

PHYSICIAN ASSISTANT LOAN REPAYMENT PROGRAM

PHYSICIAN ASSISTANT CONTRACT

1. Program and Parties

The Physician Assistant Loan Repayment Program (hereafter Program), authorized by 63 O.S. § 1-2721 *et seq.*, provides loan repayment assistance to physician assistants who meet certain criteria. The Parties to this Contract are the physician assistant participating in the Program (hereafter Physician Assistant) and the Oklahoma Health Care Workforce Training Commission (hereafter). Additionally, the Physician Assistant is required to have a public or private organization (hereafter Community Sponsor/Public Sponsor) that signs a matching agreement with to help provide funding for loan repayment. This contract is made and entered into pursuant to 63 O.S., § 1-2721 and Chapter 50 of Title 540 of the Oklahoma Administrative Code.

2. Physician Assistant Certifications

By signing this Contract, the Physician Assistant certifies that he/she:

- a) Holds a license as a physician assistant from the Oklahoma State Board of Medical Licensure;
- b) Has legitimate educational debt and has submitted documentation of such debt to HWTC including the amounts of the principal and interest owed;
- c) Agrees to establish a full-time primary care physician assistant practice in a community approved by HWTC; primary care physician assistant is defined by HWTC rules.
- d) Has executed a SoonerCare Physician Assistant Provider Agreement or agrees to execute such Agreement within 60 days of signing this contract or practice start date; and
- e) Is not currently obligated and shall not become obligated to any other repayment program that has a conflicting service obligation.

3. Physician Assistant Obligations

The Physician Assistant agrees to:

- a) Operate the full-time primary care practice specified under Physician Assistant Certifications;
- b.) Contract as a SoonerCare Medical Home provider if certified as a Family, Pediatric, or General Internal Medicine Physician Assistant. All other Physician Assistant Certifications agree to maintain a patient volume each year composed of a target percentage of 25% SoonerCare members and shall provide documentation of the percentage of SoonerCare members quarterly or as otherwise requested by HWTC; SoonerCare members shall be defined as in the SoonerCare Physician Assistant Provider Agreement;
- c.) Provide medical services for Medicare Patients;
- d.) Cooperate with HWTC's monitoring and audit of Program compliance; supplying all requested documentation and according to specified due dates;

- e.) Maintain the physician assistant license specified in Physician Assistant Certifications during the term of this Contract; should Physician Assistant's license be modified, suspended, revoked, or in any other way impaired during the term of this Contract, Physician Assistant shall notify HWTC in writing within thirty days of such action;
- f.) Establish their primary residence within the rural service area of their approved practice site;
- g.) As appropriate, refer his/her patients to the Oklahoma Tobacco Helpline and/or in house counseling. Information on the number of patients referred to the Tobacco Helpline and in-house counseling will be provided to HWTC quarterly during each year on the program.
- h.) An addendum to this contract will be provided by HWTC to be returned within 45 days of the practice start date and each year after. This addendum will include current personal and practice contact information, SoonerCare number and NPI number.
- i.) Any private sponsor match agreements must be executed by the physician assistant and sponsor representative and returned upon receipt. This match agreement is made part of this contract.

4. Payments to Physician Assistant under this Program

- a) At the end of each contract year, HWTC shall determine if Physician Assistant has met the requirements to receive payment. If HWTC verifies all requirements were met and if Physician Assistant has at least \$60,000 in legitimate and documented educational debt, HWTC shall pay Physician Assistant a maximum of \$60,000 according to the following schedule:
 - i. \$10,000 at the end of the first contract year;
 - ii. \$20,000 at the end of the second contract year;
 - iii. \$30,000 at the end of the third contract year;

If total debt is less than \$60,000 HWTC shall prorate the amount awarded to the physician assistant to provide an amount not to exceed legitimate educational debt of the physician assistant.

- b) Each payment shall be distributed by HWTC to the Physician Assistant by drafts made payable to the Physician Assistant at the end of each contract year with disbursements not to exceed an amount to be established annually by HWTC. Prior to any disbursement, the Commission shall certify and properly review reports and documentation submitted by the participating physician assistant detailing performance of activities in accordance with the Program, ***including proof of full onetime application of prior year disbursement to the physician assistant's documented medical education loans within 60 days of receipt of said funds.***

Please Initial: _____

5. Term of the Contract

This Contract shall begin on _____, 20__ and end after one year. The Contract shall automatically renew for two additional one-year terms contingent on available funding from Community Sponsor and/or Public Sponsor and/or appropriated funds, unless HWTC notifies Physician Assistant that Contract will not be renewed.

6. Amendments

This Contract contains all of the terms and conditions of the Parties and no oral representations which conflict with the terms of this Contract made by any Party are binding. Any amendments to this Contract must be in writing and signed by all Parties.

7. Funding Availability

It is understood and agreed by the Parties that all obligations of HWTC, including the continuance of payments, are contingent upon the availability and continued appropriation of public or private funds; and, in no event shall HWTC be liable for any payments in excess of such available funding.

8. Contract Venue

The venue for civil actions arising from this Contract shall be Oklahoma County, Oklahoma. For the purpose of Federal jurisdiction, in any action in which the State of Oklahoma is a party, venue shall be United States District Court for the Western District of Oklahoma.

9. Incorporation by Reference

Physician Assistant's SoonerCare Provider Agreement is made part of this Contract and incorporated by reference.

10. Termination

- a) This Contract may be terminated immediately: i) by HWTC if OHCA terminates Physician Assistant's SoonerCare Provider Agreement; or ii) by HWTC if it determines that Physician Assistant does not meet Program requirements including, but not limited to, timely communication and remittance of Patient Volume Documentation Reports at the end of each quarter.

- b) In the event funding for the Oklahoma Medical Loan Repayment Program is withdrawn, reduced, or limited in any way after the effective date of this Contract and prior to the anticipated Contract expiration date, this Contract may be terminated immediately by HWTC.

11. Oklahoma Health Care Workforce Training Commission

HWTC administers the Program. Its contact information for the purpose of this Contract is:

Oklahoma Health Care Workforce Training Commission
119 North Robinson Avenue, Suite 520
Oklahoma City, Oklahoma 73102-4603
Telephone: (405) 604-0020

12. Physician Assistant

The Physician Assistant’s current contact information will be included in an attached addendum.

Physician Assistant Name _____

Physician Assistant Practice Specialty _____

Approved Practice Community _____

EXECUTED:

Physician Assistant's Signature _____
Date

Executive Director _____
Date
Oklahoma Health Care Workforce Training Commission

NOTARY

STATE OF OKLAHOMA

COUNTY OF _____

Subscribed and sworn to or affirmed before me this ____ day of _____, 202_, by _____.

(Signature of notarial officer)

(Seal, if any)

Title (and Rank)

(My commission expires: _____)

(My commission #: _____)