

## **Designation Requirements for Health Professional Shortage Areas (HPSA) as of July 7, 2010**

Section 332 of the Public Health Service Act provides that the Secretary of Health and Human Services (HHS) shall designate health professional shortage areas, or HPSAs, based on criteria established by regulation. Within HHS, the authority for designation of HPSAs is delegated to the Health Resource Services Administration (HRSA) Bureau of Primary Health Care's Office of Shortage Designation (OSD). Criteria and the process used for designation of HPSAs were developed in accordance with the requirements of Section 332.

HPSA designation is a prerequisite for participation in a number of federal workforce programs, including National Health Service Corps (NHSC), J-1 Visa Waiver, and the Maryland Loan Assistance Repayment Program.

A current list of designated HPSAs is published periodically; the most recent was published in the *Federal Register* on February 2, 2002. Designations are subject to updating every four years as part of the OSD's annual review of HPSAs. At that time, new data relevant to the designation must be submitted by the Maryland Primary Care Office (PCO) to the OSD in support of its continued status as a HPSA.

HPSAs may be designated as having a shortage of primary medical care, dental or mental health providers. They may be urban or rural areas, population groups, or medical or other public facilities.

As of June 30, 2010, Maryland has:

- **43 Primary Care HPSAs** with 375,146 people living in them. Per federal guidelines, it would take 239 providers working full time (40 hours per week) to meet their need for primary care providers (a population to practitioner ratio of 2,000:1).
- **41 Dental HPSAs** with a designated population of 631,520 people living in them. Per federal guidelines, it would take 211 providers working full time (40 hours per week) to meet their need for dental providers (a population to practitioner ratio of 3,000:1).
- **40 Mental Health HPSAs** with 738,547 people living in them. Per federal guidelines, it would take 81 providers working full time (40 hours per week) to meet their need for mental health providers (a population to practitioner ratio of 10,000:1).

For each HPSA discipline (primary care, dental and mental health) there are three different types of HPSA designations, each with its own designation requirements:

- Geographic Area
- Population Groups
- Facilities

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## Primary Care HPSAs

### Geographic Areas must

- Be a rational area for the delivery of primary medical care services
- Meet **one** of the following conditions:
  - Have a population to full-time-equivalent primary care physician ratio of at least 3,500:1
  - Have a population to full-time equivalent primary care physician ratio of less than 3,500:1 but greater than 3,000:1 and have unusually high needs for primary care services or insufficient capacity of existing primary care providers

Demonstrate that primary medical professionals in contiguous areas are overutilized, excessively distant, or inaccessible to the population under consideration. The HPSA criteria require three basic determinations for a geographic area request:

1. the geographic area involved must be rational for the delivery of health services,
2. a specified population-to- practitioner ratio representing shortage must be exceeded within the area, and
3. resources in contiguous areas must be shown to be overutilized, excessively distant, or otherwise inaccessible.

Where a geographic area does not meet the shortage criteria, but a population group within the area has access barriers, a population group designation may be possible. In such cases the population group and the access barriers must be defined or described, and the ratio of the number of persons in the population group to the number of practitioners serving it, must be determined.

In some cases, facilities may be designated as HPSAs. This applies to correctional facilities and to State mental hospitals. In addition, public and non-profit private facilities located outside designated HPSAs may receive facility HPSA designation if they are shown to be accessible to and serving a designated geographic area or population group HPSA.

### Population Groups must

- Reside in an area that is rational for the delivery of primary medical care services as defined in the Federal code of regulations.
- Have access barriers that prevent the population group from use of the area's primary medical care providers.
- Have a ratio of persons in the population group to number of primary care physicians practicing in the area and serving the population group ratio of at least 3,000:1

## Designation Requirements for

### Health Professional Shortage Areas (HPSA) as of July 7, 2010

- Members of federally recognized Native American tribes are automatically designated. Other groups may be designated if they meet the basic criteria described above.

#### Facilities must

- Be either federal and/or state correctional institutions, or public, and/or non-profit medical facilities
- Federal/state correctional institutions must have at least 250 inmates and the ratio of the number of internees/year to the number of FTE primary care physicians serving the institution must be at least 1,000:1
- Public and/or non-profit medical facilities must demonstrate that they provide primary medical care services to an area or population group designated as a primary care HPSA and must have an insufficient capacity to meet the primary care needs of that area or population group.

### Dental HPSAs

#### Geographic Areas must

- Be rational areas for the delivery of dental services
- Meet one of the following conditions
  - Have a population to full-time-equivalent dentist ratio of at least 5,000:1
  - Have a population to full-time equivalent dentist ratio of less than 5,000:1 but greater than 4,000:1 and unusually high needs for dental services
- Dental professionals in contiguous areas are overutilized, excessively distant or inaccessible to the population

#### Population Groups must

- Reside in a rational service area for the delivery of dental care services
- Have access barriers that prevent the population group from use of the area's dental providers
- Have a ratio of the number of persons in the population group to the number of dentists practicing in the area and serving the population group of at least 4,000:1
- Members of federally recognized Native American tribes are automatically designated. Other groups may be designated if they meet the basic criteria described above.

#### Facilities must

- Be either federal and/or state correctional institutions, or public, and/or non-profit medical facilities
- Federal or state correctional facilities must:

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3 of 9

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## Designation Requirements for

### Health Professional Shortage Areas (HPSA) as of July 7, 2010

- Have at least 250 inmates and
  - Have a ratio of the number of internees per year to the number of FTE dentists serving the institution of at least 1,500:1
- Public and/or non-profit private dental facilities must:
  - provide general dental care services to an area or population group designated as having a dental HPSA and
  - have insufficient capacity to meet the dental care needs of that area or population group

## Mental Health

### Geographic Areas must

- Be a rational area for the delivery of mental health services
- Meet one of the following conditions:
  - A population-to-core-mental-health-professional ratio greater than or equal to 6,000:1 and a population-to-psychiatrist ratio greater than or equal to 20,000:1 or
  - A population-to-core professional ratio greater than or equal to 9,000:1 or
  - A population-to-psychiatrist ratio greater than or equal to 30,000:1
- Have unusually high needs for mental health services, and
  - A population-to-core-mental-health-professional ratio greater than or equal to 4,500:1 and a population-to-psychiatrist ratio greater than or equal to 15,000:1, or
  - A population-to-core-mental health professional ratio greater than or equal to 6,000:1, or
  - A population-to-psychiatrist ratio greater than or equal to 20,000:1
- Mental health professionals in contiguous areas are overutilized, excessively distant or inaccessible to residents of the area under consideration.

### Population Groups must

- Face access barriers that prevent the population group from use of the area's mental health providers
- Meet one of the following criteria:
  - Have a ratio of the number of persons in the population group to the number of FTE core mental health professionals serving the population group greater than or equal to 4,500:1 and the ratio of the number of persons in the population group to the number of FTE psychiatrists serving the population group greater than or equal to 15,000:1; or
  - Have a ratio of the number of persons in the population group to the number of FTE core mental health professionals serving the population group greater than or equal to 6,000:1; or

## Designation Requirements for Health Professional Shortage Areas (HPSA) as of July 7, 2010

- Have a ratio of the number of persons in the population group to the number of FTE psychiatrists serving the population group are greater than or equal to 20,000:1

### Facilities must

- Be either federal and/or state correctional institutions, state/county mental hospitals, or public, and/or non-profit mental health facilities
- Federal or state correctional facilities must:
  - Have at least 250 inmates and
  - Have a ratio of the number of internees per year to the number of FTE psychiatrists serving the institution of at least 2,000:1
- State and county mental health hospitals must:
  - Have an average daily inpatient amount of at least 100; and
  - The number of workload units per FTE psychiatrists available at the hospital exceeds 300, where workload units are calculated using the following formula: Total workload units = average daily inpatient census + 2 x (number of inpatient admissions per year) + 0.5 x (number of admissions to day care and outpatient services per year).
- Community mental health centers and other public and non-profit facilities must:
  - Be providing (or responsible for providing) mental health services to an area or population group designated as having a shortage of mental health professionals and
  - Have insufficient capacity to meet the psychiatric needs of the area or population group

### Required Information Needed by the PCO to Analyze All HPSA Requests

**1. Rational Service Area** - The rationale for the selection of a particular service area definition (in terms of travel times, composition of the population, etc.) should be described, particularly for non-whole- county service areas and population groups. The area should be defined in terms of counties, whole census tracts (CTs), or minor civil divisions (MCDs).

**2. Population Count** - the number of persons in the requested area (or population group), based on the latest available Census Bureau or state population **estimates** (population projections will not be accepted). Any adjustments to the population count for the service area and contiguous areas should be explained. Currently the PCO uses 2004 Claritas data for populations count.

**3. Practitioner Count** - the number of full-time- equivalent (FTE) non-federal practitioners available to provide patient care to the area or population group. "Non-federal" means a practitioner who is *not* a federal employee and is *not* an obligated-service member of the National Health Service Corps. It does include non-obligated-service hires of federal grantees.

Created by the Maryland PCO

5 of 9

Source: HRSA's <http://bhpr.hrsa.gov/shortage/hpsadesignation.htm>

## Designation Requirements for

### Health Professional Shortage Areas (HPSA) as of July 7, 2010

"Practitioner" means allopathic (M.D.) or osteopathic (D.O.) primary medical care physicians for primary medical care HPSA requests; dentists, for dental HPSA requests; and psychiatrists or core mental health providers for psychiatric/mental health HPSA requests. Core mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family specialists.

"Patient care" for primary care physicians includes seeing patients in the office, on hospital rounds and in other settings, and activities such as interpreting laboratory tests and X-rays and consulting with other physicians.

Physician data is provided to the PCO by the Maryland Board of Physicians.

**4. Contiguous Resources** - the availability and accessibility of health providers in contiguous areas. To show that contiguous resources are excessively distant (greater than 30 minutes travel time for primary medical care, greater than 40 minutes for dental and mental health), the driving distance/travel time between the population center of the requested area and the population centers of the contiguous areas should be provided.

In inner portions of metropolitan areas, travel time by public transportation is used. This includes inner city neighborhoods with significant poverty levels (20 percent or higher) indicative of a dependence on public transportation. In those city neighborhoods with relatively low poverty levels (where residents may elect to use public transportation), driving times will be used.

**5. High Needs/Insufficient Capacity** - the presence of indicators of unusually high needs of the population or insufficient capacity of health care resources in the area. The high needs factors for primary care, dental and mental health, and the insufficient capacity factors for existing primary care and dental providers, are detailed in the criteria.

#### Population Group HPSA Requests

The geographic area within which the population group resides should be defined in terms of counties, civil divisions or census tracts, in accordance with the same rational service area criteria for designation of geographic areas.

The request should contain a description of the barriers to access, in the area of residence and contiguous areas, experienced by the population group. This description should contain appropriate supporting data and should address the following points:

1. Whether the barriers to access for the population group are primarily economic in nature, or primarily due to non-economic factors such as minority status, language differences, or cultural differences. If significant numbers of practitioners (public and/or private) refuse to accept patients on the basis of non-economic factors, this problem and its extent should be discussed. If an access barrier appears to exist because of demographic or other differences between the population group and available practitioner(s) (public and/or private), this should also be discussed and evidence of it should be presented.

## Designation Requirements for

### Health Professional Shortage Areas (HPSA) as of July 7, 2010

2. With respect to economic barriers, whether the major difficulty is lack of access for the low-income population or lack of access for the Medicaid-eligible population, the applicant should provide information on the number of persons in the category for which designation is requested. A minimum of 30 percent of the service area's population must be at or below 200 percent of poverty for consideration as a low-income or Medicaid-eligible population group HPSA.
3. Whether practitioners, health centers, or hospital outpatient clinics (public and/or private) in the area accept Medicaid reimbursement and/or provide patient care on an ability-to-pay or sliding-fee-scale basis. The applicant should list the practitioners, their practice locations and the approximate percentage of the practice devoted to the Medicaid-eligible population and the percentage of the practice devoted to other low-income persons in each such setting. FTE practitioners (D) is the number of practitioners involved, adjusted by the percentage of their time in patient care in the area, further adjusted by the estimated percentage of the time devoted to serving the population group in question.

In order to calculate the appropriate population-to-practitioner ratio (R) for consideration as a primary medical care, dental or mental health HPSA, the request should include the total number of persons in the population group for which designation is requested and the total number of FTE practitioners (D) in the defined area that are serving that population. The appropriate ratio (R) will then be computed as follows for these specific population groups:

#### *Low-income populations*

Low-income population, defined as those persons with incomes at or below 200 percent of the poverty level. A minimum of 30 percent of the requested area of residence's population must be at or below 200 percent of poverty for consideration under this population group category. This is also the population eligible to receive services on a sliding-fee scale at Federally-funded projects. This includes and replaces the previously separate category of medically indigent population.

N = Population with incomes at or below 200 percent of the poverty level  
D = FTE non-federal practitioners serving the Medicaid population  
+ FTE non-federal practitioners offering care on a sliding-fee- scale, ability-to-pay basis, or free-of-charge basis, R = N/D

#### *Medicaid-eligible populations*

A minimum of 30 percent of the requested area of residence's population must have incomes at or below 200 percent of the poverty level for consideration under this population group category.

N = population eligible for Medicaid under applicable State's medical assistance program  
D = FTE non-Federal practitioners accepting Medicaid  
R = N/D

Created by the Maryland PCO

7 of 9

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## Designation Requirements for

### Health Professional Shortage Areas (HPSA) as of July 7, 2010

*Migrant (or Migrant and Seasonal) Farmworkers and their families* (Revised to explicitly include Seasonals where appropriate)

N = (average daily number of migrant workers, or migrant and seasonal workers, and dependents present in the area during portion of year that migrants, or migrant and seasonal workers, are present) X (fraction of year migrants, or migrant and seasonal workers, are present)

D = FTE non-Federal practitioners serving migrants, or migrants and seasonal workers

R = N/D

*American Indians or Alaskan Natives*

N = number of American Indians or Alaskan Natives

D = FTE non-Federal practitioners serving Indians or Alaskan natives

R = N/D

*Other populations isolated by linguistic or cultural barriers or by handicaps*

N = number of people in language or cultural or handicapped group involved

D = FTE non-Federal practitioners speaking language involved (or using interpreter), or familiar with culture involved, or serving handicapped group

R = N/D

*Homeless Populations*

Public Law 100-77 included a provision amending Section 332 of the PHS Act to specifically state that the homeless are one of the population groups eligible for health professional shortage area (HPSA) designation. In fact, designation of homeless populations as HPSAs was already possible under existing legislation, regulations and criteria, and such designations already exist. The area where the homeless congregate should be defined in terms of census tracts, and information on the location of any homeless shelters, clinics, or other facilities serving the homeless should be provided.

N = The estimated number of homeless persons in the area, as recognized by local officials for planning of shelters/services to the homeless. Please include a brief description (or enclose an existing report) on how the count was obtained.

D = The number of full-time-equivalent (FTE) non-Federal practitioners, if any, currently serving the population. This would include time devoted to the homeless by practitioners at any local health care facilities which provide some ambulatory care services to the homeless, or by private practitioners who volunteer some of their time to serve the homeless at shelters or other locations accessible to homeless persons.

R = N/D

#### **FEDERAL PROGRAMS USING HPSA DESIGNATIONS INCLUDE:**

National Health Service Corps (Section 333 of the Public Health Service Act) - provides for assignment of federally-employed and/or service- obligated physicians, dentists, and other health professionals to designated HPSAs

Created by the Maryland PCO

8 of 9

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## Designation Requirements for

### Health Professional Shortage Areas (HPSA) as of July 7, 2010

National Health Service Corps Scholarship Programs (Section 338A) - provides scholarships for training of health professionals who agree to serve in designated HPSAs through the NHSC or the private practice option

National Health Service Corps Loan Repayment Program (Section 338B) - provides loan repayment to health professionals who agree to serve in the NHSC in HPSAs selected by the Secretary

Rural Health Clinics Act (Public Law 95-210) - provides Medicare and Medicaid reimbursement for services provided by physician assistants and nurse-practitioners in clinics in rural HPSAs

Medicare Incentive Payments for Physician's Services Furnished in HPSAs (Public Law 100-203, Section 4043, as amended) - CMS (formerly HCFA) gives 10 percent bonus payment for Medicare-reimbursable physician services provided **within geographic HPSAs. This payment does not apply to population group HPSAs.**

Higher "Customary Charges" for New Physicians in HPSAs (Public Law 100-203, Section 4047) - CMS (formerly HCFA) exempts new physicians opening practices in non-metropolitan geographic HPSAs from new Medicare limitations on "customary charges"

Area Health Education Center Program (Section 781(a)(1)) - gives special consideration to centers that would serve HPSAs with higher percentages of underserved minorities; gives funding priority to centers providing substantial training experience in HPSAs

Federal Employees Health Benefits Programs - provides reimbursement for non-physician services in States with high percentages of their population residing in HPSAs.

For a listing of currently designated HPSAs, please visit Health Resources and Services Administration's (HRSA's) Office of Shortage Designation website:  
<http://hpsafind.hrsa.gov/> .