

**Health Professional Shortage Areas (HPSAs)
and
Medically Underserved Areas (MUAs)**

This summary is provided to assist health care facilities in their efforts to become designated as a health professional shortage area (HPSA), medically underserved area (MUA), or medically underserved population (MUP). The definitions of each designation are clearly defined and provide the benefits of each program.

The Center for Rural Health provides information regarding the shortage area designations free of charge to all North Dakota communities. For additional information on these programs, contact Mary Amundson, M.A., Assistant Professor, Center for Rural Health, University of North Dakota School of Medicine and Health Sciences, PO Box 9037, Grand Forks, North Dakota 58202-9037, (701) 777-4018, FAX (701) 777-6779. E-mail: mamundson@medicine.nodak.edu

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Health Professional Shortage Areas

Health Professional Shortage Areas (HPSAs), formerly Health Manpower Shortage Areas, are based upon criteria set forth under Section 332 of the Public Health Service Act. These regulations, originally published in the November 17, 1980, Federal Register, are outlined below. Entities in these areas are eligible to apply for assignment of National Health Service Corps personnel and are eligible service areas for certain loan repayment, scholarship, and other Public Health Service Programs.

HPSAs are defined to include 1) urban and rural geographic areas, 2) population groups, and 3) facilities with shortages of health professionals. An area can obtain this designation if each of the following criteria are met.

1. The area must be a rational area for the delivery of primary medical care services. In determining "rational" areas, one of three conditions must be satisfied. The region must be comprised of:
 - a) a county or a group of contiguous counties whose population centers are within 30 minutes travel time of each other,
 - b) a portion of a county(s) whose population has limited access to contiguous area resources, as measured by a travel time greater than 30 minutes, and/or
 - c) established neighborhoods and communities within metropolitan areas which display a strong self-identity, have limited interaction with contiguous areas, and have a minimum population of 20,000.

Distances corresponding to 30 minutes travel time are: 20 miles on U.S. Highways, 15 miles in mountainous terrain, state highways or county roads, and 25 miles in flat terrain or in areas connected by interstate highways.

2. One of the following two conditions must prevail within the area:
 - a) A ratio of population to full-time-equivalent primary care physician of at least 3,500:1, or
 - b) A ratio of population to full-time-equivalent primary care physician of less than 3,500:1 but greater than 3,000:1 and an unusually high need for primary care services or insufficient capacity of existing primary care providers.

All non-federal Doctors of Medicine (M.D.) and Doctors of Osteopathy (D.O.) providing direct patient care and who practice principally in one of the four primary care specialties - general or family practice, general internal medicine, pediatrics, and obstetrics/gynecology - will be counted. A 36-hour work week will be used as the standard for determining full-time equivalents (FTE). For practitioners working less than a 36-hour week, every four (4) hours (or 1/2 day)

spent providing patient care, will be counted as 0.1 FTE and each physician providing patient care 36 or more hours a week will be counted as 1.0 FTE.

An area is considered having unusually high needs for primary health care services if there are: a) more than 100 births per year per 1,000 women age 15-44, b) more than 20 infant deaths per 1,000 live births, or c) more than 20% of the population (or of all households) with incomes below the poverty level.

3. Primary medical care professionals in contiguous areas must be over-utilized, excessively distant or inaccessible to the population of the area under consideration.

An over-utilized area is characterized by a population to full-time-equivalent primary care physician ratio in excess of 2,000:1. If primary care sources in contiguous areas are more than 30 minutes travel time from the population center of the area being considered for designation, the contiguous area is deemed excessively distant. Primary care in adjacent areas is considered inaccessible to the population if demographic barriers or economic access barriers exist.

A HPSA designation has several advantages. The following is a list of the programs which utilize HPSA classifications and a brief description of each:

National Health Service Corps (Section 333, Public Health Service {PHS} Act) provides for assignment of federally employed and/or scholarship-obligated physicians, dentists, nurse practitioners, physician assistants and other health professionals to designated HPSAs.

National Health Service Corps Scholarship Program (Section 338A, PHS Act) provides scholarship for the training of health professionals who agree to serve in the National Health Service Corps; requires obligated service in designated HPSAs.

National Health Service Corps Loan Repayment Program (Section 338A, PHS Act) provides educational loan repayment opportunities to primary care health professionals for service in a HPSA.

Rural Health Clinic Act (Public Law 95-210) provides for Medicare and Medicaid cost-based reimbursement of services provided by physicians, physician assistants, nurse practitioners, nurse-midwives, clinical psychologists, and clinical social workers in clinics in rural HPSAs.

Mental Health Clinical Traineeships (Section 781, PHS Act) requires centers to provide service to shortage areas and involves preceptorship for National Health Service Corps scholars.

The following give funding preference to programs that involve service in HPSAs:

Nurse Practitioner/Nurse Midwifery Training (Section 822 (a). PHS Act)

Physician Assistant Training (Section 783, PHS Act)

Residency Training, Traineeships and Fellowships in General Internal Medicine and General Pediatrics (Section 784, PHS Act)

Geriatric Education Center Program (Section 788 (d), PHS Act)

Nursing Special Projects (Section 820 (a) (9), PHS Act)

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

State Service-Contingent Loan and Scholarship Programs provide 23 state service-contingent loan and/or scholarship Programs in 20 states; requires service in the state's HPSAs or in a slightly larger list of areas, which includes the HPSAs.

Assistance with Recruitment for Primary Health Care Providers provides a 10% increase in Medicare reimbursement to physicians who provide services in a federally designated HPSA. Like HPSAs, Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are federally designated. MUAs represent geographical areas. MUPs depict a specific population within a geographic area, such as the medically indigent or migrant and seasonal farmworkers.

Medically Underserved Areas/Population Defined

Several factors are involved in determining an area's designation eligibility. The Index of Medical Underservice (IMU) is applied to several data elements to ascertain an overall score. Counties or other rational service areas found to have an IMU of 62.0 or less normally qualify for designation as MUAs.

The following data is required to complete an assessment of an area for MUA status.

1. **A complete definition of the proposed service area** naming whole counties, census county divisions, or groups of contiguous census tracts (A map showing the area's boundaries and the location of resources within the proposed area is necessary).
2. **The proposed service area's population** including all resident civilian, noninstitutional persons.
3. The latest available data on the **percent of the proposed area's population below the poverty line**.
4. The latest available data on the **percent of population age 65 or over** residing in the proposed area.
5. The latest available five-year average of the area's **infant mortality**.
6. **The current number of full-time equivalent (FTE) primary care physicians** serving the area, and their locations of practice.
7. The computed **ratio of FTE primary care physicians per thousand population** for the area.

An area or population group which does not meet the established MUA criteria can be considered for Medically Underserved Population designation if:

1. Unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and
2. Such designation is recommended by the chief executive officer and/or local officials of the state.

Requests for designation under these "exceptional" MUP procedures must include the previously mentioned MUA data elements, including the computed IMU value. In addition, the unusual local conditions/access barriers/availability indicators which led to the recommendation for MUP designation must be included.

MUA and MUP designations are used by the federal government as partial criteria for several federally-supported primary health care programs.

Public Health Service Act, Section 329 Programs for Migrant Health Centers

Public Health Service Act, Section 330 Programs for Community Health Centers and Health Care for the Homeless

Federally Qualified Health Center status which, all of the above programs are automatically eligible

Federally Qualified Health Center "Look Alike" status for programs which meet the criteria for Public Health Service Act, Sections 329 and 330, but are not grant funded

Rural Health Clinics