NEW YORK STATE | **Department of Health**

HEALTHCARE ACCESS LOAN REPAYMENT PROGRAM (HEALR)

Program Overview Webinar

December 18, 2025

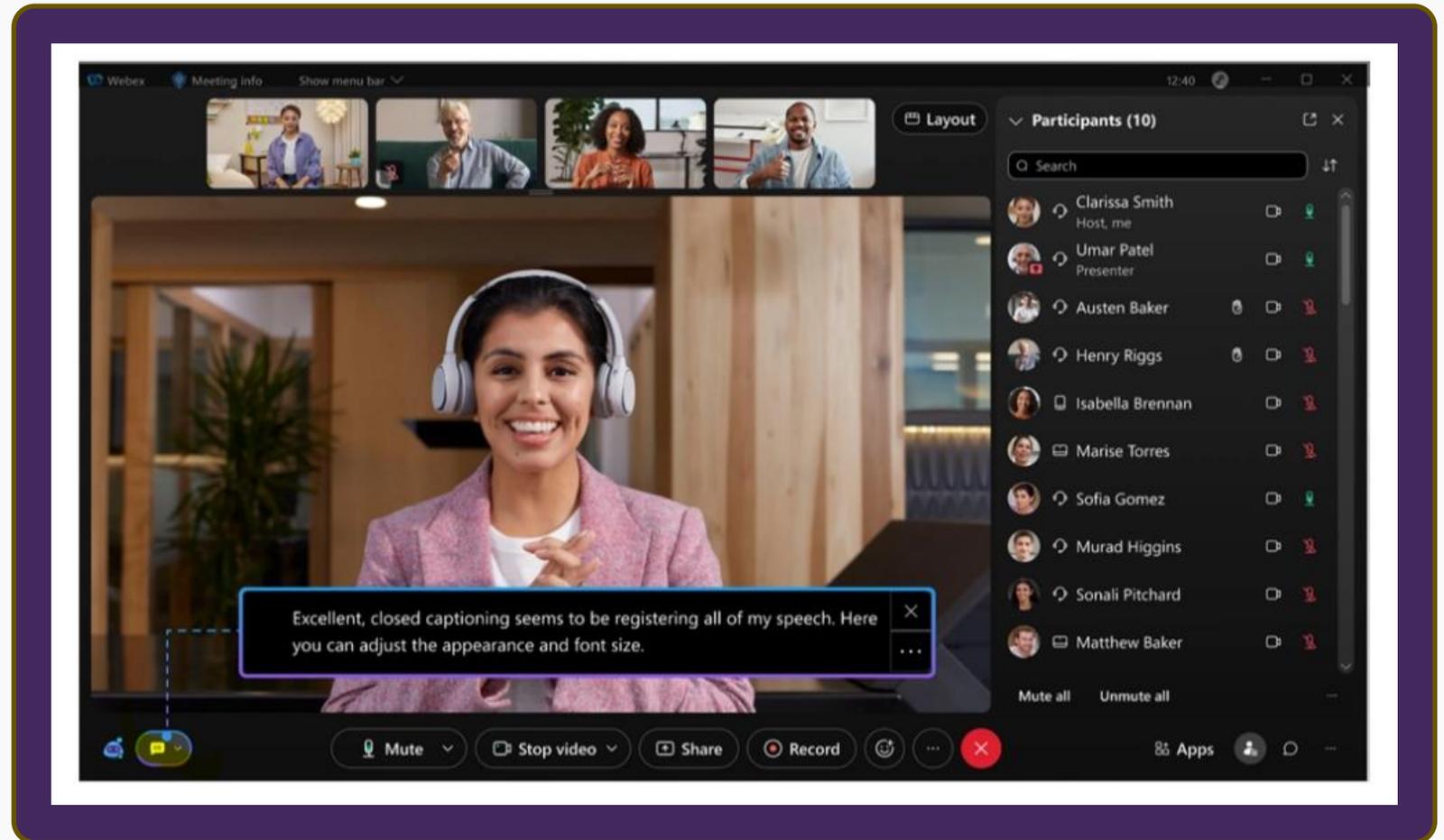# CLOSED CAPTIONS AVAILABLE

To enable closed captions during the webinar:
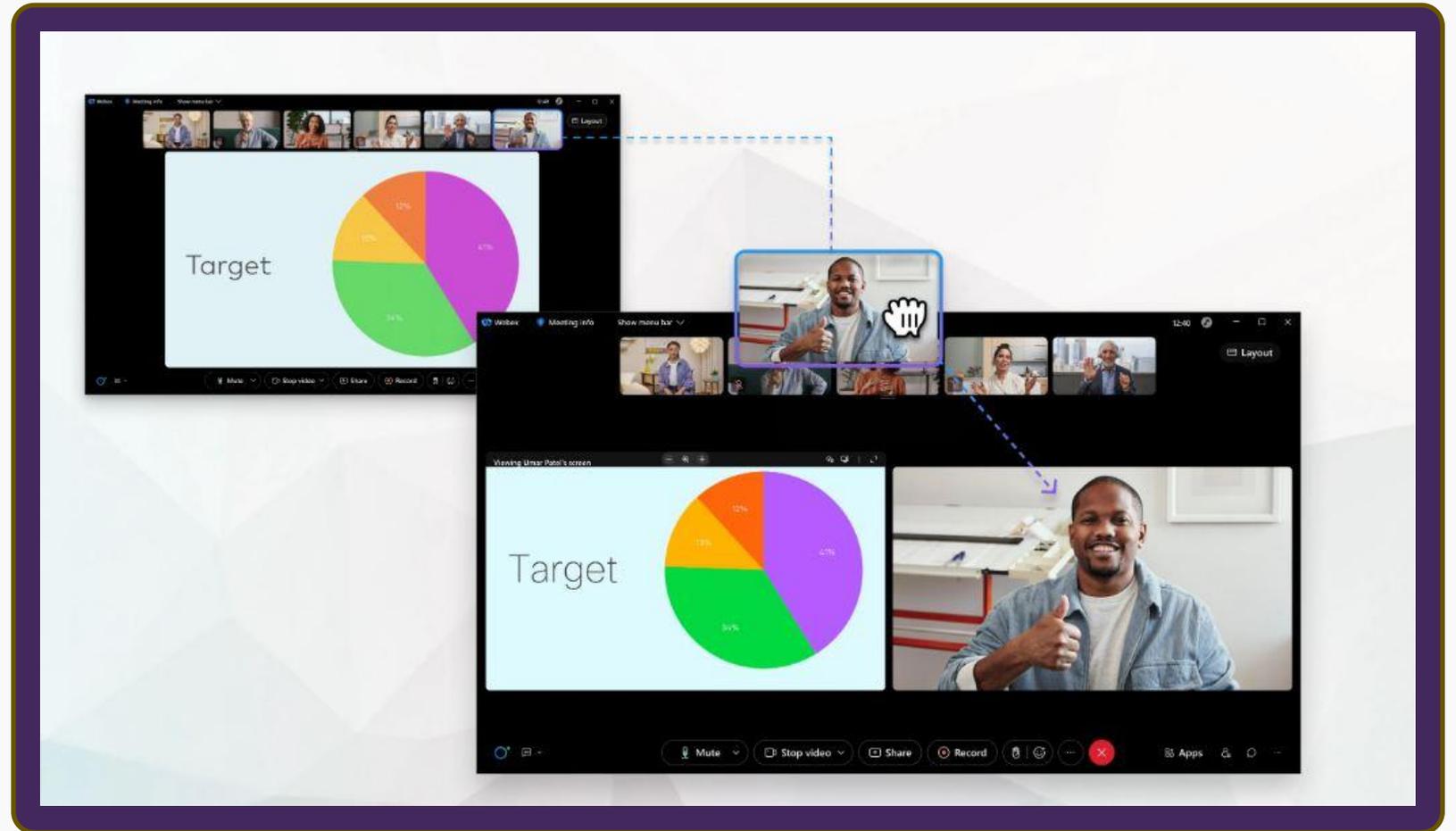
- Find the *"cc"* icon in the lower left of the screen.

- Click on *"Show Closed Captions"*.

MOVING ASL INTERPRETERS TO PRESENTATION STAGE

To move an American Sign Language (ASL) Interpreter to the WebEx presentation area, or "Stage":

- Right click on the Interpreter's video icon.

- Select *"Move to Stage"*.

AGENDA

- Program Goals
- Eligibility
- Application
- What to Expect
- Q&A
- Helpful Resources
- Appendix

PROGRAM GOALS

PROGRAM GOALS

- **The Healthcare Access Loan Repayment (HEALR) Program** is a Medicaid workforce initiative authorized under New York's 1115 Demonstration Waiver.

- It aligns with the goals of New York's 1115 Waiver, which aims to **improve NYS Medicaid services by enhancing access, quality, and cost-effectiveness of care for the Medicaid population.**

- HEALR aims to improve access to high-quality services for Medicaid members by **attracting and retaining healthcare providers in critical, high-demand roles throughout the State.**

NEW YORK STATE | Department of Health

QUALIFYING PROVIDERS & MAXIMUM AWARD

Eligible Positions	Qualifying Degree(s)	Maximum Award
Psychiatrists	Doctor of Medicine (MD) Doctor of Osteopathic Medicine (DO)	Up to $300,000 per awardee
Primary Care Physicians	Doctor of Medicine (MD) Doctor of Osteopathic Medicine (DO)	Up to $100,000 per awardee
Dentists	Doctor of Dental Medicine (DMD) Doctor of Dental Surgery (DDS)	Up to $100,000 per awardee
Nurse Practitioners	Master of Science in Nursing (MSN) Doctor of Nursing Practice (DNP)	Up to $50,000 per awardee
Pediatric Clinical Nurse Specialists	Master of Science in Nursing (MSN Doctor of Nursing Practice (DNP)	Up to $50,000 per awardee

NEW YORK STATE | Department of Health

ELIGIBILITY

APPLICANT ELIGIBILITY

- United States citizen or eligible non-citizen

- **Licensed to practice** within NYS (currently or by the time service commitment begins)

- License in good standing

- **Four-year commitment** at a NYS Medicaid-enrolled provider where 30% of the patient panel are Medicaid members and/or uninsured individuals OR that is contracted with a state-designated SCN and providing HRSN screening, referrals, and/or services.

- **Qualifying full-time employment** (minimum 35 hours per week total, at one or more qualifying employers) with a start date no later than the date the participant's service commitment is signed

- **Have not previously participated in any other student loan repayment program**, excluding the Public Service Loan Forgiveness (PSLF) program

- Have an **outstanding balance due on an eligible educational loan** associated with the **highest degree earned to obtain the relevant clinical credentials**

NEW YORK STATE | Department of Health

*These requirements are outlined in the HEALR Program Guide and FAQ.

FOUR-YEAR SERVICE COMMITMENT

Applicants must commit to maintaining **full-time** employment at an eligible organization for **four years** starting on the day you sign and return the awardee contract to the Department of Health.

What is considered full-time?

- Minimum 35 hours per week

- Requirement may be met through multiple part-time positions at eligible organizations that total a minimum of 35-hours per week

How do I know if my organization is eligible?

- A list of organizations that have been approved by the Department of Health can be found on the **1115 Workforce Initiatives Service Commitment Site Directory.**

- If your current or prospective employer is not listed as an approved site below, please ask an authorized representative from the organization to complete and submit the Provider Attestation form. This form will be used to determine whether the location(s) where you currently work or plan to work meet the eligibility requirements to qualify as a service commitment site.

SERVICE COMMITMENT SITE ELIGIBILITY

Service commitment sites must meet the following criteria:

- Active Medicaid-enrolled provider with a patient population that was at least 30% Medicaid and/or uninsured members during **one** of the last three (3) years.

OR meet any of the following

- Contracted not-for-profit provider partner of an SCN and is providing HRSN screening, referrals, and/or services (e.g. health or behavioral health provider).

- An SCN lead entity.

- Not-for-profit Community-Based Organization that is contracted with an SCN and is providing HRSN screening, referrals, and/or services.

NEW YORK STATE | Department of Health

SERVICE COMMITMENT SITE APPLICATION

The **1115 Workforce Initiatives Service Commitment Site Directory** contains approved service commitment sites.

For Employers to Apply as a Service Commitment Site

An authorized representative of the employer should complete the Provider Attestation Form and submit it to **HEALR@health.ny.gov** for eligibility determination.

For Program Applicants

Please have an authorized representative of the organization submit an employer attestation form to determine their eligibility.

Important Note: Health systems must submit a separate Provider Attestation form, including the corresponding Medicaid ID number, for each location. Approval of service commitment site eligibility is granted at the individual site/facility level.

NEW YORK STATE | Department of Health

ELIGIBLE EMPLOYER ATTESTATION PROCESS

Instructions for employer authorized representatives:

1. Verify whether the facility is listed in the **1115 Workforce Initiatives Service Commitment Site Directory.**

2. If the facility is <u>not</u> listed, review eligibility criteria to ensure the facility qualifies as a Service Commitment Site.

3. An <u>authorized representative</u> of the facility should complete the **Provider Attestation Form** and submit to **HEALR@health.ny.gov**.

4. A decision will be sent to the organization within **7-10 business days.**

5. Once a verification email has been received, the facility may submit up to **five employer applications.**

APPLICATION

TWO WAYS TO APPLY

1

2

Individual Application

Applicant starts application without any assistance from their employer

Employer-Initiated Application

- Employer begins the application on behalf of their employee
- Employee is emailed a link to their employee application with all information from the employer application pre-filled

NEW YORK STATE | Department of Health

***Important Note:** Applications received using the employer-initiated application pathway will not be given scoring benefits. All applications use the same scoring criteria regardless of who initiates the application process.*

INDIVIDUAL APPLICATION

- The application must be completed by the person financially responsible for the student loans to be repaid.

- Have all required documents on hand before beginning your application.

- Fields marked with an asterisk are required and must be populated

- Logic is embedded in the application to automate key steps and ensure relevant information is captured.

- Your application will be considered incomplete if you do not upload correct/complete documentation as requested.

- You may save your progress and return to your application at a later time.

NEW YORK STATE | Department of Health

EMPLOYER APPLICATION

Employers can submit applications for up to five (5) current or prospective employees. For organizations with multiple sites or facilities, this limit applies per facility.

Employers must:

- Be approved as a service commitment site before submitting applications

- Have all required documents on hand to complete the application

- Fields marked **with an asterisk are required and** must be populated

- **Employees are responsible for reviewing and verifying all information their employer provides**

KEY APPLICATION DATES

Event	Date
Application Lauch	November 21, 2025
Employer Application Deadline	March 31, 2026 at 11:59pm
Individual Application Deadline	April 15, 2026 at 11:59pm
Estimated Date for Award Notification	Late summer 2026

Important Note: The February 15, 2026 deadline includes applications using the employer-initiated application pathway.

WHAT TO EXPECT

AWARD PROCESS & TIMING

Award Notification

Notification of award will go out via email.

Late Spring 2026

Loan Payments

Awardees must continue to make loan payments until funds are disbursed to loan servicers and the award is reflected in the individual's account statement.

Late Spring 2026-Fall 2026

Loan Verification

Awardees will fill out a Loan Verification Form received with their onboarding packet. Awardees must complete this form to receive their award.

Fall 2026

Award Disbursement

- Awards are disbursed as a single lump sum payment directly to the student loan servicer(s)
- If an awardee has multiple loans to be repaid, loans with higher interest rates will be prioritized.

Fall 2026

Remaining Balance

Awardees will continue to make payments to their loan servicer(s) to meet loan terms should their loan balance exceed the award amount.

Post Award

NEW YORK STATE | Department of Health

AWARDEE RESPONSIBILITIES

Employment Verification

- Verify employment using an *Employment Verification Form* to be completed and submitted quarterly via email, throughout the four-year service commitment

- Awardees will have 30 days to return the form, after which they will receive a reminder email and additional follow-up

Communications

Awardees must email **HEALR@health.ny.gov** to:

- Notify DOH when there is a change to employer and/or employment status

- Notify DOH when there is a change in name or contact information

- Request a leave of absence

Service Commitment

- Awardees must maintain full-time employment at an eligible organization(s) for four years

- Notify HEALR@health.ny.gov if any circumstances arise that may interrupt the service commitment

NEW YORK STATE | **Department of Health**

HELPFUL RESOURCES

HEALR Website

Subscribe to the MRT Listserv

Individual Application

Employer Application

HEALR Program/Policy Guide

Frequently Asked Questions (FAQ)s

Provider Attestation Form

1115 Workforce Initiatives Service Commitment Site Directory

➢ **Notifications and Updates:** Applicants are encouraged to subscribe to the **MRT Listserv** for program updates. Announcements and application updates will also be posted on the **HEALR website**.

➢ For **technical assistance**, email **HEALR@health.ny.gov**.

NEW YORK STATE | Department of Health

Q & A

New York State Department of Health

APPENDIX

REQUIRED APPLICATION MATERIALS

- **Last four digits of Social Security Number**
- **Relevant qualifying degree information (relevant degree, institutions attended, and graduation date)**
- **Employer Medicaid Management Information System (MMIS) Number (if applicable)**
- **Employer Organization Federal Tax ID/Employer Identification Number (EIN)**
- **Supervisor contact information (if applicable)**
- Loan servicer information (legal name, account number, current loan balance, email, and phone number for all qualifying loans)
- Loan billing/summary statements (dated within the past six months for all qualifying loans)
- Government-issued ID
- Recent paystub (within last 30 days), 2024 W-2, or 1099 form (for all current employers) OR an offer letter (if applicable)
- New York Professional License Number (if applicable)
- National Provider Identification (NPI) Number
- MMIS or Provider Identification (PID) Number
- Name change documentation (if applicable)

Important Notes:
1. *Individual applicants should gather the full list of materials before starting the application.*
2. *Organizations/employers are encouraged to gather the bolded materials to apply on their employee's behalf. The individual will be responsible for providing the remaining materials in the employee application.*

NEW YORK STATE | Department of Health

INDIVIDUAL APPLICATION PROCESS

- Estimated Completion Time: The application typically takes about **one hour**. Applicants can save their progress and return to complete the application as needed.

- Applicants should have the required documents at hand.

- Sections include:

  - General Applicant Information

  - Applicant Demographic Information

  - Eligibility Confirmation

  - Educational Background

  - Eligible Employment information

  - Loan Information and Documentation

  - Identification and Additional Documentation

  - Attestation of Accuracy and Signature

NEW YORK STATE | Department of Health

EMPLOYER APPLICATION PROCESS

- <u>Estimated Completion Time</u>: The employer portion takes about **20-30 minutes** to complete. Progress can be saved and resumed if necessary.

- The employer is able to fill out specific sections of the application, after which the information will automatically populate the corresponding fields in the employee's application form.

- The employee will receive an email from HEALR@health.ny.gov with a link to the pre-filled application for their review, completion, and submittal.