

#### Office of Rural Health Placement Services Team

# Guidelines: High Needs Service Bonus (HNSB)

Revised: October 16, 2023

Placement Services Team 2009 Mail Service Center Raleigh, North Carolina 27699-2009 Office: 919-527-6440 https://www.ncdhhs.gov/divisions/office-rural-health/office-rural-health-programs/provider-recruitment-and-placement/medical-dental-andbehavioral-health-recruitment-and-incentives and https://www.ncdhhs.gov/divisions/office-rural-health/office-rural-health-programs/providerrecruitment-and-placement

The North Carolina Office of Rural Health (ORH) offers qualifying providers, **without educational (student) loan debt**, incentive bonus payments through our High Needs Service Bonus (HNSB). The payments are **taxable**. Incentive bonus payments are awarded to eligible providers in exchange for providing <u>comprehensive primary care services in outpatient</u> <u>settings</u> at eligible sites serving those with the highest need located within Health Professional Shortage Areas (HPSAs). These areas are assigned HPSA scores, which can be found at: <u>https://data.hrsa.gov/tools/shortage-area</u>. The higher the HPSA score, the higher the need.

The HNSB is state funded and modeled after the federal program, National Health Service Corps Loan Repayment Program (NHSC LRP). Most importantly, HNSB focuses on the priorities established by Kody Kinsley, the Secretary of North Carolina Department of Health and Human Services. These priorities include behavioral health and resilience, child and family wellbeing, and strong inclusive workforce.

HNSB is administered by the Placement Services Team of ORH. The team recruits medical, dental, and behavioral health providers in rural and underserved areas to provide outpatient primary care services. Recruitment activities include matching providers with open job opportunities and connecting them with internal or external incentive programs. Sites are encouraged to post open job opportunities with the team to match providers.

**NEW**: Prior to March 25, 2022, HNSB required that sites first become NHSC certified to access federal resources before applying for HNSB. In addition, sites needed to be located within counties with a HPSA score of 16 or above. These requirements allowed ORH to be better stewards of very limited state funds. In State Budget Fiscal Year 2022, ORH received a **temporary** budget increase for incentives. This increase prompted revisions to the guidelines. **Three major temporary revisions to the HNSB guidelines** include: 1). Removing the requirement for sites to become NHSC certified prior to providers applying for HNSB; 2). Decreasing the required minimum **HPSA score from 16 to 10**; and 3). Increasing the award amounts to match those offered by the North Carolina Loan Repayment Program. Becoming NHSC certified continues to be a better long-term option for sites, especially since ORH anticipates that these temporary revisions will be removed once the funds have been exhausted. Other updated revisions are noted as **"NEW"** throughout these guidelines. **Both providers and sites must meet eligibility criteria; therefore, it is strongly recommended that this document is reviewed in its entirety. Guidelines are subject to change at any time, at the discretion of ORH. Incentive programs are contingent upon funding.** 

	Section A: Provider Eligibility Requirements
All prov	viders applying for HNSB must meet the following program requirements
1.	<ul> <li>Start date of employment: Must be within 5 years of submitting a HNSB application (NEW)</li> <li>Cannot be more than 5 years unless applicant has completed a previous service commitment and is submitting an application within 5 years of fulfilling another service commitment. Service commitment documentation will be requested as a required upload within the electronic application process or it may be requested outside of the electronic application process.</li> </ul>
2.	Must NOT have educational (student) loan debt
3.	Unrestricted license to practice in the State of NC
4.	United States citizenship or permanent resident status.
5.	Accept Medicaid and Medicare (Children's Health Insurance Program-if applicable)
	Note: Providers who work at State Mental Health Hospitals, Alcohol and Drug Abuse Treatment Centers, School Based Health Centers or Free and Charitable Clinics are excluded from this requirement. (Updated 5/23/22)
6.	Not Currently Under <u>Any</u> Existing Service Commitment; however, can submit an application for HNSB within 5 years after completing a previous service commitment.
Em	oloyment Contracts between providers and sites are not considered service commitments for the purpose of HNSB.
	Some common examples of service commitment (list is not all inclusive)
	Forgivable Education Loans for Service (FELS)
	National Health Service Corps Scholar (NHSC Scholar)
	National Health Service Corps Student to Service (NHSC S2S)
	Community Practitioner Program (CPP)
	e: Providers who have service commitments that are deferred, will only be eligible to apply for HNSB <i>after</i> they
hav	e completely satisfied the deferred service commitment.
7.	Employment Status
	a. Full -Time Employment
	<ul> <li>Work at least 32 hours/week providing direct patient care at an eligible on-site clinical practice (Refer to Eligible Sites Section)</li> </ul>
	• Extended leave over 12 weeks (i.e., Maternity, Paternity, Adoption Leave or severe/extended
	illness leave) must be reviewed and approved by ORH. ORH may update contract terms based
	on the date the provider returns to work
	b. Part-Time Employment
	• Work between 20-31 hours/week providing direct patient care at an eligible on-site clinical practice (Refer to Eligible Sites Section)
	Pro-rated awards are given for part-time employment
•	Extended leave: Same as full-time extended leave above

Section B: Provider Eligibility Types, Awards and Commitments				
Providers	Incentive Awards (NEW) Award Amounts (Based on Full-Time Employment)	Service Commitments		
Primary Care Physician <ul> <li>Allopathic (MD)</li> <li>Osteopathic (DO)</li> </ul> <li>Serving within the following: <ul> <li>Specialties</li> <li>Family Medicine</li> <li>General Internal Medicine</li> <li>General Surgery -FOR</li> <li>CRITICAL ACCESS HOSPITALS</li> <li>ONLY</li> <li>Obstetrics/Gynecology</li> <li>(OB/GYN)</li> <li>General Pediatrics</li> <li>Psychiatry</li> </ul></li>	Up to \$100,000	Up to 4 years		
Dentists	Up to \$100,000	Up to 4 years		
Dental Hygienists	Up to \$60,000	Up to 4 years		
Advanced Practice Providers: <ul> <li>Nurse Practitioners</li> <li>Physician Assistants</li> <li>Certified Nurse Midwives</li> </ul> Serving within the following:	Up to \$60,000	Up to 4 years		
<ul> <li>Specialties</li> <li>Family Medicine</li> <li>General Internal Medicine</li> <li>Obstetrics/Gynecology (OB/GYN)</li> <li>General Pediatrics</li> <li>Psychiatry</li> </ul>				
<ul> <li>Pro-rated awards are given for F</li> <li>HNSB incentive payments are tag</li> </ul>				

### **Section C: Site Eligibility Requirements** All providers applying for HNSB must ensure they work at sites that meet ALL of the following requirements listed below Sites are defined as the ACTUAL work location of the provider (i.e., Where does the provider show up to work 1. every day?) 2. If providers work at multiple sites, all sites must meet the eligibility criteria. 3. Accept Medicaid and Medicare/Accept Children's Health Insurance Program (if applicable) \* State Mental Health Hospitals, Alcohol and Drug Abuse Treatment Centers, School Based Health Centers and Free and Charitable Clinics are excluded from this requirement (Updated 5/23/22)\* 4. Provide comprehensive outpatient primary care services in eligible sites serving those with high needs. Comprehensive outpatient primary care is defined as: A continuum of care not focused or limited to gender identity, age, organ system, a particular illness, or categorical population (i.e., developmentally disabled or those with cancer) Note: Urgent care centers, emergency room departments, or hospitals that do not have an outpatient primary care based clinic are not considered primary care sites; therefore, are not eligible site types. \* State Mental Health Hospitals, Alcohol and Drug Abuse Treatment Centers, School Based Health Centers are excluded from this requirement (Updated 5/23/22)\* 5. Provide preventive, acute and chronic primary health services \*State Mental Health Hospitals and Alcohol and Drug Abuse Treatment Centers are excluded\* 6. Treat all patients fairly, regardless of disease or diagnosis, and offer a full range of primary care services 7. Cannot use HNSB incentives to reduce a provider's salary 8. If applicable: Telehealth programs providing comprehensive primary care services may be considered, when the patient and the provider are located at eligible sites 9. **NEW** Must be located within a Health Professional Shortage Area of a **10 and above**. These areas are assigned HPSA scores, which can be found at: https://data.hrsa.gov/tools/shortage-area. The score must correspond with the discipline of the provider applying for HNSB. For example: A primary care physician would look for HPSA scores for Primary Care within the county of the site location. Note: When in doubt, please reach out to the Placement Services Team for assistance. The HPSA score is verified by the team during the application review process, but it is still required on the incentive application. Eligible Site Types are listed on the next page

# Section D: Eligible Site Types

All providers applying for HNSB must ensure they work at one of the site types listed below			
There are two eligible site categories: Exempt and Non-Exempt.			
<ul> <li>Exempt: Exempt Sites were known in previous guidelines as "Sites With Automatic Eligibility." Providers who work at any of the exempt sites are <u>not required</u> to submit certain supplemental documentation along with their application (i.e., Sliding Fee Scale, Site Data Table).</li> <li>NEW: We added a number of new sites under the exempt status (i.e., Free and Charitable Clinics, Rural Health Centers, Rural Health Clinics). This means providers who work at one of the exempt sites will only need to meet the eligibility requirements as outlined on Pages 2 - 4, and have the requested documentation as listed on Page 6. Refer to the Exempt Sites list below.</li> </ul>			
<b>Non-Exempt</b> : Non-Exempt Sites were known in previous guidelines as "Sites Without Automatic Eligibility." Providers who work at any of the non-exempt sites <u>are required</u> to submit certain supplemental documentation along with their application (i.e., Sliding Fee Scale, Site Data Table). This means providers who work at one of the non-exempt sites will need to meet the eligibility requirements as outlined on Pages 2 - 4, have the requested documentation as listed on Page 6 - 7. <b>Refer to the Non-Exempt Sites list below.</b>			
Exempt Sites	Non-Exempt Sites		
<ul> <li>Alcohol and Drug Abuse Treatment Centers(ADATCs)         <ul> <li>Psychiatrists Only At Julian F. Keith; Walter B. Jones; R. J. Blackley</li> </ul> </li> <li>Critical Access Hospitals (CAHs)         <ul> <li><u>Inpatient</u>: General Surgeons Only</li> <li><u>Outpatient providers</u> working in a Critical Access Hospital Based Clinic (refer to the outpatient providers</li> </ul> </li> </ul>	<ul> <li>Private Practices – Primary Care</li> <li>Private Practices – Dental</li> <li>Private Practices – Behavioral Health <ul> <li>This includes outpatient providers who are self-employed as long as the providers are listed on the Eligible Provider List on Page 3</li> </ul> </li> </ul>		
under the Eligible Provider List on Page 3-NEW) Federally Qualified Health Centers (FQHCs) Free and Charitable Clinics-NEW Health Departments-NEW National Health Service Corps Certified Sites (not otherwise listed) Rural Health Centers-NEW Rural Health Clinics-NEW School-Based Health Centers-NEW School-Based Health Centers-NEW Small Rural Hospital -NEW • <u>Outpatient providers</u> working in a Small Rural Hospital Based Clinic (refer to the outpatient providers under the Eligible Provider List on Page 3-NEW)	Telehealth sites providing comprehensive primary care services may be considered, when the patient and the provider are located at eligible sites		

Section E: Requested Documentation-All Providers			
Information below will be requested during the electronic application process for all providers			
<ol> <li>A signed statement from provider's employer on company letterhead documenting:         <ul> <li>Start date of employment/First day on the job: Must be within 5 years of submitting a HNSB application</li> <li>Cannot be more than 5 years unless applicant has completed a previous service commitment and is submitting an application within 5 years of completing another service commitment. ORH may request documentation of the completion of the service commitment.</li> <li>Site name (s): Locations where the provider will be working</li> <li>Site address: If multiple sites, need addresses of ALL site locations where the provider will be working</li> <li>Total hours worked per week</li> <li>Total number of hours devoted to direct patient care per week</li> </ul> </li> <li>Note: If the letter does not include all of the items listed above, the application will be deemed incomplete.</li> </ol>			
<ol> <li>If applicable, Previous Service Commitment: Details about the previous service commitment will be requested on the electronic application (i.e. date of completion and entity). The team may request additional documentation if needed outside of the electronic application process. (Updated 5/23/22)*</li> </ol>			
<ol> <li>Direct Supervisor's Name, Phone Number and Email</li> <li>Be prepared to enter the HPSA score on the electronic application. HNSB requires a HPSA score of 10 and above. Sites must be located within a Health Professional Shortage Area. These areas are assigned HPSA scores, which can be found at: https://data.hrsa.gov/tools/shortage-area. The score must correspond with the discipline of the provider applying for HNSB. For example: A primary care physician would look for HPSA scores for Primary Care within the county of the site location. The HPSA score will be verified by ORH.</li> </ol>			
5. Basic Information (list is not all inclusive): Basic Information will be requested during the electronic application process and all fields will be required. For example: Full Name, Personal Email Address, Work Email Address, Mailing Address, Degree, Discipline, NPI Number, License Number, Personal Phone Number, Work Phone Number, whether provider is enrolled as a Medicaid provider			
<ul> <li>Attest that the employment site accepts Medicaid, Medicare. In addition, attest that the employment site accepts Children's Health Insurance Program (if applicable).</li> <li>* State Mental Health Hospitals, Alcohol and Drug Abuse Treatment Centers, School Based Health Centers and Free and Charitable Clinics are excluded from this requirement (Updated 5/23/22)*</li> </ul>			

# Section F: Requested Documentation-Exempt vs Non-Exempt

The information below will be requested during the electronic application process depending on whether the site is "exempt" or "non-exempt"

Exempt Sites	Non-Exempt Sites
No further documentation requested beyond the items listed under " <i>Requested Documentation For ALL</i>	1. All documentation listed under "Requested Documentation For ALL Providers"
Providers"	2. Sliding Fee Scale and Policy
	<ul> <li>SFS must be based on current poverty guidelines up to 200% of Federal Poverty Level: https://aspe.hhs.gov/poverty-guidelines</li> <li>SFS must include a notice for the patient that documents services will not be denied because of inability to pay. It must include details on how to apply for the SFS. In addition, the SFS must be supported by the site's written operating procedures and/or policies, based on the current Federal Poverty Level, and applied uniformly to all patients.</li> </ul>
	<ol> <li>A signed statement from provider's employer on company letterhead documenting that the Site accepts Medicare and Medicaid. In addition, include if the site accepts Children's Health Insurance Program (if applicable).</li> </ol>
	<ol> <li>Copy or Picture of Posted signage stating that the site will not deny services for any reason-including race, color, sex, national origin, disability, religion, age*, sexual orientation or gender identity.</li> <li>*Age is not an applicable discriminatory factor for pediatric, geriatric, or obstetrics/gynecology sites.</li> </ol>
	<ul> <li>5. Site Data Table (requires six months of data) from the provider's exact site/work location.</li> <li>Sites will report data for number of patients served OR the number of patient visits. Sites will report data on patient applications for sliding fee schedule. See Site Data Table Template for reference.</li> </ul>

Section G: Site Data Table Template (Requires 6 months of data)				
Data Period (From Month/Year):		Data Period (To Month/Year):		
Primary Insurance	Complete data		ents" OR "Number o	f Patient Visits"
Medicare				
Medicaid				
Other Public Insurance				
Private Insurance				
Sliding Fee Schedule (SFS)				
Self-Pay (No Insurance and not on SFS)				
TOTAL				
Patient Applications for Sliding Fee Schedule (SFS)				
	Number of Applications			
SFS Applications Approved				
SFS Applications Not Approved				
Total Applications Received				

### **Section H: Contracts and Incentive Payments**

A provider's signature on the electronic HNSB application does not constitute a contractual agreement. After applications are processed and approved by the Placement Services team, they are reviewed by management, contracts are created, and forwarded to ORH Contracts Department for the final execution. We ask for your patience as the contracts are being built. Providers will receive a contract via email from ORH, which will require an electronic signature. The provider must agree to the accuracy of the information submitted to ORH and the contractual terms. The contract must be signed by both the provider and Director of ORH to be considered binding. All incentive programs are subject to the availability of funds.

Providers must submit required reports and surveys as requested by ORH while under contract. The statement of service form (SOS) is one example of required documentation needed prior to payments being issued. These documents will be sent by email. Providers should check their junk/spam folders within their email accounts, so these documents are not missed. HNSB incentive payments are typically issued in January, March, July, and September depending on providers start date at approved site and as long as six months of providing direct patient care services has occurred. Incentive payments are issued **after** SOS forms are completed and returned back to ORH. SOS forms are sent to providers via email approximately 2 weeks to one month before the next incentive payment is due to be issued.

Providers should inform ORH immediately if they have any changes in personal information (i.e., name changes, address changes, contact numbers), work location, work hours or work assignments while under contract. Any major changes may require a contract amendment and delay incentive payments. If providers do not inform ORH, they may be in breach of contract.

## Section I: Award Renewal Extension

NEW : Providers in good standing, meaning they have fulfilled their ORH HNSB contractual obligation, are eligible to:
 1. Reapply for ONE ADDITIONAL HNSB award for a MAXIMUM OF TWO AWARDS

Award Renewal Extensions are contingent upon funding availability, and the current guidelines at the time of reapplying. Approval amounts will be determined by ORH.

### Section J: Applications

- Providers should review the entire HNSB guidelines to ensure they meet the provider and site eligibility criteria. This is important so providers can be prepared to upload required information and documentation during the electronic application process.
- Applications must be received within 5 years of the provider's start date of employment (i.e., first day on the job) or within 5 years after completing another service commitment.
- Only electronic applications will be accepted. Paper applications will not be accepted or reviewed. Electronic HNSB applications must be signed by providers. Providers must attest that the information submitted on the application is true, accurate and complete.
- ORH reserves the right to request additional documentation not listed on the electronic application in order to determine eligibility.

#### Below is an example of an attestation statement:

"I certify that my answers are true, accurate and complete to the best of my knowledge by checking this box, entering my name, date, title, and signature below. I understand ORH will not consider incomplete applications. If this application results in a student loan repayment award, I understand that false or misleading information in my application may result in my release from student loan repayment program. In addition, I will submit to all penalty fees outlined in the contract."

<u>How To Apply</u>: There is a two-step application process. An eligibility questionnaire is the first step. Based on the responses to the eligibility questions, providers are sent via email a separate link to the official application. If there are problems with the application link, please contact the assigned recruiter in your area (Refer to the Placement Services Team Email Contact List). Providers must submit an electronic HNSB application and upload all required documentation using the Qualtrics HNSB Application Link located at: <u>https://www.ncdhhs.gov/providers/provider-info/health-care/recruitment-for-providers</u>.

Please review the updated HNSB Guidelines here: HNSB Guidelines Link

After eligible providers have reviewed the guidelines and gathered the required documentation, they may use the application link below to apply.

Only electronic applications will be accepted and you can apply by using this link: <u>HNSB Application</u> Link

**Processing Applications**: Our goal is to email providers acknowledging receipt of the application (complete or incomplete) within 10 business days if possible. Incomplete applications will not be processed until they are completed. We will inform providers by email if they are approved or denied participation in the HNSB. This does not include the timeframe for contract development. Extenuating circumstances may extend the response time from our office.

#### Section K: Current HNSB Awardees

This information is for providers who are currently under contract with ORH for HNSB (prior to the release of these new guidelines)

Increased temporary funding for incentive programs is effective on March 25, 2022; therefore, ORH cannot change the contracts of current HNSB awardees or honor the new increased HNSB award amounts as outlined on these current guidelines. Current HNSB awardees are defined as providers who are under contract with ORH prior to March 25, 2022. ORH will not honor requests to terminate contracts in order to receive the new HNSB award amounts; however, these providers may apply for <u>ONE ADDITIONAL HNSB</u> award for a <u>MAXIMUM OF TWO AWARDS</u> AFTER they have completed their current contractual obligation.

	Placement Services Team Email Contact List Interim Program Manager: Stephanie.Nantz@dhhs.nc.gov				
Int					
Recruiters are assigned by service areas across the state. The Medicaid regions are divided and split into service areas.					
Recruiter		Co	ounties Served		
Clint Cresawn clint.cresawn@dhhs.nc.gov	Ashe	Alleghany	Avery	Buncombe	
	Burke	Caldwell	Cherokee	Clay	
Western Service Area for	Davidson	Davie	Forsyth	Guilford	
Medicaid Regions #1 and #2.	Graham	Haywood	Henderson	Jackson	
	Macon	Madison	McDowell	Mitchell	
	Polk	Randolph	Rockingham	Rutherford	
	Stokes	Surry	Swain	Transylvania	
	Watauga	Wilkes	Yadkin	Yancey	
Karen Gliarmis	Alamance	Beaufort	Bertie	Camden	
karen.gliarmis@dhhs.nc.gov	Carteret	Caswell	Chatham	Chowan	
Eastern Service Area for	Craven	Currituck	Dare	Duplin	
Medicaid Regions #4 and #6.	Durham	Edgecombe	Franklin	Gates	
	Granville	Greene	Halifax	Hertford	
	Hyde	Johnston	Jones	Lenoir	
	Martin	Nash	Northampton	Onslow	
	Orange	Pamlico	Pasquotank	Perquimans	
	Person	Pitt	Tyrrell	Vance	
	Wake	Warren	Washington	Wayne	
	Wilson				
Maya Candara	Alexander	Anson	Bladen	Brunswick	
Maya Sanders maya.sanders@dhhs.nc.gov	Cabarrus	Catawba	Cleveland	Columbus	
maya.sanders@drins.ne.gov	Cumberland	Gaston	Harnett	Hoke	
South Central Service Area	Iredell	Lee	Lincoln	Mecklenburg	
for Medicaid Regions #3 and	Montgomery	Moore	New Hanover	Pender	
#5.	Richmond	Robeson	Rowan	Sampson	
	Scotland	Stanly	Union		