

Health Professional Shortage Area Designations

Background

The Center for Health Workforce Studies (CHWS), under contract with the New York State Department of Health (NYSDOH), develops federally designated shortage area applications and provides technical assistance to organizations and other stakeholders on the designation process, current designation rules, and on other questions related to shortage designations. Part of this work includes updating provider data as necessary to ensure that the most accurate provider data is available for shortage designation analysis. In addition to shortage area designations, provider information is used by CHWS for understanding general 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.

Health Professional Shortage Area Designations (HPSAs)

Federally designated shortage areas include HPSAs, Medically Underserved Areas (MUAs), and Medically Underserved Population (MUPs). These designations identify areas or facilities that have shortages of primary care, dental, and mental health providers, and are established under the US Public Health Service Act (Sections 330 and 332). CHWS staff works with both NYSDOH, Office of Primary Care and the U.S. Department of Health and Human Services, Bureau of Shortage Designations on these designations.

HPSAs are both area, population, and facility designations and expire every 3 years by law. To receive approval for a HPSA, there must be a proposed rational service area (RSA), the application must meet the population-to-provider ratio, and services in contiguous areas must be inaccessible to the population of the RSA.

HPSA disciplines and provider definitions:

- Primary care providers (MD/DO) - primary or general practice, general: OB/GYN, 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 - the total population in an area and the total providers serving that area
- Population - a specific type of population such as low-income, Medicaid-eligible, migrant farm workers, homeless, and Native Americans
- Facility - Federal/state correctional institutions, state mental health hospitals, and public or non-profit medical facilities

Designation formats:

- Partial county
 - One or more census tracts in an urban
 - One or more townships in a rural area
- Full county
- Multiple counties

Developing RSAs

An RSA is defined as:

- Single whole counties *if* population < 250K; or aggregate of townships (rural); or aggregate of census tracts (urban)
- Service area must consider geography within 30 minutes of population center
 - By drive time or public transportation under certain conditions

- Service area may be further limited by:
 - Physical barriers
 - Socioeconomics
 - Established neighborhoods
 - Existing designations or over-utilization

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, CHWS uses the U.S. Census population data.

Primary care:

- Geographic = $\geq 3,500:1$ population to provider ratio
- Population = $\geq 3,000:1$ population to provider ratio and 30% of the population must be at the 200% federal poverty level
- Federal and/or State Correctional Institutions = $\geq 1,000:1$ population to provider ratio and at least 250 inmates
- Public or non-profit private facilities = majority of facility's primary care must be provided to residents of a designated HPSA, residents must have reasonable access to the facility (<30 minutes travel time), and
 - $>8,000:1$ outpatient visits to provider ratio, or
 - Excessive (>50%) use of ER services for routine primary care, or
 - Waiting time for routine health appointments of >7 days for established patients or >14 days for new patients, or
 - Waiting time >1 hour for patients with appointments or >2 hours for patients on a first-come-first-serve basis.

Dental care:

- Geographic = $\geq 5,000:1$ population to provider ratio
- Population = $\geq 4,000:1$ population to provider ratio
- Federal and/or State Correctional Institutions = $\geq 1,500:1$ population to provider ratio and at least 250 inmates
 - Public or non-profit private facilities = $>5,000:1$ outpatient visits to FTE dentists per year and the majority of facility's primary care must be provided to residents of a designated HPSA.

Mental health care:

- Geographic = $\geq 30,000:1$ population to provider ratio
- Population = $\geq 20,000:1$ population to provider ratio
- Federal and/or State Correctional Institutions = $\geq 2,000:1$ population to provider ratio and at least 250 inmates
- Public or non-profit private facilities = $>3000:1$ patient visits per year per core psychiatrist, majority of facility's primary care must be provided to residents of a designated HPSA, residents must have reasonable access to the facility (<40 minutes travel time), and facility has been given responsibility for providing mental health services for an area or population group.
- State and County Mental Health Hospitals = $\geq 300:1$ workload units per psychiatrist and an average daily inpatient census of at least 100.

MUAs and MUPs

These designations are only for primary medical care and do include facility designations. They currently do not expire and do not need an analysis of contiguous areas.

MUAs and MUPs also need to be developed based on a rational service area but also need a MUA or MUP score of less than 62 to qualify for designation. Designation scores are based on an index value that includes:

- Infant mortality rate
- Poverty rate

- Percentage of elderly
- Population to primary care physician ratio

Approval Process

Once the shortage area designation requirements are met, CHWS will send the request to HRSA. CHWS will then 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, HRSA will begin processing the request. The average turnaround time for approvals is between 4 and 5 months.

Benefits

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

- National Health Service Corp loan repayment and scholarship program
- Federally Qualified Health Centers
- Rural Health Clinics
- J-1 Visa providers
- Medicare Incentive Payment

Please note that benefits differ by type of shortage area designation.

How to Request a Designation

HPSA designation (primary care, dental or mental health HPSA)

Please send a written request by e-mail to the Center for Health Workforce Studies. Your request needs to identify:

- The type of HPSA you are requesting (primary care, dental or mental health).
- The geographic service area for your request.

- Why your community needs a HPSA - which HPSA-linked benefits your community needs (federal loan repayment, Rural Health Clinic certification, Medicare provider bonus payments).

Medically Underserved Area/Population designation for new communities to apply for federal community health center funding

Please send a written request by e-mail to the Center for Health Workforce Studies. Your request needs to identify:

- Which path you are taking to try to start a new Community Health Center (CHC) [new applicant, planning grant, partner with existing CHC, etc.]
- Which area you are targeting for a new CHC site

Reminders

Plan ahead - It can take 6-12 months to review your request, collect the required provider data, submit a state application to HRSA, and for HRSA to approve a new designation.

No guarantees – CHWS works very hard to see if communities can meet federal criteria for a shortage designation, but cannot guarantee that an area will meet the criteria required by federal law.

To determine if your area is already a HPSA, please check the HRSA website at <https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>.

To determine if your area is already a MUA or MUP, please check the HRSA website at <https://datawarehouse.hrsa.gov/tools/analyzers/muafind.aspx>.

CHWS, established in 1996, is based at the School of Public Health, University at Albany, State University of New York (SUNY). The mission of CHWS is to provide timely, accurate data and conduct policy relevant research about the health workforce. The research conducted by CHWS supports and promotes health workforce planning and policymaking at local, regional, state, and national levels.