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NOTICE OF PROPOSED RULEMAKING

INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 409
OREGON HEALTH AUTHORITY
HEALTH POLICY AND ANALYTICS

FILED
01/28/2021 5:59 PM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Health Care Provider Incentive Program rule edits.

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 02/22/2021 5:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

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Filed By:
Pete Edlund
Rules Coordinator

HEARING(S)

Auxilary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 02/17/2021
TIME: 9:00 AM - 10:00 AM
OFFICER: Pete Edlund
ADDRESS: Remote Meeting Only
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Portland, OR 97204
SPECIAL INSTRUCTIONS:
Remote meeting only, please call:
971-277-2343, then 809 161 194#

Or use this URL:
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8d39-499c-8f48-13adc9452f4c%22%2c%22Oid%22%3a%22488d3084-114b-471c-8376-23c60ce390ad%22%7d

NEED FOR THE RULE(S):

These rules revise standards for the implementation of the new Healthcare Provider Incentive Program authorized by the 2017 Legislature, House Bill 3261. The Program provides financial incentives to primary care providers who commit to serving Medicaid and Medicare patients in underserved areas of the State. The Program supports Oregon's health system transformation efforts to ensure an adequate and culturally responsive supply of primary care providers providing medical, dental, and behavioral health care in every Oregon community.
Given changes to Oregon's healthcare workforce due to COVID-19 and the State of Oregon's commitment to advance health equity, these revisions are necessary, & reflect new realities and information provided through stakeholder engagement and status.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

Enrolled House Bill 3261 available at:
https://olis.leg.state.or.us/liz/2017R1/Downloads/MeasureDocument/HB3261/Enrolled
Governor's Behavioral Health Advisory Council (2020)
https://www.oregon.gov/oha/HSD/BHP/Documents/GBHAC-Final-Recommendations-Report.pdf
Report on the Diversity of the Health Care Workforce (2018)
https://www.oregon.gov/oha/HPA/ANALYTICS/HealthCareWorkforceReporting/02_WorkforceDiversity_2016.pdf

FISCAL AND ECONOMIC IMPACT:

Because participation by clinicians in this program is voluntary, the Authority is unable to estimate a precise financial impact. It will take a minimal amount of time in order to apply for participation in the program. Clinical practices wanting their providers to participate may also have some minimal requirements for documenting qualification for the program, as well as verification of employment of applicants and awardees. Participation in this program is voluntary.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

(1) The Oregon Health Authority will incur some additional costs -- expected to be less than $200,000 per year -- which are able to be covered through the existing resources in the Health Care Provider Incentive Fund. Public entities that operate health care clinics, including county governments or special districts, may incur costs as noted above. No impact on other state agencies or other units of local government or members of the public is anticipated.
(2)
(a) Approximately 500 small businesses (under 50 employees), ranging from non-profit community organizations to for-profit health care provider organizations. All of these are in the health care industry. The benefits from this rule for this non-mandatory program are all positive, in that the business may receive additional grants or other value if they choose to participate.
(b) N/A
(c) N/A

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Some small businesses were invited to participate on the Rules Advisory Committee, and those that did were actively solicited for their perspective on how they would be affected by the Rule.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

RULES PROPOSED:
409-036-0010, 409-036-0050, 409-036-0060, 409-036-0070, 409-036-0080, 409-036-0090

AMEND: 409-036-0010

RULE SUMMARY: Updates definitions based on stakeholder and program feedback.

CHANGES TO RULE:

409-036-0010

Definitions
The following definitions apply to OAR 409-036-0000 to OAR 409-036-0150:¶
(1) "Authority" means the Oregon Health Authority.¶
(2) "Board" means the Oregon Health Policy Board.¶
(3) "Carrier" means a medical professional liability insurer holding a valid certificate of authority from the Director of the Department of Consumer and Business Services (DCBS) that authorizes the transaction of insurance as defined in ORS 731.066 and 731.072, and does not include DCBS-listed insurers pursuant to ORS 735.300 to 735.365 and 735.400 to 735.495.¶
(4) "Clinical Psychologist" means an individual licensed to practice psychology pursuant to ORS 675.010 to 675.090.¶
(5) "Clinical Social Worker" means an individual licensed to practice clinical social work pursuant to ORS 675.510 to 675.600.¶
(6) "DCBS" means the Department of Consumer and Business Services.¶
(7) "Dentist" means any individual licensed to practice dentistry pursuant to ORS 679.010.¶
(8) "Eligible provider" means a practitioner in Oregon delivering health care services to patients in Oregon~~, who meets the provider participation requirements of OAR 409-036-0060. The Board~~. The Authority may determine eligible professions based upon the most recent assessment of health care professional need. Eligible provider types will be published on the Office's program's webpage. ¶
(9) "Essential health care services" means medical, dental or behavioral health services that have been determined to be necessary to support the health of the population of the community.¶
(10) "Expanded Practice Dental Hygienist" means an individual licensed to practice dental hygiene with an expanded practice dental hygienist permit issued under ORS 680.200.¶
(11) "Licensed Professional Counselor" has the meaning given that term in ORS 675.705.¶
(12) "Marriage and Family Therapist or Professional Counselor" has the meaning given that term in ORS 675.705.¶
(13) "Medical assistance" has the meaning given that term in ORS 414.025.¶
(14) "Medicare" means medical coverage provided under Title XVIII of the Social Security Act.¶
(15) "Naturopathic Physician" means an individual licensed pursuant to ORS 685.010 to 685.135. ¶
(16) "Nurse Practitioner" means any individual licensed pursuant to ORS 678.375. ¶
(17) "Office" means the Office of Rural Health has the meaning given that term in ORS 442.475.¶
(18) "Pharmacist" has the meaning given that term in ORS 689.005.¶
(19) "Physician" means any individual licensed pursuant to ORS 677.100 to 677.228. ¶
(20) "Physician Assistant" means any individual licensed pursuant to ORS 677.495 to 677.545. ¶
(21) "Practice full-time" means working at ~~least 40 hours per week, with~~ a minimum of 32 hours per week spent providing direct patient care, averaged over the month for a minimum of 45 weeks per service year. The Authority shall consider patient charting a component of offering direct patient care. The Authority may consider telehealth as direct patient care when the receiving site (location of the patient) is located in Oregon. ¶
(22) "Practice part-time" means working ~~at least 20 hours per week, with~~ a minimum of 16 hours per week spent providing direct patient care, averaged over the month for a minimum of 45 weeks per service year. The Authority shall consider patient charting a component of offering direct patient care. The Authority may consider telehealth as direct patient care when the receiving site (location of the patient) is located in Oregon. ¶
(23) "Program" means the Health Care Incentive Program.¶
(24) Qualified Mental Health Associate means a mental health professional that meets the following minimum qualifications:¶
(a) Bachelor's degree in a behavioral sciences field; or¶
(b) A combination of at least three years relevant work, education, training or experience; and¶
(c) Demonstrates the competency necessary to communicate effectively; understand mental health assessment, treatment and service terminology and apply these concepts; provide psychosocial skills development; implement interventions as assigned on an individual plan of care; and provide behavior management and case management

duties.¶
(25) A qualified mental health professional (QMHP) is a licensed behavioral health practitioner or any other person who holds any of the following educational degrees and meets the following minimum qualifications:¶
(a) Graduate degree in psychology;¶
(b) Bachelor's degree in nursing and licensed by the State of Oregon;¶
(c) Graduate degree in social work;¶
(d) Graduate degree in a behavioral science field;¶
(e) Graduate degree in recreational, music, or art therapy;¶
(f) Bachelor's degree in occupational therapy and licensed by the State of Oregon; and¶
(g) Whose education and experience demonstrate the competency to identify precipitating events; gather histories of mental and physical disabilities, alcohol and drug use, past mental health services and criminal justice contacts; assess family, social and work relationships; conduct a mental status examination; document a multiaxial DSM diagnosis; write and supervise an individual plan of care; conduct a mental health assessment and provide individual, family or group therapy within the scope of their training.¶
(26) "Qualifying loan" means one or more government or commercial loans received solely to cover the cost of post-baccalaureate health professional training or, in the case of an expanded practice dental hygienist and Behavioral Health Loan Repayment incentive applicants, undergraduate educational training. This does not include credit card loans, lines of credit, and personal loans.¶
(25~~7~~) "Qualifying practice site" means:¶
(a) A rural hospital as defined in ORS 442.470 serving Medicaid and Medicare patients in no less than the same proportion of such patients in the county or other service area as determined by the Authority, up to a maximum requirement of 50 percent of patient mix for Medicare and Medicaid combined~~, of which 25 percent is Medicaid;~~. ¶
(b) A federally certified Rural Health Clinic serving Medicaid and Medicare patients in no less than the same proportion of such patients in the county or other service area as determined by the Authority, up to a maximum requirement of 50 percent of patient mix for Medicare and Medicaid combined~~, of which 25 percent is Medicaid;~~.¶
(c) A federally qualified Community Health Center serving Medicaid and Medicare patients in no less than the same proportion of such patients in the county or other service area as determined by the Authority, up to a maximum requirement of 50 percent of patient mix for Medicare and Medicaid combined~~, of which 25 percent is Medicaid;~~. ¶
(d) A site other than those listed above that:¶
(A) Provides essential health care services to patients in an area approved as a medical, dental or mental Health Professional Shortage Area (HPSA) as defined by the federal Health Resources and Services Administration or ranking below the Areas of Unmet Health Care Need median as determined by the Office; ¶
(B) Serves Medicaid and Medicare patients in no less than the same proportion of such patients in the county or other service area as determined by the Authority, up to a maximum requirement of 50 percent of patient mix for Medicare and Medicaid combined~~, of which 25 percent is Medicaid,~~ when a majority of providers are eligible for reimbursement from these programs for health services provided;¶
(C) Has a majority of providers at the site eligible for reimbursement from both Medicare and Medicaid. If a majority of providers at the site are not eligible for reimbursement from both programs, the site is qualified as long as the site serves either Medicaid or Medicare patients in no less the same proportion of such patients in the county or other service area as determined by the Authority; or¶
(D) Any other site providing essential health care services to an underserved population, as determined by the Authority~~ and serving Medicaid and Medicare patients in no less than the same proportion of such patients in the county or other service area as determined by the Authority up to a maximum requirement of 50 percent of patient mix for Medicare and Medicaid combined, of which 25 percent is Medicaid.~~¶
(E) Community Based, Residential or Day treatment settings that serve Medicaid and/or uninsured patients, as determined by the Authority. ¶
(26~~8~~) "Telehealth" means the provision of health services from a distance using electronic communications.

Statutory/Other Authority: ~~Stat. Auth.: OL 2017, Ch. 718~~ORS 676.454
Statutes/Other Implemented: ~~Stat. Auth.: OL 2017, Ch. 718~~ORS 676.454

AMEND: 409-036-0050

RULE SUMMARY: Changes reference to OAR 409-036-0020(3) to 409-036-0020(6).

CHANGES TO RULE:

409-036-0050
Eligibility Criteria and Program Requirements specific to Medical Malpractice Insurance Premium Subsidies
(1) The Health Care Provider Incentive Fund may subsidize health care practitioners for the cost of liability insurance premiums in force, or renewed on or after the effective date of this rule.¶
(2) A practitioner who has a rural practice as determined by the Authority is eligible for a subsidy under the program, if the practitioner:¶
(a) Is not located in an urbanized area of Jackson County, as defined by the United States Census Bureau according to the most recent federal decennial census taken pursuant to the authority of the United States Department of Commerce under 13 U.S.C. 141(a), unless the practitioner is:¶
(A) A physician who specializes in obstetrics or who specializes in family or general practice and provides obstetrical services; or¶
(B) A nurse practitioner certified for obstetric care.¶
(b) Holds an active, unrestricted license or certification; and is¶
(c) Covered by a medical professional liability insurance policy issued by an authorized carrier with minimum coverage limits coverage of $1 million per occurrence and $1 million annual aggregate.¶
(3) A nurse practitioner employed by a licensed physician is eligible for a subsidy if covered by a medical professional liability insurance policy that names and separately calculates the premium for the nurse practitioner.¶
(4) A practitioner whose medical professional liability insurance coverage is provided through a health care facility, as defined in ORS 442.400, and also meets the requirements of OAR 409-036-0020(~~3~~6) of this rule is eligible for a premium subsidy if the Authority determines that practitioner:¶
(a) Is not an employee of the health care facility;¶
(b) Is covered by a medical professional liability insurance policy that names the practitioner and separately calculates the premium for the practitioner; and ¶
(c) Fully reimburses the health care facility for the premium calculated for the practitioner.¶
(5) A practitioner must provide an annual attestation to the Authority to be eligible to participate in the program. The Authority shall establish criteria and procedures for making the eligibility determinations and annual attestation.¶
(6) The Authority shall forward to each participating authorized carrier a list of eligible practitioners with respect to that provider that includes the: ¶
(a) Practitioner's name; ¶
(b) Practice site mailing address; and ¶
(c) Specialty and applicable professional license or certification number issued by either the Oregon Medical Board or the Oregon Board of Nursing.¶
(7) To participate in the program, a carrier must provide written notice and certification to the Authority not less than 30 days prior to the beginning date of a calendar quarter, signed by an individual authorized to represent the carrier. The notice and certification must be delivered to the Authority at the following address: Oregon Health Authority, 500 Summer St NE, Salem, OR 97301, Attention: Health Care Provider Incentive Program-Medical Malpractice Insurance Subsidy.¶
(a) The written notification must certify that the carrier:¶
(A) Is a medical professional liability insurer holding a valid certificate of authority from the Director of the Department of Consumer and Business Services (DCBS) that authorizes the transaction of insurance as defined in ORS 731.066(1) and 731.072(1), and does not include DCBS listed insurers pursuant to ORS 735.300 to 735.365 and ORS 735.400 to 735.495;¶
(B) Understands the Authority may confirm the representations in paragraph (B) with DCBS, and that DCBS'

determination about whether the carrier holds a valid certificate of authority to engage in professional liability insurance in the state of Oregon and the other criteria in paragraph (A) shall be relied upon by the Authority in determining whether an insurer is an authorized carrier; and¶
(C) Agrees to comply with the terms and conditions of the rules applicable to this program in effect at the time of initial certification and those rules in effect when any request for subsidy payment is submitted to the Authority for payment.¶
(b) The Authority shall confirm in writing that the carrier meets the criteria as an authorized carrier. If the Authority determines that an entity is not eligible to participate as a carrier, the Authority shall provide notice to the entity of its determination and shall deny participation in the program. Entities may appeal a determination following the process set forth in OAR 409-036-0120.¶
(c) If an insurer fails to provide the notice and certification to the Authority within the time established, the insurer may not submit a request for premium subsidy payment for the next calendar quarter and practitioners may not receive a premium subsidy for that quarter.¶
(d) A carrier must notify the Authority in writing of a material change in any status or condition that relates to their eligibility to participate in the program.¶
(8) A carrier shall notify the Authority at least 90 days prior to the beginning date of the next calendar quarter if the carrier wants to discontinue participation in the program. The carrier shall notify its insured participating practitioners of its intent to discontinue to participate at least 60 days prior to the date of the next calendar quarter.¶
(9) The Authority may determine that funds available for the program are insufficient to provide maximum premium subsidy for all qualified practitioners, and the Authority may reduce or eliminate subsidies. There is no guarantee of any amount of premium subsidy provided to any carrier.¶
(10) Each carrier must electronically (using Microsoft Excel or similar spreadsheet application), submit a report to the Authority within 30 days after the end of each billing period (monthly or quarterly), showing the following information for each eligible practitioner who has been determined eligible for a premium subsidy as of the end of the billing quarter. The information must include the following:¶
(a) Carrier's name; ¶
(b) Practitioner's name; and¶
(c) For each practitioner:¶
(A) Oregon Board of Medical Examiners license number or Oregon State Board of Nursing certification number;¶
(B) Practitioner's specialty and specialty class;¶
(C) Insurance Services Office (ISO) code;¶
(D) Policy number and effective date;¶
(E) Billing period coverage start and end dates;¶
(F) Billing frequency (annually, quarterly, monthly);¶
(G) Current in-force annual premium for coverage limits of $1 million per occurrence and up to $3 million annual aggregate;¶
(H) Premium subsidy percentage, calculated in accordance with 409-036-0080 (3);¶
(I) Dollar amount of premium subsidy, calculated in accordance with these rules;¶
(J) Explanation of any adjustments under this program from previous reports;¶
(K) Policy coverage limits;¶
(L) Claims-made step of practitioner, if applicable; and¶
(M) Identify practitioners who were not on the eligible list at the beginning of the quarter.¶
(d) Each January all carriers must provide the Authority with a copy of its base rates and increased limits factors table. The carrier must also inform the Authority of the base rates and increased limits factors table from their current rate filing for Oregon within 30 days of any change to those rates and table.¶
(e) Failure to make a timely submission may result in delay in processing the payment request. The Authority shall calculate the payment of premium subsidies from the Rural Medical Liability Subsidy Fund based on the funds available for the applicable billing period. In the event of insufficient funds, the risk of carrier delay in submission

of a request for subsidy payment is on the carrier, because payments shall be based on the subsidy requests received timely for each applicable billing period.¶
(11) Each carrier must provide its participating practitioners with the following information each quarter:¶
(a) The quarterly premium due before the premium subsidy is applied;¶
(b) The amount of the premium subsidy;¶
(c) The premium after the premium subsidy is applied; and¶
(d) The carrier shall display these three figures on each participating practitioner's billing statement.¶
(12) If there are insufficient funds to provide the maximum premium subsidy to all qualifying practitioners who have applied for such subsidy, the Authority may reduce or eliminate subsidies for practitioners in an equitable manner, and shall notify affected carriers and participants. A carrier shall reduce the premium charged to a practitioner by the amount of any premium subsidy paid or to be paid under this Program.
Statutory/Other Authority: O~~L 2017, Ch. 718~~RS 676.454
Statutes/Other Implemented: O~~L 2017, Ch. 718~~RS 676.454

AMEND: 409-036-0060

RULE SUMMARY: Clarifies participation and application requirements based on stakeholder and program feedback.

CHANGES TO RULE:

409-036-0060
Participation and Application Requirements
(1) Loan repayment and loan forgiveness recipients must agree to serve ~~Medicaid and Medicare patients in no less than the same proportion of such patients in the county or other service area, as determined by the Authority up to a maximum of 50 percent with at least 25 percent of which is Medicaid.~~at a qualifying practice site. ¶
(2) Loan Repayment recipients may commit to practice full-time or part-time in a qualifying practice site for at least three years. Subject to approval by the Authority, the initial agreement may be renewed twice for additional periods of three years, or a total of nine years of service. ¶
(3) To qualify for consideration for loan repayment a ~~provider of essential health care services~~n eligible provider must submit an application that:¶
(a) Documents the individual having, or having applied for, an unrestricted license to practice in Oregon within their discipline (unless serving as a QMHP or QMHA and applying for Behavioral Health Loan Repayment incentive);¶
(b) Includes a signed and dated statement certifying that the individual is not currently participating in the National Health Services Corps (NHSC), Nursing Corps, or State Loan Repayment Programs or the NHSC Scholarship Program or other current service obligation; ¶
(c) Attests to the number of years that the individual is willing to make a service commitment of at least three years' work in a qualifying practice site. During that time the individual agrees to serve ~~Medicaid and Medicare patients in the same proportion of such patients in the county or other service area as determined by the Authority up to a maximum requirement of 50 percent of patient mix for Medicare and Medicaid combined, of which 25 percent is Medicaid;~~at a qualifying practice site.¶
(d) Provides all other information required by the program to determine the suitability of making an award from program funds.¶
(~~3~~4) An applicant for loan repayment subsidies that is currently employed at an eligible practice site or has an employment contract with an eligible practice site shall submit a letter attesting the site has submitted an application for participation and meets eligibility requirements for the program and provide other information as requested by the Authority. ¶
(~~4~~5) Providers receiving an insurance subsidy must ~~be willing to make a service commitment to seeing~~serve Medicaid and Medicare patients in no less than the same proportion of such patients in the county or other service area, as determined by the Authority up to a maximum of 50 percent with at least 25 percent of which is Medicaid.
Statutory/Other Authority: O~~L 2017, Ch. 718~~RS 676.454
Statutes/Other Implemented: O~~L 2017, Ch. 718~~RS 676.454

AMEND: 409-036-0070

RULE SUMMARY: Rule revised based on stakeholder feedback, and to advance health equity.

CHANGES TO RULE:

409-036-0070
Application and Review Process
(1) ~~As of the effective date of the filing of this proposed rule, the program~~The Authority and its ~~still developing the application processes. When the Authority has finalized the process, the Authority shall provide application format and submission requirement~~contracted designee have published application processes online. ¶
(2) The Authority or its contracted designee shall review those applications that meet all requirements of OAR 409-036-0020. ¶
(a) The Authority shall return incomplete applications, and upon resubmittal, they shall be processed as of the new date of receipt when they are determined complete. ¶
(b) The Authority shall notify applicants of the status of their completed applications within 90 days of application submission.¶
(3) The Authority may consider the following factors in determining whether to accept an eligible provider for participation in the program, which includes but is not limited to: ¶
(a) Ability to obtain federally-funded incentives. The Authority may prioritize applications from providers who apply to practice at a qualifying practice located in a ~~higher scoring HPSA (14 and above)~~HPSA that has been determined may not reach the threshold for federal NHSC or NurseCorps awards in a given year.¶
(b) Other determined need of the area. The Authority may prioritize applications from providers who apply to practice at a qualifying practice located in a service area ranking below the median in the most recent Areas of Unmet Health Care Need report published by the Office.¶
(c) NHSC certification status of the practice site. The Authority may prioritize applications from providers committing to practice at a qualifying practice site certified to meet the requirements of the National Health Service Corps.¶
(d) PCPCH status of the practice site. The Authority may award priority to eligible providers who will provide services in, or in affiliation with, a Patient Centered Primary Care Home (PCPCH) recognized by the State of Oregon. The Authority may award a higher priority to those providers at a Tier 3 or higher recognized PCPCH site.¶
(e) Duration of time committed to practice site, or to serving in Oregon. The Authority may give providers priority for an award based on the duration of time they commit to serve at their practice site or in the state.¶
(f) Providers located in Oregon. In the case of a provider delivering telehealth services as all or part of their services, the Authority may give providers physically located in Oregon priority for an award.¶
(g) Provider types, disciplines, or ethnic or linguistic diversity particularly needed in a community. The Authority may give providers priority for an awardee who meets specific needs identified by a community, including ethnicity, language spoken, specialty, or provider type.¶
(h) Community willingness to contribute to the cost of the award. The Authority may give providers priority for an award if a practice site or community agrees to share in the cost of the incentive at the time of application.¶
(i) Demonstrated investment in integration of behavioral health or oral health services with primary care. The Authority may provide terms by which a provider may receive priority consideration if they are working at a site that is facilitating the integration of behavioral health and/or oral health services within the community.¶
(j) Practice site client demographic represents historically marginalized population (i.e HIV Positive, ethnic/racial minority, LGBTQA+, or otherwise underserved population). The Authority may give priority for an award if provider works at a practice site that serves an historically marginalized population.
Statutory/Other Authority: O~~L 2017, Ch. 718~~RS 676.454
Statutes/Other Implemented: O~~L 2017, Ch. 718~~RS 676.454

AMEND: 409-036-0080

RULE SUMMARY: Adjusts maximum compensation limit for a full-time service subsidy recipient based on stakeholder feedback.

CHANGES TO RULE:

409-036-0080
Maximum Award Amounts
(1) Loan repayment subsidy recipients are eligible for a maximum loan repayment award in the following manner:¶
(a) Full-Time Service:¶
(A) Fifty percent of the balance owed on qualifying loans upon program entry for an initial three years of service;¶
(B) Sixty percent of the balance owed on remaining qualifying loans for an additional three years of service;¶
(C) Seventy percent of the balance owed on remaining qualifying loans for a final three years of service; and¶
(D) A participant may receive no more than $~~35~~0,000 in a single year for full-time service.¶
(b) Part-Time Service:¶
(A) Twenty-five percent of the balance owed on qualifying loans upon program entry for an initial three years of service;¶
(B) Twenty-five percent of the balance owed on remaining qualifying loans for an additional three years of service;¶
(C) Twenty-five percent of the balance owed on remaining qualifying loans for a final three years of service; and¶
(D) A participant may receive no more than $25,000 in a single year for part-time service.¶
(2) Scholarship and Loan Forgiveness recipients are eligible for incentives as follows:¶
(a) Scholarship recipients under the Scholars for a Healthy Oregon Initiative at Oregon Health and Science University shall receive a scholarship covering the entire cost of tuition and fees for the participant's health care education at the university.¶
(b) Students attending other educational institutions shall receive a scholarship or loan forgiveness covering an amount equal to at least half of and up to the entire cost of tuition and fees for the participant's health care education in the program in which they are participating, at the discretion of the institution, so long as the maximum scholarship for each student does not exceed the highest resident tuition rate at the publicly-funded health professional training programs in this state.¶
(3) Insurance Subsidy Recipients. Practitioners in the program who receive an insurance subsidy shall receive a maximum subsidy of:¶
(a) Eighty percent of the actual premium charged for physicians specializing in obstetrics and nurse practitioners certified for obstetric care;¶
(b) Sixty percent of the actual premium charged for physicians specializing in family or general practice who provide obstetrical services;¶
(c) Forty percent of the actual premium charged for physicians and nurse practitioners engaging in one or more of the following practices:¶
(A) Family practice without obstetrical services;¶
(B) General practice without obstetrical services;¶
(C) Internal medicine;¶
(D) Geriatrics;¶
(E) Pulmonary medicine;¶
(F) Pediatrics;¶
(G) General surgery; or¶
(H) Anesthesiology;¶
(d) Fifteen percent of the actual premium charged for physicians and nurse practitioners other than those included in OAR 409-036-0080 (3)(a) to (c). ¶
(4) Other subsidies. The Authority may provide grants to an organization to support innovative or evidence-based

practices for recruitment and retention of health care providers.
Statutory/Other Authority: O~~L 2017, Ch. 718~~RS 676.454
Statutes/Other Implemented: O~~L 2017, Ch. 718~~RS 676.454

AMEND: 409-036-0090

RULE SUMMARY: Grammar correction of previous rule text.

CHANGES TO RULE:

409-036-0090
Transfer of Provider Service Obligation to Another Site
(1) In the event of a practice failure or other extenuating circumstance, a participating provider with Authority approval may transfer the service obligation to another qualifying practice site. This is intended to be a rare instance and may not be granted without prior approval. A transfer without prior approval is considered a violation of the service agreement. A participating provider must submit a written transfer request to the Authority documenting the:¶
(a) Circumstances surrounding the need to transfer; ¶
(b) Proposed new qualifying practice site; and ¶
(c) Name of the director or administrator at the proposed new practice site. ¶
(2) The participating provider must also submit:¶
(a) A letter from the original practice site releasing the eligible provider from any employment contract (if applicable) and provid~~ing~~e an explanation for the termination of employment. The Authority may waive this requirement if the original practice site is in non-compliance with federal requirements, federal or state law, or these rules. ¶
(b) An employment contract with the new qualifying practice site, a letter of intent from the new qualifying practice site to employ the provider, or documentation of the provider having established a sole proprietorship, Limited Liability Corporation, Limited Liability Partnership, or Professional Corporation that meets the definition of a qualifying practice site.¶
(3) The new practice site, in collaboration with the provider, must: ¶
(a) Submit a letter of support documenting the site meets the definition in OAR 409-036-0010 (25) and providing other information as requested by the Authority. ¶
(b) Provide confirmation that the site will cooperate with the provider to comply with the monitoring and follow-up requirements set forth in these rules.
Statutory/Other Authority: O~~L 2017, Ch. 718~~RS 676.454
Statutes/Other Implemented: O~~L 2017, Ch. 718~~RS 676.454