

**HEALTH PROFESSIONAL SHORTAGE AREA SITE MONITORING
FOR PRACTICES WITH OBLIGATED OR PROSPECTIVE J-1 VISA AND/OR STATE LOAN REPAYMENT
PHYSICIANS**

Physician Applicant Name: _____ Date Visited: _____

E-Mail of physician: _____

Site Name: _____ Visited by: _____

Practice Contact: _____ Phone: _____ E-Mail: _____

Site Address: _____ County: _____

Requirement	Pass/Fail	Comments and Evidence of Pass/Fail
1. Physician is working at a HPSA site a. Site is in a federally designated Health Professional Area or Medically Underserved Area b. Physician is working 40 hours/week at the agreed upon practice site		HPSA Number or MUA Name: _____ Review of schedules demonstrates 32 hours of direct patient contact and 8 hours of administrative work: Yes <input type="checkbox"/> No <input type="checkbox"/>
2. The physician is working as a primary care physician or a specialist – which ever is specified in recommendation letter to the Department of State. What does the recommendation letter indicate? _____		What specialty training does the physician have? _____ How is the physician advertised at the site? _____ Are they practicing Primary Care during 32 hours? : Yes <input type="checkbox"/> No <input type="checkbox"/> Are they doing a Specialty Practice during 32 hours?: Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Physician’s NPI number is reviewed on-line and matches Practice Location. https://nppes.cms.hhs.gov		NPI Number: _____ Practice Location Matches? Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Medicaid audit reveals that services are provided at the designated HPSA site.		Services at designated site: Yes <input type="checkbox"/> No <input type="checkbox"/> # of Medicaid services per qtr: _____
5. Signage offering sliding scale or discounted services for low-income individuals readily seen on entry (does not apply to physician working in the hospital).		Was Signage posted in waiting room? Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Desk personnel can produce written		

<p>procedure or explain procedure for determining eligibility of Sliding Scale Fee (SSF) or charity policy (applies to practice site or hospital).</p>		<p>Interview and/or review of policy revealed compliance: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>7. Accepts individuals with Medicaid, Medicare and Nevada Check-up.</p>		<p>This practice serves approximately _____ (# persons)</p> <p>Of those, approximately _____ get SSF or charity discount.</p> <p>The percentage of the total served benefiting from SSF or charity is _____%</p>
<p>Contractual Elements: For J-1 physician monitoring visits</p> <p>Review the contract at the office: List \$, benefits, elements of contract</p>		<p>List:</p>
<p>8. CONTRACT</p> <ul style="list-style-type: none"> ▪ Physician is working the specified hours that were outlined in the contract - at the clinic, at the hospital or on-call. ▪ The physician is receiving benefits, if entitled by contract. ▪ There is no non-complete clause ▪ The liquidated damages are less than \$50,000 ▪ The physician began work within 90 days of H-1B status change. 		<p>Review the physician's appointment listing, work schedule, and accounts of leave and absence. Interview the physician.</p> <p>Was the physician working the # of hours that were specified in the contract? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Review the practice site's accounting of benefits, health insurance, leave, CME time, and medical malpractice benefits if applicable. Were the contractual elements met? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>There is a no non-complete clause (went into effect 11/07). Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Liquidated damages are < than \$50,000 (went into effect 8/08).</p> <p>Date the physician received H1B notice. _____ Date the physician began work. _____</p>
<p>9. Six month reports are submitted to the Primary Care Office by physician and employer.</p>		<p>Employer: Yes <input type="checkbox"/> No <input type="checkbox"/> Physician: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>10. For LARP and NHSC physician visits Practice site is compliant with requirements :</p> <p>a. Physicians are seeing ambulatory patients at least 32 hours/week</p>		<p>Review of work schedules for several months preceding the site visit findings:</p> <p>Complaint:</p>

<ul style="list-style-type: none"> b. No more than 8 of the 40 hours/week required is spent in administrative duties c. Physician is working at the agreed upon practice site d. Physician is not working less than 4 days/week e. Physician has taken no leave of greater than 35 days 		Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional Findings		Comments _____

This practice site has been found to be: satisfactory unsatisfactory

If unsatisfactory, state reason: _____

Corrective action plan due by: _____ Verbal report given on site to: _____ Written report date: _____

Follow Up: _____