, yes, it's clearly for the patient. If anybody showed up in the door and they're clinically appropriate to be seen, they need to be let in even if they're on Medicare, Medicaid. But you're correct; if it's not approved for the factors, you wouldn't be required to do that.

Male: OK. Thank you.

Andy Jordan: Again, it's the same as the National Service Corps requirement would be in that regard. So there is a form. I have on the slide the e-mail for Tracy Martin in my office who manages the rural health clinic automatic process. She can e-mail you the forms, get it back to us, and we have to do the data entry to put it in the system so it will show up on the Web site.

After that, we also have a scoring process and Leah explained a little bit that the score is no longer as important as it once was because there is more money available so they can sort of fund a lot more opportunities now. It was used to differentiate between levels of need.

Scores tend to be pretty low unless people give us some additional information. We haven't had a lot of that for rural health clinics because generally, at this point, it has been – they have enough, and the score is low enough now, it hasn't been an issue. But there is a way if desired; we can get additional information; we do score based on national data that we have available and then people can submit other data as well. The automatic HPSA status that you can get is not a HPSA status that would allow you to remain a rural health clinic after the fact however..

You know if your other HPSA, underlying HPSA or whatever went away, these auto HPSAs would not save you. You only get this after the fact. And people will get kind of confused about how those two things work together. But you only get this if you're a rural health clinic, you can't use it to maintain your rural health clinic status. Now, that I've completely confused you on that, why would you care?

A lot of you don't because you're already in HPSAs and it doesn't matter. You can look up and find out that you're located in whatever state and whatever county, and whatever area, you got a geographic HPSA or a population HPSA that has got a score of 15 or whatever it is, that's all you need to know. It's for those of you who are in MUAs or the governor-certified areas that can't recruit to the corps that care about the automatic HPSA status, and that's why you would bother to go through it. So those of you who are in a HPSA don't even bother do it; it's not going to gain you anything to do that.

The next couple of slides talk about how you can find out where the HPSAs are. You can look by state and county. You can put your address in and it will locate whatever HPSAs maybe, where you are located. That Web site is currently updated daily, overnight refreshed. What we do one day shows up on the Web site the next along with a few quirks from the data systems that are still learning how to talk to each other.

Now, that's the best place to look for where you're located, are you on a HPSA, what is the HPSA. And if you would apply for automatic HPSA, you will show up based on your geographic location in the state and county where we have you located. So there's a couple of screen shots that show you what that page looks like, how you entered the data, and then what the report will look like.

The designation status must be **designated** to be used by the National Health Service Corps placement. There are sites on there that are called proposed for withdrawal for which data had been submitted which indicate they no longer qualify and there are sites – there are HPSAs in

there indicated as no new data, which means nobody sent in the data when they were due for updates. So they're really not considered active HPSAs; they just haven't been formally withdrawn.

The last couple of slides show how you can find the HPSA by address and what it looks like when it prints out. It will show you primary care, dental and mental health. And an automatic HPSA covers all three disciplines, so you'll be entered on each of the three types of disciplines and show up for all three of them when you do it. So you could find out that way. The geographic look-up by address will not show the automatic HPSA status because it's not linked to the geography; but you would show up by name on the state and county listing.

So that's the basic information on how you can find out whether you have a HPSA and how you can get an automatic facility HPSA. We have – We depend on CMS as our data source in terms of what sites are certified rural health clinics; it's their system, It's their program. It's not ours. So if a site writes in or calls us and says I want to be an automatic HPSA, we will look at their list to confirm that they are in fact eligible because sometimes people think they are a rural health clinic but they're not a certified rural health clinic.

We will ask for documentation. If you're not on the CMS list that we have, we will ask you for documentation. The CMS does not maintain the list on the Web site as frequently as it would be helpful for us. So, when we ask you that, you need to find someone in the chain of command, in the CMS Regional Offices that should be able to help you or there are also the state survey and certification people that should be able to help you get the documentation you need. We have a list of Regional staff we can share it that would help.

There should be a letter from somebody that says you are a certified rural health clinic. And if you're not on CMS' list, we need that information before we can make you an automatic HPSA.

That has caused some confusion. We've been working with CMS to try to figure how to get their list updated more frequently.

And I don't have a list yet of the state survey and certification people but we're trying to get that as well to fill that gap a little bit because I know sometimes it's very frustrating because you're not sure what we're asking about, we're not sure how to tell you where to go because we don't control that part of the process. Bill, you may have some thoughts on how to fill that gap a little bit as well from the contacts you have at CMS because we're still struggling a little bit with that. So that's the basic overview of HPSA, how you get them and why you might want to.

Bill Finerfrock: Andy, did you want to talk a little bit about the rule-making process you're going to be entering into this year with regard to possible changes in the methodology for...

Andy Jordan: What I will tell you is if you go to [www.regulations.gov](http://www.regulations.gov) and put underserved in the search box, the first thing that comes up is probably going to be the notice that was published today about establishing a negotiated rule-making committee that will be in charge basically within the next year to develop a new criteria methodology for designation of medically underserved areas and primary care HPSAs.

The basic process is explained in the notice. It's a 30-day comment period to comment both on the issues that you know are identified and discussed by the committee as well as participants on the committee. There are some organizations named – no names of people but organizations are named but it's not exclusive and there's a mechanism whereby people can nominate additional people with a rationale as to why they should be considered. Obviously, we can't have 400 people on the committee so it will be a challenge to winnow it down to a workable – 25 people is the maximum generally.

So we're going to see how that – how that process works, but that's – it's all explained in the notice and the best thing to do is look it up. And beyond that you know we'll see what happens over the next year.

Bill Finerfrock: But we will – just for the RHC folks, we will be working very closely on this issue. The folks there, I haven't seen the list but I hope the National Association of Rural Health Clinics was perhaps one of the named organizations. But, regardless, I hope that we will have a spot on that negotiated rule-making committee and we'll see how that goes. Back to you, however you guys want to move on to your next speaker or whatever you want to do.

Leah Lample: Great, yes. Bill, thank you. This is Leah. I'm going to hand it over to LaFayette Merchant who is the head of the site in community development branch, which is the branch that handles and processes all approved site...

Bill Finerfrock: Applications...

Leah Lample: Site applications. Gosh, I'm just tongue-tied.

LaFayette Merchant: Greetings to everyone. Thank you, Leah. I'm going to speak just briefly on the eligibility requirements that actually piggybacks and starts with the need for HPSA. And as you've just had a brief lesson there on the types and where the HPSAs originate, which is in the Office of Shortage Designation.

In Andy's office, we start with that as a criteria to determine eligibility. There are several types of HPSAs that we require designations, four for our programs; primary care, mental health, the dental area as well as any of our clinicians from the National Health Service Corps programs that are placed as a result of being eligible for the National Service – to be approved as a National Health Service Corps site. That particular clinician has to work in that appropriate discipline.

The scores, certainly, we look at the highest scores to determine the greatest need in HPSA scores. The National Service Corps looks to work with communities of that greatest need; and other programs that use the HPSA scores, the centers for Medicare and Medicaid, to determine HPSA designations as well as eligibility criteria.

On our Web site, you would again be able to find from the data warehouse the HPSA designations, geographically by address, by state, by zip code that is – that is to help anyone interested in determining if they are in the HPSA or if they indeed need to pursue the HPSA application protocol. Federally qualified health center look-alikes also qualify with the use of their automatic HPSAs in our eligibility scheme. Certified rural health centers or health clinics that also have automatic HPSAs must apply and must meet the National Health Service charges for services required. To include, they need to have sliding fee scales or discount fee schedules.

The types of sites that are eligible, public and private entities, community, migrant health centers, rural health clinic, private practices, the Indian health services as well as travel health centers, prisons, state and federal, community mental health centers. There was one other area. National Service Corps sites that meet those criteria or eligibility criteria would be in compliance in terms of being determined to be eligible. And they must maintain that compliance at all times.

And if they are able to be eligible and receive National Health Service Corps clinicians, then of course, the entire site or entire clinic has meet the compliance criteria and eligibility criteria to remain eligible and approved. I think that there was – that the next section here deals with the technical assistance and the application process that one would approach and pursue to become a National Health Service Corps site. On the National Health Service Corps Web site, under Sites and Communities, you would find there what is known as the Multi-Year Recruitment and Retention Assistance Application.

That application has an instruction with it. It's an application that would require the practice, the clinical practice site to complete certain critical information in terms of contacts like the principal contact that would be the HR contact, the administrator or CEO of that corporation as well as we would require – if requesting vacancies that those vacancies would be requested using what we call the R&R application, the Multi-Year Recruitment and Retention Assistance Application.

The instructions are rather specific to each item on the application. The application is reviewed through a protocol that would consist of our intake triage, then it would refer to your state representative, which is usually your PCO. The PCO would make recommendations as it relates to that – to us. We would do the final review here and the decision is rendered.

The notice is sent out back to the site as well as to the PCO as to what decision was rendered based on the application and what was awarded in terms of the request for vacancies. The respective sites that are approved by the National Health Service Corp have a 3-year window. Within that 3-year window, there's a request that all sites reapply within the 3-year window for recertification.

There would be many times during the course of that timeframe, however, that you would have to interact or wish to interact with us that would be around vacancies, that could be around critical changes in the corporation, the CEO might change. There may be a critical address change. There may be a relocation that could – there may be an adjustment in the HPSA score. That dialogue is encouraged both with your state analyst as well as through the RTSC, which is a contracting entity that we work through to make ourselves available at all times to those who are approved in the National Health Service Corp.

The technical assistance that is offered primarily to potential and prospective applicants, those who are not renewing, we encourage that particular protocol to start with the state representative, which is the PCO. With that engagement early in the process, most applicants are made aware



of what the requirements are, what the eligibility issues may be, and how to address those through the assistance from the PCO.

The PCO then has an opportunity to truly expedite that process, of getting the recommendation back to us once the application is formally submitted. And you will find once visiting the Web site that the application is submitted concurrently. It is submitted both to the PCO and to headquarters here, the National Health Service Corps, so that when we receive that, we can expedite that review and we can expedite a return decision as it relates to the application.

The technical assistance is further provided by the RTSC; again, one of our frontline entities that provide information and answer questions and direct to the resources relating to the application protocol. And then also the staff that are in my office, which are state analysts, they provide information and assistance both to prospective sites, existing sites, PCOs and others like the organization, the National Association of Rural Health Clinics. I think that sort of addresses it.

Leah Lample: Great. Thank you, LaFayette. We're just going to take just a couple more minute to go over one supplemental document for solo and group practices that might also be an RHC and that is something that we call the private practice option. So I'm going to turn that over to LaKaisha Yarber, who handles the application process for this.

LaKaisha Yarber: Thank you, Leah. Good afternoon, everyone. Now, in terms of discussing what the private practice option eligibility is in the application process, I'm going to take a unique stance on this one or role in that...

Bill Finerfrock: Check. Can you get closer to the microphone? I think it's a little bit hard to hear. I think you're a little farther away than the others.

LaKaisha Yarber: Can you hear me now?

Bill Finerfrock: Not as well, no.

Leah Lample: No, all the way up.

LaKaisha Yarber: What about now?

Bill Finerfrock: Now, that's great. Thank you.

LaKaisha Yarber: It feels like the commercial. OK. So, first, I'm going to discuss what a PPO is not, what the private practice option is not. And then we're going to move into what it actually is and who must obtain PPO approval and then a brief discussion on the application process.

So, first, in discussing what the PPO is not, please understand that a PPO is not a practice alternative used to augment or replace the employment contract between the clinician and the site. It does not serve to change the scope of practice and responsibility set forth in the employment contract. And most certainly, it is not an alternative used to mandate a site to allow NHSC clinicians to have a stake in site ownership.

Now, the private practice option should be viewed as an extension of the Multi-Year Recruitment and Retention Assistance Application in that it governs how clinicians operate at the NHSC approved site. The private practice option is an NHSC placement alternative through which a loan repayment participant fulfills all or part of the service obligation.

Now, who must obtain PPO approval? There are two different classes. The first one would be all NHSC clinicians or a loan repayment program applicant operating a sole proprietorship or those that have stake or who have a stake in ownership of the practice. Now, given that the PPO is generally the link through which the NHSC views some of its clinicians, it's being used to

establish the appropriate agreement between the NHSC and the clinician as a result of the terms and conditions outlined in the employment contract.

So with that being said, any NHSC applicant or clinician who is not a salaried employee receiving a salary that is comparable to the geographically located peers with similar education and background, receiving health benefits and receive a malpractice insurance including tail coverage must obtain PPO approval.

So what is this application process? So the application itself contains – I'm sorry – consists of three easy-to-complete pages that generally ask information about the demographics, the name of the site, its location, how many years the clinician is seeking loan repayment, their practice hours. And then there is a page on how the clinician plans to comply or will be in compliance with our requirement.

Now, even though the application itself is only three pages, there are some supporting documents that must accompany the application. Now, the required documents include things like a copy of your current licensure, proof of being on Medicaid and Medicare as your provider, your licensing schedule, and any signage that indicate that services will be rendered regardless of a patient's ability to pay.

Now, ideally, a complete application generally takes between 24 and 72 hours to process. Applications that are incomplete are not necessarily denied. In fact, the applicant is given another – is given another chance to make the application complete. We send what we call an e-notice of incomplete application. This is sent via e-mail that outlines all of the missing documentation needed to process the application. This information is also sent via certified letter and the letter also outlines that the applicant has 30 days to return all missing documentation, and should they feel that they need assistance, they should contact us as soon as possible.

Now, as a site, it is very important for you to understand that as soon as – sorry – as soon as it has been determined that a PPO application is warranted, the R&R, the Multi-Year Recruitment and Retention Assistance application, the processing of that application is placed on hold pending notification of PPO determination. That's why it is highly recommended that outstanding PPO documentation is received as soon as possible to avoid further delay in R&R processing.

Leah Lample: Great. That was really detailed. Thank you. Thank you so much, LaKaisha. I'm sorry, Bill, go ahead.

Bill Finerfrock: No, I was just going to say, do you have anybody else who wanted to make any formal comments or do we want to go to questions now from the audience?

Leah Lample: Questions would be great.

Bill Finerfrock: OK. Operator, do you want to give the instructions for folks to answer – ask a question, how they can get the queue.

Operator: Thank you, Mr. Finerfrock. Ladies and gentlemen, it is star 1 on your telephone keypad to ask a question. Again, that is star 1 for questions. A voice prompt on your phone line will indicate when your line is open and we ask that you state your name before posing your question. Once again, star 1 for questions.

And we'll go to our first caller. Your line is open.

(Steve): Hi. My name is...

Bill Finerfrock: Go ahead. Please state your name and where you're from?

(Steve): Yes. My name is (Steve) and I'm from Michigan.

Bill Finerfrock: Great. Go ahead.

(Steve): I'm calling about the NHSC site application process. We've had a number of sites that have gotten conflicting responses as far as e-mail response or phone messages back saying the sites weren't approved or they were approved and then when the applicant applies, they're told that the site is not approved, and trying to find access points into the Corps to get timely response has been difficult. Is there a site – is there a place that we can go where I personally can go in a system – I work at the Office of Rural Health – where I could assist them in their application process or they can contact?

LaFayette Merchant: (Steve), this is LaFayette. One quick question. The response that was given to the queries, was that given to the applicant, to the loan re-payer applicant, or was it given to a site that had made application to the Multi-Year Recruitment and Retention Assistance Application?

(Steve): Actually, both, LaFayette. We've had sites that were told they're approved or they assumed they were approved because they didn't receive anything back signaling that they were not. And then when the applicant applied, was told that the site was not approved. We've had sites that have then tried to communicate and they don't get information back; or if they get information, it conflicts with previous information.

And it's pretty frustrating for these sites. We wanted to get everybody lined up as we can in Michigan, so I'm just trying to find out if there's a certain person we can contact. I don't want it to be you. I know you don't want all these phone calls but is there somebody that we can call in to and say, "Here's the issue today. It's in Ontonagon, Michigan or it's in Keweenaw or it's in you know or wherever."

LaFayette Merchant: Yes. Well, I wanted to put you in the right door there. And I guess my breathing hard told you no, I didn't want all those calls.

(Steve): Yes.

LaFayette Merchant: But that's OK. That's why I tried to ask that clarifying question. Actually, if we're talking about a site, you would normally come directly to the RTSC, the RTSC phone number as our Web site...

Leah Lample: It's actually on the top of the second page of your agenda.

(Steve): Are you talking about the site – the stake person representative?

Leah Lample: No, it's called the recruitment training and support center, which is the contractor of the National Service Corps.

Bill Finerfrock: The number is 877-313-1823.

Leah Lample: Thank you, Bill.

LaFayette Merchant: Thank you. So please, if it's a site question and the applicant or the application has been executed through the protocol, meaning through your PCO and then onto us then you would certainly contact the RTSC. They have a way of tracking from intake through decision where that application is. If it's an applicant that has applied for scholarship or loan repayment, then there is a calling line that, again, we want to share with your which would be 800-221-9393.

(Steve): Well, part of the problem we've had is that when we do contact these numbers or if we sent an e-mail in, the response we get back doesn't come in a timely fashion or we get a voice-mail and

then we call back. And the people in these sites are very busy, and so they ask me to assist and I find the same thing; we're not getting timely responses. And I know you're overwhelmed. You've got a lot of people applying. But we're having sites throw up their hands and just say, "I'm not going to..."

LaFayette Merchant: Well, (Steve), this is what I'm going to – this is what I'm going to do. The next call you get like that, I'm going to share a secret number with you.

(Steve): OK.

LaFayette Merchant: 301-594-4460, and that brings us on a guy's desk by the name of LaFayette Merchant. And I'll make sure you get through to these respective health lines. Now, the RTSC prides itself on being very responsive. We've got eight site advisers that work across the country just like the analyst in my office, and they have states and regions that they work with. And I'm going to put you directly in contact and introduce you to your analyst there for your state and your region.

Bill Finerfrock: Evening, LaFayette, I think we're going to – I think it has been great and I think it's a – we've gotten some phone numbers out there and some contact information. I know we've got other folks who are going to have questions and we're going to run out of time here, and I'd like to give some other folks an opportunity to...

LaFayette Merchant: Absolutely.

(Steve): Good point. Good point. Sorry. Thank you very much.

Bill Finerfrock: Thank you. Operator?

Operator: Thank you. Ladies and gentlemen, if you find your question have already been answered, you may remove yourself from the queue by pressing star 2. We go on to our next caller. Please state your name and location.

(Cathy Conway): Hi. My name is (Cathy Conway). I'm calling from Texas. We have several provider-based RHCs, and one of them is an approved site. And our mid-levels have taken advantage of it and they have been very grateful. My question has to do with physicians. Because we do not employ physicians, we have to have a 501A that employs them and they're contracted. Does that meet the condition of employment?

Female: Actually, no. They would actually have to submit a Private Practice Option application because the physician is not considered a salaried employee of the site.

(Cathy Conway): OK. Thank you.

Bill Finerfrock: Even though they are a salaried employee of some other entity, they have to be a salaried employee of the actual approved site?

Female: Yes.

Bill Finerfrock: OK. All right, thank you.

(Cathy Conway): Even though Texas cannot employ physicians in the hospitals; it has to go through 501A? No exceptions?

Female: Right. He or she would still need to send in a PPO application.

(Cathy Conway): OK.



Bill Finerfrock: Is the – well, never mind. OK. Thank you. Operator?

Operator: And moving on, once again, caller, please state your name and location.

Bill Finerfrock: Go ahead, caller.

(Deb Jenky): Sorry about that. I had my phone on mute here on this side, too. This is (Deb Jenky) from the Minnesota PCO. And I had two questions, if I may. The first question was to Andy Jordan. On slide 4, in big red, you've got that the CMS regulation was new CMS regulations. When were those CMS regulation finalized?

Andy Jordan: Bill?

Bill Finerfrock: Boy, a couple of years ago. The...

(Deb Jenky): No. No, I don't think so, Bill. They were – because my recollection is that those – that rule was kicked out in 2000 or it was published in 2004 and withdrawn.

Bill Finerfrock: We're talking about a different – we're talking about a different issue.

(Deb Jenky): Yes. This is the one that requires – it's the CMS regulation that requires the rural health clinics have to be updated within the current year or the previous 3 years...

Bill Finerfrock: The previous requirement was that RHCs that were in shortage area designations who were more than – they would not approve a rural health clinic designation in a site where the shortage area designation was more than 3 years old. The statutory provision was changed a few years ago to make that 4 years.

(Deb Jenky): Right. But that's for new, right? For new rural health clinics?

Bill Finerfrock: New. Fifty rural health clinics, their requirement has not been applied to existing rural health clinics. It's only being applied to new rural health clinics.

(Deb Jenky): So existing rural health clinics and old shortage designations are still eligible to apply to the National Health Service Corps because they still have a rural health clinic designation.

Bill Finerfrock: That's correct.

(Deb Jenky): OK. All right, the second question was, Andy, you had – or, Bill, you had posed a question to Andy regarding the Medicare patients, accepting Medicare patient. And if clinics are not – if that's kind of out of their scope of practice, are they required to still be a Medicare provider? And on the PCO calls with the National Health Service Corps, we have been told that even if it's out of scope, the facility still needs to have a Medicare billing number, and that has kicked out a number of our sites that only see children especially mental health so – and mental health sites that don't bill Medicare because those services aren't covered under Medicare.

And the National Health Service Corps has told us if there is not a Medicare billing number for that site, they are not eligible and are not meeting the requirements. LaFayette, I'm wondering if you can respond to that?

LaFayette Merchant: Actually, I can't because I don't recall that being stated. Do you know who gave that as a...

(Deb Jenky): It was on one of our monthly PCO calls with the National Health Service Corps. So there's a number of – a number of you folks that sit on there. You're frequently on there as well. So I'm

not exactly sure who would have been responsible for the statements. But if – can you just verify now that that's not accurate, if it is out of the scope of the practice for them to be billing Medicare, it's OK that they are not in Medicare billing provider?

LaFayette Merchant: Actually, I can verify that. That's – I'm not prepared at this time to give that answer.

Actually, it sounds more like maybe that call was a (BPA feed) call.

(Deb Jenky): No, it wasn't. I don't sit on the (BPA) calls that often.

Bill Finerfrock: I guess I would just – we can try and get any answer and post that up for folks because I think you've raised a significant question which gets really at the question I was raising. I guess my only comment would be obtaining a Medicare provider number or enrolling in Medicare, why would the practice not simply enroll in Medicare, have that, and that would resolve the problem?

(Deb Jenky): Because it's very timely and a lot of our practices are small. And if they're never ever going to bill Medicare because they just don't see those patients, why would they put themselves through that?

Bill Finerfrock: Well, I mean, it's an online process. But I mean that's fine if that's the way that they have chosen to do it. But it seems to me if that is a barrier that the simple solution, if that's – if they really want to get a site approval or a Corps obligee that they simply enroll in Medicare, go through that process that takes 60 to 90 days, and then they're done with it. Even if they never submit a claim which would cause the deactivation of their number, they wouldn't be dis-enrolled from Medicare and they would always have that available in the event that it became an issue.

But that's fine. We'll you know LaFayette, or if you want to get information to us, we'll certainly post it up however you want to respond to that and certainly perhaps respond directly to (Deb) and get that clarified and we can try and get that issue resolved.

LaFayette Merchant: Yes. I'll try to do some research. I'll share it with Leah, and we'll get it back through you. I'm sure others may have a similar kind of question.

Bill Finerfrock: Great. Thanks. And Operator, we'll go on to the next question.

Operator: Thank you. Caller, please go ahead.

(Sarah): Yes. This is (Sarah). We have a couple of questions actually. I think I heard the mention of...

LaFayette Merchant: Please, (Sarah).

(Sarah): Hi. Can we use...

LaFayette Merchant: Where are you from?

(Sarah): Iowa.

LaFayette Merchant: Iowa, OK.

(Sarah): Can we use these moneys to pay recruiter fees as well as loans?

Leah Lample: No, you cannot.

(Sarah): OK. And then also could you explain to us again if physicians are contracted to a rural health clinic, are they eligible for the loans?

Leah Lample: They are but they do need to provide the private practice option supplemental application.

(Sarah): OK, great. And then we just had a comment regarding maintaining that Medicare number whether you serve Medicare patients because of the scope of practice. Our understanding is that if you have a Medicare number and don't use it for a year then they kick the number out of the system.

Bill Finerfrock: They will deactivate the number but it doesn't – we've just had some communications with CMS on this issue because of the Medicaid practices. Some states, for example, require you, in order to get a Medicaid number to first get a Medicare – be enrolled in Medicare. But you won't be kicked out. It's just that that number will be deactivated.

(Sarah): So it would still work for these purposes?

Bill Finerfrock: It should. You would still be enrolled in Medicare; it's just that that number is deactivated.

(Sarah): OK. Thank you.

Operator: And going on to our next caller, please...

Bill Finerfrock: OK, this is – we're going to have to start winding up. We can go a little bit more – how many questions do we have in the queue, Operator?

Operator: We currently have six participants in the queue. Let's try to get to a couple of them.

Otherwise, we're going to run out of time. So let's go.

Operator: Thank you, Mr. Finerfrock. Please state your name and location, Caller.

(Debra): My name is (Debra) and I'm calling you from North East Louisiana. My question is for Andy.

Andy, I gather that I contact your office and speak with Tracy Martin to get a list of offices available in our area.

Andy Jordan: What we will do is get back to Bill with the list – link that we got to get to the regional office staff. It should be able to help.

Bill Finerfrock: I'll send it out through the ListServ.

Andy Jordan: Yes.

Bill Finerfrock: I'll mail it to folks.

(Debra): All right. Here's the scenario. I work for a private practice family physician, so he and I are right now looking at opening a 60-bed in-patient psychiatric facility in North East Louisiana for adolescents ages 11 to 18 with mental health issues whether it be behavioral health, ADHD, substance abuse, whatever the case may be. The State of Louisiana is privatizing everything. All the beds are going to be closed here before long – well, they were planning before 11 to have all the beds privatized. Our question to you is can we apply to get psychiatrists? There is no one here in North East Louisiana.

Andy Jordan: Well, you can supply – if you – you can use an automatic HPSA facility designation for that because that's not part of the rural health clinic. But if it's a regular psychiatric mental health HPSA – but it's an in-patient facility and they don't usually place people in inpatient so...

(Debra): But if we have IOPs, would that not work?

Andy Jordan: Say it again?

(Debra): If we have IOPs, intensive outpatient programs, to keep the kids out of the hospital; that's our main goal. Some of these do not need in-patient care. Our focus is to get what the need is met. We just don't have psychiatrists here.

LaFayette Merchant: Well, it's – I don't know the full scope of the IOP and how it actually operates. But if it's not ambulatory, if you have beds in there and you're providing these services in that same environment, it does not meet the criteria for the National Health Service Corps; therefore, you couldn't qualify for programs that would avail you of psychiatrists.

(Debra): How do we find a program that can help us? We've got to have help here. There's no one here.

(Erika): (Debra), this is (Erika). Have you looked at the – I'm with the Office of Rural Health Policy. Have you looked at the 3RNet Web site? Or are you familiar with that?

(Debra): Three, what?

(Erika): It's called the 3RNet Web site. It's a project that our office funds called the Recruitment, Retention, and...

Bill Finerfrock: Retention, that's what the three...

(Erika): Rural Recruitment and Retention Network. And that's another place that you can go to post information looking for providers; and it covers all scopes of practice. And I think – I believe the Web site is [www.3rnet.org](http://www.3rnet.org).

Bill Finerfrock: The three is actually the number 3. It's not spelled...

(Erika): Number 3. All right, thank you, Bill.

Bill Finerfrock: The other – it sounds – I don't know. Is this a statutory issue that they perhaps should also consider contracting their congressional delegation to see about making some changes in the program that would allow that type of a placement?

(Debra): I thought because we were a 501(c)(3) non-profit that we did qualify. That's what our state representative has been telling us.

Bill Finerfrock: It sounds like there may be some other issues that you'll need to explore you know offline to make that available. I certainly hear you plea. I think it's not an uncommon plea and perhaps that's something that folks need to take a look at specifically with regards to mental health services and making them available. I don't know if we can do anymore at this point for you.

I think we're going to need to move on to the next question. Operator?

Operator: And Caller, please state your name and location.

(Angela Patrom): Yes, this is (Angela Patrom) of Glens Falls, New York.

Bill Finerfrock: Go ahead, (Angela).

(Angela Patrom): My question is regarding the Loan Repayment Pilot Program for part-time clinicians.

Would a full-time salaried clinician who works 40 hours a week for our network be eligible if 20 of those hours are dedicated to the – to one of our approved clinics and the other 20 hours a week is dedicated to hospital work?



Leah Lample: Yes, they would be as long as they're providing 20 hours of clinical – at least 16 hours of clinical service and 4 hours of administrative time at that approved site. Also, just to let you know I didn't – this is a good time to talk a little bit more about the pilot program. Again, this is a demonstration project that we're doing and we are anticipating that it will be around next year. But the pilot program application deadline is May 25. So we're coming up soon to it and there's two things that need to happen. The site needs to make sure that they have a posted part-time vacancy through RTSC. And again, that number is made available on our agenda as well as the clinician needs to apply to the program.

(Angela Patrom): Thank you.

Leah Lample: OK. You're welcome.

Bill Finerfrock: I think we'll take one more question. We're going to have to wrap it up for today.

Operator: And Caller, again please state your name and location. Caller, your phone maybe on mute.

(Dana): Hello. (Dana) from Indiana. Question, if the clinic isn't our MUA, it needs to apply for the automatic HPSA to be eligible? And I see on the Web site, the deadline is May 25. Is there enough time to get the automatic HPSA designation and file for the application?

Andy Jordan: If you've got the documentation, we can confirm if you're a rural health clinic, yes. Just let us know about the deadline.

(Dana): If they are currently an MUA rural health clinic but not a HPSA, my understanding from today's presentation is that you file for the automatic HPSA?

Andy Jordan: Yes.

(Dana): Or the MUAs are now eligible?

Andy Jordan: No. You need to get the form from Tracy Martin for the Rural Health Clinic Automatic HPSA status. We need to confirm that you are a certified rural health clinic. And once we can do that, we can do it in a day. So we need the documentation – either the CMS list or we need the documentation.

Bill Finerfrock: The May 25 deadline is strictly for the pilot project. A clinic can ask at any time for – or seek at any time the facility designation. There is no deadline on that, correct?

Andy Jordan: That's correct.

(Dana): Is there a deadline though for application for a forgiveness program or scholarship?

Leah Lample: For the fiscal year 2010 full-time loan repayment program, that deadline is July 29 for fiscal year '10.

(Dana): Thank you.

Leah Lample: Yes.

Bill Finerfrock: OK. Well, I think we're going to have to wrap it up here. I want to thank all of our speakers today for providing us some great information, and to our audience for listening and then having some great questions. Obviously, this is a topic where there's a lot of interest and perhaps a little bit of confusion. And hopefully, today's presentation has gone a long way towards answering some of those questions.

A transcript of today's call will be available online at the ORHP Web site along with a recording of the call that you can download for anyone who wasn't able to listen and participate, along with the copy of the slides and the summaries and the presentations that were made available before the call. Please encourage others that you think that might benefit from this series to sign up so that they can get the information or share it with folks when you receive it.

Our next technical assistance call will be held in July. We will get information about that on the topic and the time when it is available. And again, we'll use the ListServ to distribute that information.

I want to thank the Office of Rural Health Policy for making this series available, for our friends at the National Health Service Corps, and the Office of Shortage Designation for making themselves available for today's call. Thank you, everyone, for your participation.

Operator: Ladies and gentlemen, that does conclude today's conference. Once again, thank you for your participation.

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