An Overview of Federal Health Professional Shortage Area and Medically Underserved Area/Population Designations in Washington State

Identifying needs for Washington State residents, including Medicaid and Medicaid Eligible populations

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Introduction

The Health Professional Shortage Area (HPSA), Medically Underserved Area (MUA), and Medically Underserved Population (MUP) are federal designations managed by the Shortage Designation Bureau (SDB), a part of the U.S. Department of Health and Human Services (HRSA). These designations identify areas that have shortages of primary care, dental, and mental health providers.

Our office works closely with other state agencies, local health departments, and providers in the community. In addition to HPSA designations, this information is used for understanding access issues, state and local health care planning, placement of providers, and allocation of limited health care resources. It can also be used for research and health care reporting by state and local government. None of the individual provider data is identifiable.

Types of Health Professional Shortage Area Designations

Here are definitions of provider disciplines, types, and formats.

HPSA disciplines and provider definitions:
• Primary care providers (MD/DO) - primary or general practice, general: obstetrics-gynecology, pediatrics, internal medicine, and general geriatrics;
• Dental care providers (DDS/DMD) - practice general and/or pediatric dentistry;
• Mental health care providers (MD/DO) - psychiatrists.

Designation types:
• Geographic - is the total population in an area;
• Population - a specific type of population such as low-income, migrant farm workers, homeless, and Native Americans;
• Facility - Federal or state correctional institutions, state mental health hospitals, and public or non-profit medical facilities.

Designation formats:
• Partial county;
• Full county;
• Multiple counties.

HPSA Provider Surveys and Schedule

Our office oversees the survey process and contacts each provider on a three-year rotation. Each year we survey roughly one-third of the state’s counties. We maintain a survey schedule that shows the year of your county’s next survey. We offer an electronic survey or a print option on the survey web page.
Analysis of Provider Data

Data analysis is a complicated process with many conditions and requirements depending on specific conditions. Each provider discipline has different requirements depending on the type of designation. Below is an outline of the population to provider requirements. For HPSA analysis, we use the U.S. Census population data.

Primary care:
- Geographic = greater than 3,500:1 population to provider ratio;
- Population = greater than 3,000:1 population to provider ratio and 30 percent of the population must be at the 200 percent federal poverty level.

Dental care:
- Geographic = greater than 5,000:1 population to provider ratio;
- Population = greater than 4,000:1 population to provider ratio.

Mental health care:
- Geographic = greater than 30,000:1 population to provider ratio;
- Population = greater than 20,000:1 population to provider ratio.

Next we look at the distance between the population center of the rational service area (area chosen for a designation) and the nearest provider in a non-HPSA designated area. Each type of road interstate, primary, and secondary (mountainous terrain or unpaved road) has a specific calculation to determine the time it takes to get from one point to another.

Time requirements:
- For primary care HPSA, the travel time must be more than 30 minutes;
- For dental and mental health, the travel time must be more than 40 minutes.

These are just a few of the requirements for a designation.

Medically Underserved Area (MUA) and Medically Underserved Population (MUP)

These designations are only for primary medical care. They do not expire. Qualifications are based on an index value that includes:
- Infant mortality rate;
- Poverty rate;
- Percentage of elderly;
- Population to primary care physician ratio. MUAs define population as the number of residents more than 65 years old, and the MUP uses the number of a specific population.

Approval Process

Once the HPSA requirements are met, we will send the request to SDB. Then we will notify the providers of the request and that there is a 30-day waiting period that allows them to submit comments or other data. After that, SDB will begin processing the request. The average turnaround time for approvals is between four and five months. When we receive approval, we will notify providers by mail and include a copy of the approval letter.
Benefits

Designations are important because they make you eligible to apply for more than 30 state and federal programs. Some of the programs include:

- National Health Service Corps loan repayment and scholarship program;
- Federally qualified health centers;
- Rural health clinics;
- J-1 Visa providers;
- Medicare incentive payment.

Common Questions:

Who has access to provider data?
Survey information is available to other state/local agencies in total and not by individual providers. For all data requests, contact Laura Olexa at 360-236-2811 or by email at Laura.Olexa@doh.wa.gov or Randy Saylor at 360-236-2865 or by email at Randall.Saylor@doh.wa.gov

Is participation in the survey required?
No, it is not required, but your information is very important for many reasons including:

- Qualifying for programs, services and grants;
- Health care planning;
- Identifying areas with the greatest need;
- Bringing needed resources to your community.

Is my clinic located in a designated area?
You can check your address for a designation (primary, dental, mental health) at HRSA Data Warehouse

How long does it take to get a HPSA?
It depends on how long it takes to survey your county. The average county takes about three months to send out the surveys, make follow-up calls, etc. The analysis takes a month or so, depending on the number of counties ahead of yours. It takes four to five months (includes the 30-day waiting period) before we receive notice. We work as fast as possible to give your data the most accurate analysis possible.

How long do designations last?
Designations are good for four years. The current designation remains active until we receive a decision from SDB. This is done so participants in programs requiring a designation can continue participating until a decision is made.

What if my area is not be renewed?
If a designation cannot be renewed then we will notify all providers that as of the end of the year they will no longer be in a designated area. Some programs are not affected by the loss and others will be. We will make every effort to renew your designation.
**Where can I find out what programs use designations?**
A list of common programs using designations are listed on our website located at [Office of Community and Rural Health](#).

**Where can I find out about the Shortage Designation Bureau?**
The Federal Shortage Designation Branch administers this program. Their role includes:
- To set the rules and procedures;
- To review and approve all requests;
- To notify states of their final decisions.

They do not rule on whether or how a specific program uses the shortage area designation to establish eligibility. Eligibility requirements for federal programs are established by Congress and administered by federal agencies. You may contact the Federal Designation Branch by mail, phone, or fax listed below.

Office of Shortage Designation
Health Resources and Services Administration
5600 Fishers Lane
Parklawn Building, Room 9A-18
Rockville, Maryland 20857
301-594-0816 (Office number)
888-275-4772 (General information)
301-443-4370 (Fax)
[Office of Shortage Designation](#)

**How do I get my area designated?**
Contact Laura Olexa at 360-236-2811 or [Laura.Olexa@doh.wa.gov](mailto:Laura.Olexa@doh.wa.gov) or Randy Saylor at 360-236-2865 or [Randall.Saylor@doh.wa.gov](mailto:Randall.Saylor@doh.wa.gov) and make a request. Because we work on a rotating basis, new requests will be done based on time and workload.

**Table 1: Programs that use Designations to Establish Eligibility**

<table>
<thead>
<tr>
<th>Program</th>
<th>Designation Type Required or Helpful</th>
<th>Professional Shortage Area</th>
<th>Underserved Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Federally Qualified Health Center</td>
<td>Any are helpful</td>
<td>Required</td>
<td></td>
</tr>
<tr>
<td>New Rural Health Clinic</td>
<td>Primary Care*</td>
<td>Any*</td>
<td></td>
</tr>
<tr>
<td>J-1 Visa Waiver Program</td>
<td>Primary Care**</td>
<td>Whole County</td>
<td></td>
</tr>
<tr>
<td>HPSA Medicare Bonus Payments</td>
<td>Geographic Primary or Mental Health Care***</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>National Health Service Corps</td>
<td>Provider specific**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Loan Repayment and Scholarship</td>
<td>Not Required</td>
<td>Not Required</td>
<td></td>
</tr>
</tbody>
</table>

* Designation is valid until December 31 of the fourth calendar year from date of federal approval.
** There are some requirements to serve the designated population.
*** Must be listed on the CMS HPSA/PSA website [Center for Medicare and Medicaid Services Physician Bonus](#).
Appendix 1

More than 30 federal and state programs consider the federal provider shortage designations as part of their qualifying criteria. This appendix lists some key programs.

National Health Service Corps (NHSC): provides for assignments of federally employed and/or service-obligated physicians, dentists, and other health professionals. The program also provides scholarship and loan repayments to health professionals who agree to serve in the NHSC in HPSCA Practice sites for NHSC must meet other conditions including offering a sliding-fee-scale. For more information on site requirements, contact the Office of Community Health Systems, Rural Health Section at 360-236-2814. For general information, call National Health Service Corps hotline (1-800-221-9393) or check their website at National Health Service Corps.

Area Health Education Center Program: gives special consideration to centers that would serve HPSCA is with higher percentages of underserved minorities; gives funding priority to centers providing substantial training experience in HPSCA’s. For further information, call 206-441-7137 for Western Washington and 509-358-7640 for Eastern Washington.

Rural Health Clinics Program: provides enhanced Medicare and Medicaid reimbursement for services provided by physician assistants and nurse practitioners in clinics in rural HPSCAs, MUA's. For information on applying for Rural Health Clinic status contact the Office of Community Health Systems, Rural Health Section at 360-236-2819 or see the Washington State Rural Health Clinic.

Medicare Incentive Payment for Physician's Services Furnished in HPSCAs: (Public Law 100-203, Section 4043, as amended): Centers for Medicare and Medicaid Services (CMS) gives a 10 percent bonus payment to physicians providing Medicare-reimbursable services within geographic HPSCAs. This payment does not apply to population group HPSCAs. For more information, call Medicare Provider Enrollment at (515) 974-3690 or the Center for Medicare and Medicaid Services Physician Bonus Payment.

Medicare Reimbursement for Teleconsultations: Teleconsultations originating in non-metropolitan counties or in primary care geographic HPSCAs in a metropolitan county. To learn how to participate, call the Medicare Provider Call Center at 701-277-6782 and choose Option 2. For more information check out their website at Centers for Medicare & Medicaid Services Telehealth.

Public Health Service Grant Programs: HRSA's Bureau of Health Professions offers several programs designed to encourage health professional training. Funding preference is given to efforts in HPSCAs and MUA/MUP’s. For more information check out their website at Centers for Medicare and Medicaid Services Grants or call the HRSA Seattle Field Office at 206-615-2490.

Federally Qualified Health Centers: (FQHC) grant funds are legislatively required to serve areas or populations designated by the secretary of Health and Human Services as medically underserved. Grants for the planning, development, or operation of community health centers under section 330 of the Public Health Service Act are available only to centers that serve designated MUA’s or MUP’s. For more information contact the Primary Care Office at 360-236-2812 or see its website at Washington State Primary Care Office.

Federally Qualified Health Centers 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, and 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 Medicaid eligible. For more information contact the Primary Care Office at 360-236-2812 or see its website at Washington State Primary Care Office.

State Programs Using Federal Designations

J-1 Visa Waiver Program: The State of Washington can request that Visa requirements be waived for up to 20 International Medical Graduates willing to serve in a HPSCA or whole county MUA or MUP. For more information contact the Office of Community Health Systems, Rural Health Section J-1 Visa Waiver information number at 360-236-2814 or see our website at Washington State J-1 Visa Waiver Program.

Washington Student Achievement Council: The State of Washington offers a number of State and Federally-funded Loan Repayment and other financial assistance programs to attract and retain licensed health professionals' service in shortage areas. For more information contact the Washington Student Achievement Council at 360-753-7800 or see its website at Washington Student Achievement Council.