



MARYLAND STATE LOAN REPAYMENT PROGRAMS (MLRP)
PART III - Practice Site Eligibility
Application Deadline: May 1, 2024

An applicant's practice site is the physical location(s) at which they would work during a potential service obligation stemming from an MLRP application. Employers must submit one Practice Site Eligibility form for *each proposed site* where the MLRP applicant will work.

Review and follow all application instructions in order to meet submission requirements. Type all responses:

1. Employer Name: _____

2. Name of Practice Site: _____

3. Site Type: _____ If other, describe: _____

4. Practice Site Address: _____

Street

MD

Jurisdiction

City

Zip Code

5. HPSA Status:

Is this practice site located in a Federally-designated Health Professional Shortage Area? If yes, HPSA Name: _____

HPSA Number: _____

HPSA Score: _____

6. MUA/P Status:

Is this practice site located in a Federally-designated Medically Underserved Area/Population?

If yes, MUA/P Name: _____

MUA/P Number: _____

*Only non-profit entities are eligible to be practice sites for nurses and nursing support staff.

7. Is this practice public or non-profit (501(c)(3) certified)?

8. Does the Practice reduce fees for low-income persons who have limited ability to pay (i.e. sliding fee scale – SFS)?

*Only practice sites that serve patients regardless of their ability to pay are eligible for MLRP.

9. Is there a posted sign indicating the Sliding Fee Scale in the waiting room?

10. Does the practice have no charge or a nominal charge for those with annual incomes at or below 100% of the Federal Poverty Guidelines?

11. Does the Practice have a schedule of discounts for those with annual incomes above 100% but at or below 200% of the Federal Poverty Guidelines?

12. Does the Practice charge for services to the extent that payment will be made by third party payers?

13. List the number of patients served **by this proposed Practice Site** (where the applicant will practice) for the most recent year for which complete data are available:

	Number	Percentage
Medicaid		
Medicare		
Commercial Insurance		
Sliding Fee Scale		
No payment (under-insured OR no insurance, AND income below sliding fee scale)		
Other		
	Totals:	
Additional Comments:		

14. Does the Practice have contracts with at least one Maryland Medicaid Managed Care Organization (MCO)? If Yes, list current MCO contracts:

Practice Site Address:

I attest that all of the information in this application is true and representative of the practice site for the applicant named in the MLRP application. I am authorized to sign on behalf of the employer and practice site noted.

Name of the person completing this form:

Email Address:

Title:

Phone Number:

Signature:

Date: