

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

An Informational Reference on the Development and Scoring of Shortage
Designations for Washington State



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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 Division of Policy and Shortage Designation (DPSD), which is part of the Bureau of Health Workforce (BHW), in the Health Resources and Services Administration (HRSA), of the U.S. Department of Health and Human Services (HHS). HPSA designations identify areas or populations as having a shortage of primary care, dental or mental healthcare providers. State and federal programs use these designations to determine eligibility for payment enhancements and workforce incentive programs. MUA and MUP designations identify areas or populations as having a lack of access to primary care services. These designations are a prerequisite to requesting grant awards to help establish health maintenance organizations or community health centers under [Section 330 of the Public Health Service Act](#).

On May 19, 2022, HRSA published the final criteria to identify the new Maternal Care Target Area (MCTA)¹. MCTAs are geographic areas within an existing primary care HPSA that have a shortage of maternity care health professionals.

Health Professional Shortage Area Designations (HPSA) / Maternal Care Target Area (MCTA)

Below are the definitions of provider types, designation disciplines and formats.

Provider types:

- All non-federal² Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO) practicing in the any of the following specialty fields:
 - General and/or family medicine
 - General internal medicine
 - General obstetrics-gynecology
 - General pediatrics
 - General geriatrics
- All non-federal² dentists practicing in general and/or pediatric dentistry.
- All non-federal² psychiatrists (MD/DO) that are certified or board-eligible practicing in patient care or child psychiatry.
- All non-federal² full scope maternal care health professionals that provide care during labor, birthing, prenatal care, and postpartum care.

Note: There are additional provider criteria considered in the designation process. For more information:

- *Primary Care, [42 CFR Title 42 Part 5 Appendix A to Part 5—Criteria for Designation of Areas Having Shortages of Primary Medical Care Professional\(s\)](#).*
- *Dental Care, [42 CFR Title 42 Part 5 Appendix B to Part 5—Criteria for Designation of Areas Having Shortages of Dental Professional\(s\)](#).*
- *Mental Health, [42 CFR Title 42 Part 5 Appendix C to Part 5—Criteria for Designation of Areas Having Shortages of Mental Health Professionals](#).*
- *Maternal Care Target Area, [Criteria for Determining Maternity Care Health Professional Target Areas](#)*

¹ MCTAs are not individual designations. They are a subcomponent of an existing primary care designated area.

² Non-federal refers to providers that are not federally employed or fulfilling service obligations through federally funded programs.

Designation discipline types:

- Geographic - A shortage of providers for an entire group of people within a defined geographic area.
- Population - A shortage of providers for a specific group of people within a defined geographic area (e.g., low-income, homeless or migrant farm worker)
- Facility – A shortage of providers specific only to an individual organization (e.g., correctional facility, federally qualified health center, or public/non-profit facilities)

Designation formats:

- Partial county
- Full county
- Multiple counties

HPSA Provider Surveys and Schedule

Our office oversees the surveying process of all HPSA eligible providers in Washington. The national data sets are refreshed every three years. After that data refresh, DPSD automatically runs designation updates. This ensures each designation still meets federal eligibility requirements with the new national data sets. Surveying supplements the National Shortage Designation Updates (NDSU) by ensuring the most recent provider data is in the system when the national updates occur. We currently offer an electronic, paper and multi-provider spreadsheet version of the survey.

HPSA Scoring Criteria

Scores are calculated in a federal online portal, called the Shortage Designation Management System (SDMS), with a combination of national data sets and provider data gathered through surveying. The scores range from 0-25 for primary care, maternal care, and mental health, and 0-26 for dental health.

Primary care HPSA scoring components include:

- Population-to-Provider Ratio [10 points max]
- Percent of population below 100% of the [Federal Poverty Level \(FPL\)](#) [5 points max]
- Travel time to the nearest source of care (NSC) outside the HPSA designation area [5 points max]
- Infant Health Index (based on Infant Mortality Rate (IMR) or Low Birth Weight (LBW) Rate) [5 points max] **The Infant Health Index evaluates both IMR and LBW rate. Points are awarded on whichever has the higher score.*

Dental health HPSA scoring includes:

- Population-to-Provider Ratio [10 points max]
- Percent of population below 100% of the [Federal Poverty Level \(FPL\)](#) [10 points max]
- Water fluoridation status [1 point max]
- Travel time to the nearest source of care (NSC) outside the HPSA designation area [5 points max]

Mental health HPSA scoring includes:

- Population-to-Provider Ratio [7 points max]
- Percent of population below 100% of the [Federal Poverty Level \(FPL\)](#) [5 points max]
- Elderly Ratio (percent of people over age 65) [3 points max]
- Youth Ratio (percent of people under age 18) [3 points max]
- Alcohol Abuse Prevalence [1 point max]
- Substance Abuse Prevalence [1 point max]

- Travel time to Nearest Source of Care (NSC) outside the HPSA designation area [5 points max]

Maternal Care Target Area sub-scoring includes:

- Ratio of females ages 15–44 -to-full time equivalent maternity care health professional ratio [10 points max]
- Percentage of females 15–44 with income at or below 200 percent of the [Federal Poverty Level \(FPL\)](#) [5 points max]
- Travel time and distance to the nearest provider trained and licensed to provide the necessary care [5 points max]
- Fertility rate [2 points max]
- Social Vulnerability Index [2 points max]
- Maternal Health Index: six indicators [1 point each; 6 points max]
 - Pre-Pregnancy obesity
 - Pre-Pregnancy diabetes
 - Pre-Pregnancy hypertension
 - Cigarette smoking
 - Prenatal care initiation in the first trimester
 - Behavioral health Factor

For more information, see [Scoring Shortage Designations](#)

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

MUAs have a shortage of primary care health services within geographic areas such as:

- a whole county;
- a group of neighboring counties;
- a group of urban census tracts; or
- a group of county or civil divisions.

MUPs have a shortage of primary care health services for a specific population subset within a geographic area. These groups may face economic, cultural, or language barriers to health care.

Some examples include:

- People experiencing homelessness
- People who are low-income
- People who are eligible for Medicaid
- Native Americans
- Migrant farm workers

MUA/P designations use the [Index of Medical Underservice \(IMU\)](#) to obtain a score for the area being proposed for designation. Each proposed service area or Rational Service Area (RSA) must have an IMU of 62.0 or less to qualify as an MUA/P designation. The calculation of an IMU score is based on four variables:

- Ratio of primary medical care physicians per 1,000 population,
- Infant mortality rate,
- Percent of the population with incomes below the poverty level, and
- Percent of the population age 65 or over

For more information, See [Scoring Shortage Designations](#)

Approval Process

Once eligibility requirements are met, the state’s Primary Care Office (PCO) will submit an online application to DPSD. The process starts with a 30-day comment period. This initial waiting period allows for any follow up comments or information regarding the submitted application before the initial review process starts. After the 30-day comment period expires, the application will enter the DPSD review queue. It must pass both an initial and secondary review before beginning the approval process. The total time needed for the entire review and approval process is dependent on the application’s location in the work queue. We ask that interested parties allow four to five months for approvals. Once the application is approved or denied, DPSD will notify the PCO and all interested parties about the decision.

For more information, See [Reviewing Shortage Designation Applications](#)

Benefits

HPSA designations are important because they make you eligible for a variety of state and federal workforce incentive programs. MUA/P designations allow healthcare facilities to apply for federal grant awards. See [Appendix 1](#) for more information.

Here are some examples of the federal and state programs that use shortage designations for resource distribution. The Washington Health Corps (WHC) has three state programs available, each with different requirements, that provide educational loan repayment assistance. See [WHC handout](#) for more information.

Primary Care:

Shortage Designation Option	National Health Service Corps (NHSC)	Nurse Corps	Health Center Program	IHS Loan Repayment Program	CMS HPSA Bonus Payment Program	CMS Rural Health Clinic Program	J-1 Visa Waiver	WA Health Corps (WHC)
Geographic HPSA	x	x		x	x	x	x	x
Population HPSA	x	x		x		x	x	x
Facility HPSA	x	x		x			x	x

Dental Care:

Shortage Designation Option	National Health Service Corps (NHSC)	Nurse Corps	Health Center Program	IHS Loan Repayment Program	CMS HPSA Bonus Payment Program	CMS Rural Health Clinic Program	J-1 Visa Waiver	WA Health Corps (WHC)
Geographic HPSA	x			x				x
Population HPSA	x			x				x
Facility HPSA	x			x				x

Mental Health:

Shortage Designation Option	National Health Service Corps (NHSC)	Nurse Corps	Health Center Program	IHS Loan Repayment Program	CMS HPSA Bonus Payment Program	CMS Rural Health Clinic Program	J-1 Visa Waiver	WA Health Corps (WHC)
Geographic HPSA	x	x		x	x		x	x
Population HPSA	x	x		x			x	x
Facility HPSA	x	x		x			x	x

MUA/Ps:

Shortage Designation Option	National Health Service Corps (NHSC)	Nurse Corps	Health Center Program	IHS Loan Repayment Program	CMS HPSA Bonus Payment Program	CMS Rural Health Clinic Program	J-1 Visa Waiver	WA Health Corps (WHC)
MUA			x			x	(x) ³	
MUP			x				(x) ³	

³ In Washington State, the J-1 Visa Waiver applicant's practice location or patient population served must be in a federally designated HPSA.

Frequently Asked Questions:

Is participation in the provider 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.

Who has access to the provider survey data?

Data from the provider survey is stored on a secure drive at the Washington State Department of Health. Data is reported out in an aggregated format with no personally identifiable information. For all data requests, contact our office at 360-236-2800 or by [email](#). There may be circumstances in which our office will work closely with other state/local agencies, or a healthcare entity, with a shared interest of comparing or gathering data. Since HPSA data is very specific, it is commonly used only in shortage designations. The provider survey data is also used to compile county-level data in the [Health Care Access Reports](#) that are publicly available on our website. This information can be 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 governments.

Is my clinic located in a designated area?

You can check your address to see if it is in a designated area (primary, dental, mental health or MUA/P). See [Find Shortage Areas](#).

How long does it take to get a HPSA designation?

It depends on how long it takes to survey your county or area. The average county can take up to 3-6 months to compile a list of eligible providers, send out survey requests and make follow-up calls. We strive to achieve at least a 70% response rate before starting the application process. The application is the quickest part of the process and normally takes about 3-5 days to complete. We work as fast as possible to give your data the most accurate analysis possible. Although the application can be completed quickly, the information gathering that precedes the application and the review and approval process after the application is submitted can be lengthy. It can take four to five months before interested parties are notified by HRSA.

How long do designations last?

Designations are normally reevaluated every three years based on the National Shortage Designation Update (NDSU) schedule. The NDSU takes place after up-to-date federal standardized datasets are uploaded into the database. The current designation remains active until the new or updated one is approved. This ensures our participants in both federal and state programs, that require an active designation, can continue participating without any service obligation interruptions.

What if my area is not re-designated?

We will make every effort to renew a designation. However, if it cannot be renewed or reconstructed it will remain in a proposed for withdraw status. The effective date of withdraw will be the next publication of notice in the annual [Federal Register](#). The Federal Register is the official federal listing of designated primary medical care, mental health and dental health professional shortage areas. Some programs are not affected by the loss of a HPSA designation and others will be. You will need to check with your program for more information.

Where can I find out what programs use designations?

For a list of common programs using designations, see [Benefits](#) or [Appendix 1](#).

Where can I find out more about the Division of Policy and Shortage Designation?

The Federal [Bureau of Health Workforce](#) 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 Bureau of Health Workforce and Division of Policy and Shortage Designation key staff by [phone](#) or by the email address listed below.

Division of Policy and Shortage Designation
Bureau of Health Workforce
Health Resources and Services
Administration 5600 Fishers Lane
Rockville, Maryland 20857
Email: SDB@hrsa.gov

How do I get my area designated?

Contact our office at 360-236-2800 or by [email](#) to make a request.

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 HPSA 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 360-236-2800. 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 HPSAs with higher percentages of underserved minorities; gives funding priority to centers providing substantial training experience in HPSA's. For further information, call 206-383-3196 for Western Washington and 509-828-1381 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 HPSAs, MUAs. For information on applying for Rural Health Clinic status contact the Office of Community Health Systems, Rural Health Section at 360-236-2800 or see the [Washington State Rural Health Clinic](#) website.

Medicare Incentive Payment for Physician's Services Furnished in HPSAs: (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 HPSAs. This payment does not apply to population group HPSAs. For more information, see [Medicare Provider Enrollment](#) 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 HPSAs in a metropolitan county. To learn how to participate, 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 HPSAs and MUA/MUPs. For more information check out HRSA's [Health Professions Training Grants](#) or their [grants](#) website, or visit CMS's [current funding opportunities](#).

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 MUAs or MUPs. For more information contact the Primary Care Office at 360-236-2800 or see the website at [Washington State Primary Care Office](#) or see HRSA's website on [What is a Health Center?](#)

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 360-236-2800 or see HRSA's website on [Health Center Program Look-Alikes](#).

State Programs Using Federal Designations

J-1 Visa Waiver Program: The State of Washington can request that Visa requirements be waived for up to 30 International Medical Graduates willing to serve in a federally designated HPSA or can demonstrate service to patients who reside in HPSA. For more information contact the Office of Community Health Systems, Rural Health Section, J-1 Visa Waiver information at 360-236-2800 or see our website at [Washington State J-1 Visa Waiver Program](#)

Washington Student Achievement Council: The State of Washington offers several State and federally funded loan repayment and other financial assistance programs to attract and retain licensed health professionals to serve in critical shortage areas. For more information contact the Washington Student Achievement Council at 360-753-7800 or see their website at [Washington Student Achievement Council](#)