1. New Application Period: January 1, 2014 to April 30, 2014

2. Contribution Requirement Remains at 20 Percent for Most Employers

3. Obstetric Service Providers Remain Top Priority in Northern Michigan

4. Reserve MSLRP Slots to Recruit Northern Obstetric Service Providers

5. Program Requirements and Selection Criteria

6. Selection Preference for Practice Sites with MSLRP-Approved Retention Plans

7. Length and Amount of MSLRP Agreements

8. Limit on Number of MSLRP Awards Per Practice Site

9. Providers also Applying to the National Health Services Corps

10. Partnering with Local Foundations to Recruit and Retain Primary Care Providers

Program Purpose:
The Michigan State Loan Repayment Program (MSLRP) assists employers in the recruitment and retention of medical, dental, and mental health care providers by offering loan repayment to those who enter into MSLRP service obligations. These service obligations require participants to provide full-time, primary health care services at an eligible nonprofit practice site located in a Health Professional Shortage Area (HPSA) for two years.

1. New Application Period: January 1, 2014 to April 30, 2014:
The FY15 application period will begin on January 1, 2014 and continue through April 30, 2014. To participate in this application period, a complete, single-submission application package must be submitted with a postmark no later than April 30, 2014. The program is required to return applications that do not meet this requirement. New application forms are available on the MSLRP Website at: www.michigan.gov/mslrp under ‘SLRP Application Forms’. You must use the new forms to apply for MSLRP. Briefly, providers must complete Provider Application Part A and Part B, and employers must complete the Practice Site Application and Declaration of Intent. All three application forms must be submitted together in a single envelope. Loan repayment agreements for successful applicants will begin on October 1, 2014 and continue through September 30, 2016.

2. Contribution Requirement Remains at 20 Percent for Most Employers:
The Legislature is expected to include state funds in the Michigan Department of Community Health Budget for MSLRP. This will allow the contribution requirement for not-for-profit employers to remain at 20 percent of their providers’ loan repayment contracts. For-profit employers will continue to contribute 50 percent.

*Please Note: Federal requirements do not allow MSLRP contracts to be used as a salary offset. Salaries for health professionals participating in the MSLRP must be based on prevailing rates in their practice areas.
3. Obstetric Service Providers Remain Top Priority in Northern Michigan:
In response to legislative concerns over reported shortages in northern Michigan, obstetric service providers remain the program's top priority and will receive preference in the selection process. This includes all obstetric service providers working at practice sites in, or north of, Mason, Lake, Osceola, Clare, Gladwin, and Arenac Counties. Annual agreement limits for these providers will remain at $35,000. To be considered a top priority for this application period, graduating students and obstetric service providers not yet working in this area must enter into employment agreements to begin work no later than October 1, 2014.

Obstetrics is the branch of medicine that deals with the care of women during pregnancy and during and following childbirth. This includes OB/GYN physicians and certified nurse midwives (CNMWs), as well as family medicine physicians, nurse practitioners (NPs), and physician assistants (PAs) who provide obstetric services on a regular basis at both hospital and non-hospital-based clinics. Clinicians who provide prenatal care, but do not perform deliveries, may also receive priority status. Employers may request obstetric service provider priority status for a provider’s MSLRP application by checking 'Obstetric Provider Priority Status' on their Practice Site Application and submitting an Obstetric Provider Priority Request form with their application package. Employers will find the Obstetric Provider Priority Request form on the MSLRP Website under ‘SLRP Application Forms’. The form requests employers to describe their geographical service area, any unmet need for obstetric services, and their plans to address any unmet obstetric service needs.

4. Reserve MSLRP Slots to Recruit Northern Obstetric Service Providers:
MSLRP encourages northern Community Health Centers, Rural Health Clinics, and hospital-affiliated primary care clinics to recruit obstetric service providers using reserved MSLRP loan repayment slots. This includes HPSA-eligible practices sites in, or north of, Mason, Lake, Osceola, Clare, Gladwin, and Arenac Counties. Once reserved, practice sites can offer their reserved loan repayment slots as part of an incentive package to obstetric service providers they wish to hire. Practice sites can use reserved MSLRP slots as an incentive in recruiting obstetric service providers for the first time or to add additional providers to their existing staff. Sites actively recruiting may request reserved MSLRP slots now and hold them through the end of the January 1 through April 30, 2014 application period. Northern practice sites may submit Practice Site Applications and Provider Applications Parts A and B for pre-approval. Call Ken Miller at (517) 241-9946 for details.

5. Program Requirements and Selection Criteria:
Like the National Health Service Corps Loan Repayment Program (NHSC LRP), MSLRP requires participants to work at HPSA-eligible practice sites providing primary care to an ambulatory population. Unlike the NHSC LRP, MSLRP doesn’t consider HPSA scores when awarding loan repayment contracts. Instead, MSLRP’s selection criteria give preference to priority providers and practice site types. While obstetric service providers working in northern Michigan will receive top priority, all medical, dental and mental health primary care providers listed on the MSLRP Website will remain eligible for loan repayment.

Providers receiving preference in the selection process will include:
- **Obstetric Service Providers** (top priority)
  Obstetric service providers working in the northern Lower Peninsula and the Upper Peninsula will continue to be the program’s top priority for loan repayment. This includes providers working in, or north of, Mason, Lake, Osceola, Clare, Gladwin, and Arenac Counties.
- **Psychiatrists**
- **M-SEARCH Participants**
  Primary care providers, who have completed an M-SEARCH clinical rotation, including a Community Project in an underserved area, will receive preference in the selection process.

Practice sites receiving preference in the selection process will include:
- **Local Health Departments**
- **State-funded Institutions**
  - State Psychiatric Hospitals
- Forensic Medicine Centers
- CMH Agencies
- State Correctional Facilities
- State-funded Primary Care Clinics

- Federally Qualified Health Centers (FQHCs) and FQHC Look-Alikes
- Critical Access Hospital (CAH) - Administered Primary Care Clinics
- Certified Rural Health Clinics (CRHCs) Designated as Facility HPSAs
- Michigan Community Dental Clinics

Applicants who are either priority providers or work at priority practice sites will be considered single-priority applicants, while priority providers working at priority practice sites will be considered double-priority applicants. **Double-priority applicants will receive preference over single-priority applicants, and single-priority applicants will receive preference over applicants not receiving preference for either their provider or practice site type.**

The MSLRP Office assigns a randomly-generated lottery number to each application it receives. These lottery numbers are used to determine the order of awards for providers within each priority category. For example, once ‘top priority’ providers have been awarded loan repayment agreements, the double-priority applicant with the lowest lottery number will be given the opportunity to begin the contracting process. Then, each double-priority with the next lowest lottery number will be contacted regarding a loan repayment agreement. Once all double-priority applicants have been contacted, the process will continue with single-priority and then with non-priority applicants until all program funds are awarded.

6. **Selection Preference for Practice Sites using MSLRP-Approved Retention Plans:**

Starting with this application period, providers employed at practice sites using MSLRP-approved retention plans will be given preference in the selection process. The program is implementing this policy because it believes focusing state and federal loan repayment resources on practice sites with approved retention plans will increase the number of primary care providers who remain in shortage areas beyond their service obligations.

Starting with this application period, providers working at practice sites with approved plans will be placed in a preference group at the top of their respective priority categories. Providers in this group will be awarded agreements before providers working for employers with no retention plan. For example, single-priority applicants working at practice sites with approved retention plans will be placed in a preference group at the top of the single-priority category. The applicant with the lowest lottery number in this group will be given the first opportunity to begin the contracting process. Then, each applicant in the group with the next lowest lottery number will be contacted regarding a loan repayment agreement. Once all single-priority applicants in the retention plan preference group are contacted, each single-priority applicant with the next lowest lottery number working at sites without approved plans will be contacted regarding an agreement.

Employers who wish to use approved plans at their practice sites to improve provider retention and receive preference for their providers in the selection process must submit a copy of their plan as part of each provider’s single-submission application package, which must also include Provider Application, Parts A and B, and the Practice Site Application. Please note that:

- The program’s determination on the first retention plan submitted for approval by employers for any provider at any of their practice sites will be final for all of their practice sites for the remainder of the FY15 application period. However, employers whose retention plans are not approved will be able to submit their revised retention plans during the following application period.

- **The program will not pre-review retention plans for employers.** Since employers will have only one opportunity during each application period to receive approval for their plans, they should take the time and effort necessary to create a plan that clearly meets all of the requirements outlined below.
● Selection preference for a provider resulting from retention plan approval will not apply to other providers working for the same employer whose single-submission application package did not contain a retention plan. Retention plans cannot be submitted separately, but must be included in each provider’s initial application package.

Customizing the Provider Retention Planning Tool Kit to your organization will allow you to begin the provider retention process during hiring and increase your provider retention rate through ongoing provider contacts designed to identify and correct problems that could lead to resignation. You can order the Provider Retention Planning Tool Kit from the Michigan Center for Rural Health by emailing Steve Shotwell at Steve.Shotwell@hc.msu.edu.

### For Assistance in Customizing the Provider Retention Planning Tool Kit for Your Practice Site, Contact the Person Listed Below for Your Practice Site Type

| Rural Health Clinics and Critical Access Hospital-affiliated Primary Care Clinics | Steve Shotwell, Michigan Center for Rural Health: Steve.Shotwell@hc.msu.edu or (517) 355-7758. |
| Community Health Centers and FQHC Look-Alikes | Kimberly Benjamin, Michigan Primary Care Association: kbenjamin@mpca.net or (517)-827-0468. |
| All Other Not-for Profit Practice Sites: Located in a HPSA, Providing Primary Medical, Dental, or Mental Health Care to an Ambulatory Population | Linda Tarjeft, Michigan Area Health Education Center (M-AHEC): ltarjeft@wayne.edu or (313) 577-5161. Linda will provide contact information for the person at your Regional MI-AHEC Office who can help you customize your provider retention plan. |

You may use the Provider Retention Planning Tool Kit to customize your plan or develop your own retention plan. Regardless of your approach, the thought and effort put into its development must clearly show it is an honest effort to retain providers, not merely an attempt to obtain preference for providers in the loan repayment selection process. Your plan must meet the following requirements to be MSLRP approved.

**Identify Retention Plan Manager:**
The plan must identify the person who is responsible for implementing and monitoring the retention plan at the practice site or sites where the MSLRP applicant will complete their service obligation. Although retention plan managers are often members of the Human Resources and/or Recruitment staff, employers are encouraged to designate whoever makes the most sense for each practice site. The plan must include the name, title, phone number, and email address for the Retention Plan Manager.

**Structured Provider Orientation:**
The plan must describe the orientation schedule for the MSLRP applicant joining the practice site covered by the retention plan. It must:
- Identify the MSLRP applicant covered by the retention plan.
- Include a schedule of dated orientation events over the first several weeks of employment.
- Describe scheduled orientation events, their purpose, and the individuals and or groups with which the MSLRP applicant will meet.
Ongoing Provider Retention Contacts:
The plan must describe the frequency, purpose, and participants involved in provider retention contacts planned as part of the practice site’s effort to retain the MSLRP applicant. Retention contacts are often called ‘checking in’ or ‘stay interviews’. The overall purpose of retention contacts is to allow providers regular opportunities to express how they feel about working at the practice site and employers the opportunity to identify and respond to situations which, left unattended, could result in a provider’s resignation. In contrast with ‘exit interviews’, retention contacts allow employers to identify and attempt to resolve problems before a provider has already decided to resign. This portion of your retention plan must meet the following requirements:
- It should include a schedule of planned retention contacts with specific target dates.
- In general, retention contacts should occur more frequently during an applicant’s initial months of employment, but never occur less frequently than semiannually.
- The schedule should describe the individuals involved and the purpose of each retention contact.
- The schedule must clearly show that provider retention contacts will be ongoing and not terminate after some period in the provider’s employment.

Retention Plan Documentation:
Employers with approved plans must document completed plan activities for providers who received preference in the MSLRP selection process. Employers must attach portions of providers’ retention plans which were completed within the six-month period covered by each Work Verification Form submitted to the program along with their employer contributions. The plan will review completed portions of providers’ retention plans comparing it with the approved plans on file. Employers following through on scheduled retention activities and properly documenting them will continue to receive selection preference for their providers.

7. Length and Amount of MSLRP Agreements:
Initial MSLRP loan repayment agreements must be for two years. Departmental budget rules and federal expenditure requirements preclude MSLRP from continuing to offer three- and four-year agreements. Since providers may participate in MSLRP for a total of four years, those awarded initial two-year agreements may reapply for an additional two years.

Increased application volume over recent years has resulted in a growing number of eligible MSLRP applicants not receiving loan repayment agreements. To allow a greater number of primary care providers to participate in the program, the annual agreement limit will be reduced from $35,000 to $25,000 for all providers starting with this application period, except for obstetric service providers working at practice sites in northern Michigan.

Providers and employers must discuss agreement amounts before applying, because employers are required to contribute 20 percent of the total agreement in six-month installments. Providers and employers are encouraged to apply for loan repayment amounts that address their mutual needs within the following guidelines. For mid-level providers, such as physician assistants and nurse practitioners, agreement amounts may range from $15,000 up to a maximum of $25,000 per year. For primary providers, such as physicians and dentists, annual agreement amounts must be for $25,000 per year, unless a provider’s educational debt only justifies a lower annual amount.

8. Certified Rural Health Clinics with HPSA Facility Designations:
Certified Rural Health Clinics (CRHCs) with HPSA facility designations are considered MSLRP priority practice sites. CRHCs without a HPSA facility designation are not. Unfortunately, administrators at many CRHCs without HPSA facility designations erroneously believe they have facility designation and priority practice site status. CRHC administrators must check the HRSA-Find Website at http://hpsafind.hrsa.gov/ to see if their CRHC has a separate HPSA facility designation. Simply enter Michigan as the state, the county in which the CRHC is located, the type of primary care the MSLRP applicant will be providing - primary medical, mental health, or dental, and click the submission button. If the results include the name of your CRHC, along with a separate HPSA designation, your CRHC has a HPSA facility designation and
will be considered an MSLRP priority practice site. If your site does not have a HPSA facility designation, contact Tracy Martin, HRSA Public Health Analyst, at TMartin@hrsa.gov or (310) 594-4462 and follow her instructions on how to apply for one.

The Health Services and Resources Administration (HRSA) updates the HRSA-Find Website each January 1. Since MSLRP applications cannot be submitted until January 1, 2014, all applications will be reviewed using the most recent HPSA information. Once a practice site’s priority or non-priority status is determined, it will not be revised during that application period.

9. Limit on Number of MSLRP Awards Per Practice Site:
During application periods where the number of eligible applicants exceeds resources to fund them, the program reserves the right to limit the number of loan repayment agreements it awards to providers working at the same practice site. Such limits will ensure that applicants working at smaller priority practice sites have an opportunity to receive loan repayment awards when many providers from larger priority practice sites apply during the same application period. The per-site limit will be chosen to provide the most equitable outcome for single-priority applicants.

10. Providers also Applying to the National Health Services Corps:
Federal guidelines require program funds to be obligated soon after the application period ends on April 30, 2014. This means that providers and employers must be ready to either accept or decline an MSLRP agreement when first contacted by the program. This includes applicants waiting for notification from the NHSC as to whether or not they will be awarded a loan repayment contract. Employers and providers with NHSC applications pending must discuss whether they will accept an MSLRP agreement before they receive their first call from MSLR to initiate the contracting process. Once the MSLRP contracting process begins, applications of those not ready to contract will be withdrawn, and they will be invited to reapply during the following program year.

11. Partnering with Local Foundations to Recruit and Retain Primary Care Providers:
Employers may want to consider partnering with local community and corporate foundations to offer loan repayment to help recruit and retain primary care providers. Foundations supporting the required MSLRP 20 percent employer contribution leverage their contributions five times through the use of state and federal funding. For example, a foundation funding a $10,000 employer contribution generates $50,000 in tax-free loan repayment to recruit or retain a primary care community-based provider.

You are only three clicks away from contacting your local community foundation about joining forces in bringing needed primary care providers to your community:
   a. Click on: http://www.forgoodforever.org/Default.htm to enter the Michigan Community Foundations Website,
   b. Click on the button labeled “Find Your Local Community Foundation,” then
   c. Click your county on the map provided.

Employers and foundations who have questions about partnering to provide tax-free loan repayment may call Linda Tarjeft, Michigan Area Health Education Center (MI-AHEC) at (313) 577-5161. The MI-AHEC can provide additional information on assistance available through your Regional MI-AHEC office and local corporate foundations, and can schedule a conference call among employers, foundations, and the Michigan State Loan Repayment Program.

Additional MSLRP Information:
You will find additional information regarding MSLRP eligibility requirements and application forms on the MSLRP Website at: www.michigan.gov/mslrp.

If you have further questions about the program, please call or email Ken Miller at (517) 241-9946 or millerk3@michigan.gov.