

The Federal Shortage Designation Process: Health Professional Shortage Areas (HPSA) Medically Underserved Areas (MUA) Medically Underserved Populations (MUP)

**A Guide Prepared For: Citizens, Communities, Health Care
Organizations, and Providers
in Massachusetts**



Source: Information for the Manual was gathered from the Health Resources and Services Administration, Shortage Designation Branch, *2007 HPSA Training Manual*, and the State of Pennsylvania's *Guidelines for Federally Designated Health Professional Shortage Areas (HPSAs)* available at <http://www.dsf.health.state.pa.us/health/lib/health/primarycare/HPSADesBook.pdf>

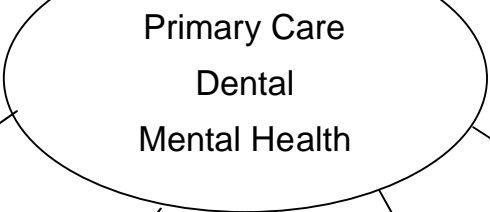
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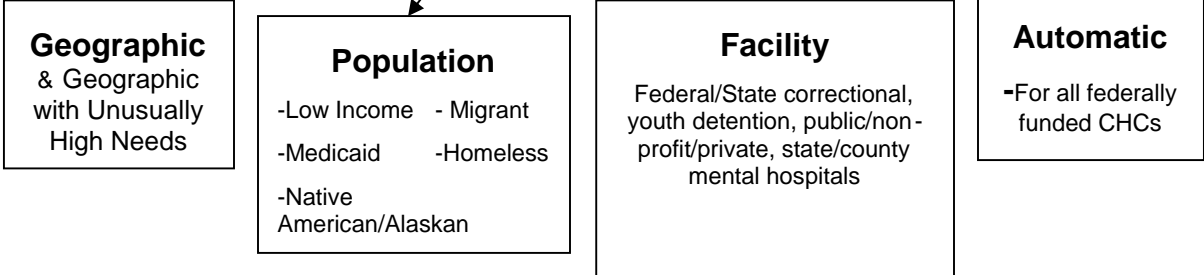
Last Update: July 2013

Health Professional Shortage Areas: Process Chart

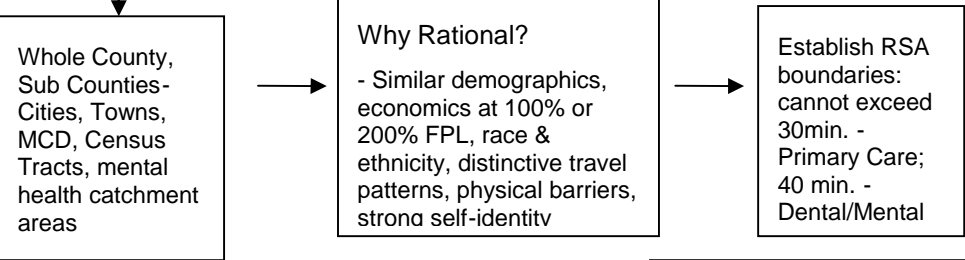
HPSA TYPE:



HPSA CATEGORY:



STEP 1: Rational Service Area (RSA) Development



STEP 2: Identify & Assess Providers
 Calculate Provider Full Time Equivalents (FTEs) in direct patient care & population to provider ratio. RSAs must meet minimum ratios listed in table below*

STEP 3: Develop Contiguous Area Analysis
 Areas within 30/40 min. drive time boundary of RSA must be inaccessible to RSA population either by physical barriers, socio-economic disparity, over-utilization of providers, or is a currently designated HPSA

STEP 4: Determine Nearest Source of Undesignated Care
 -not a HPSA
 -no socio-economic or physical barriers
 - can be excessively distant & overutilized

*Population-to-Provider Ratios				
	<u>Geographic</u>	<u>Geo.High Need</u>	<u>Population</u>	<u>Facility</u>
Primary Care	3,500:1	3,000:1	3,000:1	1,000:1
Dental	5,000:1	4,000:1	4,000:1	1,500:1
Mental (PSYCH)	30,000:1	20,000:1	20,000:1 (PSYCH)	2,000:1
Mental	9,000:1	6,000:1	6,000:1 (CMHP)	

STEP 5: Contact MA Primary Care Office
 Your proposed rational service area meets all of the above criteria and you are ready to submit a shortage designation application

Introduction

A federal shortage designation is a way for communities and health care facilities in Massachusetts to establish a need for additional health care professionals and resources. The overall purpose is to identify areas of greatest need, so that limited resources can be prioritized and directed to the people in those areas. This need is evaluated based on criteria set forth by two federal shortage designation programs: **Health Professional Shortage Areas** and **Medically Underserved Areas/Populations**. The designations provide both federal and state government grant/program benefits for communities, health care facilities, and providers. Health Professional Shortage Area (HPSA), and Medically Underserved Area (MUA) / Medically Underserved Population (MUP) designations are administered by the federal Health Resources and Services Administration's (HRSA) Shortage Designation Branch.

The following is a guide to the designation application process and provides a summary of the benefits of the two programs.

The Value of a Shortage Designation

More than 37 federal programs depend on the shortage designation to determine eligibility or funding preference as a way to increase the number of physicians and other health professionals who practice in those designated areas. These include National Health Service Corps, Massachusetts Loan Repayment Program for Health Professionals, and Conrad -30/J1 visa waiver program. Some designated areas are eligible for the Medicare Physician Bonus and the Medicare Surgical Bonus programs. For a list of these programs and their corresponding prerequisite designation type see pages 20-26.

Medicare Physician Bonus and the Medicare Surgical Bonus programs

Many health care facilities depend on the benefits of shortage designation to provide access to care for their underserved communities.

More information can be found at: www.hrsa.gov/shortage/

Application Process

Note: If you are considering applying for a shortage designation, please contact the **Massachusetts Primary Care Office (PCO)**. The PCO is the primary contact for the Health Resources and Services Administration's Shortage Designation Branch (SDB), in the U.S. Department of Health and Human Services, in developing and reviewing most designation requests and updates. If another agency or individual in the state submits a request directly to the SDB, the SDB will share the request with the PCO. The PCO does a review of all applications to provide input to the SDB.

The PCO has the following roles in the designation process:

- provide technical assistance to individuals and health care organizations/facilities within Massachusetts preparing designation applications;

- provide information within the state about the designation process;
- validate / comment on information contained in applications submitted by other parties within the State;
- identify areas with underserved populations and limited access to health professionals;
- and develop and submit applications.

HPSA Overview

Health Professional Shortage Areas (HPSAs) demonstrate a critical shortage of either primary care, dental or mental health providers, in accordance with the federal Health Resources and Services Administration (HRSA) Shortage Designation Branch guidelines.

There are three types of HPSA designations: Primary Care, Dental, and Mental Health. Each type of HPSA is further classified into one of the following categories: geographic, population group, facility, or automatic. See below for descriptions.

Each HPSA is given a score by the Shortage Designation Branch based on certain specific criteria for each type of HPSA. This score indicates the degree of shortage. HPSA designations are updated every 3-4 years. For more information about scoring, please see page 6.

Types of HPSAs

Primary Care: Identifies within an area that there is insufficient access to primary care physicians (M.D. and D.O.) that primarily practice in one of the following specialties: family practice, general practice, internal medicine, pediatrics, OB/GYN, and general geriatrics. A population -to-provider ratio based on the number of provider FTEs (full time equivalents, 1 FTE = 40 hours of direct patient care per week) is used to determine eligibility.

Dental: Identifies an area's access to dental care. Unlike the Primary Care and Mental Health HPSAs, dental provider FTEs (full time equivalents) are calculated by weighting the number of patient care hours provided by a dentist (general and pediatric) per week by the dentist's age and the number of assistants the dentist employs.

Mental Health: Identifies an area's access to either psychiatrists only, or core mental health professionals (CMHPs) which include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists. Similar to Primary Care and Dental HPSAs, a population-to-provider ratio is used to help determine eligibility. Several different population- to-provider ratios (psychiatrists and/or core mental health professionals) are available for consideration.

HPSA Sub-Categories: Each type of HPSA (Primary Care, Dental, Mental Health) must be categorized into one of the following categories. Each category has a different set of qualifying criteria.

Geographic: This designation demonstrates a shortage for the total population of an area.

Population Group: This designation demonstrates a shortage of providers for population groups. A population group must be one of the following:

- Low income populations (greater than 30% of population with incomes at or below 200% of the federal poverty level)
- Migrant and/or seasonal farmworkers and families
- Medicaid - eligible
- Native Americans/Native Alaskan
- Homeless Populations
- Other populations isolated from access by means of a specified language, cultural barriers, or handicaps

Facility: This designation is only for facilities including community health centers, rural health clinics, federal correctional facilities, and state hospitals. Some of the factors used to evaluate a facility's designation eligibility are outpatient census, wait times, patients' residences and in-house faculty.

HPSA Scoring

The federal Shortage Designation Branch calculates a score (0 - to 25 for primary care and mental health and 0 to 26 for dental) with 25 / 26 being the highest degree of shortage for each designated HPSA. The score is used to prioritize areas of greatest need for National Health Service Corps placements. Each HPSA application is evaluated and scored based on the following criteria.

Primary Care:

- Population-to-provider ratio**
- Percent of individuals below 100% of the federal poverty level
- Infant health index (infant mortality rate or low birth weight rate)
- Average travel time or distance to nearest source of non-designated accessible care

Dental:

- Population-to-provider ratio**
- Percent of individuals below 100% of the federal poverty level
- Water fluoridation status
- Average travel time or distance to nearest source of non-designated accessible care

Mental Health:

- Population-to-provider ratio**
- Percent of individuals below 100% of the federal poverty level
- Youth ratio (ratio of children under 18 to adults ages 18 -64)
- Elderly ratio (ratio of adults over 65 to adults ages 18 -64)
- Substance abuse prevalence
- Alcohol abuse prevalence
- Average travel time or distance to nearest source of non-designated accessible care

****Population-to-Provider Ratios**

HPSA	Geographic	Population	Geo w/ High Need
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Primary Care		3,500:1	3,000:1	3,000:1
Dental		5,000:1	4,000:1	4,000:1
Mental Health	1) Psychiatrists	30,000:1	20,000:1	20,000:1
	2) CMHP	9,000:1	6,000:1	6,000:1
	3) Psychiatrists and CMHP	20,000:1 6,000:1	15,000:1 4,500:1	15,000:1 4,500:1

HPSA Application Process

Once you have decided which type of HPSA to apply for there are 5 essential steps to review when considering a HPSA application: 1) develop rational service area, 2) identify and survey providers, 3) develop contiguous (neighboring) area analysis, 4) identify a nearest source care, 5) contact your local PCO.

STEP 1: Develop Rational Service Area

1.1 Develop a rational service area. In other words, locate a specific area within which the majority of the population would expect to receive health care services.

Types of Rational Services Areas include:

- Whole county or multiple whole counties with population centers within 30 minutes of each other for primary care HPSA, and 40 minutes for dental and mental health HPSA. Whole county HPSAs are not typical in Massachusetts.
- Subcounties including towns (minor civil divisions), cities, or census tracts.
- Mental health catchment areas (a state established area for mental health services).

1.2 Explain why a proposed service area is rational; acceptable explanations are:

- The area is a whole county.
- The area's population has similar socio-economic characteristics, such as the percent of population below 100% of the federal poverty level, or the percent of population below 200% of the federal poverty level.
- Racial/ethnic distribution.
- The area has physical access barriers (e.g., bordered by state forest, mountains, river without bridge access, interstates, and highways).
- Towns, cities, census tracts have distinct transportation patterns.
- The area is an established neighborhood and/or community within a metropolitan area, which displays a strong self-identity, has limited interaction with surrounding areas, and generally has a minimum population of 20,000.

1.3 Establish rational service area boundaries.

- Measuring from the population center of the proposed service area (census tracts or minor civil division with the highest resident civilian population), the outer boundaries of the service area should not exceed the following travel times:

- Primary Care HPSA - 30 minutes
- Dental and Mental Health HPSA - 40 minutes
- Travel time is calculated by applying the following factors to the mileage from the population center on various types of roads.
 - Primary Care HPSA Factor
 - Interstate Roads - 1.2 (25 miles x 1.2 = 30 min.)
 - Primary Roads - 1.5 (20 miles x 1.5 = 30 min.)
 - Secondary Roads (unpaved roads/mountainous terrain) - 2.0 (15 miles x 2.01 = 30 min.)
 - Dental & Mental Health HPSA Factor
 - Interstate Roads - 1.33 (30 miles x 1.33 = 40 min.)
 - Primary Roads - 1.6 (25 miles x 1.6 = 40 min.)
 - Secondary Roads (unpaved roads/mountainous terrain) - 2.0 (20 miles x 2.0 = 40 min.)
- Travel time in metropolitan areas is calculated by using public transportation schedules, as long as the proposed service area has greater than 20% of its population with incomes below 100% of the federal poverty level or dependency on public transportation is greater than 30%.

1.4 Determine the population of the Proposed Rational Service Area.

- Geographic HPSA- Include the total permanent resident civilian population of the area (excluding residents of institutions, college dormitories and military quarters). Optional additions to the total resident population count may be made for:
 - Seasonal residents: Determine the fraction of the year seasonal residents are present then multiply the number of seasonal residents by the fraction of the year they are present in the proposed rational service area to get the total number of seasonal residents. This is available for Primary Care and Dental HPSAs only.
 - Tourists: Use the following formula:

$$0.25 \times (\text{fraction of year tourists present}) \times (\text{average daily number of tourists})$$
 This is available for Primary Care HPSAs only.
 - Migrant farmworkers and/ or seasonal farmworkers and their families: Use the 1990 Migrant Farmworker Atlas or other approved source. The number of farmworkers must be adjusted by the length of the agricultural season (e.g., if the agricultural season is 6 months, multiply the number of farmworkers by a factor of 0.5). This is available for Primary Care and Dental HPSAs only.
- Geographic HPSA with Unusually High Needs - A Geographic HPSA can also be classified as having unusually high needs according to the following:
 - Primary Care Geographic HPSA with Unusually High Needs - (must meet at least one of the following criteria)

- More than 20% of the population has incomes at or below 100% FPL
 - More than 100 births per year per 1,000 women ages 15-44
 - More than 20 infant deaths per 1,000 live births
 - Meets 2 criteria for insufficient capacity (see Attachment B)
- Dental Geographic HPSA with Unusually High Needs - (must meet at least one of the following criteria)
 - More than 20% of the population has incomes at or below 100% FPL
 - More than 50% of the population has no fluoridated water
 - Meets 1 of the criteria for insufficient capacity (see Attachment B)
 - Mental Health HPSA with Unusually High Needs - (must meet at least one of the following criteria)
 - More than 20% of the population has incomes at or below 100% FPL
 - The Youth Ratio (# of persons under 18 divided by the number of adults 18 -64) is greater than 0.6
 - The Elderly Ratio (# of persons age 65 and older divided by the total # of adults 18-64) is greater than 0.25
 - Alcohol or substance abuse prevalence data showing the area to be among the worst quartile in the nation, state, or region
- Population HPSA - Must be identified as one of the following population groups:
 - Low-Income Population: individuals with incomes at or below 200% of the federal poverty level. A minimum of 30% of the population within the rational service area must be low income in order to pursue this type of designation. This is the most common population designation used.
 - Medicaid-Eligible Population: individuals in the service area who are eligible for Medicaid. A minimum of 30% of the service area population must have incomes at or below 200% of the federal poverty level in order to pursue this type of designation.
 - Homeless Population: individuals in the service area who are homeless.
 - Migrant Farmworker Population: individuals in the service area who are migrant farmworkers adjusted for the fraction of the year they are in the service area.
 - Native American/Native Alaskan: individuals in the service area that are Native American or Native Alaskan.

NOTE: Rational Service Areas cannot overlap, have more than one HPSA designation (e.g., geographic and population), and be smaller than a census tract.

Data Sources: County, minor civil divisions (city and town), and census tract population data are available from the 2000 census website at <http://www.census.gov>. Massachusetts Community Health Information Profile (MassCHIP) also provides this data at <http://masschip.state.ma.us>. You may also contact the Massachusetts Primary Care Office for data requests.

Step 2: Identify and Survey Providers

2.1 Compile a list of providers to survey in your proposed rational service area in order to determine provider direct patient care hours. You may also contact the Primary Care Office for a list of providers in your proposed rational service area. The following resources are also useful tools for identifying providers:

- Massachusetts Board of Registration in Medicine
- Massachusetts Division of Professional Licensure
- American Medical Association (AMA) Physician Listings
- American Osteopathic Association (AOA) Physician Listings
- American Dental Association (ADA) Member Lists
- Local and Online Telephone Directories
- Medical and Dental Societies
- Managed Care Provider Directories
- MA MassHealth Office

Exclude providers under the following conditions:

- Providers engaged only in administration, research, or teaching.
- Hospital staff involved exclusively in inpatient or emergency room care.
- Locum tenens serving less than 1 year.
- Physicians who are suspended under provisions of the *Medicaid-Medicare Anti-Fraud and Abuse Act* for a period of 18 months or more.

Include the following providers but count their hours of direct patient care as 0; provide an appropriate explanation from below:

- Providers under contract with the National Health Service Corps Federal Scholarship or Loan Repayment Program.
- Other Federal providers (e.g., commissioned officers at Indian Health Service or Bureau of Prison sites).
- Providers who are graduates of a foreign medical school and who are not citizens or lawful permanent residents (including those with J-1 or H-1B visas) are counted as providing 20 hours of direct patient care or .5 FTE.
- Interns and residents are counted as .1 FTE.

2.2 Further determine whom to include in provider counts.

Only include those providers who are serving the population focus of your HPSA designation application. For example, if you are applying for a low income population primary care HPSA, then you would only include those primary care physicians who serve the low income population. A provider is considered accessible to the low income population if he/she accepts Medicaid and/or offers a posted sliding fee scale. Use the following table to guide you. Surveying (Step 2.3) will help you gather this information.

Type of HPSA	Providers are accessible to:
Geographic	the entire population of the rational service area.
Low Income Population	the population in the rational service area that have incomes at or below 200% of the federal poverty level if the provider accepts Medicaid and/or offers a posted sliding fee scale.
Medicaid-Eligible Population	residents in the rational service area are eligible for Medicaid.
Homeless Population	the homeless population within the rational service area.
Migrant Population	the migrant farmworker population within the rational service area.
Native American/ Native Alaskan Population	the Native American/Native Alaskan population within the rational service area.

2.3 Surveying Providers

Conduct a survey of all eligible providers to determine the number of hours each provider spends in direct patient care in the service area. Collect other important information such as in-patient hospital hours, whether the provider is accepting new patients, and whether the provider accepts Medicaid which in Massachusetts is MassHealth Medicare, and offers a sliding fee scale payment option. See Attachment A for examples of Primary Care, Dental, and Mental Health HPSA provider surveys. These surveys include all of the necessary questions for determining which providers to include in an application. The Primary Care Office is available to collaborate on the surveying process.

2.4 Specific Provider Full-Time Equivalent (FTE) Calculations

Primary Care Physicians - For a Primary Care HPSA application, a survey should be conducted of all primary care physicians (M.D. & D.O.) who provide direct patient care in the proposed rational service area, and practice primarily in one of the following specialties: family practice, general practice, general internal medicine, obstetrics-gynecology (physicians who practice general gynecology without obstetrics should be included in this category), and pediatrics.

- All physicians providing 40 or more hours of direct patient care per week are counted as 1.0 FTE.
- The FTE for a physician providing fewer than 40 hours of direct patient care per week is calculated as follows: Number of direct care patient hours worked/40. The result of this calculation for each physician should be rounded to the nearest hundredth. For example, a physician providing 25 hours of direct patient care per week (25/40) calculates to 0.625, which is rounded to 0.63 FTE.
- Physicians who provide more than 40 hours of direct patient care per week and have offices located both within and outside of the proposed rational service area may have FTEs calculated on a percentage time basis rather than on the number of hours in direct patient care within the rational service area.

- An explanation should be provided for any physician providing less than 1.0 FTE (e.g., semi-retired, part-time practice, other time spent in research, teaching, administration, other location outside of rational service area, etc.).

Other Calculations

- Interns and residents are counted as 0.1 FTE.
- Graduates of foreign medical schools who are citizens or lawful permanent residents of the United States, but who do not have unrestricted licenses to practice medicine, should be counted as 0.5 FTE.

2.5 Dental Providers- For a Dental HPSA application a survey should be conducted of all dentists (D.D.S. and D.M.D) who provide direct patient care in the rational service area and practice principally in one of the following specialties: General Dentistry or Pediatric Dentistry.

Part 1: Determine Dental Provider FTEs

- Gather information on the hours a dentist spends in direct patient care. All hours a provider spends working in cosmetic dentistry are not included in the FTE count.
- All dentists working 40 or more hours per week in the office are counted as 1.0 FTE.

Part 2: Adjust FTEs by Equivalency Weights

- Dental provider productivity is calculated by applying an equivalency weight based on the age of the dentist and the number of auxiliaries employed.
- An auxiliary is defined as a non-dentist assisting in dental care such as a registered clinical dental hygienist or dental assistant. Receptionists and other support staff are not counted as auxiliaries.
- Equivalency weights from the federal regulations are listed in the table below:

Number of Auxiliaries*	Age of Dentist			
	< 55	55 to 59	60 to 64	65+
0	0.8	0.7	0.6	0.5
1	1.0	0.9	0.8	0.7
2	1.2	1.0	1.0	.8
3	1.4	1.2	1.0	1.0
4 or more	1.5	1.5	1.3	1.2
Unknown	1.0	0.9	0.8	0.6

* If the dentist's age and number of auxiliaries are unavailable, use a weight of 1.2.

- Multiply the FTE calculated in Part 1 by the equivalency weight from the table above. The result of this calculation should be rounded to the nearest hundredth.
- Example: 45-year-old dentist with three (3) auxiliaries working 35 hours per week is calculated as follows: Part 1: $35 / 40 = 0.875$, Part 2: $0.875 \times 1.4 = 1.225$. The result is rounded to 1.23 FTE.
- The grand total of dentist FTEs must be rounded to the nearest tenth. Provider FTEs may be larger than 1.0.
- An explanation for any dentist working less than 1.0 FTE must be included. (e.g., semi-retired, part-time practice, other time spent in teaching, administration, other location outside the rational service area, etc.)

Other Calculations

- If an auxiliary is less than full time, divide the hours worked by 40, and round the result to the nearest whole number. If more than one auxiliary works less than full time, add their total hours, divide by 40, and round the result to the nearest whole number.
- Example: a dentist has two dental assistants each working 20 hours per week, the number of auxiliaries is counted as 1.0. [$20+20 = 40$, $40/40 = 1.0$ FTE]

2.6 Mental Health Providers – For a Mental Health HPSA application, a survey should be conducted of either only psychiatrists or core mental health providers (CMHPs). CMHPs include psychiatrists, clinical psychologists, licensed independent clinical social workers, psychiatric nurse specialists, and marriage and family therapists.

It is recommended that applicants begin by surveying psychiatrists first. If the population-to-provider ratio (see Step **2.8**) for psychiatrists does not meet the criteria, then the applicant should evaluate the availability of other core mental health providers.

- The survey should be conducted of all psychiatrists (or CMHPs) who provide mental health care in the proposed service area, provide direct care or consultation and supervision, and practice in ambulatory or other short term care settings (usually defined as a length of stay less than or equal to 2 weeks).
- All providers with 40 or more hours of direct patient care per week are counted as 1.0 FTE.
- The FTE for a provider with fewer than 40 hours of direct patient care per week is calculated as follows: Number of hours worked / 40. The result of this calculation should be rounded to the nearest hundredth. For example, a provider with 25 hours of direct patient care per week ($25/40$) calculates to 0.625, which is rounded to 0.63 FTE.
- Include an explanation for any provider with less than 1.0 FTE of direct patient care (e.g., semi-retired, part-time practice, other time spent in research, teaching, administration, other location outside the rational service area, etc.)

Other Calculations

- Psychiatric interns and residents are counted as 0.5 FTE.
- Graduates of foreign medical schools who are citizens or lawful permanent residents of the United States, but who do not have unrestricted licenses to practice medicine, should be counted as 0.5 FTE.
- Providers in facilities or institutions that provide both inpatient and outpatient services will only be counted for the number of hours in outpatient units or other short-term care units.

- Exclude Mental Health providers with full-time staff positions in correctional institutions, youth detention facilities, residential treatment centers for emotionally disturbed or mentally retarded children, and inpatient units of state or county mental hospitals.

2.7 Additional FTE calculations for Population HPSAs ONLY: Provider's FTEs need to be additionally adjusted for the target population of your 'population' HPSA application. The provider survey data you collect will help with the following calculations.

- Low-Income Population HPSA – First add the percent of the provider's practice that is MassHealth/Medicaid patients to the percent of the physician's practice that is Sliding Fee Scale. Multiply the result by the provider FTE in order to calculate the 'low income' FTE. Use this calculation for low income designations. For example, if a provider spends 30 hours a week in direct patient care or .75 FTE, and 30% of the provider's practice is MassHealth/Medicaid patients and 10% is comprised of sliding fee patients then you add 0.30 and 0.10 and multiply the result by the FTE (0.75). The resulting calculation (0.3) is the 'low income' FTE for the provider.
- Medicaid-Eligible Population HPSA – This type of 'population' HPSA is based on Medicaid (MassHealth) claims data to determine provider FTEs. All physicians who accept Medicaid (MassHealth) are included in this designation. The Medicaid average payments per visit, total Medicaid payments for primary care visits paid to physicians in the rational service area must be known. Please contact your state's Primary Care Office to assess claims data.
- Other Population HPSAs – Identify and adjust the FTE for health care services provided only to the population in question. For example, if you are considering a Homeless population HPSA, multiply the percent of the provider's practice that is homeless patients by the provider FTE in order to calculate the 'homeless' FTE.
- For population HPSAs, it is not necessary to round FTEs to the nearest hundredth until the population adjustment is made.
- Interns and residents are counted the same for both geographic and special population HPSAs. No further additional adjustments to their FTEs are necessary.

2.8 Population-to-provider eligibility ratios

Once you have determined the total provider FTE for your proposed rational service area you must now determine the population-to-provider ratio. To calculate the population-to-provider ratio, divide the total resident civilian population of your proposed service area by the total provider FTE. The resulting number is the portion of the resident civilian population served by one provider. For example, if a rational service area for a Primary Care Geographic HPSA comprised of the town of Framingham and the surveying of providers resulted in a total of 10.1 FTE you would divide the total resident population of Framingham (66,380) by 10.1 to equal 6,572 or the amount of the population served by one provider (6,572:1). Looking at the chart below, our hypothetical Geographic HPSA for Framingham would meet the minimum population-to-provider ratio of 3,500:1.

If you are applying for a population HPSA use only the total resident count of that particular population. For example, a low income population HPSA could be based on the number of residents at 200% of the federal poverty level or 100% of the federal poverty level depending on the qualification guidelines. Using our Framingham example, a low income primary care HPSA application using only the number of residents at 200% of the federal poverty level or 13,371, and 5.0

FTE out of the 10.1 total FTE for the low income population, the new calculation is 13,371 divided by 5.0 FTE. The resulting population -to-provider ratio is 2,674:1 and falls just below the minimum ratio threshold according to the table below.

Listed below are the minimum population -to-provider ratios for each type of HPSA designation:

HPSA TYPE	Geographic	High Needs Geographic**	Population
<u>Primary Care</u>	<u>3,500:1</u>	<u>3,000:1</u>	<u>3,000:1</u>
<u>Dental</u>	<u>5,000:1</u>	<u>4,000:1</u>	<u>4,000:1</u>
<u>Mental Health (psychiatrists)</u>	<u>30,000:1</u>	<u>20,000:1</u>	<u>20,000:1</u>
<u>Mental Health (CMHP)</u>	<u>9,000:1</u>	<u>6,000:1</u>	<u>6,000:1</u>
<u>Mental Health (psychiatrists & CMHP)</u>	<u>20,000:1 (psychiatrists)</u> & <u>6,000:1 (CMHP)</u>	<u>15,000:1 (psychiatrists)</u> & <u>4,500:1 (CMHP)</u>	<u>15,000:1 (psychiatrists)</u> & <u>4,500:1 (CMHP)</u>

** If your proposed service area for a Geographic HPSA does not meet the ratio it can be evaluated further to determine if the area demonstrates unusually high needs. See Attachment B to determine whether your area meets the criteria for unusually high needs.

**If your proposed rational service area does not meet the applicable listed ratio then the application cannot proceed further.

Step 3: Determine Contiguous Areas

3.1 Consider the availability of providers within areas 30 or 40 minutes (North, Northeast, East, Southeast, South, Southwest, West, and Northwest) of the proposed rational service area and determine if providers in these areas are either over -utilized or inaccessible to the population of the proposed service area; if not, then the proposed rational service area cannot be designated.

3.2 Apply the following guidelines to determine if an area is inaccessible:

- Currently designated as a HPSA :

Proposed Rational Service Is:	Inaccessible Contiguous Area:
Geographic without high needs	Geographic HPSA
Geographic with high needs (>20% population at 100% of federal poverty level)	Geographic HPSA, Low-Income, or Medicaid Eligible HPSA
Low-Income HPSA	Geographic HPSA, Low-Income, or Medicaid Eligible HPSA
Medicaid Eligible HPSA	Geographic, Low-Income, or Medicaid Eligible HPSA
Population HPSA (Migrant/Seasonal Farmworker, Homeless, Native American/Native Alaskan)	Geographic, Low-Income, Medicaid

- Demographic Disparities :
 - If any contiguous areas demonstrate significant demographic disparity (socio - economic, racial/ethnic) from the rational service than the area is considered inaccessible. For economic disparities contiguous areas must demonstrate at least half the difference in disparity from rational service area values.
 - Example: If the proposed service area has 30% poverty at 100% of the federal poverty level, then contiguous areas must have 15% poverty at 100% of the federal poverty level in order to be considered significantly different and inaccessible.
- Physical Barriers:
 - Significant physical barriers include mountains, large parks, bodies of water, highways, railway yards, industrial areas, etc. which result in the population being isolated from nearby resources.
- Overutilization:
 - Determine if provider services in contiguous areas exceed a certain population-to-provider ratio and thereby are overutilized. For a Primary Care HPSA: 2,000:1; Dental HPSA 3,000:1; Mental HPSA 20,000 (psychiatrists).
- Travel Time:
 - Develop a list of the appropriate providers in the contiguous area the same as you would for a rational service area map their office locations and determine the travel time from the proposed service area’s population center. Those providers greater than 30 or 40 minutes from the population center are considered excessively distant and not accessible.
 - Travel time is calculated by applying the following factors to the mileage on various types of roads.
 - Primary Care HPSA Factor
 - Interstate Roads - 1.2 (25 miles x 1.2 = 30 min.)
 - Primary Roads - 1.5 (20 miles x 1.5 = 30 min.)

- Secondary Roads (unpaved roads/mountainous terrain) - 2.0 (15 miles x 2.01 = 30 min.)
- Dental & Mental Health HPSA Factor
 - Interstate Roads - 1.33 (30 miles x 1.33 = 40 min.)
 - Primary Roads - 1.6 (25 miles x 1.6 = 40 min.)
 - Secondary Roads (unpaved roads/mountainous terrain) - 2.0 (20 miles x 2.0 = 40 min.)

Step 4: Determine Nearest Source of Undesignated Care

4.1 For scoring purposes each application must also provide a 'nearest source of undesignated care'. To determine the nearest source of care appropriate for each type of HPSA please consider the following guidelines:

- Cannot be a HSPA or located in a HPSA (of any type)
- Cannot have socio-economic or physical barriers
- Can be over-utilized
- Can be excessively distant
- Provide the name and address of the nearest source of care, route, miles, and minutes.

For more information about scoring see page 6. For a HPSA application checklist see page 35.

Medically Underserved Areas (MUA) and Populations (MUP) Overview

What is an MUA/MUP?

A Medically Underserved Area/Population designation identifies areas or populations with a shortage of health care services. These areas are only applicable for primary health care services and unlike a HPSA this type of designation does not expire under current federal guidance. Designation is based on the explanation as to why the area in question is rational (similar to HPSA process) and the documentation of four factors; health care provider-to-population ratio, infant mortality rate, percentage of population below 100% of the federal poverty level, and the percentage of population aged 65 and over.

An MUA/MUP may apply to whole counties, a group of counties or civil divisions, or a group of urban census tracts. The Medically Underserved Population (MUP) includes groups of persons who face documented economic, cultural or linguistic barriers to health care.

MUA Designations

An MUA designation involves the application of the Index of Medical Underservice (IMU) to the data of a proposed rational service area to obtain a score for the area. The IMU scale is from 0 to 100, where 0 represents completely underserved and 100 represents the least underserved. Under established criteria, each service area found to have an IMU of 62.0 or less qualifies for designation as an MUA.

The IMU involves four variables: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over. The value of each of these variables for the service area is converted to a weighted value, according to established criteria. The four values are summed to obtain the area's IMU score.

The MUA designation process therefore requires the following information:

(1) Rational service area - Define the proposed service in terms of:

- (a) a whole county (in non-metropolitan areas)
- (b) minor civil divisions (MCDs), or census county divisions (CCDs) in non-metropolitan areas, with population centers within 30 minutes travel time of each other
- (c) metropolitan areas, a group of census tracts (C.T.s) which represent a neighborhood due to homogeneous socioeconomic and demographic characteristics

In addition, for non-single-county service areas, the rationale for the selection of a particular service area definition, in terms of market patterns or composition of population, should be presented. Designation requests should also include a map showing the boundaries of the service area involved and the location of resources within this area.

(2) Data - Gather the most updated data for the following:

- (a) the resident civilian, non-institutional population of the service area (aggregated from individual county, minor civil division/county civil divisions or census tract population data)
- (b) the percent of the service area's population with incomes below the federal poverty level
- (c) the percent of the service area's population age 65 and over
- (d) the infant mortality rate (IMR) for the service area, or for the county or subcounty area which includes it. The latest five-year average should be used to ensure statistical significance. Subcounty IMRs should be used only if they involve at least 4000 births over a five-year period. If the service area includes portions of two or more counties, and only county-level infant mortality data is available, the different county rates should be weighted according to the fraction of the service area's population residing in each.
- (e) the current number of full-time-equivalent (FTE) primary care physicians providing patient care in the service area, and their locations of practice. Patient care includes seeing patients in the office, on hospital rounds and in other settings, and activities such as laboratory tests and X-rays and consulting with other physicians.

(3) Population-to-Provider Ratio - The computed ratio of the total primary care physicians FTE per thousand population for the service area using the data from steps 2a and 2e above.

(4) IMU Calculation - Translate the values of each of the four indicators (2b, 2c, 2d, and 3) into a score using conversion tables. The IMU is the sum of the four scores.

MUP Designations

An MUP Designation involves application of the Index of Medical Underservice (IMU) to data on an underserved population group within an area of residence to obtain a score for the population group. Population groups eligible for designation are those with economic barriers (low-income or Medicaid-eligible populations), or cultural and/or linguistic access barriers to primary health care services.

The MUP essentially involves the same process and computational steps as stated for MUAs above. **The population is now the population of the requested group within an area** rather than the total resident civilian population of an area. The total FTE of primary care physicians would include only those serving the requested population group. The ratio of the total FTE of primary care physicians serving the population group per 1,000 persons in the group is used in determining weighted value. The weighted value for poverty is based on the percent of population with incomes at or below 100% of the federal poverty level in the area of residence for the population group. The weighted values for percent of population age 65 and over and the infant mortality rate would be those for the requested segment of the population in the area of residence, if available and statistically significant; otherwise, these variables for the total resident civilian population in the area should be used. If the total of the weighted values is 62.0 or less, the population group qualifies for designation.

Is your area/facility located in a designated HPSA or MUA/P?

To search the federal Bureau of Health Professions Shortage Designation Branch searchable database of HPSA designations click here: <http://hpsafind.hrsa.gov/> .This database is frequently updated.

To search the Federal Bureau of Health Professions Shortage Designation Branch searchable database of MUA/MUP designations click here: <http://muafind.hrsa.gov/>

How to apply for a designation?

For information on how to apply for a HPSA or MUA/P designation please contact the Massachusetts Primary Care Office .

Benefits of HPSA & MUA/P Designations

Designation Requirements for Selected Federal Programs					
	National Health Service Corps	FQHC Program	CMS Medicare Incentive Payment	CMS Rural Health Clinic Program	J-1 Visa Waiver
Type of Designation					
Primary Care HPSA	X		X	X	X
Dental Care HPSA	X				
Mental Health HPSA	X		X		X
Geographic HPSA	X		X	X	X
Population HPSA	X			X	X
Facility HPSA	X				X
Exceptional HPSA		X			X
MUA		X		X	X
MUP		X			X

Benefits of HPSA & MUA/P Designations

The following is a list of state and federal programs using HPSA & MUA/P designations.

National Health Service Corps (NHSC) Scholarship and Loan Repayment Programs

The NHSC Scholarship program provides scholarships for students in training to become allopathic physicians, osteopathic physicians, dentists, nurse practitioners, physician assistants, and nurse midwives who will serve in designated HPSAs. Participants receive payment of tuition and fees, books, supplies, and equipment for up to 4 years of education, and a monthly stipend. Each year of received support requires 1 year of service in an approved practice site with a minimum service commitment of two years. NHSC Scholars are required to serve in Health Professional Shortage Areas of greatest need. Need is determined by the HPSA designation score; the higher the score the higher the need. **The NHSC loan repayment program** is open to primary care allopathic or osteopathic physicians, primary care certified nurse practitioners, primary care certified physician assistants, nurse midwives, dentists (general or pediatric), registered clinical dental hygienists, health service psychologists, licensed independent clinical social workers, psychiatric nurse specialists, marriage and family therapists, and licensed professional counselors. The applicant must have received a signed job offer from the NHSC approved site which he or she has accepted in writing or a signed an employment contract. Awards are granted first to those clinicians serving at NHSC - approved sites with the greatest need. NHSC-approved sites with less need are awarded as resources allow. Need is determined by using the HPSA designation score; higher scores indicate higher need.

The Massachusetts Loan Repayment Program (MLRP) for Health Professionals

The Massachusetts Loan Repayment Program (MLRP) for Health Professionals now has two components. The overarching goal of the MLRP is to increase the number of primary care health professionals providing services to the most vulnerable populations in the Commonwealth. The MLRP establishes contracts with qualified health professionals seeking financial support for professional education loan repayment. Please review the descriptions of Components A and C below. The MDPH Primary Care Office (PCO) administers both Components A and C.



Component A

A grant from the federal Bureau of Health Professions (BHP) and state monies from the Massachusetts Department of Public Health (MDPH) fund MLRP Component A.

Who is Eligible? Applicants must be a U.S. citizen, doctors of allopathic medicine and doctors of osteopathic medicine practicing within the primary care specialties of family medicine (and osteopathic general practice), internal medicine, pediatrics, obstetrics/gynecology, and psychiatry; dentists (general or pediatric); primary care or psychiatric certified nurse practitioners, certified nurse-midwives, primary care physician assistants, registered clinical dental hygienists, licensed clinical or

counseling psychologists (Ph.D. or equivalent) , licensed independent clinical social workers (master's or doctoral degree in social work), psychiatric nurse specialists, mental health counselors, licensed professional counselors (master's or doctoral degree with a major study in counseling) , marriage and family therapists (master's or doctoral degree with a major study in marriage and family therapy).

Benefit: Physicians, physician assistants, psychologists, dentists and nurse practitioners are eligible for up to \$25,000 per year (\$50,000 total award over two years). All other qualified health professionals are eligible for up to \$20,000 per year (\$40,000 total award over two years).

Eligible Work Sites: Applicants must work in a public and/or non -profit agency located in a federally designated health professional shortage area (HPSA); the health professional's discipline must match the HPSA where they will provide care.

How to Apply:

- Applications must be submitted jointly by the provider and public or non -profit agency
- Applicants must **not** be a National Health Service Corps member or a participant in other loan repayment programs concurrently; however, the MLRP can be sequenced with other federal and state programs and applicants can also re -apply
- Applications are accepted on a rolling basis and reviewed annually
- Awards are made annually
- Awards are not considered taxable income
- Applications must be submitted to the Massachusetts Primary Care Office

Component C

A new health care workforce loan repayment program established by MGL Chapter 305 in the Acts of 2008 Section 25N and is funded exclusively by the state budget.

Who is Eligible? Applicants must be a U.S. citizen or be a legal permanent resident, doctors of allopathic medicine and doctors of osteopathic medicine practicing within the primary care specialties of family medicine, internal medicine, pediatrics, psychiatry or obstetrics/gynecology; psychiatric nurse specialists; and advanced practice nurses (family nurse practitioners, adult nurse practitioners, geriatric nurse practitioners, pediatric nurse practitioners, certified -nurse midwives, women's health nurse practitioners, and psychiatric nurse clinicians). AP RNs with other specialties who provide primary care will be approved on a case by case basis.

Benefit: \$25,000/ yr. of service (\$50,000 total over two years) for full or part -time direct patient care.

Eligible work sites: Applicants must work at a not-for-profit, nonprofit and/or public sector healthcare/employer agency or organization including: health care organizations located in a geographic area or community that is federally designated as a Medically Underserved Area/Population (MUA/P); health care organizations including but not limited to: individual or group practices; rural health centers and community based mental/behavioral health care providers; outpatient primary care practices of small rural hospitals; public sector, non -federal, health facilities; other health care agencies and organizations not located in a HPSA or MUA/P (specific eligibility applies).

How to Apply:

- Applications must be submitted jointly by the provider and public or non-profit agency
- Applicants must **not** be a National Health Service Corps member or a participant in other loan repayment programs concurrently; however, the MLRP can be sequenced with other federal and state programs and applicants can also reapply
- Applications are accepted on a rolling basis and reviewed annually
- Awards are made annually
- Awards are not considered taxable income
- Applications must be submitted to the Massachusetts Primary Care Office

Instructions for Accessing MLRP Application and Instructions

To retrieve a copy of the Massachusetts Loan Repayment Program for Health Professionals Request for Response (RFR) go to the MDPH Primary Care Office Website: <http://www.mass.gov/dph/primarycare>

Nursing Education Loan Repayment Program (NELRP)

NELRP is administered by the Bureau of Clinician Recruitment and Service (BCRS) in the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). The purpose of NELRP is to assist in the recruitment and retention of professional registered nurses (RNs) dedicated to working in health care in facilities with a critical shortage of nurses or working as nurse faculty at an eligible school of nursing, by decreasing the financial barriers associated with pursuing such careers.

Benefit: For an initial two-year service commitment, the NELRP will pay participants a total of 60% (30% each year) of their total outstanding qualifying educational loan balance incurred while pursuing an education in nursing, as of the effective date of the two-year contract. For a third, optional, year of service, subject to the availability of funds, the NELRP will pay participants 25% of their original total qualifying educational loan balance, as of the effective date of their initial two-year contract.

Who is eligible? Applicants must be a U.S. citizen (either U.S. born or naturalized), U.S. national, or lawful permanent resident; have received a diploma, an associate degree, a bachelor's degree, a master's degree, or a doctoral degree in nursing; employed as a full-time RN (advanced practice nurses and nurse practitioners are also eligible) defined as at least 32 hours per week, at a public or private nonprofit Critical Shortage Facility; or be employed as a full-time nurse faculty member at a public or private nonprofit school of nursing.

Eligible work sites: Disproportionate Share Hospitals (DSH); Nursing Homes; State or Local Public Health or Human Services Departments; Federally-Designated Health Centers; Federally-Designated Health Center Look-Alikes; Native Hawaiian Health Centers; Indian Health Service Health Centers; Rural Health Clinics; Critical Access Hospital Skilled Nursing Facilities; Federal, Non-Disproportionate Share Hospitals; Ambulatory Surgical Centers; Home Health Agencies; Hospice Programs; and Federal Hospitals.

Link: <http://www.hrsa.gov/loanscholarships/repayment/nursing>

Conrad-30/J-1 Visa Waiver Program

Federal law (Conrad Amendment to P.L. 103-416) provides the Massachusetts Department of Public Health with the authority to assist Massachusetts health care facilities located in federally designated medically underserved areas (HPSAs, MUA/Ps) with physician recruitment by supporting a waiver request for physicians with a J-1 visa. This exemption waives the foreign residency rule for International Medical Graduates that requires them to return home for two years after training in the USA.

Federal law authorizes MDPH to support no more than thirty J-1 visa waiver requests per federal fiscal year (October 1 - September 30). From October 1 - January 31, only applications for Primary Care positions will be accepted. If spots remain, both primary care and specialists can apply from February 1 - June 30. Emergent Need placements will be reviewed from July 1 - August 31, if there are spots remaining. Applications will be reviewed with special attention and favorability to primary care services, identified areas of greatest need, and providing service in the public interest in the Commonwealth. Applications are reviewed with special attention to primary care services, identified areas of greatest need, and providing a service in the public interest in the Commonwealth. Applicants with language skills appropriate to the community that they intend to serve are also given priority.

The physician must agree to practice medicine full time in the health care facility for a minimum of three (3) years and begin employment within ninety (90) days of receipt of their waiver. The employer must also agree to employ the Visa Waiver recipient for three years at the site located in a HPSA or MUA/P for the entire duration of the contract.

** H-1B: A physician with an H-1B temporary worker visa who has already completed a three year service obligation may request a letter of support from the Massachusetts Department of Public Health, Primary Care Office when applying for permanent residency.

MDPH Primary Care Office Contact: Nicole Watson Phone: 617 -624-6051

Link: <http://www.mass.gov/eohhs/docs/dph/com-health/j1-visa-waiver-policies.pdf>

Medicare Provider Incentive Payments for Services Provided In HPSAs

The Centers for Medicare and Medicaid Services (CMS) provide a 10% bonus payment to physicians (M.D. & D.O.), podiatrists, licensed chiropractors, dentists, and optometrists providing Medicare Part B-reimbursable professional services within **geographic** HPSAs and psychiatrists providing care in geographic mental health HPSAs. Professional services include home, office, or institutional visits; surgery; consultation; and interpretation of laboratory and radiology results. If a zip code where the service is rendered falls within a primary care and mental health HPSA, only one bonus will be paid on the service. Modifiers (code that identifies bonus payment claims) do not have to be included on claims to receive a HPSA bonus payment, which will be paid automatically, if care is provided in zip code areas that: fall entirely in a full-county HPSA, fall partially within a full county HPSA but is not considered to be that county based USPS determination of dominance, falls entirely within a partial county HPSA. If care is provided in zip code areas that do not fall entirely within a full county HPSA or partial county HPSA, you must enter the AQ modifier on your claim to receive the bonus.

- Medicare carriers will base the bonus on the amount actually paid (not the Medicare approved payment amount for each service) and will pay the 10% bonus on a quarterly basis.
- The key to eligibility is not that the beneficiary lives in an HPSA nor that the office or primary location is in an HPSA, but rather that the actual rendered service is in a HPSA.
- A single service may be eligible for both the HPSA bonus payments and the physician scarcity bonus.
- To be considered for the bonus payment the name, address, and zip code of the location where the service was rendered must be included on all electronic and paper claim submissions.
- Physicians should verify the eligibility of their area for a bonus before submitting services with a HPSA modifier for areas they think may still require the submission of a modifier to receive the bonus payment.

Link: <http://www.cms.hhs.gov/hpsapsaphysicianbonuses/>

HPSA Surgical Incentive Payment (HSIP)

The Affordable Care Act of 2010, Section 5501 (b)(4) expands bonus payments for general surgeons in geographic HPSAs. Effective January 1, 2011 through December 31, 2015, physicians serving in designated HPSAs will receive an additional 10% bonus for major surgical procedures with a 10 or 90 day global period. This additional payment, referred to as the HPSA Surgical Incentive Payment (HSIP) will be combined with the original HPSA payment and will be paid on a quarterly basis. Modifier AQ should be appended for these major surgical procedures similar to claims for the Medicare original HPSA bonus when services are provided in ZIP code areas that do not fall entirely within a full or partial county HPSA. Note: The major operation must be performed in a ***primary care or mental health geographic*** HPSA. Other types of HPSAs also exist, namely population group and facility-based HPSAs, but only primary care and mental health geographic HPSAs are used to determine eligibility for the HSIP bonus payment.

Some points to remember:

- The current HPSA physician bonus program requirements will remain intact.
- Medicare contractors will identify and pay the additional bonus on eligible services rendered in eligible ZIP code areas based on the HPSA ZIP code file as of December 31st of the prior year.
- Medicare contractors will calculate the bonus amount based on the amount actually paid for the service, not the Medicare approved amount
- Services submitted with modifier AQ will be subject to validation by Medicare.

Higher “Customary Charges”

New physicians who open a practice located in a HPSA designated area will be exempt from any limitations set by Medicare for ‘customary charges’.

Federally Qualified Health Center (FQHC)

Federally qualified health centers include all organizations receiving grants under section 330 of the Public Health Service Act, certain tribal organizations, and FQHC Look-Alikes. FQHCs qualify for enhanced reimbursement from Medicare and Medicaid, and grant funds to offset the costs of uncompensated care and other key enabling services. FQHCs must serve an underserved area or population (MUA/P), offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors.

Federally Qualified Health Center Look-Alikes

Systems of care which meet the definition of a Federally Qualified Health Center contained in Section 330 of the Public Health Service Act, but are not funded under that section, are serving a designated MUA or MUP, are eligible for certification as a Federally Qualified Health Center (FQHC). This allows for cost based reimbursement of services to the Medicaid eligible.

Rural Health Clinics Act

Rural health clinics are clinics that are located in areas that are designated by both the federal Bureau of Census as rural and by the Secretary of DHHS as medically underserved. Under the authority of the Rural Health Clinics Services Act (Public Law 95 -210, as amended) cost-based reimbursement is provided to rural health clinics for physician services provided under the Medicaid and Medicare programs. Services must be provided in a rural health clinic in rural areas designated as either a geographic or population HPSA or MUA. Services may be provided by physicians, physician assistants, advanced practice nurses, physician assistants, nurse-midwives, clinical psychologists, and clinical social workers.

Medicare Reimbursements for Telehealth Services

Effective October 1, 2001, coverage and payment for Medicare telehealth includes consultations, office visits, individual psychotherapy, and pharmacologic management delivered via a telecommunications system. Eligible geographic areas include rural health professional shortage areas (HPSA) and counties not classified as a metropolitan statistical area (MSA). Additionally, Federal telemedicine demonstration projects as of December 31, 2000, may serve as the originating site regardless of geographic location. Reimbursement may occur for any Medicare beneficiary, regardless of whether or not he/she is a resident of a rural HPSA. The referring health care practitioner and the teleconsultation must originate from a designated rural HPSA.

Link: <http://www.cms.hhs.gov/manuals/downloads/clm104c12.pdf> (page 182)

HRSA-Bureau of Health Professions Title VII & VIII Training Grants

Funding preference is given to participants practicing in a HPSA or from a HPSA for the following programs.

Residency Training in Family Medicine

Graduate Training in Family Medicine

Faculty Development in Family Medicine

Pre-Doctoral Training in Family Medicine

Faculty Development in General Internal Medicine and/or General Practice

Faculty Training Projects in Geriatric Medicine and/or General Practice

Residency Training in General Internal Medicine and/or Family Practice

Preventive Medicine and Dental Public Health

Physician Assistant Training Program

Podiatric Primary Care Residency Program

Allied Health Project Grants

Area Health Education Centers

Health Education and Training Programs

Interdisciplinary Training for Health Care in Rural Areas

Health Administration Traineeships and Special Projects

Special Project Grants to Schools of Public Health

Nurse Practitioner and Nurse Midwifery Education Program

Programs of Excellence in Health Professions Education for Minorities

Cooperative Agreements to Improve the Health Status of Minority Populations

Emergency Medical Services for Children

Professional Nurse Traineeship

Nurse Anesthetist Traineeship

Nurse Training Improvement: Special Projects

SAMHSA- Substance Abuse and Mental Health Services Administration

Mental Health Clinical and AIDS Service -Related Training Grants

<http://bhpr.hrsa.gov/dsa/>

Attachment A: Primary Care HPSA Sample Survey

Physician's name: _____

Name of Practice if other than above: _____

Street addresses of additional offices: _____

Cities/Towns: _____ Zip Codes : _____

Please list any specialty or sub-specialty: _____

% of practice in this specialty: _____

How many hours a week do you provide **direct** patient care at this location? _____

Additional offices with hours of **direct** patient care: _____

Approximately how many hours per week are spent in administration, teaching, paperwork, semi -retirement, or lunch breaks? _____

Do you have hospital admitting privileges? YES NO

If yes, do you follow up with admitted patients at the hospital? YES NO

If yes, approximate hours per week spent in follow up for in -patients. _____

If you are in a group practice, please answer the following questions based on your patients only.

Do you have patients in the following categories?

Medicaid patients? YES NO Unsure Approximate % of your patients _____

Migrant farmworkers? YES NO Unsure Approximate % of your patients _____

American Indian? YES NO Unsure Approximate % of your patients _____

Do you offer a posted sliding fee scale based on income or ability to pay? YES NO

If yes, approximate % of patients _____

If yes, approximate % of patients who are uninsured _ _____

Do you accept new patients? YES NO

If yes, how long is the waiting time for the appointment? _____ DAYS _____ WEEKS

Does the provider or other staff members offer language interpretation? YES NO

Languages offered _____

Are you a federal employee? YES NO

Are you a National Health Service Corps provider? YES NO

Are you practicing under a J1 Visa waiver? YES NO

Dental HPSA Sample Survey

Dentist's name: _____

Name of practice if other than name above: _____

City of practice: _____ Zip Code: _____

City of additional office locations: _____ / _____

Specialty: _____ % of practice: _____

Subspecialty: _____ % of practice: _____

Hours/week dentist provides direct care at main location: _____ Additional offices: _____

Estimate of hours/week dentist provides services in **cosmetic dentistry**: _____

Estimate of hours/week for teaching, paperwork, labwork, semi-retired, other: _____

Age of dentist: 24-54 55-59 60-64 65 +

Does the office named above offer language interpretation? YES NO

Languages: _____

Does the provider **named above** serve the following type of patients?

Migrant agricultural workers YES NO Unsure % of practice _____

Seasonal agricultural workers YES NO Unsure % of practice _____

American Indian YES NO Unsure % of practice _____

Medicaid patients YES NO % of practice _____

Does the office have a published sliding fee scale? YES NO

If yes, _____% of patients for the provider named above utilize the sliding fee scale?

Number of dental auxiliaries: Hygienists _____ FT _____ PT If PT _____ hours/week

 Assistants _____ FT _____ PT If PT _____ hours/week

These auxiliaries are shared with _____ (#) other dentists in the facility.

The usual time elapsed between a patient's request for treatment and the appointment:

New Hygiene Pt. _____ Days Weeks Established Hygiene Pt. _____ Days Weeks

New Dentist Pt. _____ Days Weeks Established Dentist Pt. _____ Days Weeks

Do you accept new patients? YES NO

Mental Health HPSA Sample Survey -Psychiatrists

Provider's Name: _____

Specialty: _____ Sub-Specialty: _____ % of practice in main specialty: -

Name of Practice if other than above: _____

Address of additional office: _____

Cities/Towns: _____ Zip Codes: _____

How many hours a week do you provide **DIRECT** patient care at this location? _____

Additional offices with hours of **DIRECT** patient care: _____

Approximately how many hours per week are spent in administration, teaching, paper work, semi-retirement, or lunch breaks? _____

Do these hours include time spent in the hospital? YES NO N/A

Numbers of hours/wk in follow up hospital: _____

If the provider works less than a total of 40 hours a week, please provide a brief explanation, i.e. semi-retired, administration, teaching, other

Serve Medical Patients? YES NO % of your patients _____

Currently accept new Medical Patients? YES NO % of your patients _____

Offer a Sliding scale based on income or ability to pay? YES NO % of your patients _____

What portion of practice is Medicaid fee for service? % of practice _____

What portion of practice is Medicaid Managed Care? % of practice _____

See migrant agricultural workers as patients? YES NO % of practice _____

See seasonal agricultural workers as patients? YES NO % of practice _____

See homeless Clients? YES NO % of practice _____

How long is the waiting time for an appointment? DAYS WEEKS

On average, how long do patients wait once they have arrived in the office? _____minutes

Does the provider or other staff members offer language interpretation? YES NO

Languages offered _____

Are you a federal employee? YES NO

Are you a National Health Service Corps provider? YES NO

Are you practicing under a Visa waiver?

YES

NO

Attachment B: Insufficient Capacity Criteria (Primary Care, Dental HPSA)

Primary Care HPSA Criteria: (must meet **2** of the following criteria)

- More than 8,000 office or outpatient visits per year per FTE primary care physician serving the area
- More than 7 days waiting time for appointments for routine medical services for established patients
- More than 14 days waiting time for appointment for routine medical services for new patients
- More than one hour average waiting time for patients with appointments at primary care provider
- More than two hours average waiting time for patients without an appointments at primary care provider
- Evidence of excessive use (>35%) of emergency room facilities for routine medical care
- A substantial proportion (>65%) of the area's physicians do not accept new patients
- Abnormally low utilization of health services, as indicated by an average of 2.0 or less visits per year on the part of the area's population

Dental HPSA Criteria: (must meet at least **one** of the following criteria)

- More than 5,000 office or outpatient visits per year per FTE dentist serving the area
- More than 6 weeks waiting time for appointments for routine dental services
- More than 65% of the area's dentists do not accept new patients

Attachment C: Application Checklist (Primary Care, Dental, Mental Health)

Rational Service Area

- Name of the service area
- List service area parts, e.g. town, MCD, or census tracts
- Reason for application (new or update)
- Explanation of why the area is rational
- Indicate population center
- Type of designation requested (geographic, population/low -income, facility)
- Map of service area (include rational service area and contiguous areas)

For Primary Care HPSA applications:

Population

- Total adjusted population
- Source of data (census.gov, MassCHIP, etc.)

List of Primary Care Physicians

- Name Degree (MD or DO) Specialty
- Address
- FTEs - Average number of direct patient care hours/week
- Hospital Inpatient direct primary care hours & adjustment to total hours
- % of practice Medicaid (for low-income, Medicaid-eligible, and poverty population designations)
- % of practice sliding fee (for low-income, poverty population designations)
- FTE total for each provider rounded to the nearest 0.1
- Description of how information was obtained (source, method)

Totals and Ratio

- Total number of providers
- Total adjusted FTE
- Population-to-provider ratio
- Explanation of any high need indicators
- Infant mortality rate or low birth weight rate
- Average travel time or distance to nearest source of non -designated accessible care

For Dental HPSA Applications:

Population

- Total adjusted population
- Source of data (census.gov, MASSCHIP, etc.)

List of Dentists

- Name
- Age
- Specialty (general dentistry, pediatric dentistry)
- Address
- Number of auxiliaries
- Equivalent weights
- Number of direct patient care hours/week
- % of practice Medicaid (for low-income, Medicaid-eligible, and poverty population designations)
- % of practice sliding fee (for low-income, poverty population designations)
- FTE total for each provider rounded to the nearest 0.1
- Description of how information was obtained (source, method)

Totals and Ratio

- Total number of providers
- Total FTE
- Population-to-provider ratio
- Explanation of any high need indicators
- Water fluoridation status
- Average travel time or distance to nearest source of non -designated accessible care

