

**New York State Department of Health
Office of Primary Care and Health Systems Management
Center for Health Care Policy and Resource Development
Division of Workforce Transformation**

Title: Solicitation of Interest # 18810 – Doctors Across New York Physician Loan Repayment and Physician Practice Support Programs– Cycle VIII

Agency: Health, NYS Dept. of Health / Center for Health Care Policy and Resource Development / Division of Workforce Transformation

Contract Number: TBD

Contract Term: Three Years (March 1, 2022 – February 28, 2025)

Date of Issue: November 3, 2021

Due Date/Time: December 22, 2021 prior to 4:00PM

County(ies): Statewide

Location: Statewide

Classification: Medical & Health Care

Opportunity Type: Grant or notice of funds availability

I. Introduction

The New York State Doctors Across New York (DANY) initiative includes several programs collectively designed to help train and place physicians in underserved communities, in a variety of settings and specialties, to care for New York’s diverse population. The DANY Physician Loan Repayment (PLR) and Physician Practice Support (PPS) programs make funds available to help recruit physicians to and encourage them to remain in medically underserved areas of the state. Funding is provided in exchange for a physician’s commitment to work in an underserved area for a three-year period (DANY service obligation period).

This is the eighth DANY PLR/PPS cycle of funding, referenced herein as Cycle VIII. Previous cycles were awarded funding in amounts that were different for PLR and PPS. These previous cycles also required different lengths of time for the physician’s commitment to work in an underserved area. For Cycle VIII, pursuant to changes made by Public Health Law (PHL) § 2807-m (12) in 2016, both PLR and PPS awards will provide up to \$40,000 per year for three years (not to exceed \$120,000 in total funding) to or on behalf of a physician who agrees to practice in an underserved area for the three-year DANY service obligation period. Up to \$9 million is currently available under this Solicitation of Interest (SOI), which is expected to result in approximately 75 three-year awards. If additional funds become available, the Department may make additional awards.

Pursuant to PHL § 2807-m, DANY funds can be awarded to: (1) a physician to pay qualified educational debt; (2) a physician to submit the costs of establishing or joining medical practices; or (3) a health care facility to recruit or retain a physician by providing the physician with a sign-on bonus, funds to repay outstanding qualified educational debt, or enhanced compensation. In all cases, 100 percent of the funds ultimately must be distributed to the physician or the physician's practice.

As required by PHL § 2807-m, one-third of funding awarded under this SOI must be allocated to physicians practicing in and health care facilities located in New York City (comprised of New York, Bronx, Kings, Queens and Richmond counties) with the remaining two-thirds to individual physicians practicing in and health care facilities located in the rest of the state. The statute further provides that no less than fifty percent of available funds be allocated to physicians who will be working in general hospitals.

II. Minimum Qualifications

Only physicians and health care facilities that meet the criteria set forth below are eligible to apply for DANY funding through this SOI.

A. Eligible Physician Applicants

A physician is eligible for a DANY award for the period (March 1, 2022 – February 28, 2025) to repay qualified educational debt or pay costs of establishing or joining a medical practice if the following requirements are met:

1. The physician must be a citizen of the United States or a permanent resident alien holding an I-155 or I-551 card.
2. The physician must be a graduate of an allopathic or osteopathic medical school.
3. The physician must be licensed to practice medicine in New York State by the time the three-year DANY service obligation begins.
4. The physician must be in good standing, meaning that he or she:
 - a. Has not been excluded from or terminated by the federal Medicare or Medicaid programs (see <http://www.omig.ny.gov>);
 - b. Has not been disciplined by the New York State Board for Professional Medical Conduct (see <https://www.health.ny.gov/professionals/doctors/conduct>);
 - c. Is not under indictment for, or has not been convicted of any felony as defined by New York State Penal Code (see <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>); and
 - d. Has not had his or her medical license revoked in any state or territory in the United States.
5. The physician must not be in breach of a health professional service obligation to the federal government, any state government, or a local government.

6. The physician must not have any judgment liens arising from debt to the federal or any state government.
7. The physician must not be delinquent in child support payments.
8. The physician must not have previously received DANY PLR or PPS funding.
9. The physician must not be fulfilling an obligation under any local, state or federal government loan repayment program which overlaps or coincides with the three-year DANY service obligation (except the Public Service Loan Forgiveness Program).
10. The physician must have either an employment contract or a business plan, as described below:
 - a. A physician who seeks a DANY award to repay educational debt must have an employment contract with a health care facility requiring the physician to provide physician services for at least the entire DANY service obligation period. For these purposes, a “health care facility” means:
 - i. A general hospital, diagnostic and treatment center (D&TC), or a nursing home licensed by the New York State Department of Health pursuant to PHL Article 28;
 - ii. A facility certified, but not operated, by the New York State Office of Mental Health (OMH) pursuant to Mental Hygiene Law (MHL) Article 31;
 - iii. A facility certified, but not operated, by the New York State Office of Alcoholism and Substance Abuse (OASAS) pursuant to MHL Article 32;
 - iv. A hospital or nursing home operated by the New York State Department of Health, meaning Helen Hayes Hospital, the New York State Veterans Home at Batavia, the New York State Veterans Home at Montrose, the New York State Veterans Home at Oxford, or the New York State Veterans Home at St. Albans; or
 - v. A medical practice that is registered with the New York State Department of State as a Professional Corporation (PC) or Professional Limited Liability Corporation (PLLC) at the time of application.

A physician employed by a health care facility operated by a New York State agency, other than the Department of Health or the State University of New York (SUNY), is not eligible to apply under this SOI. A physician employed by a health care facility operated by the federal government is not eligible to apply under this SOI.
 - b. A physician who seeks a DANY award to pay costs to establish or join a medical practice must have a business plan for at least the entire DANY service obligation period, where such practice is or will be registered with the New York State Department of State as a PC or PLLC.
11. The health care facility or practice where the physician will be employed or the medical practice that the physician will establish, or join must be located in an underserved area, as defined in

Attachment 6 of this SOI.

12. The services that the physician will provide under the employment contract or business plan must constitute full time clinical practice, meaning at least 40 hours of service (with a minimum of 32 clinical hours) per week for at least 45 weeks per year. These standards cannot be met with schedules that vary from week to week. The 40 hours per week may be compressed into no less than four days per week, with no more than 12 hours of work performed in any 24-hour period. The 40 hours per week may not include time spent in “on-call” status except to the extent that the physician is regularly scheduled and providing patient care at a site identified in the Program Specific Questions section of this application during that time. Any hours worked in excess of 40 hours per week shall not be applied to any other work week. A portion of the physician’s time may be spent providing telehealth services that are in compliance with applicable NYS regulations. However, telehealth services must be a component of the physician’s traditional practice and may not account for more than 40% of his/her overall clinical work hours per week.
13. The physician cannot have worked as a physician in any capacity in any underserved area, as defined in Attachment 6 of this SOI, prior to April 2, 2020 which was the original application submission deadline for Cycle VII (these limits do not apply to time spent as a resident or fellow). However, any physician that was named in any Cycle VII application that was either wait listed and not given an award or disapproved, may be submitted in a new application for consideration in Cycle VIII provided that the physician did not work in any underserved area prior to April 4, 2019 (i.e. the eligibility date for Cycle VII).
14. The date on which the physician’s employment contract or business plan begins must be no earlier than April 2, 2020 and no later than March 1, 2022. However, any physician that was named in any Cycle VII application that was either wait listed and not given an award or disapproved, may be submitted in a new application for consideration in Cycle VIII provided that the employment contract or business plan began no earlier than April 4, 2019 and no later than November 1, 2020 (i.e. the eligibility dates of Cycle VII).
15. The start date of the physician’s DANY service obligation under this contract will be March 1, 2022.
16. The employment contract or business plan, as applicable, must reflect that the physician will provide health services to individuals in the area without discriminating against them:
 - a. Because of their inability to pay for those services; or
 - b. Because of their enrollment in or utilization of insurance provided under Part A “Medicaid” or Part B “State Children’s Health Insurance Program” of Title XVIII of the Social Security Act (42 U.S.C. 1395).
17. The employment contract or business plan, as applicable, must reflect that the physician:
 - a. Shall accept assignment under section 1842(b)(3)(B)(ii) of the Social Security Act (42 U.S.C. section 1395u(b)(3)(B)(ii)) for all services for which payment is made under Part B of Title XVIII of such act; and
 - b. Shall enter into an appropriate agreement with the State agency which administers the State

plan for medical assistance under Titles XIX and XXI of the Social Security Act to provide services to individuals entitled to medical assistance under the plan if no current agreement exists with the employing facility.

B. Eligible Health Care Facility Applicants

A health care facility is eligible for a DANY award for the period (March 1, 2022 – February 28, 2025) to provide a physician with a sign-on or retention bonus (not including bonus offsets), funds to repay outstanding educational debt, and/or enhanced compensation (not including salary offsets) if the following requirements are met:

1. The health care facility must be one of the following:
 - a. A general hospital, D&TC, or a nursing home licensed by the New York State Department of Health pursuant to PHL Article 28;
 - b. A facility certified, but not operated, by the New York State Office of Mental Health pursuant to MHL Article 31;
 - c. A facility certified, but not operated, by the New York State Office of Alcoholism and Substance Abuse Services pursuant to MHL Article 32; or
 - d. A medical practice that is registered with the New York State Department of State as a PC or PLLC at the time of application.

A health care facility operated by any other New York State agency, other than SUNY, or by the federal government is not eligible under this SOI. A health care facility operated by SUNY can use a DANY award only to provide a physician with funds for loan repayment.

2. The health care facility must be located in an underserved area, as defined in Attachment 6 of this SOI.
3. The health care facility must have an employment contract with a physician requiring the provision of physician services for the DANY service obligation period.
4. The physician with whom the health care facility has an employment contract for the DANY service obligation period must meet the following criteria:
 - a. The physician must be a citizen of the United States or a permanent resident alien holding an I-155 or I-551 card.
 - b. The physician must be a graduate of an allopathic or osteopathic medical school.
 - c. The physician must be licensed to practice medicine in New York State by the time the three-year DANY service obligation begins.
 - d. The physician must be in good standing, meaning that he or she:
 - i. Has not been excluded from or terminated by the federal Medicare or Medicaid programs

(see <http://www.omig.ny.gov>);

- ii. Has not been disciplined by the New York State Board for Professional Medical Conduct (see <https://www.health.ny.gov/professionals/doctors/conduct>);
 - iii. Is not under indictment for, or has not been convicted of any crime as defined by New York State Penal Code (see <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>); and
 - iv. Has not had his or her medical license revoked in any state or territory in the United States.
- e. The physician must not be in breach of a health professional service obligation to the federal government, any state government, or a local government.
 - f. The physician must not have any judgment liens arising from debt owed to the federal or any state government.
 - g. The physician must not be delinquent in child support payments.
 - h. The physician must not have previously received DANY PLR or PPS funding.
 - i. The physician must not be fulfilling an obligation under any local, state or federal government loan repayment program which overlaps or coincides with the three-year DANY service obligation (except the Public Service Loan Forgiveness Program).
5. The physician cannot have worked as a physician in any capacity in any underserved area, as defined in Attachment 6 of this SOI, prior to April 2, 2020 which was the original application submission deadline for Cycle VII (these limits do not apply to time spent as a resident or fellow). However, any physician that was named in any Cycle VII application that was either wait listed and not given an award or disapproved, may be submitted in a new application for consideration in Cycle VIII provided that the physician did not work in any underserved area prior to April 4, 2019 (i.e. the eligibility date for Cycle VII).
 6. The date on which the physician's employment contract or business plan begins must be no earlier than April 2, 2020 and no later than March 1, 2022. However, any physician that was named in any Cycle VII application that was either wait listed and not given an award or disapproved, may be submitted in a new application for consideration in Cycle VIII provided that the employment contract or business plan began no earlier than April 4, 2019 and no later than November 1, 2020 (i.e. the eligibility dates of Cycle VII).
 7. The start date of the physician's DANY service obligation under this contract will be March 1, 2022.
 8. The services that the physician will provide under the employment contract or business plan must constitute full time clinical practice, meaning at least 40 hours of service (with a minimum of 32 clinical hours) per week for at least 45 weeks per year. These standards cannot be met with schedules that vary from week to week. The 40 hours per week may be compressed into no less than four days per week, with no more than 12 hours of work performed in any 24-hour period. The 40 hours per week may not include time spent in "on-call" status except to the extent that the physician is regularly scheduled and providing patient care at a site identified in the Program

Specific Questions section of this application during that time. Any hours worked in excess of 40 hours per week shall not be applied to any other work week. A portion of the physician's time may be spent providing telehealth services that are in compliance with applicable NYS regulations. However, telehealth services must be a component of the physician's traditional practice and may not account for more than 40% of his/her overall clinical work hours per week.

9. The employment contract must reflect that the physician will provide health services to individuals in the area without discriminating against them:
 - a. Because of their inability to pay for those services; or
 - b. Because of their enrollment in or utilization of insurance provided under Part A "Medicaid" or Part B "State Children's Health Insurance Program" of Title XVIII of the Social Security Act (42 U.S.C. 1395).
10. The employment contract must reflect that the physician:
 - a. Shall accept assignment under section 1842(b)(3)(B)(ii) of the Social Security Act (42 U.S.C. section 1395u(b)(3)(B)(ii)) for all services for which payment is made under Part B of Title XVIII of such act; and
 - b. Shall enter into an appropriate agreement with the State agency which administers the State plan for medical assistance under Titles XIX and XXI of the Social Security Act to provide services to individuals entitled to medical assistance under the plan if no current agreement exists with the employing facility.

III. Project Narrative

Funding for this project is contingent on the availability of State funds and the number of eligible applicants that respond to the advertisement. Available funding to support this initiative will be limited to the amount(s) appropriate in the enacted State Fiscal Year budgets for this purpose.

This advertisement is not a guarantee or promise of funding.

NYSDOH staff will review responses to this solicitation in the order in which they are received. Eligible awardees will be selected on a first-come first-served basis if their response meets the requirements of the SOI. When funding has been depleted to a level such that a project's total requested funding amount cannot be met, the eligible awardee will be offered a reduced award amount. If the eligible awardee accepts that amount, no further awards will be made. If the eligible awardee declines that amount, the next eligible awardee will be offered an award until funds are completely exhausted.

A. Use of Funds

DANY funds can be awarded to: (1) a physician to pay qualified educational debt; (2) a physician to pay costs of establishing or joining medical practices; or (3) a health care facility to help retain and recruit a physician by providing that physician with a sign-on or retention bonus, funds to repay

outstanding educational debt, or enhanced compensation (except where the award is made to a health care facility operated by SUNY). In all cases, 100 percent of the funds ultimately must be distributed to the physician. No facility/employer should reduce a physician's compensation package as a result of receiving a DANY grant. Accordingly, funding awarded under this SOI can be used only as follows:

1. Repaying qualified educational debt: For purposes of this SOI, “qualified educational debt” means any outstanding amounts remaining on student loans that were used by the physician to pay graduate or undergraduate tuition or related educational expenses, where such loans were made by or guaranteed by the federal or state government or made by a lending or educational institution approved under Title IV of the federal Higher Education Act. An applicant seeking to use DANY funds for loan repayment must include educational loan statements dated no more than 30 days prior to submission (to be uploaded as Attachment 3). Such statements will be forwarded to the New York State Higher Education Services Corporation (HESC) to verify the existence and amount of qualified education debt. Applicants must complete Attachment 4 to give consent for HESC to disclose any loan information to the Department. No DANY award shall be made in excess of the outstanding amount of educational debt as verified by HESC. Where a DANY award is made for this purpose, the physician will be required to submit educational loan statements on an annual basis to ensure payments are being applied to the loans.
2. Supporting the cost of establishing or joining a medical practice: DANY funding awarded to a physician to pay costs of establishing or joining medical practices can be used for expenses such as acquiring the land or a building where the practice will be located, capital investment, renovation of existing space, minor medical equipment (for a maximum of \$10,000), equipping and furnishing the space, rent, insurance, and payment of salaries of office personnel. Upon claiming an award, the physician will be required to submit vouchers with receipts of qualified expenses for reimbursement.
3. Helping health care facilities recruit or retain physicians: A DANY award made to a health care facility can be used to provide one physician, who must be identified in the application, with a sign-on, productivity or retention bonus (i.e. additional funding over and above what would have been provided to the physician prior to a DANY award being granted; funds cannot be used as a bonus offset), repayment of outstanding qualified educational debt, enhanced compensation (i.e. additional funding over and above what would have been provided to the physician prior to a DANY award being granted, the funds cannot not be used as a salary offset), or any combination thereof, with one exception: a health care facility operated by SUNY can only use DANY funds for loan repayment of outstanding qualified educational debt. In all cases, 100 percent of funding provided under the award must go to the physician.

B. Application Limits

1. No more than one application will be accepted from a single physician. If a physician submits more than one application, only the application received first will be reviewed.
2. No more than four applications will be accepted from a health care facility with the same operating certificate number or health care facility that is a medical practice with the same Department of State Identification Number. If a health care facility or employed physician of that health care facility, in aggregate, submit more than four applications, only the first four eligible applications received will be reviewed.

C. Award Limits

1. A minimum of one-third of DANY funds awarded under this SOI shall be allocated to physicians practicing in and health care facilities located in New York City (comprised of New York, Bronx, Kings, Queens and Richmond counties) with the remaining two-thirds to individual physicians practicing in and health care facilities located in the rest of the state.
2. No less than fifty percent of the funds awarded under this SOI shall be used to support a DANY service obligation to be carried out in a general hospital. This provision shall not apply if less than fifty percent of the eligible funding is requested from such applicants.
3. No more than five percent of the funds awarded under this SOI shall be used to support a DANY service obligation to be carried out at a health care facility exclusively certified by OMH.
4. No more than five percent of the funds awarded under this SOI shall be used to support a DANY service obligation to be carried out at a health care facility exclusively certified by OASAS.
5. No more than three awards will be made to support a DANY service obligation to be carried out at a health care facility with the same operating certificate number or, in the case of a medical practice, the same NYS Department of State registration number, regardless of whether the applications were submitted by physicians or health care facilities. A fourth award may be considered only if there are additional funds left over after all eligible applications are funded.

IV. How to Apply

Written questions will be accepted until 4:00 p.m. on November 17, 2021. All questions should be submitted electronically to the email address: DANY2018@health.ny.gov All questions should be submitted with the subject line “DANY Cycle 8 Question”. In the event that any updates and/or clarification of information is warranted, information will be posted in the Contract Reporter under the tab “Documents” for this announcement. Responses to all questions received by November 17, 2021 will be posted on or about December 1, 2021.

Late Applications Will Not Be Accepted.

It is the Applicant’s responsibility to ensure that all materials included in the application have been properly prepared and submitted. The application consists of the completed Attachments (1-10) listed below. You must submit ONE EMAIL with each required Attachment as its own pdf file attachment. Make sure to name each document accordingly (i.e. Attachment 1, Attachment 2). Applications must be submitted via email to DANY2018@health.ny.gov no later than 4:00 pm ET on the date and time posted on the cover of this SOI. Again, all application documents should be submitted together as attachments in ONE EMAIL.

Attachments

The following attachments (1-10) include both reference materials and items that must be completed and submitted as the DANY application for this SOI. If you cannot complete Attachment 1 successfully, do not continue any further, you are not an eligible applicant for the DANY program.

Items in Attachment 6 will require supporting documentation. This documentation will be required for all applicants to justify that the physicians will be working in an underserved area. All mandatory attachments must be completed to have your application be reviewed for a DANY award.

- Attachment 1: Minimum Eligibility Requirements (mandatory)
- Attachment 2: Program Specific Questions (mandatory)
- Attachment 3: Loan Statements for Qualified Educational Debt
(mandatory only for applicants seeking loan repayment)
- Attachment 4: Consent to Disclosure
(mandatory only for applicants seeking loan repayment)
- Attachment 5: Employment Contract or Business Plan (mandatory)
- Attachment 6: Tool to Identify an Underserved Area & Support Documentation
(mandatory)
- Attachment 7: Rural Counties and Towns (for reference only)
- Attachment 8: Attestation & Authorized Representative (mandatory)
- Attachment 9: Default Penalty Attestation (mandatory)
- Attachment 10: Site Information (mandatory only if there are 2 or more work sites
for the physician)
- Attachment 11: Tax Issues (for reference only)

Review & Award Process

Applications meeting the guidelines and having submitted all mandatory Attachments will be reviewed and evaluated by the Department. Applications will be evaluated on a Pass/Fail basis.

Department staff will review applications in the order in which they are received.

The Department will notify an Applicant by e-mail if the application is complete or incomplete. If the application is complete, no further action by the Applicant is needed. If the application is incomplete, the Department will provide the Applicant a list of outstanding items. The Applicant will have one opportunity to supply the missing information within 10 business days of being notified by the Department via email. All missing information must be emailed to: DANY2018@health.ny.gov. If the Applicant fails to respond to the missing information request within this time period, the application will not be processed any further and will not be funded. Because of this, it is advantageous to submit a complete application, and to respond to the Department's email regarding any omissions, as soon as possible. The due date will be clearly stated in the communication from the Department advising that the application is incomplete. No additional information will be accepted after this due date.

A complete application does not guarantee that the Applicant will be awarded funding.

The pool of complete and eligible applications will be awarded in order of the date and time of receipt of initial application according to the funding allocations established in the paragraph below until available funding is exhausted for that region or provider category. When funding has been depleted to a level such that an Applicant's total requested funding amount cannot be met, the Applicant will be offered a reduced award amount. If the Applicant accepts that amount, no further awards will be made. If the Applicant declines that amount, the next eligible Applicant will be offered an award until funds are completely exhausted. The Department reserves the right to allocate funding in ways to best serve the interests of the State.

As required by PHL § 2807-m, one-third of funding awarded under this SOI must be allocated to facilities and Individual Physician Applicants in New York City with the remaining two-thirds to facilities and Individual Physician Applicants located in the rest of the state. No less than fifty percent of available funds must be allocated to physicians working in general hospitals. Within the group of applicants eligible and identified for funding, federal funds will be assigned at the discretion of the Department.

The Department anticipates that awards will be announced in spring 2022. Awardees will have a DANY contract start date of March 1, 2022.

Contact Information: Karolyn Garafalo
New York State Department of Health
Division of Workforce Transformation
Empire State Plaza Corning Tower Room 1695
DANY2018@health.ny.gov

Minimum Eligibility Requirements

Solicitation of Interest # 18810

DANY Physician Loan Repayment/Physician Practice Support Programs

Instructions: The Physician who is completing the DANY service obligation is eligible to participate in this program only if the Applicant can answer “Yes” to questions (1-16) pertaining to the Physician. Applicants are instructed to upload the completed document as Attachment 1 of the application.

1. Is the physician a U.S. citizen or permanent resident alien holding an I-155 or I-551 card?

YES NO

2. Is the physician a graduate of an allopathic or osteopathic medical school?

YES NO

3. Will the physician be licensed to practice in New York State by the time the three-year DANY service obligation begins?

YES NO

4. Is the physician in good standing with the Department, meaning that he or she has not been excluded from, or terminated by, the Federal Medicare or Medicaid programs (see <http://www.omig.ny.gov>)?

YES NO

5. Is the physician in good standing with the Department, meaning that he or she has not been disciplined by the New York State Board for Professional Medical Conduct (see <https://www.health.ny.gov/professionals/doctors/conduct>)?

YES NO

6. Is the physician in good standing with the Department, meaning that he or she is not under indictment for, or has not been convicted of any crime as defined by NYS Penal Code (see <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO:>)?

YES NO

7. Is the physician in good standing with the Department, meaning the physician has not had his or her medical license revoked in any state or territory in the United States?

YES NO

8. Does the physician have a three-year employment contract or business plan to provide medical services in a health care facility or practice (defined in Section II A & B of this SOI)?

YES NO

9. Is the health care facility or practice where the physician will be employed, or the medical practice that the physician will establish or join, located in an underserved area (defined in Attachment 6, of the SOI)?

YES NO

10. Will the physician be in full-time clinical practice (defined in Section II A & B of this SOI)?

YES NO

11. Is the date on which the physician's employment contract or business plan begins no earlier than April 2, 2020 and no later than March 1, 2022? (If the physician that was named in a Cycle VII application and was either wait listed and not given an award or disapproved, is now being named in a new application for Cycle VIII, did that physician's employment contract begin no earlier than April 4, 2019 and no later than March 1, 2022?)

YES NO

12. Is the start date of the physician's DANY service obligation under this contract March 1, 2022?

YES NO

13. Does the employment contract or business plan reflect that the physician will provide health services to individuals in the area without discriminating against them because of their inability to pay for those services?

YES NO

14. Does the employment contract or business plan reflect that the physician will provide health services to individuals in the area without discriminating against them because of enrollment in or utilization of insurance provided under Part A "Medicaid" or Part B

“State Children’s Health Insurance Program” of Title XVIII of the Social Security Act (42 U.S.C. 1395)?

YES NO

15. Does the employment contract or business plan reflect that the physician will accept assignment under section 1842(b)(3)(B)(ii) of the Social Security Act (42 U.S.C. section 1395u(b)(3)(B)(ii)) for all services for which payment is made under Part B of Title XVIII of such act?

YES NO

16. Does the employment contract or business plan reflect that the physician will enter into an appropriate agreement with the State agency which administers the State plan for medical assistance under Titles XIX and XXI of the Social Security Act to provide services to individuals entitled to medical assistance under the plan? If no current agreement exists, will an agreement be in place by March 1, 2022?

YES NO

If the Applicant cannot answer “YES” to questions (1-16) listed above STOP. This application cannot be processed.

Instructions: The Physician who is completing the DANY service obligation is eligible to participate in this program only if the Applicant can answer “NO” to questions (17-22) pertaining to the Physician.

17. Is the physician in breach of a health professional service obligation to the federal government, any state government or a local government?

YES NO

18. Does the physician have any judgement liens arising from debt owed to the federal or any state government?

YES NO

19. Is the physician delinquent in child support payments?

YES NO

20. Is the physician a past recipient of DANY PLR or PPS funding?

YES NO

21. Is the physician fulfilling an obligation under any local, state or federal government loan repayment program which overlaps or coincides with the three-year DANY service obligation (except the Public Service Loan Forgiveness Program)?

YES NO

22. Has the physician worked as a physician in any capacity in ANY underserved area (as defined in Attachment 6 of this SOI) prior to April 2, 2020?

These limits do not apply to time spent as a resident or fellow. (If the physician that was named in a Cycle VII application and was either wait listed and not given an award or disapproved is now being named in a new application for Cycle VIII, did that physician work in any underserved area prior to April 4, 2019 (i.e. the eligibility date for Cycle VI)?

YES NO

If the Applicant cannot answer “NO” to questions (17-22) listed above STOP. This application cannot be processed.

Program Specific Questions

Solicitation of Interest #18810

DANY Physician Loan Repayment/Physician Practice Support Programs

Instructions: Respond to each of the questions in all sections described below when completing the Program Specific Questions. *All questions* require an answer, and you must ensure all answers are legible. Applicants are instructed to upload the completed document as Attachment 2 of the application.

Part 1: Applicant Identification

The questions in this section refer to the individual who is applying for the DANY grant (i.e. the Applicant). The Department of Health will be contracting with this entity.

1a. Name of Applicant. _____

1b. Address of Applicant. _____

If the applicant is a facility, provide contact information of the person responsible for the submission. If the applicant is an individual physician, enter the contact information for that physician.

1c. Name of Contact Person. _____

1d. Phone of Contact Person. _____

1e. Email of Contact Person. _____

1f. Status of Applicant (circle one): Not-for-Profit For-Profit
(if you are an individual physician applicant, you should select “For Profit”)

Indicate the type of Applicant. The applicant named above must match the type of applicant selected below [i.e. a physician is an individual physician applicant or (1g). A health care facility applicant is either (1h), (1i), (1j) or (1k)]. **You are not eligible unless you can answer “Yes” to ONE of the following (5) options. Do not select more than ONE option.**

1g. Are you an Individual Physician Applicant?

YES NO

1h. Are you a Health Care Facility Applicant operating as a general hospital, D&TC, or a nursing home licensed by the Department of Health pursuant to PHL Article 28?

YES NO

1i. Are you a Health Care Facility Applicant certified, but not operated, by the Office of Mental Health pursuant to MHL Article 31?

YES NO

1j. Are you a Health Care Facility Applicant certified, but not operated, by the Office of Alcoholism and Substance Abuse Services pursuant to MHL Article 32?

YES NO

1k. Are you a Health Care Facility Applicant operating as a medical practice that is registered with the New York State Department of State as a Professional Corporation (PC) or a Professional Limited Liability Corporation (PLLC)?

YES NO

Part 2: Physician Identification

The questions in this section refer to the physician who will be completing the DANY service obligation.

2a. Physician Name: _____

2b. Physician Title (circle one): MD DO

2c. Physician Mailing Address: _____

2d. Physician Phone: _____

2e. Physician Email: _____

2f. Physician Specialty: _____

2g. Physician NPI Number: _____

Part 3: Facility Identification

The questions in this section refer to the primary facility where the physician will be practicing when fulfilling their DANY service obligation. One hundred percent of the physician's time must be accounted for at all sites combined.

3a. How many different facilities will the physician be practicing in while fulfilling their DANY service obligation (circle one):

One Two Three Other: _____

3b. Primary Facility Name: _____

3c. Primary Facility Address: _____

3d. County of Primary Facility: _____

3e. Primary Facility Region (circle one): NYC Rest of State

3f. Identify primary facility by type (check one):

- _____ Federally Qualified Health Center,
- _____ Private Practice
- _____ Hospital
- _____ Nursing Home
- _____ Other: _____

3g. Primary Facility New York State DOH, OASAS, or OHM Operating Certificate # or Department of State Identification #. This number can be obtained from your employers Administrative Office.

3h. Percent of time spent at Primary Facility: _____

3i. Is Primary Facility in a HPSA (circle one): Yes No

3j. If yes, provide the HPSA number: _____

*If there is more than one facility, fill out **Attachment 10** with information on subsequent facility(ies). Then upload Attachment 10 as part of the application.*

Part 4: Use of Funds

4a. Identify what the DANY funds will be used for (check one):

_____ A physician to repay outstanding qualified educational debt

_____ A physician to establish or join a medical practice

_____ A Health Care Facility to retain or recruit physicians

(i.e. sign-on, productivity or retention bonuses, repayment of physician's outstanding qualified educational debt, or enhanced compensation to the physician)? *Monies must be used to provide additional funding over and above what would have been provided to the physician prior to a DANY award being granted; funds cannot be used as an offset.

4b. State the total amount of funding you are requesting for this DANY application (not to exceed the maximum of \$40,000 per year for three years, or \$120,000 total).

\$ _____ Total request for three years

Part 5: Physician Current Status

5a. Is the physician currently licensed to practice as a physician in New York State?

If yes, provide license number. If no, provide the date license application was submitted to the New York State Education Department. If neither, you are not eligible for the DANY funding opportunity.

YES: _____ NO: _____

5b. Is the physician a resident?

A resident is an individual enrolled in a graduate medical education program that is accredited by a nationally recognized accreditation body and/or an individual enrolled in a medical or osteopathic residency program that is approved by any other nationally recognized organization (i.e., specialty board). This definition includes fellows, chief residents, and residents. If yes, provide the anticipated date of completion (mm/yy).

YES NO

5c. What is the physician's medical specialty?

5d. What is the physician's start date for his/her employment contract or business plan submitted with this application? Provide that start date in the format of (mm/dd/yy).

Part 6: Other Scholarships, Loan Forgiveness, Etc.

A physician participating in DANY cannot be fulfilling a public or private obligation under any local, state or federal government loan repayment program (except the Public Service Loan Forgiveness Program) where the obligation period would overlap or coincide with the DANY obligation period.

6a. Has the physician received a NYS Regents Health Care Scholarship?

If yes, date of service obligation (mm/dd/yy).

YES NO _____

6b. Has the physician received a Regents Physician Loan Forgiveness Award Program?

If yes, date of service obligation (mm/dd/yy).

YES NO _____

6c. Has the physician received a National Health Service Corps Scholarship?

If yes, date of service obligation (mm/dd/yy).

YES NO _____

6d. Has the physician received a National Health Service Corps Loan Repayment Award?

If yes, date of service obligation (mm/dd/yy).

YES NO _____

6e. Has the physician received any other loan repayment program funds other than listed above? If yes, please specify name of program and dates of service obligation (mm/dd/yy).

YES NO _____

6f. Has the physician applied for any scholarships, loan forgiveness, or other funds which are pending a decision? If yes, name the program and when the physician will be notified of their award status (mm/dd/yy).

YES NO _____

Loan Statements
For Qualified Educational Debt

Solicitation of Interest #18810

DANY Physician Loan Repayment/Physician Practice Support Programs

Instructions: Applicants are instructed to upload the most current Loan Statements for qualified educational debt* as Attachment 3 of the application. These statements should be no greater than (30) days from the date in which the application is submitted. The date needs to appear on the statement along with the physician's name.

* Qualified educational debt is defined in Section III (A) of this SOI.

Consent to Disclosure

Solicitation of Interest # 18810

DANY Physician Loan Repayment/Physician Practice Support Programs

Instructions: Applicants are instructed to upload the completed Consent to Disclosure document as Attachment 4 of the application.

I authorize and provide my consent for any lender, servicer, the U.S. Department of Education, any servicer for the U.S. Department of Education, or other institution or individual to disclose to NYS Higher Education Services Corporation (HESC) any information relevant to HESC's review and consideration of my outstanding student loan debt. I give HESC permission to contact and disclose my personal information to any lender, servicer, U.S. Department of Education, any servicer for the U.S. Department of Education, or other institution or individual to facilitate HESC's review and consideration of my outstanding student loan debt. I give HESC permission to share my personal information with its agents, business partners, other State and/or federal agencies, and other institutions or individuals necessary for the purpose of evaluating my student loan debt. I give HESC permission to use whatever means it deems necessary to verify any information I have provided, or will provide, to be used for the purpose of evaluating my student loan debt, including but not limited to, documentation submitted or accessed through other parties.

Physician's Name (Print)

Physician's Signature

Date

Employment Contract (or Business Plan) & Addendum

Solicitation of Interest # 18810

DANY Physician Loan Repayment/Physician Practice Support Programs

Instructions: Applicants are instructed to provide a copy of their **Employment Contract* or Business Plan** (if the physician is not employed and is in a private practice). The employment contract should state the start date of the physician's employment with the employer. It must be **dually signed** by the employer and the physician.

Since employment contracts are not customizable, to ensure all the DANY provisions are addressed, the Department is requesting that you also provide an **Addendum Letter**, on the employer's letterhead along with your employment contract or business plan.

Both documents may be combined into one upload as Attachment 5 of the application.

The Addendum Letter must be signed by the physician and an employee with the authority to represent the employer with respect to human resources matters, including Human Resources Director, the Chief Executive Officer or the Chief Operating Officer. The following statements should be contained therein:

- *"It is mutually understood that (physician name) intends to fulfill a DANY service obligation with (name of employer) during the period March 1, 2022 through February 28, 2025.*
- *During that time, (physician name) will be assigned to (name and address of work site), for _____ % of his/her time. (If the physician is working at more than one site this sentence should be repeated as necessary. One hundred percent of the physician's time must be accounted for at all sites combined.*
- *The physician will work as a (clinical title and specialty) for approximately _____ clinical hours (**excluding teaching or research**) per week for _____ weeks per year during that time. For the purposes of this grant application, any hours worked in excess of 40 hours per week shall not be applied to any other work week.*
- *The physician will work no less than 4 days per week and no more than 12 hours in a 24-hour period will be used to calculate the 40 hours per week.*
- *The 40 hours per week will not include time spent in "on-call" status except to the extent that the physician is regularly scheduled and providing patient care at a site identified in Attachment 3 of this application during that time.*

- *The physician may work in telehealth services however it will not account for more than 40% of his/her overall work hours per week.*
- *The start date of the physician with this organization is/was: _____”*

* Employment contract is defined in Section II (A) of this RFA.

Tool to Identify an Underserved Area

Solicitation of Interest # 18810

DANY Physician Loan Repayment/Physician Practice Support Programs

Instructions: Choose Options A, B or C as necessary per the instructions below. Note that you MUST complete one of these sections for your application to be accepted. Applicants should review all options before proceeding with their response.

OPTION A – Primary Care/Psychiatric Physician in a HPSA / MUA / MUP

Select Option A if:

1. The physician will be practicing in General Internal Medicine, Family Practice, General Pediatrics, Geriatrics, OB/GYN or Adult /Child Psychiatry, **AND**
2. The area or site where the physician will be practicing is in, or serves one or more of the following:
 - Federally-Designated Primary Care or Mental Health Professional Shortage Area(s) - HPSA
 - Medically Underserved Area(s) - MUA, or
 - Medically Underserved Population(s) - MUP

Instructions:

To identify if a facility is located in a HPSA, MUA or MUP (or is designated as a HPSA) go to:

- <https://data.hrsa.gov/tools/shortage-area/by-address>

Enter the address under consideration. The resulting search should yield all HPSA's, MUA's and MUP's by status, in which the address is located.

ACTION:

Applicants must upload documents supporting the HPSA/MUA/MUP status as Attachment 6 of the application.

OPTION B – Primary Care/Psychiatric Physician in a Rural County or Town

Select Option B if:

1. The physician will be practicing in General Internal Medicine, Family Practice, General Pediatrics, Geriatrics, OB/GYN and Adult or Child Psychiatry, AND
2. The area or site where the physician will be practicing is in a rural county or town.

Instructions:

To identify if a facility is in a rural county or town go to:

- Attachment 7 and print off the two-page document.

ACTION:

Circle the rural county or town where the physician will be practicing. Applicants must upload these pages as Attachment 6 of the application.

OPTION C – Alternate Method to Verify an Underserved Area

Selection Option C if:

1. A physician cannot complete Options A or B.
2. The physician is a specialist.

Instructions:

To identify if the site where the physician is working is an underserved area:

- Applicants must answer YES to any (6) questions from the list below.
- Be sure to review and complete all (17) questions, print off and upload as Attachment 6 of the application, AND
- Provide supporting documentation for each question.

PROPOSED SERVICE AREA

Instructions:

For questions (1-5) go to The United States Census Bureau website: <https://data.census.gov>

- In the search bar where it says “I’m Looking for…” enter *New York State* and hit **Search**
- Click on the “**Pages**” tab
- Click on **US Census Bureau QuickFacts: United States**

- In the search bar, enter the following:
 - For Non-NYC statistics enter: *Town or County* for your proposed service area and click on the “*Select a Fact*” drop-down box to choose your search criteria
 - For NYC statistics enter: *Zip Codes* for your proposed service area and click on the “*Select a Fact*” drop-down box to choose your search criteria
- A table will appear with statistics based on the search criteria chosen
- You may select additional search criteria to add to this table (i.e. table can include several zip codes side-by-side)
- The answers to questions (1-5) can be found under the following table headings:
 - Age and Sex
 - Race and Hispanic Origin
 - Income and Poverty
- To print a copy of this table, click on the square at the top that says *More* and choose *Print*
- Place a star and the question number next to the row where you found the answer to each of the following questions.

1. The service area contains a high percentage of indigent persons.

Yes No

This is demonstrated by (check all that apply):

_____ A percentage of individuals below poverty level that exceeds 11.6% of the population of the service are (for non-NYC areas), or 19.6% for NYC; **AND/OR**

_____ A median household income level lower than \$62,765; **AND/OR**

_____ A per capita income level lower than \$35,752.

2. The service area contains more than 44.6% (statewide average) of non-white, non-Hispanic individuals.

Yes No

3. The service area contains less than 63.1% (statewide average) of the total percent of population in the civilian labor force (16 years and over).

Yes No

4. The service area contains more than 5.8% (statewide average) of children under age 5.

Yes No

5. The service area contains more than 16.4% (statewide average) of adults ages 65 or older.

Yes No

6. The service area contains more than 30.6% of households with a language other than English spoken at home by persons over 5 years of age.

Yes No

PROPOSED SITE

Site Name: _____

Instructions: For question (7) – obtain facility-specific visit data from your employer for the last 12-month period (i.e. January 2020 – December 2020). Upload data along with this document as Attachment 6 of the application.

7. Twenty-five percent (25%) or more of the site’s (or if a hospital, department’s) visits are for indigent care (i.e. Medicaid, Child Health Plus, free and sliding scale combined as a percentage of total visits).

Yes No

Instructions: For question (8) – print out Attachment 7. Circle the rural county or town where the physician will be practicing. Upload Attachment 7 along with this document as Attachment 6 of the application.

8. For rural health providers: the site is in a rural town or county as listed in Attachment 7.

Yes No

Instructions: For questions (9-13) – you will affirm to any “yes” answers when you complete the attestation on Attachment 8 of this document. Also, for question (9) attach four full months of ED data from that facility. Upload all supporting data along with this document as Attachment 6 of the application.

9. For primary care services only, greater than (25%) of all ED visits in the past four months to the hospital served by this site were for non-urgent care.

Yes No

10. Average waiting time for established patients for routine preventative or follow up appointments with a primary care physician is more than (7) days from the initial patient request.

Yes No

11. Average waiting time for new patients for routine preventative appointments with a primary care physician is more than (14) days from the initial patient request.

Yes No

12. Average waiting time is greater than (48) hours for patients with urgent appointments or greater than (72) hours for patients with non-urgent “sick visit” appointments related to the specialty requested.

Yes No

13. Search for a practice physician in the same specialty at the health care facility has not produced a physician in (12) months.

Yes No

PROPOSED SPECIALTY

Instructions: For question (14) - attach documentation including a distance map (<http://maps.google.com/>). Upload the data along with this document as Attachment 6 of the application.

14. The travel distance from the applicant’s proposed service site to the next closest provider practicing the listed specialty exceeds 5 miles (NYC) or 20 miles (Rest of State).

Yes No

Instructions: For questions (15-17) - you will affirm to the “yes” answers when you complete the attestation included in Attachment 8.

15. Currently there are NO other providers offering similar services or there is insufficient capacity of providers for this specialty type at the proposed service site.

Yes No

16. Site anticipates a decrease in the number of physicians practicing in the specialty due to announced or anticipated retirements or departures.

Yes No

17. Site employed one or more Locum Tenens to provide full time services in the proposed specialty for a minimum of (6) months in the past year.

Yes No

Rural Counties and Towns

Solicitation of Interest # 18810

DANY Physician Loan Repayment/Physician Practice Support Programs

RURAL NEW YORK STATE COUNTIES:

The following counties have a population of less than 200,000:

Allegany	Cortland	Jefferson	Putnam	Tioga
Broome	Delaware	Lewis	Rensselaer	Tompkins
Cattaraugus	Essex	Livingston	Schenectady	Ulster
Cayuga	Franklin	Madison	Schoharie	Warren
Chautauqua	Fulton	Montgomery	Schuyler	Washington
Chemung	Genesee	Ontario	Seneca	Wayne
Chenango	Greene	Orleans	St. Lawrence	Wyoming
Clinton	Hamilton	Oswego	Steuben	Yates
Columbia	Herkimer	Otsego	Sullivan	

NEW YORK STATE RURAL TOWNS:

The following towns have a population of less than 200 persons per square mile. The county these towns are located in are in bold.

ALBANY	Colden	Pendleton*	Trenton	Minisink
Berne	Collins	Porter*	Vernon	Tuxedo
Coeymans	Concord	Royalton	Verona	Wawayanda*
Knox	Eden	Somerset	Vienna	
New Scotland	Holland	Tuscarora	Western	SARATOGA
Rensselaerville	Marilla	Reservation	Westmoreland	Charlton
Westerlo	Newstead	Wilson		Corinth
	North Collins		ONONDAGA	Day
DUTCHESS	Sardinia	ONEIDA	Elbridge	Edinburg
Amenia	Tonawanda	Annsville	Fabius	Galway
Clinton	Reservation	Augusta	LaFayette	Greenfield
Dover	Wales	Ava	Marcellus	Hadley
Milan		Boonville	Onondaga	Northumberland
North East	MONROE	Bridgewater	Reservation	Providence
Pawling	Clarkson*	Camden	Otisco	Saratoga Town
Pine Plains	Hamlin*	Deerfield	Pompey	Stillwater*
Rhinebeck*	Mendon*	Florence	Skaneateles	
Stanford	Riga	Floyd	Spafford	SUFFOLK
Union Vale	Rush	Forestport	Tully	Shelter Island
Washington	Wheatland	Lee		
		Marshall	ORANGE	WESTCHESTER
ERIE	NIAGARA	Paris	Crawford*	North Salem*
Boston*	Cambria	Renssen	Deerpark	Pound Ridge*
Brant	Hartland	Sangerfield	Greenville	
Cattaraugus	Newfane	Steuben	Hamptonburgh*	
Reservation				

*Towns with between 200 and 250 Persons Per Square Mile. Approval by the Commissioner is required for towns of this size.

Sources: 1U.S. Census Bureau. (2017, March). *July 1, 2016 County Population Estimates*. Retrieved from <https://www.census.gov/data/datasets/2016/demo/popest/counties-total.html>; 2U. S. Census Bureau. (2010). *2010 Census Summary File: Compare New York Cities and Towns for Population, Housing, Area and Density*. Retrieved from https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

December 2017

Attestation and Authorized Representative

Solicitation of Interest # 18810

DANY Physician Loan Repayment/Physician Practice Support Programs

Instructions: Applicants are instructed to upload the completed document as Attachment 8 of the application.

Contact Information of the Person Completing the Application (required):

Name: _____

Title: _____

Address: _____

Phone: _____

Email: _____

I hereby certify, under penalty of perjury, that I am duly authorized to subscribe and submit this report on behalf of: _____

(Applicant Name)

I further certify that the information contained in this report (including all attachments) is accurate, true and complete in all material respects.

Signature of Applicant or Authorized Applicant Representative:

Signature

Date

Name (printed)

Default Penalty Attestation

Solicitation of Interest # 18810

DANY Physician Loan Repayment/Physician Practice Support Programs

Instructions: Applicants are instructed to upload this signed document as Attachment 9 of the application.

At the time of contract, a physician will be notified of the source of their DANY grant funding; either state monies or a combination of state and federal monies. There are significant financial consequences in the event a physician fails to complete their three-year service obligation. Moreover, there are substantial differences between the default penalties depending on the source of their funding.

These default provisions are defined in the Master Grant Contract as follows:

1. State Funding (100%): In the event of default, the physician will repay the State of New York according to the following formula: $A = 3 [\text{phi}] (T - S)/T$.
 - "A" is the amount the State is entitled to recover;
 - "[phi]" is the sum of the amounts paid under this contract to or on behalf of the CONTRACTOR and the interest on such amounts which would be payable if at the time the amounts were paid they were loans bearing interest at a rate equal to that owed on underpayments of New York State personal income tax;
 - "T" is the total number of months in the individual's period of obligated service; and
 - "S" is the number of months of such period served by them in accordance with the terms of this contract.

2. Combined State (50%) and Federal (50%) Funding: In the event of default, the physician will, within one year of defaulting, repay the State of New York the greater of either \$31,000 or the sum of:
 - The proportionate amount of the loan repayments paid by the State of New York to the physician representing any period of obligated service not completed; AND
 - \$7,500 multiplied by the number of months of obligated service not completed; AND
 - Interest on the above amount calculated from the date of default at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of the breach.

Uncollectable accounts, or failure to fully repay the amounts stated below, will be referred to the New York State Attorney General's Office for possible legal action.

In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this SOI, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.

The most important thing to understand about default, is that the financial penalty is always assessed against the individual or organization that holds the contract. Thus, if the grantee is:

1. A Health Care Institution: If the physician named in the contract leaves prematurely, the health care institution is responsible for any/all default penalties.
 - For this reason, the health care institution may want to pursue a separate agreement with the named physician in order to establish physician responsibility for default. The separate agreement would not involve the Department.
 - The physician cannot bring the DANY contract with them to a new employer.

2. A Physician: If the physician named in the contract left their DANY approved employment prematurely, the physician is responsible for any/all default penalties.
 - The physician *may* be able to bring their contract with them to a new employer, provided that employer is located in a DANY approved underserved area. However, all modifications are subject to final approval by the Department

I certify that I have reviewed this document and understand how default penalties are applied in relation to this SOL. Signature of Applicant/Grantee or Authorized Applicant Representative:

Signature

Date

Name (printed)

Site Information

Solicitation of Interest # 18810

DANY Physician Loan Repayment/Physician Practice Support Programs

Instructions: Complete all sections of this form for the second or other subsequent facility(s). Complete a separate form for each additional site. You will upload the completed pages together as Attachment 10 of the application.

1. Site # _____ of _____

2. Facility name:

3. Facility address:

4. County where facility is located: _____

5. Region where facility is located (circle one): NYC Rest of State

6. Type of facility (check one)

_____ Federally Qualified Health Center,

_____ Private Practice

_____ Hospital

_____ Nursing Home

_____ Other: _____

7. Primary Facility New York State DOH, OASAS, or OHM Operating Certificate # or Department of State Identification #. This number can be obtained from your employers Administrative Office.

8. Percent of time spent at this facility: _____%

9. Is the facility in a HPSA (circle one): Yes No

10. If yes, provide the HPSA number: _____

Tax Issues

Solicitation of Interest # 18810

DANY Physician Loan Repayment/Physician Practice Support Programs

Funds to support loan repayment under the DANY Physician Loan Repayment and Physician Practice Support programs may be currently exempt from federal and state taxes. Funds used for purposes other than loan repayment in the Physician Practice Support program are currently not tax exempt. If you receive monies for loan repayment, you should not be issued a 1099 statement. Please consult your tax professional for more information about your specific tax situation.

Section 10908 of the Patient Protection and Affordable Care Act (PL 111-148) addresses federal taxability of state loan repayment programs that are not part of the Federal State Loan Repayment (SLRP) program. This section puts the state loan repayment programs on par with the federal/state SLRP programs in terms of federal taxability. The text is as follows:

SEC. 10908. Exclusion for assistance provided to participants in state student loan repayment programs for certain health professionals.

(a) In general — Paragraph (4) of section 108(f) of the Internal Revenue Code of 1986 is amended to read as follows:

"(4) Payments under national health service corps loan repayment program and certain state loan repayment programs. — In the case of an individual, gross income shall not include any amount received under section 338B(g) of the Public Health Service Act, under a State program described in section 338I of such Act, or under any other State loan repayment or loan forgiveness program that is intended to provide for the increased availability of healthcare services in underserved or health professional shortage areas (as determined by such State)."

(b) Effective date — The amendment made by this section shall apply to amounts received by an individual in taxable years beginning after December 31, 2008.

PLEASE CONSULT YOUR TAX PROFESSIONAL FOR MORE INFORMATION ABOUT YOUR SPECIFIC TAX SITUATION.