

## GCHP RECRUITMENT GRANT PROGRAM APPLICATION

Gold Coast Health Plan (“GCHP”) is proud to announce the launch of its Recruitment Grant Program (“Grant Program”). The Grant Program strives to support eligible applicants in GCHP’s network to attract and recruit prospective specialists, primary care providers, and advance practice providers in an appropriate and sustainable capacity to improve access to care. By supporting new and prospective providers, the Grant Program aims to build a sustainable and effective health care delivery system that addresses the needs of GCHP members and expands access to vulnerable populations in Ventura County.

The Grant Program will disperse recruitment grants to eligible applicants based on their ability to meet the Grant Program’s goals. Eligible applicants will be required to demonstrate their need for the provider type and capacity for growth based on current provider- to-patient ratios and appointment wait times. Eligible providers must satisfy the criteria set forth in the GCHP Recruitment Grant Program Overview.

### What is the application process?

Applicants may submit an application either:

1. Prior to or during recruitment activities, but before identifying a candidate; or
2. Upon identification, but before hiring a candidate who is an eligible provider.

Upon submission of an application, GCHP will review the application and determine whether to award funding. If the applicant is awarded funding, GCHP will provide a Grant Agreement setting forth the conditions of the award, which the applicant will be required to execute. Upon execution of the Grant Agreement, GCHP will allocate the requested amount of funding for the applicant.

If the applicant applied for funding prior to identifying the candidate, then the applicant must update the application by submitting the provider information and completing all questions about the applicant upon hire.

### How do I apply for funding?

To apply, please fill out the information below and submit this form to [ProviderGrants@goldchp.org](mailto:ProviderGrants@goldchp.org).

### Organization / Entity Contact Information

Please complete the below fields. Please provide the point of contact authorized to request recruitment funding and coordinate with GCHP on this application submission.

Organization Name	
Organization Address	
Point of Contact Name and Title (must be authorized to request incentive funding)	
Phone Number	
Email Address	
National Provider Identifier Number	
Tax Identification Number	



1. If you have identified an eligible provider (“Eligible Provider”) for which you are seeking recruitment funding, please provide the Eligible Provider’s details. If you have not yet identified an Eligible Provider, please indicate the provider-type and specialty for which you are seeking funding. Please note that if you have not yet identified a candidate, you will be required to provide this information to GCHP upon hire.

Provider Name	
MD, DO, Specialist, NP, PA, CNM, CNS, CRNA	
Specialty	
Boarded or Board Eligible? (Y/N)	
New to GCHP’s Network? (Y/N)	
CA License Number	
DEA Number	

2. What is the facility location(s) where the Eligible Provider will practice?

3. What percentage of full-time will the Eligible Provider be practicing?

4. If you have identified an Eligible Provider, is the Eligible Provider a replacement or a new addition to the GCHP network and to the community they serve?

5. If you have identified an Eligible Provider, will the Eligible Provider maintain an existing stream of referrals? If so, will that account for 75% of the Eligible Provider’s referrals?

**6. What is the anticipated number of GCHP members that will be assigned to the Eligible Provider?**

**7. If you have identified an Eligible Provider, is the applicant aware of any relationships, financial or otherwise, that would potentially give rise to a conflict of interest? If so, please explain.**

**8. Is the applicant in a shortage area (i.e., HPSA, MUA, or MUP)?**

**9. Please provide data indicating a lack of capacity to see Medi-Cal beneficiaries or geographic access issues, including appointment wait times and any other factors that may demonstrate an objective need for the Eligible Provider's services.**

**10. Please provide a description of the proposed expenditure of funds by category as described in the GCHP Recruitment Grant Program Overview (e.g., first-year salary and benefits costs, sign-on bonus, relocation expenses, etc.). To the extent possible, please provide dollar amounts.**

**11. If awarded funding, does the applicant agree to utilize funding solely for purposes of recruiting the Eligible Provider?**

**Note:** To be eligible for funding, the entities submitting applications must be in good standing with GCHP and the state Department of Health Care Services (DHCS) and must not be excluded from any federal or state health care program(s). GCHP reserves the right to discontinue and/or recover any grant payments to grantees for failure to remain in good standing during the effective program period. GCHP reserves the right to request additional information upon submission of the application. Finally, if the Eligible Provider does not finish at least one year of service, GCHP shall have the right to recoup funds from the applicant entity.

Applicants may provide additional information and/or documentation to this application, if necessary.