

**DOCTORS ACROSS NEW YORK
PHYSICIAN LOAN REPAYMENT PROGRAM (LRP)**

RFA #0810080408

QUESTIONS AND ANSWERS

November 14, 2008

The following questions and answers encompass all those submitted in writing via email and those questions asked at the six sites of the Applicant Conference on October 24, 2008 (Albany, Buffalo, Jamestown, Saranac Lake, East Syracuse and New York City) pertaining to the LRP RFA.

The responses to questions included herein are the official responses by the State to questions posted by potential bidders and are hereby incorporated into the RFA 0810080408 issued on October 17, 2008. In the event of any conflict between the RFA and these responses, the requirements or information contained in these responses will prevail.

CHANGES AND CLARIFICATIONS TO RFA:

The RFA is hereby revised as follows:

Page 8: The third sub-bullet in the minimum requirement for physicians is revised to read as follows: “**not** currently working in, or serving, an underserved area, **where the current service to the underserved began** prior to May 1, 2008; and...”

Page 9: “A. Residency Program Loan Repayment Tracks,” second bullet, revised to read: “Establish a Residency Program Loan Repayment Track and train one physician **annually** per application in the identified specialty in short supply to work in, or serve, underserved areas;

Page 11: “Basis for the Guarantee/Award:” after 2nd sentence, add: “It is the intention of NYSDOH to award up to 25 Residency Program Loan Repayment Track positions through this RFA in each of the next three years beginning in 2009, based on the availability of funding. Up to 25 teaching hospitals that receive an award in this RFA cycle will have the prerogative to identify to NYSDOH, using Attachment 3, up to three physicians. Awards will be limited to one new position per year for a total of three. The first physician identified (in 2009) shall begin his/her service obligation no sooner than 2010, the second physician identified (in 2010) shall begin his/her service obligation no sooner than 2011 and the third physician identified (in 2011) shall begin his/her service obligation no sooner than 2012. For the purposes of this RFA, the three-year award will count as one award toward the 25 total allocated to teaching hospitals for Residency Program Loan Repayment Track positions in each of three years.”

CHANGES AND CLARIFICATIONS continued:

Page 22: Add after the first paragraph: “Applications will be reviewed separately by technical and financial review teams as described below. Total application scores will be the sum of the weighted technical and financial application scores. Scores will then be rank-ordered within 6 review groups as follows:

1. Residency Program Loan Repayment Track applicants – NYC
2. Residency Program Loan Repayment Track applicants – Rest of State
3. Physician Loan Repayment hospital applicants – NYC
4. Physician Loan Repayment hospital applicants - Rest of State
5. Physician Loan Repayment other facility and physician applicants – NYC; and
6. Physician Loan Repayment other facility and physician applicants - Rest of State...”.

Page 46: "Attachment 2. See Revised Form under “j” (number of positions requested over three years (maximum of three))

QUESTIONS AND ANSWERS:

Q1. Is there an audio recording or transcript from the October 24 meeting on the RFP for Doctors Across New York?

A: An audio recording or transcript will not be distributed. All questions/answers asked at the applicant conference and those submitted in writing will be available on the DOH website on November 14th. The full presentation used at the conference is also currently available on the website: <http://www.nyhealth.gov/nysdoh/gme/main.htm>

Q2. Is the state precluded from providing further communication on this RFA after this bidders' conference?

A: The only additional method of communication is via the dissemination on November 14, 2008 of these questions and answers.

GENERAL DEFINITIONS:

Q3. What are the definitions of "NYC" and "rest of state"?

A: NYC is divided into 5 boroughs and the remainder of the state is considered the "rest of state"

Q4. You define the minimum requirements on Page 8 and applicants must fit into one of three categories. However, there is a listing of additional physician criteria after the third category. Does this list only apply to that third category, or to physicians covered under all three eligibility categories?

A: The list applies to all physician applicants.

Q5. Please define "Preventive Medicine and related sub-specialties."

A: A "Preventive Medicine" specialist is any physician who is board-certified or has a sub-specialty in one of the preventive medicine areas of specialization, i.e., who successfully completes a preventive medicine medical residency program following a one year internship. Following that, the physician must complete a year of practice in that special area and pass the preventive medicine board examinations. In addition, the physician must provide services that focus exclusively on interventions aimed at the prevention of chronic and acute disease and the promotion of individual and community health, including the primary and secondary prevention of important clinical, behavioral and public health issues such as injury and violence, infectious disease, women's health, smoking, sedentary behaviors and physical activity, nutrition, diabetes, obesity, and alcohol and drug abuse.

Q6. If our Hospital is covered under HPSA for "Primary Care Medicine" what specialties and programs would this include?

A: See RFA, page 4, definition of "primary care." However, other specialties would also be eligible, based on the case you make in the application for underservice.

Q7. On slide 29 of the Applicant Conference presentation, could you define SED specialty county shortage areas?

A: Attachment 4A delineates the counties in which specialists are defined by the New York State Education Department (SED) as in short supply. However, other areas and facilities would also be eligible, based on the case you make in the application for underservice.

Q8. In Attachment 4, Item #10 refers to "indigent persons". How does DOH define that term?

A: This would include anyone who is a current Medicaid, Child Health Plus, Family Health Plus recipient or is uninsured.

Q9. Please define "subspecialty."

A: It would include any specialty that is not defined as primary care on RFA, page 4.

Q10. Attachment 4, Item #13, would you please explain number 13? "There are currently NO similar positions for the specific physician subspecialty requested in the applicant's proposed service location."

A: First, the applicant is expected to define the applicant's service area. Next, the applicant is expected to document that no other practitioners are both currently serving that area and providing services in the requested subspecialty.

APPLICATION SUBMISSION:

Q11. How many awards can a teaching hospital apply for?

A: Per the RFA, page 2, teaching hospitals may submit 1 Residency Program Loan Repayment Track application for 3 annual residency positions each plus up to 2 Loan Repayment applications each.

Q12. Can a hospital submit funding applications for the physician practice support program as well as the Physician Loan Repayment Program for same practice or must they represent different practice opportunities?

A: Either would be acceptable. However, hospitals must submit a separate application for each individual specialty and program (i.e., for tracks (if applicable); Loan Repayment or practice support) up to the limit specified for the applicant in each RFA.

Q13. If a hospital is submitting two Physician Loan Repayment applications, can the applications be for two specialties, or must both be in the same specialty?

A: They can be for either the same or both specialties in both cases.

Q14. We are a health system that consists of hospitals and private practices. If a private practice submits an application for a Physician Loan Repayment, does this count against the two applications the hospital is able to submit or are hospitals and private practices considered separately of each other regardless of their affiliation?

A: If all entities share the same OPCERT, then a private practice's application for a Physician Loan Repayment does count against the hospital's application limit. If all entities DO NOT share the same OPCERT, then it does not count.

Q15. If an applicant organization has multiple sites, can each site submit an application?

A: Only if the applicants have different Operating Certificate (OPCERT) numbers. For physician practice organizations, an "applicant" is all entities that share the same LLC or similar denotation.

Q16. Please explain the following statement. "Eligible institutional applicants (non-physicians) may apply for up to 2 separate guarantees, but not funding for Loan Repayment positions."

A: This means that funding is awarded ONLY to physicians identified by awarded facilities; facilities themselves will not receive funding.

Q17. If a healthcare network is the employer of physicians, but each facility has its own operating certificate, can each hospital apply on their own or would the healthcare network have to apply for only one/two awards?

A: Each facility with a separate OPCERT may apply separately.

Q18. Arnot Ogden Medical Center and Ira Davenport Medical Center have entered into a formal affiliation agreement. While the CON is in process, we have formalized consultant agreements, one of which is for recruitment. Technically, can AOMC write the RFAs for IDMH if the physician(s) are placed in IDMH's service area? If so, would those be in addition to the RFA's written for AOMC?

A: There is a limit of 2 loan repayment and 2 practice support applications per OPCERT. Beyond that, use your judgment as to who would be the best applicant. We are hoping to encourage health care facilities and providers to work together to maximize the benefits of the Doctors Across New York program across providers within their catchment areas. The applicant will be considered the one signing the Applicant Cover sheet, Attachment 2.

Q19. Can a hospital or other institution partner with a local physician practice?

A: Yes.

Q20. Is there a cap on the amount of funding that can go to a teaching hospital?

A: Yes. A teaching hospital may receive up to 1 award on behalf of up to 3 physicians in Residency Loan Repayment Tracks over three years, and an additional 2 loan repayment awards.

Q21. Is there a cap on the number of applications that can be submitted by a teaching hospital?

A: Yes. There is a maximum of three applications per OPCERT for the Loan Repayment Program

Q22. Since applications need to be submitted under an operating certificate, would you please explain what it is meant by the following? “To maximize the diversity of applicants, those planning to submit more than one application are encouraged to first collaborate with other applicants in the catchment or service area before applying.”

A: We are hoping to encourage health care facilities and providers to work together to maximize the benefits of the Doctors Across New York program across providers within their catchment areas.

Q23. [Is] an individual physician and/or a hospital facility eligible for both the Physician Loan Repayment Program and the Physician Practice Support Program?

A: Yes.

Q24. Can a hospital submit an application on behalf of a private practice?

A: Yes. However, if awarded, it would be the hospital that would have the prerogative to identify the physician, not the practice.

Q25. Can a hospital submit the maximum number of applications and also be a partner in an application with a private practice?

A: Yes. However, the organization signing the cover sheet, Attachment 2, will be limited to the overall number of applications specified in the RFA. For example, If the private practice signs the cover page, then the practice is the applicant, not the hospital, and the application will not count against the hospital’s total. We do encourage health care facilities and providers to work together to maximize the benefits of the Doctors Across New York program across providers within their catchment areas.

Q26. Regarding page 2 of ‘Doctors Across New York’ under the Overview section on the fourth paragraph, if there is a physician that wants to apply for the loan program but is a hospital employee, does the facility have to apply for them? If yes, is this counted as a ‘hospital’ application or as a ‘physician’ application? Obviously it would benefit the hospital either way but how would it be counted.

A: Either way is acceptable. The limit is based on the applicant type (physician, hospital, or other health care organization), and the signatory on the Attachment 2 Cover sheet.

Q27. For either program, does the applicant's county have to be listed under the particular specialty in Attachment 4A. Non-Primary Care Shortage Areas By County in order to apply in that specialty?

A: No.

Q28. If an individual physician is applying for the Physician Loan Repayment Program is he/she required to identify the facility?

A: No, but the lack of a specified shortage area for an individual physician's service will not be construed as a strong application.

Q29. For the Physician Loan Repayment, is attachment 7 the only documentation required for the financial proposal?

A: Yes.

Q30. For attachment 3 in the Physician Loan Repayment application are there any page limits?

A: No.

Q31. To what extent must a physician be identified in the application? Can the application simply identify the discipline and qualifications being sought?

A: The facility must, at a minimum, identify the specialty. The greater the specificity related to the specialty sought, the stronger the application.

Q32. When the applicant is a Hospital seeking funding to recruit a physician to provide services, does the physician have to be named?

A: No.

Q33. On Page 13 under 'How to file an application' you state 1) technical proposal and 2) financial proposal. I just want to be clear that I am not missing any items that I will need in order to have a 'complete' application(s):

Q34. Is the 'technical proposal' made up of:

- 1) Application Cover Sheet
- 2) Applicant Information
- 3) Applicant Capability
- 4) Rationale of Loan Repayment
- 5) Project Impact
- 6) Implementation Plan and Timetable
- 7) Monitoring

A: You must also include the Vendor Responsibility Attestation -Attachment 5.

Q35. On Section III Program Narrative Expectations for Project - it states ‘*Awardees are also expected to document their activities needed to implement this project and demonstrate progress, via improved community health outcomes or other benchmarks that ensure the success of the project at the conclusion of the obligation period.*’ Where do we document/outline this - under Page 18 #6 – Implementation Plan and Timetable or under #7 Monitoring section? Or both....?

A: Section III addresses general expectations for the project. The project impact, implementation plan and timetable and monitoring sections pertain to the specifics of the project and should be included in the appropriate sections, i.e., in the application sections labeled 5 – Project Impact, 6 – Implementation Plan and Timetable, and 7- Monitoring.

Q36. Can you please explain appendix X – does this have to be submitted at the time of application submission?

A: Appendix X is a part of the contract that will be executed before awardees receive funding. It is included as part of Attachment 1 as a sample. It is not required to be submitted as part of the RFA application submission.

UNDERSERVED AREAS:

Q37. Where is the definition of "underserved area" found?

A: See page page 4 of the RFA.

Q38. How can documentation of waiting time for appointments be submitted? Also how should we document waiting time for appointments?

A: From RFA, Attachment 4. A simple letter from someone familiar with wait time attesting to wait time over the past year for the particular specialty will be sufficient documentation.

Q39. This question pertains to the Definitions, page 4: “Underserved Area – Any areas, facilities or physician specialties defined in Attachments 4 and 4A of this RFA” and Attachment 4: Rationale For Loan Repayment/Eligible Underserved Areas/Facilities: can an application focus on any one of the 19 items on this checklist and be considered meeting the definition of underserved?

A: Yes. The more items you focus in, the stronger the application.

Q40. If you are a hospital applying for a grant under the Physician Track, will you be eligible for a preference if you are recruiting a Child and/or Adolescent Psychiatrist, even if the county you serve is not listed (in Attachment 4A) as a Non-Primary Care Shortage Area for Psychiatry? Will your answer also apply for the Physician Practice Support Program?

A: Yes.

Q41. Are the federally designated health professional shortage areas those listed in the bulletin entitled Regents- Designated Physician Shortage Areas in NYS?

A: Yes, in pages 3-29 of the January 1, 2008 edition of the Regents- Designated Physician Shortage Areas in NYS.

Q42. Is a HPSA whose status on the federal website is noted as "No Data Provided" (as opposed to "Designated"), does it still meet the HPSA requirement under this grant program?

A: Yes. You may use the HPSA criterion if your facility is located in or serves a HPSA whose status is anything EXCEPT "withdrawn."

Q43. On Attachment 4, item #10, does "high" mean 50% or more? If not, what is considered high?

A: We leave it up to the applicant to interpret and justify this.

Q44. How many of the criteria in attachment 4 does an institution have to meet to be considered competitive? Are these criteria evenly weighted in judging the level of need?

A: We will evaluate each application on its merits based on the case for underservice made by each, including the items in Attachment 4 and supporting material.

Q45. Do you have a list of hospitals or practices in Schenectady that are offering positions to the doctors?

A: No.

Q46. a. For attachment 4A, Anesthesiology and General Surgery are not identified for St. Lawrence County. What status does this place each specialty for this County?

b. If our county is not listed under a specific specialty in 4 or 4A but it is a specialty that we desperately need physicians to fill here, can we still use this program to recruit in that specialty even though our county is not listed?

c. I have a Brooklyn practice in Obstetrics and Gynecology. Are there any underserved areas in Brooklyn than would allow my practice to qualify for your practice support and Loan Repayment programs?

d. I am a neurosurgery [specialist] in queens NY. Are there any underserved areas for neurosurgery around this area zip code 11355?

e. Does Bellevue Hospital count as one of the underserved inner city areas of New Doctors Across New York Program?

f: Is Onondaga County a shortage area for psychiatrists?

A (to all 6 questions): These specialties and areas may all be eligible, with the facility or physician applicant being awarded guarantees or funding based on the strength of the case for underservice using the criteria in the Rationale For Loan Repayment/Eligible Underserved Areas/Facilities, RFA pages 18 and 19. Keep in mind that physicians currently practicing in underserved areas and where the service began prior to May 1, 2008 are not eligible for funding.

Q47. I am currently a family physician practicing in Rochester, NY. I started with this program earlier in 2008 and we are an outreach program which provides healthcare to the homeless population of Western, NY. We service clients at the shelters and also at the hospital. Almost all of our clients are uninsured and when they do have insurance, they have Medicaid. Would be eligible for this program?

A: Per page 8, Section B of the RFA (with revisions to the text on page 1 of these Questions and Answers), you would be eligible only if your service to the homeless began after May 1, 2008.

Q48. If a hospital or practice falls under HPSA, but is not located in one of the listed underserved counties outlined in Attachments 4 and 4A, do they still qualify for these loans?

A: Yes.

Q49. For a geriatric practice, there is mostly Medicare not Medicaid. Is this sufficient justification for an underserved population?

A: Medicare patients are not considered in underserved populations. However, awards depend on the strength of your case for underservice using the criteria in the Rationale For Loan Repayment/Eligible Underserved Areas/Facilities, RFA page 19.

Q50. When I try to look up the HPSA/MUA number, there is no listing for Jamestown. The Medical Director of WCA Hospital, where I am on staff, informed the medical staff that Jamestown was designated a shortage area (Chautauqua County). Can you help me with this?

A: According to <http://hpsafind.hrsa.gov/HPSASearch.aspx> Jamestown is in a HPSA (136999364S). However, you would also need to provide additional narrative attesting to the degree of underservice for patients in a particular specialty using the criteria in the Rationale For Loan Repayment/Eligible Underserved Areas/Facilities.

Q51. This references Primary Care Health Professional Shortage Area. Does this include Primary Care Health Professional Shortage Areas for Special populations (Medicaid and low-income)?

A: Yes.

Q52. a. In order to qualify as "serving" an underserved area, must both conditions in the definition of "serving" be met; that is, the applicant must meet both the geographic requirement and the predominantly underserved population requirement? (RFA Page 4, Definition of "serving" underserved area)

b. If answer to question a. is yes, can you explain why it is inconsistent with RFA Section III, 2nd Paragraph) where [it] states, "All successful applicants will locate services in, or serve a highly underserved community ...etc."

A: Yes to the first question; both conditions in the definition of "serving" must be met. For the second, applicants are eligible for awards if they are locating in, or serving underserved areas.

Q53. Please explain what is meant by "There are currently no similar positions for the specific physician sub-specialty requested in the applicants proposed service location." Does this mean for example, there are no gastroenterologists in the area?

A: Yes. This is what the RFA meant, in general. You would have to demonstrate that, based on knowledge of the catchment area of your facility, no other similar specialists are serving that area.

Q54. If a facility is listed for both primary and non-primary care, but the county is not listed as a shortage area for both, what specialty is truly approved for application?

A: Applicants should identify the specialty in the application, and make the case for underservice for the identified specialty.

Q55. The guidance states: "The applicant is, or proposes to work in, a rural hospital, as defined in NYCRR Title 10, Section 700.2 (21) or a general hospital with a service area that has an average population of less than 175 persons per square mile." Footnote 10 states: "The latter group includes: Amsterdam Memorial, Auburn Memorial, Bertrand Chaffee, Faxton Hospital, Thompson Health, Geneva General, Glens Falls Hospital, Oswego Hospital, United Memorial Hospital – Genesee, Vassar Brothers Hospital, ViaHealth of Wayne, and WCA Hospital." CVPH Medical Center has been omitted from this list.

A: CVPH does not need to be added, as it is already eligible as a 700.21 rural hospital.

RESIDENCY TRACK ELIGIBILITY:

Q56. For a given individual, could you explain more how this Residency Loan Repayment Track overlaps with their existing residency program?

A: The residency program may need to modify their existing curriculum to fulfill the requirements outlined in the RFA. These curriculum changes will provide the residents with necessary experiences working and caring for patients in underserved communities.

Q57. Every year, a teaching hospital will have only one resident in the Residency Loan Repayment Track, correct? So how is statement on page 7 “equivalent training experiences for all residents in the residency program” applicable here?

A: Yes. Equivalent training experiences for all residents in the residency program at the same post-graduate year (PGY) (see page 18) is a preference and not a requirement. DOH encourages programs to provide equivalent training experiences to residents not identified for Loan repayment.

Q58. On page 7, when it says that applicants are to “Develop a strong curriculum that provides training in community-based sites serving populations in underserved areas” does this mean that the site has to meet the 50% of all visits to the underserved criterion (page 4)?

A: During the residency training period, we do not require the 50% threshold, but it would present a stronger application if the criterion were demonstrated. The 50% threshold applies as an expectation for physicians who later receive a contract for loan repayment.

Q59. If a teaching hospital has more than one resident in the last year of residency going through the underserved area track and the hospital receives an award, can all residents receive this award next year?

A: No, but one resident will be eligible per year for one award for up to three years (based on the availability of funding). One Residency Program Loan Repayment Track application will thus yield one award up to 3 annual loan repayment positions.

Q60. How many residents can a teaching hospital identify for the residency track program?

A: One specialty residency program per application. Only one resident this year. In subsequent years information on the other resident(s) will be provided to DOH. See page 1 of his document. A teaching hospital must specify the number of positions (for a maximum of three) they will be seeking a loan repayment guarantee over the three year period.

Q61. Is a residency program not run by a teaching hospital eligible to apply?

A: Teaching hospitals are only eligible to apply for a Physician Loan Repayment Track. Residency programs not run by a teaching hospital may submit an application for a Physician Loan Repayment Track through an affiliated teaching hospital.

Q62. If a track is approved and a resident is identified, can the underserved area be determined later or does it have to be determined in the application?

A: The underserved area that the resident will be fulfilling their service obligation can be identified later when the resident has secured employment in an underserved area. Resident Loan Repayment Track applicants should identify in their applications in item 3, Applicant Capability, areas/facilities in which residency program will provide training experience for the resident(s) and check and document the appropriate areas in Attachment 4.

Q63. a. The RFA, page 9, states that the teaching hospital must provide mentoring and counseling. What exactly is the teaching hospital expected to provide in this capacity?

b. Would you please explain what is meant by support for physicians?

A: [to both a. and b.] Support, mentoring and counseling is expected of the teaching hospital to assist the resident in fulfilling the training experience requirements and in securing employment in an underserved area to meet the service obligation requirement for the Loan Repayment award.

PHYSICIAN ELIGIBILITY:

Q64. I am a foreign medical trained doctor currently doing residency in New York. If I choose to work in any of these underserved areas complying with all the conditions stated, will I be eligible to benefit from this loan payment package? If so could you please explain how?

A: If you are a U.S. citizen or permanent resident, and meet all of the eligibility requirements on page 8 of the RFA, you will be eligible to apply.

Q65. Under the requirements for individual physicians, if the award is intended for a resident who will be available in summer '09; must he actually be licensed in NYS in order to meet the criteria?

A: Yes. A physician must be licensed to practice. Keep in mind that residents identified by teaching hospitals for tracks will have 24 months to identify a candidate, then 90 days to place them after that.

Q66. If I have been in practice for 2 years, does the high school, college, or medical school attendance in NY state still apply?

A: Yes.

Q67. I am a Board-certified Occupational and Environmental Medicine physician and have been working at The World Trade Center Monitoring Program for the past 6 years. I am a graduate of St. George's University and completed my specialist training in CT. Despite paying my student loan consistently, I still owe Sallie Mae over \$150,000.00. Could I possibly qualify for the Loan Repayment Program?

A: No, as you have been out of residency more than 5 years. See page 8 of the RFA.

Q68. I am an intensive care physician practicing in St Barnabas Hospital, Bronx, NY. I have been practicing 9 years, am I eligible to apply for loan forgiveness?

A: No, as you have been out of residency and practicing more than 5 years. See page 8 of the RFA.

Q69. Would recruitment for an Anesthesiology [position] be accepted for this program?

A: Yes.

Q70. Are there any exceptions to the requirement within Program Specific Clause AppendixA-2 requiring the physician to have graduated from a NYS educational facility?

A: No.

Q71. I currently am receiving the Regents [Physician] Loan Forgiveness [Award Program] funds for working in an underserved area in NYC. I have signed on for another 2 years. Can I still apply for the Doctors Across NY Program for the larger amount which would indeed pay [off] my entire amount ?

A: No.

Q72. Are Schools of Medicine eligible applicants for either of these Loan Repayment programs on behalf of their employed physicians?

A: No. However, physician practices within schools of medicine and affiliates are eligible.

Q73. Does the new program apply to Nurse Practitioners, as the press release states other health care providers are eligible?

A: No. "Providers" in the press release refers to facilities.

Q74. If a physician will receive [loan repayment] money through an organization that has applied for the program, can they apply as an individual?

A: No. Physicians can apply directly; but the facility cannot also apply for funding for a physician who has also applied directly.

Q75. Is an individual physician and/or a hospital facility eligible for both the physician Loan Repayment Program and the Physician Practice Support Program?

A: Yes.

Q76. a. Under the minimum eligibility requirements for both RFAs, hospital applicants must meet one of the bulleted criteria. Does this mean that the identified physician for whom the hospital is making application does NOT have to meet all of the criteria for individual physicians (third bullet).

b. Can [a hospital] recruit a physician (and set up a hospital-sponsored practice for, or offer loan repayment to this person) who went to high school in North Carolina, undergraduate school in Ohio, medical school in Colorado, and did their residency in California?

A: [to both a. and b.] No. All physicians, whether must meet the listed minimum eligibility criteria to qualify for awards, RFA page 8.

Q77. Would working in Bellevue next year as an attending psychiatrist in the Department of Corrections on the Forensic Prison Unit qualify for the program?

A: If you are identified by and work for Bellevue Hospital, and all other eligibility requirements are met, then yes. If you work for the Department of Corrections, then no.

Q78. If psychiatry is not listed as a non-primary care shortage for our county, is this a barrier to an award?

A: No.

Q79. When making the case for an underserved area, can we use the NYS Regents Loan Forgiveness Underserved Hospital eligibility for primary care and/or non-primary care?

A: No.

Q80. I was a NHSC Loan Repayment recipient for a 2-year contract that concluded in 7/12/08. Since the end of that contract term I have moved to a different practice. Would I still be eligible for this program?

Q81. Q. [From same questioner] My previous practice site was designated as a HPSA, and I was a recipient of the NHSC loan repayment program. I have since moved to a private practice 2.5 miles from the site in Manhattan. Would I still be eligible for this program?

A: No to both, as the service to an underserved area began before May 1, 2008 and concluded after May 1, 2008.

Q82. I am board-certified in Family Medicine, received Regents Physician Loan Repayment Program first time in 2008, can I apply for this new program in 2009 (My hospital is listed as one of the census tracts that satisfy the criteria).

A: No, if your service to an underserved area began before May 1, 2008 and concluded after May 1, 2008. In addition you cannot serve 2 concurrent loan repayment obligations.

Q83. My practice is a private practice, and amongst insured patients I also see a lot of uninsured patients. Currently I see approximately 20% uninsured, but in light of recent economic downturn, a lot of patients have lost insurance and I am finding my uninsured panel to be increasing exponentially. I have a sliding scale program in place for those that are uninsured, and in the next very short months will be reaching at least 50% uninsured in my practice. Would I be eligible?

A: Yes, provided that all other minimum eligibility requirements are met, RFA page 8.

Q84. Is a physician who currently works in an underserved area wanted to move to another underserved area, would they be eligible for this program in the area they are moving to?

A: Not if your service to an underserved area began before May 1, 2008 and concluded after May 1, 2008.

Q85. If a physician is not working in an underserved area prior to May 1, but had done so in the past, are they eligible?

A: Yes. Physician applicants must carefully document their prior service on their CVs and on Attachments 2 and 3.

Q86. If a facility has a physician that started after May 1 and is receiving a Loan Repayment through another avenue but not National Health Service Corps, can the facility apply for that physician under this program? Would that physician having a Loan Repayment preclude the facility for applying on behalf of another physician?

A: No to both. The facility could apply for an award for a second physician, provided all the eligibility criteria are met.

Q87. If a rural facility hires a physician coming from an underserved urban area, can the facility apply for that physician if they were not under a service obligation in the urban area? I.e., the physician was in a private practice in a city and has decided to move to a rural area.

A: Not if the service to an underserved area began before May 1, 2008 and concluded after May 1, 2008, irrespective of the service obligation..

Q88. If we were to recruit a physician who is a US citizen but trained in Canada, would they be eligible?

A: Yes, provided all other eligibility criteria are met. See page 8 of the RFA.

Q89. Can a hospital apply and hire a Canadian physician licensed to practice in NYS?

A: No. See eligibility criteria on page 8 of the RFA.

Q90. What is meant by “permanent residency”?

A: This pertains to holders of a “green card.”

Q91. Is there any circumstance under which a physician is eligible who fits all criteria except they have been out of residency for more than five years?

A: No.

Q92. If a hospital is awarded funding for Loan Repayment and the physician they would like to employ does not complete residency until July, 2010, is this physician eligible?

A: No, unless the physician identified is enrolled in a Residency Loan Repayment Track.

Q93. In the RFA under the bullets describing the physician obligation, it discusses caring for the uninsured and public health insurance. Must a physician take all uninsured patients? Can a portion of the physician practice include commercial or third party payer insurance?

A: Yes. A physician may indeed also serve commercial or third party payer insureds, provided that the expectation be met that the physician also agree to provide services in the specialty to all persons regardless of their ability to pay and provide substantial care for Medicaid, Child Health Plus, Family Health Plus, the uninsured and special needs populations

Q94. I am a primary care physician who lives in an underserved county who is in the process of opening a practice in this underserved area. I am quite confused why the applicant pool would be restricted in this way (I finished my residency in family medicine in 2002-six years ago) and think that what I am doing in my county is exactly what the spirit of the program had intended.

A: The intention of the program is to give incentives to physicians newly or recently placed in underserved areas.

Q95. On Page 7, Section II. Who May Apply, B. Physician Loan Repayment, it states that "physicians are required to begin their service obligation no later than 90 days after executing a Loan Repayment contract, and preferably earlier, under this component." Is a signed contract with the hospital or practice enough to meet this requirement or does the Physician's first day at work have to fall within the 90 day window mentioned above?

A: The latter. The physician's first day at work will have to fall within the 90 day window mentioned above.

Q96. If an applicant who meets the applicant definition in RFA, checks any one of the items listed in Attachment 4, except #2, #4, #6, is the applicant eligible to apply assuming they meet all other requirements for eligibility on page 7 of RFA?

A: Yes.

Q97. If I don't apply this year and start working after the current deadline, can I apply for the Loan Repayment Program again if I already have a job with an underserved population such as the prison correctional population at Bellevue?

A: This will be addressed in a future RFA.

Q98. Do we have to have the physician already recruited? We have a very short window to try and recruit I don't think we will be able to do it.

A: No applicants do not have to have a physician recruited prior to application.

Q99. Are hospitalists eligible for this program?

A: Yes.

Q100. Are chiropractors eligible for this program?

A: No.

Q101. Are optometrists eligible for this program?

A: No.

Q102. OTHER FACILITY ELIGIBILITY:

Q103. a. There was a statement made that state agencies are not allowed to participate. Does this mean SUNY?

b. Are facilities operated by OMRDD, OMH, DOCS, OASAS and Office for Aging eligible to apply?

A: [to both a. and b.] SUNY may apply to the extent that it operates NYSDOH-licensed health care facilities. Facilities operated or licensed by the New York State Office of Mental Retardation and Developmental Disabilities; the New York State Office of Mental Health; the New York State Department of Corrections; the New York State Office of Alcoholism and Substance Abuse Services; the New York State Office for Aging; the New York State Division for Youth and federal and municipal corrections and detention facilities and their contractors are not eligible to apply under this RFA.

Q104. To qualify for an award, does the physician receiving the Loan Repayment funding have to be employed by the applicant hospital?

A: No. But the hospital, if awarded, will have the prerogative to assign funding to the physician it identifies.

Q105. If a hospital employs physicians at a Professional Corporation (PC) which is not affiliated with the hospital operating certificate, can the PC apply separate[ly] from the hospital?

A: Yes.

Q106. The RFA specifically states that the practice applying for funds must be "located" in New York State. Does "located" mean the geographical location of the practice or the legal location where it is headquartered? Does the geographic location of Guthrie headquarters in Sayre PA in any way affect our eligibility on behalf of our NY-based practices & individual providers or on behalf of Guthrie Clinic as a whole or Corning Hospital?

A: Applicants must be licensed by NYSDOH or operated or licensed by municipal or county governments, physician practice organizations and private physicians. Corning Hospital would therefore be eligible to apply; Guthrie Clinic would not.

Q107. May hospitals apply for physician Loan Repayment funds for hospitalists?

A: Yes.

Q108. May a hospital apply for physician Loan Repayment for an inpatient psychiatrist?

A: Yes.

Q109. Re: Section II. Who May Apply, B. Physician Loan Repayment, it states that "General hospitals, other health care facilities licensed by NYSDOH or operated or licensed by municipal or county governments, physician practice organizations and private physicians may apply for this component on behalf of the physician." We are a health system that consists of hospitals and private practices. If a private practice submits an application for a Physician Loan Repayment, does this count against the two applications the hospital is able to submit or are hospitals and private practices considered separately of each other regardless of their affiliation?

A: The hospitals and private practices are considered separately.

Q110. Is it possible for our Article 28 Federally Qualified Health Center with HPSA & MUA/P Designations to seek funding for the addition of another Primary Care Physician to increase service capacity to its current population of "indigent persons" although our Physician will not be providing services under any of the Non-Primary Care Shortage Areas listed in Attachment 5A?

A: Yes.

Q111. Does a multi-specialty faculty practice plan which is part of an academic medical center qualify as an applicant separate from the general hospital that is within the center?

Q112. (RFA Page 3, Definition of Applicant)

A: Yes.

AWARDS AND SCORING:

Q113. Who will be reviewing the applications?

A: A team of NYSDOH staff reviewers.

Q114. If a loan repayment award is made to a facility that cannot identify a physician within six months, how will you make the award to the next viable facility? Will the geographic area of the first award be taken into consideration when deciding the next awarded facility?

A: See RFA, page 22, which states that “awards will be made to the applicants who score the highest in each of the 6 review groups for both the technical and financial proposals.”

Q115. Is there preference given for identifying a physician prior to application submission?

A: No.

Q116. a. Is there preference given for identifying the exact debt of a physician prior to application submission?

A : Yes, but only to the extent that the amount requested is the lowest in the scoring group; but the maximum score for the lowest amount in the review group would be 10.

Q117. Is there an advantage to identifying a physician at the time of application submission?

A: Not for technical scoring purposes. As for the financial scoring, see Q. 116.

Q118. If an application is submitted with a specific physician named and once awarded that physician is no longer available, would the award be forfeited? Is it possible to choose another physician for that award?

A: No, the award would not be forfeited, provided that the “next in line” specialist is eligible, in the same specialty and replaces the one no longer available and signs a contract before the expiration of the original award letter.

Q119. Will DOH disseminate information about the awards to the public for purposes of communication about employment opportunities?

A: Yes. Awards are anticipated to be announced on the NYSDOH website.

Q120. Regarding the scoring process, is there an advantage to apply from both the physician applicant and the hospital eligible perspective for the same medical practice?

A: No.

PAYMENT AND REPORTING:

Q121. The application requires a description of the implementation plan, timetable and monitoring activities to be conducted. Since the Physician Loan Repayments essentially giving funds twice a year to a physician, what would you expect to see in regard to this description?

A: We would like to see timetables (i.e., who, what and when) and descriptions of the credentialing, recruitment and placement process, the monitoring and verification of the physician's workweek and other employment details, any training or in-service anticipated for the identified physician, the demographics and payor mix of the service population, and any other activities anticipated related to these or other items.

Q122. On Page 10, Section III. Program Narrative, A. Residency Program Loan Repayment Tracks, it states that "the teaching hospital is expected to provide periodic reports to NYSDOH regarding the selection process and progress of Residency Program Loan Repayment Track positions". Will there be a standard report format for these reports as well as due dates for these reports throughout the year?

A: Yes.

Q123. According to the loan repayment RFA, ...the teaching hospital is expected to provide periodic reports to NYSDOH regarding the selection process and progress of Residency Program Loan Repayment Track positions. Will there be a standard report format for these reports as well as due dates for these reports throughout the year?

A: Yes. This will be specified in the award letter to the teaching hospital.

CONTRACTUAL/AWARD ISSUES:

Q124. a. [May] a hospital may apply for this program without having a formal agreement with a physician? Also, if awarded a position, must the facility have a physician within six months?

b. "...Physicians are required to begin their service obligation no later than 90 days after executing a Loan Repayment contract, and preferably earlier, under this component." Is a signed contract with the hospital or practice enough to meet this requirement or does the Physician's first day at work have to fall within the 90 day window mentioned above?

A: [to both a. and b.] If the facility is a teaching hospital applying for a track position, the physician has 24 months from the time of the award to the execution of the contract with the physician. Other facilities and individual physician applicants have 6 months. In both cases, the physician must begin the obligation (start work) within 90 days of the execution of the contract, which must occur within the 24- or 6-month period.

TAX ISSUES:

Q125. Is the Loan Repayment fund tax-deferred or considered taxable income?

A: The Loan Repayment award is considered taxable income. Please consult your tax professional for more information about your specific tax situation.

Q126. Under the Physician Track, my understanding is that the grant award will go directly to the physician for teaching hospitals that submit successful applications. Will the award be considered as reportable income for that physician?

A: Yes. It is anticipated that loan repayment recipients will be issued a 1099 for the amount of funds disbursed under this grant program.

Q127. SERVICE OBLIGATION

Q128. the loan repayment service obligation is for 5 years and each year's awards are contingent upon the availability of funds. If a physician applies for either of the grants and is approved for an award, what happens to that same physician/cohort if funding for their 2nd year, 3rd year or so forth is not available? I'm assuming the physician will not be penalized for breaking the contract, however is the contract terminated as soon as funding is not available? If someone was to relocate to a rural, underserved area, are they expected to stay in that area during a period of non-funding and hope to resume the contract once funding becomes available? Is their contract automatically terminated? Or if they continue to work during a period of non-funding, will they be able to recoup the amount they have technically earned once funding is there?

A: If funding is not available at some point during the contract, NYSDOH will provide sufficient notice, generally at least 90 days, of the intent to terminate the contract. At that time, there will not be a penalty to physicians for obligations that could not be fulfilled based on the NYSDOH termination. Penalties can only be assessed based on the physician's decision to terminate the contract.

Q129. The RFA states that the physician must work a minimum of 32 clinical hours. Can supervising clinical residents and medical students in the hospital be included as part of the 32 hour minimum?

A: Supervising residents and students can be counted as part of the 32 clinical hours as long as the physician is the physician of record.

Q130. The RFA states in the definition of “Full Time Clinical Practice” on page 3 that the obligated Physician must work “at least 48 weeks per year”. Does the minimum of 48 weeks include Continuing Medical Education (CME) or benefit time?

A: The 48 weeks per year does not include any CME. However, the obligated physician must document any time spent in CME pursuits.

MISCELLANEOUS

Q131. I am a first year medical student and I was wondering if now is the time to start looking into Loan Repayment opportunities? If not, what could I be doing over the next few years to make myself a better applicant?

A: You may want to consider matching into a teaching hospital in NYS that has established a Loan Repayment track under the loan repayment RFA.

Q132. I would like to inquire if the Governor ... could consider creating a component of the RFA that would allow students who are in the early phase of their residency, or in the last years of medical school for that matter, to be able to apply for the loan.

A: We will keep this under advisement.

Q133. When was this program first offered?

A: October 17, 2008.

Q134. Is there any advice on applying since these awards will most likely be too late to employ the July residency graduates and with the six month timeframe too early for the December graduates?

A: Recruiting physicians is a year round activity. Award announcements will be made in early 2009 and this may be an ideal time to recruit July 2009 graduates. Facilities and practices will have six months to identify a physician once they receive an award; the physician will have 90 days after that to begin working in the facility or practice. This may also be ideal for December 2009 graduates.

Q135. What obligations are there for this program?

A: See RFA, page 10, Service Obligation section.

Q136. ... Is clinical time working with residents in an outpatient setting counted towards the minimum 32 hours/week of clinical time that is required for the grant?

A: Yes.