

Dear Rural Health Clinic Administrator:

Below is a description of the steps required of CMS-certified Rural Health Clinics to be designated as an automatic Health Professional Shortage Area (HPSA).

RURAL HEALTH CLINIC AUTOMATIC HPSA PROCESS

BACKGROUND

The Health Care Safety Net Amendments of 2002, P.L. 107-251, contained a number of provisions related to the designation of Health Professional Shortage Areas (HPSAs). The most significant change for Federally Certified Rural Health Clinics (RHCs) is the eligibility for an automatic HPSA designation as having a shortage of health professionals to provide primary, dental, and mental health care services. In order to be eligible for the automatic designation, these clinics must demonstrate that they meet the requirements of Section 334 of the PHS Act, Charges for Services by Entities Using Corps Members.

REQUIREMENTS

The requirements are that any site in which a member of the National Health Service Corps (NHSC) serves must be accessible to people regardless of their ability to pay for services. While a HPSA designation does not guarantee an NHSC placement, and may be used for other programs, the legislation requires the same level of accessibility for entities to benefit from the automatic designation process. These requirements include:

- Entity cannot deny requested health care services, and shall not discriminate in the provision of services to an individual whose services are paid by Medicare, Medicaid, or State Child Health Insurance Program (SCHIP).
- Entity shall prepare a schedule of fees or payments consistent with locally prevailing rates or charges.
- Entity shall prepare a corresponding schedule of discounts (including waivers) to be applied to such fee or payments, with adjustments made on the basis of the patient's ability to pay.
- Entity shall make a reasonable effort to secure from patients fees and payments for services, and fees should be sufficiently discounted in accordance with the schedule described above.
- Entity shall accept assignment for Medicare beneficiaries, shall enter into agreements with state agencies that administer Medicaid and SCHIP to assure coverage of beneficiaries of these programs.
- Entity shall take reasonable and appropriate steps to collect all payments due for services.

APPLICATION PROCESS

Any RHC that wishes to request an automatic HPSA must submit the attached Office of Shortage Designation (OSD) *Certificate of Eligibility* document. This document details the requirements from the legislation and allows the Rural Health Clinic Administrator to certify that the clinic meets these requirements. The policies regarding availability of a sliding fee scale and other provisions are to be incorporated into the Policy and Procedures Manual of the sites. When Survey and Certification reviews are conducted, as required by the Centers for Medicare and Medicaid Services (CMS), the presence and implementation of these policies and procedures will be evaluated. We will also be coordinating this effort with the Primary Care Offices (PCOs) in each state, since they have extensive knowledge of the health workforce needs and issues, and are frequently involved in placement of National Health Service Corps, J-1 Visa waiver providers, and other similar programs.

The *Certificate of Eligibility* document must be submitted for each individual RHC site, even if they are part of a larger organization. The information submitted on the *Certificate of Eligibility* document will be checked against the list of certified RHCs posted by CMS to confirm RHC status, and if there are any discrepancies, additional information may be requested. More information about RHCs can be found at http://www.cms.gov/CertificationandCompliance/18_RHCs.asp. To find out if your RHC is a CMS-certified RHCs, you may go to <http://www.cms.gov/MLNProducts/downloads/rhclistbyprovidername.pdf>. **If you have other questions about the process, please see the attached CMS Survey and Certification Regional Office Contacts listing for RHCs.**

To request an auto HPSA for your CMS-certified RHC, please complete the attached *Certificate of Eligibility* document and send it via fax, email, or regular mail to:

Tracey Martin
Office of Shortage Designation
Bureau of Health Professions
5600 Fishers Lane, 9A-18
Rockville, MD 20857
301 594-4462
301 443-4370 FAX
TMartin@hrsa.gov

Once the *Certificate of Eligibility* document is reviewed and approved, sites that meet these requirements will be considered a HPSA facility and added to the HPSA database, which is accessible online at <http://hpsafind.hrsa.gov/>. These HPSA facilities will also be

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scored using data available at the national level; the NHSC scores HPSAs to prioritize placements into areas of greatest need. More information on the auto HPSA scoring process can be found at: <http://bhpr.hrsa.gov/shortage/autoscore.htm>.

RHCs already located in areas or serving populations that have been designated as a HPSA through the traditional application process are eligible for the NHSC placements and other programs based on the existing designation and may use the scores for these HPSA(s) in the current NHSC placement process. More information on the National Health Service Corps can be found at <http://nhsc.hrsa.gov/> or 1-800-221-9393.

If you have any questions about the OSD-specific *Certificate of Eligibility* document, please contact Tracey Martin of OSD at 301 594-4462.

Sincerely,



Andy Jordan
Director
Office of Shortage Designation

Attachment:

Certificate of Eligibility document

CMS Survey and Certification Regional Office Contacts for RHC's

Provider #

[Empty box for Provider #]

CERTIFICATE OF ELIGIBILITY FOR AUTOMATIC HPSA DESIGNATION FOR RURAL HEALTH CLINICS

We,

Rural Health Clinic Name and Address (separate forms required for each separate site)

agree to:

- A. Not deny requested health care services, and shall not discriminate in the provision of services to an individual because:
 - The individual is unable to pay for the services, or
 - Because payment for services would be made under: the Medicare program (Title XVIII for the Social Security Act), the Medicaid program (Title XIX of such Act), or the State's children's health insurance program (Title XXI of such Act).
- B. Prepare a schedule of fees or payments for services, consistent with locally prevailing rates or charges for health care services and designed to cover the reasonable cost of operation
- C. Prepare a corresponding schedule of discounts (including, in appropriate cases, waivers) to be applied to such fees and payments. Discounts shall be adjusted on the basis of the patient's ability to pay. Please enclose a copy of the discount schedule.
- D. Make every reasonable effort to secure from patients fees and payments for services in accordance with such schedules, and fee or payments shall be sufficiently discounted in accordance with C above.
- E. Accept assignment for individuals who are beneficiaries under Medicare.
- F. Enter into an appropriate agreement with the state agencies administering Medicaid and SCHIP for individuals who are beneficiaries under those programs.
- G. Take reasonable and appropriate steps to collect all payments due for health care services provided by the entity, including payments from any third party.
- H. Display prominently a notice of the availability of discounted fees and acceptance of Medicare, Medicaid, and SCHIP to assure public awareness of these options.

These requirements will be reflected in our Policies and Procedures Manual, and subject to review as part of the regular Rural Health Clinic certification process.

Signatures below are assurance that this document contain true and correct information and that the site agrees to comply with all of the above requirements.

Name of Site Official: _____ Phone: _____

Signature of Approving Official: _____ Phone: _____

Title: _____ Date: _____

Do you have a pending R & R application with the NHSC? Y_____ N_____