

The National Shortage Designation Modernization Project (SDMP)/Auto-HPSA Update: *What it is and the importance to Community Health Centers*

May 8, 2019

Frequently Asked Questions

Update Related Questions:

Q1. May facilities keep their existing score(s)?

Answer: Every Auto-HPSA will be included in the National Update planned for summer, 2019 – even if rescored in advance of the update.

Facilities may not keep their existing scores when the Update takes place.

Q2. How often will Auto-HPSAs be updated?

Answer: At present, we are focused on the National Update scheduled for summer, 2019.

Q3. Should there be changes from Update report results to Update report results?

Answer: We expect you to see changes in your reports as your state Primary Care Office (PCO) continues to review and revise provider data and we correct system errors that may arise. The main places that you will see changes in your Update Preview results are in the population to provider ratio and the Nearest Source of Care (NSC).

Q4. Why is the Nearest Source of Care (NSC) a provider that works for my organization?

Answer: This is a known error. Please work with your PCO to change the NSC data after the National Update.

Data Related Questions:

Q5. Can I use 2018 UDS data for the National Update?

Answer: We will be using the 2017 UDS data for the National Update.

We will be adding 2018 UDS data to the Shortage Designation Management System (SDMS), but a date has yet to be determined.

Once the 2018 UDS data are in the SDMS, you will be able to request a rescore through the Auto-HPSA online portal that will be available approximately Fall, 2019.

Q6. Where will I find my organization's providers listed?

Answer: Eligible providers will be listed on the excel file that accompanies the Update reports.

Q7. What providers should be included in the Excel file?

Answer: The Excel file should include the eligible providers that work at your organization, as well as the eligible providers in your organization's service area.

Q8. How is the service area determined?

Answer: For FQHCs that have submitted data to HRSA's Uniform Data System (UDS), your service area is the same as your UDS Core Service Area. Zip codes in which 75% of your patients reside have been used to create a Zip Code Tabulation Area (ZCTA)-based service area. We received ZCTA data directly from the Bureau of Primary Health Care.

Q9. What should we do if the providers listed on our Preview Update excel spreadsheet are incorrect or we know of providers that should be counted?

Answer: Please work with your state Primary Care Office to correct this data.

Q10. Why is the Excel file blank?

Answer: If the Excel file is blank, no eligible providers were identified in your service area. Your population to provider ratio is being calculated assuming zero eligible providers were identified within your service area. Please contact your state PCO to discuss the provider data further.

Q11. Why are providers that don't work at my organization included in the population to provider ratio

Answer: The Auto-HPSA Data Working Group discussed this at length. Our approach for counting eligible providers in the Auto-HPSA service area stems from our understanding that Auto-HPSA organizations are largely staffed specifically to meet their patient population. Using an organization's service area and the eligible providers in that area benefits Auto-HPSA organizations from a scoring perspective.

Q12. Why are providers that are further than 30 or 40 minutes away from my organization being counted in the population to provider ratios?

Answer: We are using a service area approach to the population to provider ratio as follows:

- The organization is geocoded.
- A 30 or 40-minute travel polygon based on private transportation is drawn around the organization.
- All eligible providers located in the polygon are identified.

As a result, providers counted in the population to provider ratios can be more than 30 or 40 minutes away from the site.

Q13. I am a Teaching Health Center. Are Residents counted in the provider to population calculation?

Answer: Yes. Per statute, each Resident is counted as 0.1 FTE. Resident Faculty are not counted.

Q14. Are part-time providers counted in the provider to population calculation?

Answer: Yes. Part-time providers are counted as an FTE based on the number of hours worked.

Q15. Are OB/Gyn providers counted?

Answer: Yes. See counting of primary care practitioners' section in [42 CFR Appendix A to Part 5 – Criteria for Designating Areas Having Shortages of Primary Care Medical Professionals](#) -

Q16. Are J1 visa or H1-B visa providers counted?

Answer: No. Graduates of foreign medical schools who are not citizens or lawful permanent residents of the United States will be excluded from the physician counts.

Q17. How was it determined the providers under NSC serve Medicaid or have a sliding fee schedule?

Answer: The PCOs review and revise the provider data. In Washington, provider Medicaid claims data is reviewed and/or via survey collection.

Supplemental Data Related Questions:

Q18. What supplemental data can I submit for my facility to be rescored?

Answer: After the National Update occurs, sites may submit the following through the Auto-HPSA online portal:

- Water fluoridation data;
- Substance misuse prevalence rate data; and
- Alcohol misuse prevalence rate data.

** PCOs will be able to change Nearest Source of Care data with necessary justification.

Q19. What time period should the facility data reflect?

Answer: The data being used for FQHCs reflect a data collection period of January 1, 2017 – December 31, 2017.

Q20. When adding supplemental information for fluoridation status, alcohol misuse rate and substance misuse rate, how will points be determined if an organization with multiple sites has some sites that meet the criteria and others do not?

Answer: If one or more sites meet the criteria, the appropriate points will be awarded to the organization.

Q21. Do the supplemental data need to mirror the service area HRSA has created?

Answer: No. The fluoridation, alcohol misuse and substance misuse data do not need to mirror the HRSA-created service area. However, the information submitted should reflect the service area (i.e., be based on the organization's and its satellite site addresses) and represent a minimum 12-month reporting period.

National Health Service Corps and Nurse Corps

Q22. Are National Health Service Corps and Nurse Corps providers counted in the provider to population calculation?

Answer: No. NHSC or Nurse Corps providers are not counted. Both programs provide a listing of current obligated providers to the Shortage Designation Branch and therefore are not on the Update Preview excel list of providers sent to Auto-HPSAs.

Q23. Are State Loan Repayment providers counted in the provider to population calculation?

Answer: No. In Washington, providers obligated to the state supported Federal/State Loan Repayment Program (FSLRP) or Health Professional Loan Repayment Program (HPLRP) are excluded from the count.

Q24. Will current NHSC participants need to change sites after the Update?

Answer: No. Current NHSC LRP recipients will not be impacted by the HPSA update process. Current recipients LR contracts will be honored until their service obligation is complete.

Q25. When will these scores go into effect?

Answer: The updated HPSA scores will go into effect when the National Update occurs. The National Update is tentatively planned for summer, 2019. The updated scores will be used for the 2020 NHSC and Nurse Corps (NC) Loan Repayment Program cycles. For NHSC and NC Scholarship Programs, the current process used for scholar placement will remain in place. Scholars should work directly with their Division of Regional Operations (DRO) Project Officer to identify and confirm contractual HPSA scores prior to signing commitment documentation with an organization/site. In Washington, additional questions about the Scholar placement process should be directed to:
Matthew Feist, MS, Public Health Analyst, MFeist@hrsa.gov, 206 615 2488.

General Questions:

Q26. If an Auto-HPSA facility organization has one of its five sites located in a population or geographic HPSA, can the organization use the population or geographic HPSA score?

Answer: Only the site located in the population or geographic HPSA may use the population or geographic HPSA score.

Q27. Will HRSA reconsider its approach to the service area?

Answer: The Bureau of Health Workforce (BHW) plans to proceed with the UDS Core Service area approach in the National Update of Auto-HPSAs. The National Update is a fundamental step toward bringing transparency, accountability, and parity to Auto-HPSA scoring, as well as ensuring that all Auto-HPSA data are processed and recorded in an electronic system. However, once the National Update occurs, BHW is open to examining the approach toward calculating the service area, as well as the HPSA scoring criteria more broadly. BHW will continue to include stakeholders in its efforts and use a data-driven approach.