



South Carolina AHEC Program Office
Medical University of South Carolina
19 Hagood Avenue
MSC 814, Suite 802
Charleston, SC 29425-8140

South Carolina Rural Physician Incentive Grant Program: Incentive Information

The State Incentive Grant program provides funding to primary care physicians (Family Practice, Internal Medicine, Pediatrics, and Ob/Gyn) who contract for a period of four years to practice in rural or underserved areas of South Carolina. The program also provides funding to general surgeons and psychiatrists who contract for a period of four years to practice in rural or underserved areas of the state. All recipients must be licensed by the State of South Carolina and board certified. Applications are encouraged from residents who will be completing their training within the year, and it is expected that the resident will become board certified.

The Rural Physician Board recognizes the need for advanced practice professionals in underserved areas of South Carolina as well. The Rural Physician Board will accept applications from credentialed Nurse Practitioners, Nurse Midwives, and Physician Assistants who contract for a period of four years to practice in a rural or underserved area of South Carolina. The Rural Physician Board gives priority to physicians and the number of awards for advanced practice professionals may vary from year to year based on the demand for limited funds.

Specifically, the State Incentive Grant Program may:

- Provide \$25,000 per year for up to four years for qualified physicians practicing in counties with a population of less than 50,000.
- Provide \$15,000 per year for up to four years for qualified physicians in counties with a population over 50,000 who work in rural areas (non-urbanized) as defined by the U.S. Census Bureau's 2010 Census* or who work in federally qualified health centers in urban areas.
- Provide \$12,500 per year for up to four years to Advanced Practice Registered Nurses (APRN) and Physician Assistants (PA) practicing in counties with a population of less than 50,000.
- Provide \$7,500 per year for up to four years for Advanced Practice Registered Nurses (APRN) and Physician Assistants (PA) in counties with a population over 50,000 who work in rural areas (non-urbanized) as defined by the U.S. Census Bureau's 2010 Census* or who work in federally qualified health centers in urban areas.
- Clinicians (physicians and advanced practice providers) working in state prisons may qualify.
- Half-time option (minimum of 20 hours per week) for half of the full-time (minimum of 40 hours per week) funding amount will be considered.

*An area will be determined as rural or non-urbanized by using the United State Census Bureau's website and the practice address. Please contact **Kristin Cochran** for assistance to determine eligibility of a specific practice address.

Counties with populations less than 50,000 (Abbeville, **Allendale**, **Bamberg**, **Barnwell**, Calhoun, **Chester**, **Chesterfield**, Clarendon, **Colleton**, Dillon, **Edgefield**, **Fairfield**, **Hampton**, Jasper, **Lee**, **McCormick**, Marion, **Marlboro**, Newberry, **Saluda**, **Union**, **Williamsburg**)*

Counties with populations greater than 50,000 but less than 100,000 (Cherokee, Darlington, Georgetown, Greenwood, Kershaw, Lancaster, Laurens, Oconee, Orangeburg)

Counties with populations greater than 100,000 (Aiken, Anderson, Beaufort, Berkeley, Charleston, Dorchester (**St. George area** only), Florence, Greenville, Horry, Lexington, Pickens, Richland, Spartanburg, Sumter, York)

***Bold Counties are Geographic Health Professions Shortage Areas (HPSA).** Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary care, dental or mental health providers and may be geographic (a county or service area), population (e.g. low income or Medicaid eligible) or facilities (e.g. federally qualified health center). Applicants to the Rural Physician Program receive additional points as part of the scoring process for service in a Geographic HPSA as these areas are in greatest need of primary care services in the state.



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South Carolina Rural Physician Incentive Grant Program

www.scahec.net/professionals.html

The Legislature of South Carolina provides that the Medical University of South Carolina is the state agency responsible for administering the South Carolina Area Health Education Consortium (South Carolina AHEC) program. A high priority of South Carolina AHEC is the recruitment and placement of health care providers. The state legislature has provided funds to South Carolina AHEC to assist in the recruitment and placement of primary care physicians in designated underserved areas of South Carolina.

Overview:

The State Incentive Grant program provides funding to primary care physicians (Family Practice, Internal Medicine, Pediatrics, and Ob/Gyn) who contract for a period of four years to practice in rural or underserved areas of South Carolina. The program also provides funding to general surgeons and psychiatrists who contract for a period of four years to practice in rural or underserved areas of South Carolina. The amount of the award will vary with the minimum award being \$60,000 and the maximum award being \$100,000 depending upon the type of practice setting and the population of the county. All recipients must be licensed by the State of South Carolina and board certified. Applications are encouraged from residents who will be completing their training within the year, and it is expected that the resident will become board certified.

To be eligible for the State Incentive Grant program, all applicants must be U.S. citizens and are not eligible for consideration if they have previously received an award from the Rural Physician Incentive Grant Program or the Rural Physician Loan Repayment Program. Providers must also have practiced in the community for less than five years to be eligible for the program.

The Rural Physician Board recognizes the need for advanced practice professionals in underserved areas of South Carolina as well. The Rural Physician Board will accept applications from credentialed Nurse Practitioners, Nurse Midwives, and Physician Assistants who contract for a period of four years to practice in a rural or underserved area of South Carolina. The amount of the award will vary with the minimum award being \$30,000 and the maximum award being \$50,000 depending upon the type of practice setting and the population of the county. The Rural Physician Board gives priority to physicians and the number of awards for advanced practice professionals may vary from year to year based on the demand for limited funds.

Board:

The program is administered by South Carolina AHEC and managed by the Rural Physician Board, the members of which are defined in the South Carolina Code of Laws. This board meets periodically to vote on applicants and to discuss other items of business. The Rural Physician Board is composed of representatives from the South Carolina Primary Health Care Association, the South Carolina Medical Association, the South Carolina Commission on Higher Education, the South Carolina DHEC, the South Carolina Hospital Association, the South Carolina Department of Health and Human Services, the USC School of Medicine, an appointee of the South Carolina House of Representatives Medical, Military, Public and Municipal Affairs Committee, an appointee of the South Carolina Senate Medical Affairs Committee, and three at-large members with two representing nursing and one representing allied health sciences.

www.scahec.net

(843) 792-4431 / (843) 792-4430 Fax

The South Carolina Area Health Education Consortium is an equal opportunity employer.

Application Process:

For the funding period of July 1, 2019, through June 30, 2020: Applications will be accepted October 15, 2018, until March 15, 2019, and considered by the Rural Physician Board shortly thereafter. No late applications will be accepted. Providers whose applications are approved will be notified in June and awarded contracts effective July 1, 2019. Emails will be sent to all applicants indicating if they were approved or not approved.

Priority:

The intent of this program is to assist physicians and advanced practice professionals in establishing or joining practices in rural or underserved areas. Ideally, during the four year period of commitment, they will develop viable practices and become involved in their communities, so that they will continue practicing in the area after the funding period is over. Priority for this program will be given to those demonstrating need and expressing honest intent to remain in the underserved area once funding is completed. Candidates are prioritized using an objective checklist that awards points in the following categories: Community Need, Specialty, Retention Factors, Underrepresented Minority, and Committee Recommendation.

Contract:

Accepted providers will sign a contract with South Carolina AHEC and MUSC to practice medicine in an underserved area for a designated amount of time. The terms of the contract stipulate that all providers will accept both Medicare and Medicaid patients and their practice not discriminate against any person on the basis of their ability to pay. Continuation of the contracts from year to year is contingent upon the availability of funds allocated by the South Carolina General Assembly and a contract from the South Carolina Department of Health and Human Services. Accepted providers are expected to maintain an outpatient primary care practice at the designated location.

Payment:

Payment schedules will be determined by the total amount of award and will be included in the contracts. Payments are made annually at the end of the contract year. If the practitioner leaves the employment of the practice during the contract year, the practitioner will be considered to have terminated the contract and will not receive the annual payment.

Contact Information:

Kristin C. Cochran, MHA
Director of Recruitment and Student Programs
South Carolina Area Health Education Consortium
(p) 843-792-6977 (f) 843-792-4430
cochrak@musc.edu
<http://www.scahec.net/professionals.html>



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Rural Physician Program Application

INSTRUCTIONS: Complete this application to receive consideration for the South Carolina AHEC State Incentive Grant. **Please attach Curriculum Vitae and Practice Site Profile (Required).** An email will be sent to each applicant confirming the application packet is complete. If an email isn't received within three business days, please email the South Carolina AHEC office at cochrak@musc.edu to confirm receipt. No late applications will be accepted.

Application Part 1

I. Personal Information

1. Name _____
Last First MI
2. Current Home Address _____
Address

City State Zip
3. Home Telephone _____
(With Area Code)
4. Current Work Address _____
Business Name

Address

City State Zip
5. Work Telephone _____
(With Area Code)
6. Email Address _____
7. Are you a U.S. citizen? (Yes/No) _____
8. Are you a SC resident? (Yes/No) _____
9. Are you Hispanic/Latino? (Yes/No) _____
10. Race (Please check all that apply)
American Indian/Alaska Native
Asian
Black
Native Hawaiian or Other Pacific Islander
White
11. Total Educational Indebtedness \$ _____

12. Have you previously applied for funding through the South Carolina Rural Physician Program (Incentive Grant or Loan Repayment)? (Yes/No) _____ Were you funded? (Yes/No) _____

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II. Professional Background

1. Medical School/Health Professions Program _____

Date of Graduation (Month/Year) _____

Is the health professions program an online program? (Yes/No) _____

If yes, please indicate the state where the majority of clinical training was completed. _____

Were you a South Carolina AHEC Institute for Primary Care Education and Practice fellow during your health professions training? (Yes/No) _____

2. Clinical Specialty

Family Practice

Internal Medicine

Internal Medicine/Pediatrics

Ob/Gyn

Pediatrics

General Surgery

Psychiatry

Other If other, please list. _____

3. Practitioner Type

Nurse Midwife

Nurse Practitioner

Physician

Physician Assistant

4. Current Training Status

Advanced Practice Student

Resident

Fellow

Training Complete

5. Most Recent Residency Program/Fellowship Completed _____

Name of Residency Program/Fellowship

Primary Street Address of Program

City

State

Zip

6. Date you will complete/completed residency program (Month/Year) _____

7. Have you completed a Rural Residency Training Track? (Yes/No) _____

8. Additional Residency/Fellowship Training _____

Name of Residency Program/Fellowship

Primary Street Address of Program

City

State

Zip

9. Date you completed additional residency/fellowship training (Month/Year) _____

10. Are you Board/Professionally Certified? (Yes/No) _____

What Clinical Area(s)? _____ Date of Certification _____

11. If you are not Board Certified, do you expect to receive board certification within a year? (Yes/No) _____
Month/Year

12. South Carolina Licensing Agency _____ South Carolina License Number _____

III. Other Sources of Funding

1. Did you incur a service obligation with any state, government, or other entity while obtaining your medical/health professions degree? (Yes/No) _____

If yes, please describe the type of obligation, including the starting and ending dates.

2. Have you received or will you be receiving any other loan repayment or practice incentives from state, federal or private sources? Note: The National Health Service Corps (NHSC) doesn't allow recipients to receive funding from both the NHSC and the Rural Physician Program at the same time. (Yes/No) _____

If yes, please provide the source, amount and duration of these funds.

IV. Incentive Grant Practice Location(s)

Please indicate your intended practice location(s) for purposes of incentive grant funding.

Primary Practice Location Information

1. Primary Practice Location

Name of Practice			
Street Address of Practice	City	State	Zip

2. Practice County _____

3. Practice Type (Please check one) Community Health Center

Federally Qualified Health Center

Group Practice

Rural Health Center

Solo Practice

Other If other, please list. _____

4. How many hours per week do you expect to serve at this location? _____

5. How long have you been in clinical practice at the above location? _____

6. If not yet in practice at the above location, when will you begin clinical practice at this location? _____

Secondary Practice Location Information (If Applicable)

7. Secondary Practice Location

Name of Practice			
Street Address of Practice	City	State	Zip

8. Practice County _____

9. Practice Type (Please check one) Community Health Center

Federally Qualified Health Center

Group Practice

Rural Health Clinic

Solo Practice

Other If other, please list: _____

10. How many hours per week do you expect to serve at this location? _____

11. How long have you been in clinical practice at the above location? _____

12. If not yet in practice at the above location, when will you begin clinical practice at this location? _____

V. Applicant Background Information

1. Date of Birth _____

2. Place of Birth _____
City State

3. Did you live in a rural area/small town between the ages of 12-18? (Yes/No) _____

If yes, please provide the city and state.

City State

4. Home Prior to College _____
City State

5. High School at Time of Graduation _____
Name

City State

6. College or University at Time of Graduation _____
Name

City State

7. Spouse/Partner's Place of Birth _____
City State

8. Did your spouse/partner live in a rural area/small town between the ages of 12-18? (Yes/No) _____

If yes, please provide the city and state.

City State

9. Spouse/Partner's Home Prior to College _____

City

State

10. Spouse/Partner's College or University at Time of Graduation _____
Name

_____ City State

11. Do you or your spouse/partner have relatives currently practicing primary care medicine in rural South Carolina? (Yes/No) _____

If yes, please provide the county/counties?

12. What, if any, personal connection do you have to the community where you will be practicing?

13. Are you fluent in a language other than English? If so, please list. _____

14. Have you ever served as a preceptor for health professions students? (Yes/No) _____

If yes, please provide the disciplines. _____

I understand that application to this program indicates a desire to commit to practice in an underserved area of South Carolina for a period of time contingent upon amount of support I receive.

_____ Name Date

Please describe any professional experiences during your health professions training program, medical school or residency training that were associated with rural areas or underserved populations (include any experiences sponsored by a state AHEC program). Please note the location, population served and the length of each activity.

Please submit the completed application, curriculum vitae, and practice site profile to Kristin Cochran at cochrak@musc.edu or fax to 843-792-4430.



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Application Part 2: Practice Site Profile

Name of Applicant _____

Section I:

1. Name of Practice: _____
2. Practice Address: _____

3. Practice Site Contact Person: _____
4. Contact Person Phone Number: _____
5. Contact Person Fax Number: _____
6. Contact Person E-Mail Address: _____

Section II:

1. List *Current* FTE count for the following:

Family Practitioners _____	General Surgeons _____
Internists _____	Med/Peds _____
Ob/Gyns _____	Pediatricians _____
Psychiatrists _____	Nurse Midwives _____
Nurse Practitioners _____	Physician Assistants _____

2. List *Desired* FTE count for the following:

Family Practitioners _____	General Surgeons _____
Internists _____	Med/Peds _____
Ob/Gyns _____	Pediatricians _____
Psychiatrists _____	Nurse Midwives _____
Nurse Practitioners _____	Physician Assistants _____

3. List your practice's referring hospital(s) and state the current medical staff status:

4. Report your approximate current patient mix using the following categories:

Private Insurance _____ Uninsured/Self Pay _____
Medicare _____ Medicaid _____
Other _____

Section III:

As conditions of participation in the South Carolina Rural Physician Incentive Grant Program, we the Practice agree to:

- A. Accept assignment for individuals who are beneficiaries under Medicare.
- B. Enter into an appropriate agreement with the South Carolina Department of Health and Human Services for individuals who are beneficiaries under the Medicaid program.
- C. Make every effort to provide health care services to individuals who are unable to pay for care by discounting fees taking into consideration the individual's income and family size.
- D. Report to the South Carolina Area Health Education Consortium (AHEC) on an annual basis, the numbers of patients seen by the Practice under categories A-C above.

Signatures below are assurance that this document contains true and correct information and that the Practice agrees to comply with all of the conditions of participation, A-D, listed above.

Name of Site Official: _____

Signature of Approving Official: _____

Title: _____ Date: _____