



## **HEALTH SYSTEMS PLANNING**

### **National Health Service Corps and Federal Designations**

### **Fact Sheet**

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**Designation applications made to Health Resources and Services Administration (HRSA) by Oregon Department of Human Services, Health Systems Planning Office include:**

- Health Professional Shortage Areas (HPSA)
- Medically Underserved Areas or Populations (MUA/MUP)
- Governor Designations (GD)

**Programs available by designation, only major ones listed:**

- HPSA – National Health Service Corps (NHSC), Rural Health Clinic (RHC), and Oregon Critical Access Hospital (CAH) “necessary provider” indicator needed for some providers to relocate. These designations are updated on a 4 year cycle. They can change or go away over time.
- MUA/P- Required for Community Health Center (CHC) funding and Look- Alike Clinic Status. These clinics must serve patients from a designated area, but do not have to be located in the area. It provides eligibility for RHC status if the designation is no older than 4 years old. There is no mandate to update an MUA or MUP designation. RHCs must be inside the designation to use it. MUA/P is sometimes used as an Oregon CAH “necessary provider” indicator needed for some providers to relocate.

**Criteria for HPSA:**

- Provider to population ratio and distance (minimum 30 minutes) to next source of care.
- Primary Care Medical Providers are used and defined as FP, GM, IM, Peds and OB/GYN physicians.
- Minimum ratio is 3,500:1. If high needs or special populations are used, the ratio is lowered to 3,000:1.

**Criteria for MUA/P:**

- The weighted values for percent of population below the Federal Poverty Level (V1), percent of population age 65 and older (V2), the infant mortality rate (V3), and the ratio of primary care physicians per 1,000 population (V4) are used. The total of all weighted values must be 62.0 or less.
- It is our Oregon experience that we get so many points for healthy babies, that there is little or no room for FTEs in this designation. It helps to have high poverty or elderly populations, but this designation is used primarily before a clinic starts and is almost impossible to update once physicians locate in the area and/or poverty improves.

**Other considerations:**

- Further details about contiguous areas, high need indicators, percent low income / special population requirements, actual weighted scores for values, response rates, FTE calculation methods and specifics for how distance is measured are just too cumbersome to share.
- Oregon Designations are now done online and HRSA has a small part of our survey data in their system such as office and hospital hours.
- HRSA has proposed a rule change which would combine these two types of designations into one. Distance would always be considered, more variables used, midlevel providers would be added and they would be updated on a four year cycle. Many comments were made. HRSA is in the process of analyzing and considering comments and have promised to make some changes and publish the updated proposal for final comment before the rules are implemented. It is anyone's guess as what this timeline would be, but we have been assured that the proposal has not been shelved.
- NHSC rules can be found on their web site <  
<ftp://ftp.hrsa.gov/nhsc/factsheets/Information-for-Communities-and-Sites.pdf>
- Besides Primary Care, the HPSA process is available for Dental and Mental Health. Ratios, variables and distance are different for these designations. Clinic status is not linked to Mental Health or Dental HPSA. They are used more strictly for NHSC resources, as was original intent.