



Guide to the National Health Service Corps Loan Repayment Program

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This guide was developed by the Kansas Office of Primary Care and Rural Health for primary care and rural health clinics, critical access hospitals and other local providers to explore the National Health Service Corps program.



What is the National Health Service Corps?

National Health Service Corps (NHSC) programs provide scholarships and student loan repayment for primary care providers in the medical, dental, and behavioral health fields who agree to practice in areas of country that have health professional shortages (HPSAs).

Corps members fulfill their service requirement by working at NHSC-approved sites located in federally-designated HPSA.

The NHSC is administered by the Bureau of Health Workforce in the Health Resources and Services Administration of the U.S. Health Department and Health and Human Services.

What is the Application Process?

To participate in the NHSC loan repayment program, both the employer/practice site and the health professional/provider must complete the application process.

Health professionals/providers may apply to participate in the NHSC loan repayment program annually during the open application cycle, typically occurring during the first quarter of each calendar year.

Practice sites must become an NHSC-approved site prior to the health provider applying for the NHSC loan repayment. To become an NHSC-approved site, entities must submit a NHSC Site Application which is reviewed and approved by the regional NHSC Offices. Entities with multiple practice site locations must complete practice site applications for each physical location. Once approved as a NHSC eligible site, the entity must recertify each practice site location every three years.

The NHSC has set application periods for entities to apply and recertify to become approved practice sites, typically occurring the second and third quarters of each calendar year.

The visual below displays a general overview of NHSC's annual application cycle.



Note: This visual depicts a general timeline of NHSC activities. The exact application period for each activity can vary each year.

What are the NHSC Requirements for Health Providers?

All health professionals/providers must meet the below criteria to apply for any NHSC programs:

1. Be a U.S. citizen (either U.S. born or naturalized) or U.S. National (born in U.S. territories);
2. Be eligible for, or hold, an appointment as a commissioned officer in the Regular Corps of the Public Health Service or be eligible for selection for civilian service in the NHSC;
3. Participate or be eligible to participate as a provider in the Medicare, Medicaid, and Children's Health Insurance Programs, as appropriate;
4. Have a current, full, permanent unencumbered, unrestricted health professional license, certificate, or registration in the discipline in which he/she is applying for.

Health professionals/providers who are trained and licensed/certified to provide patient care under the following disciplines and specialties are eligible to apply to the NHSC Loan Repayment Program.

Eligible Disciplines	Eligible Specialties
Physicians - Allopathic (MD), Osteopathic (DO)	<ul style="list-style-type: none"> • Family Medicine • General Internal Medicine • General Pediatrics • Geriatrics • Obstetrics/Gynecology • Psychiatry
Physician Assistants (PA) Nurse Practitioners (NP)	<ul style="list-style-type: none"> • Adult • Family • Geriatrics • Mental Health and Psychiatry • Pediatric • Women's Health
Certified Nurse-Midwives (CNM)	N/A
Dentists (DDS, DMD)	<ul style="list-style-type: none"> • General Dentistry • Pediatric Dentistry
Dental Hygienists	N/A
Licensed Clinical Social Workers Licensed Professional Counselors Health Service Psychologists Marriage and Family Therapists	N/A

More information regarding NHSC training and licensing/certification requirements for each provider discipline can be found in the NHSC Loan Repayment Guidance document at nhsc.hrsa.gov/loanrepayment/lrapapplicationguidance.pdf

Every NHSC participant must engage in the full-time or half-time clinical practice of the profession for which he/she applied for. Full-time clinic practice is defined as working a minimum of 40 hours per week for a minimum of 45 weeks each service year. Half-time clinical practice is defined as working 20 to 39 hours per week for a minimum of 45 weeks each service year.

NHSC requires each health professional/provider to spend a minimum number of hours providing direct patient care, outline in the table below.

Provider Type	Minimum number of hours of direct patient care per week.	
	Full-Time	Half-Time
All Eligible Primary Medical Care, Dental, and Mental/Behavioral Providers, excluding those listed below.	32	16
Physician with specialty in Obstetrics/Gynecology or Geriatrics, and Dentists with specialty in Pediatrics	21	11
Physician, Physician Assistant, or Nurse Practitioner working in a CMS-approved Critical Access Hospital	16	8

What are the NHSC Requirements for Practice Sites/Employers?

NHSC-approved sites are health care facilities that provide comprehensive outpatient, ambulatory, primary health care services to populations residing in HPSAs. Related inpatient services may be provided by NHSC-approved Critical Access Hospitals.

The type of entities eligible to become NHSC-approved sites is listed below:

- ✓ Federally-Qualified Health Centers (community health centers, migrant health, homeless program, public housing program, school-based program, or mobile clinic)
- ✓ Federally-Qualified Health Centers Look-alikes
- ✓ American Indian Health Facilities: Indian Health Service Facilities, Tribally-Operated 638 Health Programs, and Urban Indian Health Programs)
- ✓ Correctional or Detention Facilities (federal or state)
- ✓ Certified Rural Health Clinics (provider-based or independent)
- ✓ Critical Access Hospitals
- ✓ Community Mental Health Centers
- ✓ State or Local Health Departments
- ✓ Community Outpatient Facilities (hospital affiliated or freestanding)
- ✓ Private Practices (solo or group)
- ✓ Mobile Units (More than 50% of the mobile unit's service time must be spent in a HPSA.)
- ✓ School-based Clinics (must be open year-around, or be part of a larger system of care with available sites for providers to serve during school holidays and summer vacations.)
- ✓ Free Clinics

To qualify as a NHSC site, the entity must meet all of the requirements of the NHSC Site Agreement found on page 29 of the NHSC Site Reference Guide: <http://nhsc.hrsa.gov/downloads/sitereference.pdf>. The key requirements are summarized below.

1. An entity must be located in and treat patients from a federally designated HPSA.
 - HPSAs are designated as having shortages of primary care, dental care, or mental health providers and may be geographic, population, or facility-level.
 - HPSA designations can be found by searching online at www.hpsafind.hrsa.gov/ or contact the Kansas Office of Primary Care and Rural Health at primarycare@kdheks.gov.
2. An entity must provide culturally competent, comprehensive primary care services (medical, dental, or behavioral) which correspond to the designated HPSA type.
 - The NHSC defines comprehensive primary care as the delivery of preventive, acute, chronic primary health services in an NHSC-approved specialty.
 - NHSC-approved primary care specialties are adult, family, internal medicine, general pediatrics, geriatrics, general psychiatry, mental and behavioral health, women's health, and obstetrics/gynecology.
 - For further specifications, see page 9 of the NHSC Site Reference Guide: <http://nhsc.hrsa.gov/downloads/sitereference.pdf>
3. An entity must function as a part of the system of care that either offers or assures access to ancillary, inpatient, or specialty referrals.
4. An entity must not discriminate in the provisions of services to a patient because of the individual's inability to pay, race, color, sex, national origin, disability, religion, age, sexual orientation.

5. Both the provider and entity must accept patients covered by Medicare and have an appropriate agreement with the applicable State agency for Medicaid and CHIP.
6. A statement must be prominently displayed in the entity's common areas (and on the website, if applicable) that explicitly states that no one will be denied access to services due to inability to pay; and a discounted/sliding fee schedule is available.
 - An example of the acceptable signage which can be used by sites is found at: <http://nhsc.hrsa.gov/currentmembers/membersites/downloadableresources/index.html>
7. An entity must use a schedule of fees or payments consistent with the local prevailing wages or charges and designed to cover to site's reasonable cost of operations.
8. An entity must have a financial assistance policy with a discounted/sliding fee schedule for patients who qualified to ensure that no one who is unable to pay will be denied access to services.
 - Free clinics, correctional facilities, and most Indian Health Service, Tribal, and Urban Indian sites are exempt from submitting Sliding Fee Discount Program documents, since they typically do not charge or bill for services.

Financial Assistance Policy & Sliding Fee Discount Program

A sliding fee scale discount program adjusts the amount an eligible patient owes for health care services based on the patient's ability to pay. Sliding fee scales are a means of addressing the need for equitable access to health services for all individuals. While the methodology may vary, sliding fees are typically based upon the Federal Poverty Guidelines and patient eligibility is determined by annual income and family size.

Schedules are established and implemented to ensure that a non-discriminatory, uniform and reasonable charge is consistently and evenly applied to all qualifying patients. A sliding fee scale discount program should be developed in accordance with locally prevailing rates or charges and should be designed to cover the facilities reasonable costs of operation. They should also be designed to cover costs of providing a service while addressing financial barriers to care. (Source: National Rural Health Resource Center, [Sliding Fee Scale Discount Guide](#))

To comply with NHSC requirements, an entity must implement a sliding fee discount program. The sliding fee discount program must establish the following:

1. A schedule of fees for services;
2. A corresponding schedule of discounts for eligible patients based on the patient's ability to pay.
3. Policies and operating procedures, including those around applying for the discount program.

The sliding fee scale discount program must include the following elements:

1. Be applicable to all individuals and families with incomes at or below 200 percent of the most current federal poverty guidelines/level.
2. Provide full discount for individuals and families with annual incomes at or below 100 percent of the federal poverty guidelines/level, or allowance for a nominal charge only, consistent with the site's policy
3. Adjust fees based on family size and income for individuals and families with incomes above 100 and at or below 200 percent of the federal poverty guidelines/level.

The most current federal poverty guidelines/level tables are available for use at: <http://www.kdheks.gov/olrh/download/CHIPIncomeGuidelinesLevels2016.pdf>

NHSC-approved sites must ensure that patients are made aware of the sliding fee discount program and eligibility for discounts is based on income and family size and no other factors (e.g., assets, insurance status, participation in the Health Insurance Marketplace, citizenship, population type).

- Income is generally considered to be the gross income reported for federal income tax purposes.
- Some examples of income that may be counted to determine eligibility include gross wages, interest or dividends, social security, veteran’s benefits, alimony or child support, military payments, unemployment, public aid.

(Note: Critical Access Hospitals must have a financial assistance policy meeting the above requirements for the hospital’s affiliated outpatient clinics and emergency room. The CAH may have different stipulations/provisions regarding financial assistance for inpatient services.)

Entities interested in applying to the NHSC should have a sliding fee discount program in place for at least 12 months prior to applying to become an NHSC-approved site.

For further instructions see the NHSC Sliding Fee Discount Program Information Package at: <http://nhsc.hrsa.gov/downloads/discountfeeschedule.pdf> .

How do Practice Sites/Employers Apply?

Step 1: Create an account through the Bureau of Health Workforce Program Portal found at: <https://programportal.hrsa.gov/extranet/site/login.seam>

Step 2: Gather the following items/documentation

1. Site Medicare and Medicaid Provider Numbers
2. Site’s policies on non-discrimination of patients based upon race, color, sex, national origin, disability, religion, age, or sexual orientation, as per the NHSC Site Agreement.
3. Site’s Sliding Fee Discount Program documentation - financial assistance/sliding fee discount program policy, the sliding/discount fee schedule, and the patient application form for financial assistance.
4. Photograph or copy of posted signage that meets the requirements of the NHSC Site Agreement.
5. Proof of access/referral arrangements for ancillary, inpatient, and specialty care that is not available on-site (e.g. MOUs, MOA, or contracts.) If formal referral arrangements do not exist, the applicant site must describe fully how it assures patient access to this care.
6. Completed NHSC Data Site Table with twelve months of data from on the individual site location.

This fillable-form can be found at:

nhsc.hrsa.gov/currentmembers/membersites/downloadableresources/nhscsitedatatable.pdf

Step 3: Log into [Bureau of Health Workforce Program Portal](#) Account and submit NHSC New Site Application request.

For additional assistance, practice sites/employers can contact Kansas Office of Rural Health and Primary Care at ruralhealth@kdheks.gov or primarycare@kdheks.gov.

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