

Health Professional Shortage Areas and Scoring

Presented by Lacy Foy, NREMT, BGS



Indiana State
Department of Health

Discussion Topics

1. Introduction to Office of Primary Care
2. Review of HPSA Key Concepts
3. HPSA Application Process
4. Shortage Designation Modernization Project
5. Indiana's Current Designation Outlook
6. Incentives
7. Goals



Office of Primary Care

Who are we?

Office of Primary Care

Ann Alley

- Director

Lacy Foy

- Manager

Natalie Layfield

- Designation Specialist

Regina Smith

- Behavioral Health and Primary Care Integration Manager

Brent Anderson

- Practice Coach

Brent Skidmore

- Practice Coach

Programs

- Behavioral Health and Primary Care Integration
- Indiana Primary Care Learning Collaborative
- State Loan Repayment Program
- Health Professional Shortage Area Designations
- Community Health Center Program

HPSA Key Concepts



Indiana State
Department of Health

HPSAs are defined as:

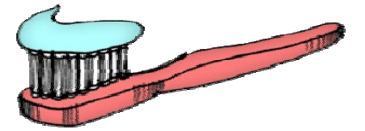
A shortage of:



Primary
Care

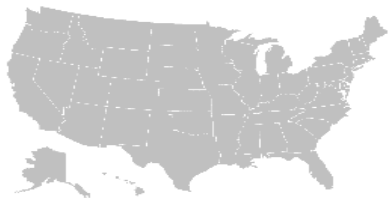


Mental
Health



Dental
Health

in a:



Geographic
Area



Population
Group



Facility
(Auto-HPSA)

Which professions are considered?



Primary Care

Includes Doctors of Medicine (MD) and Doctors of Osteopathy (DO) who provide services in the following specialties:

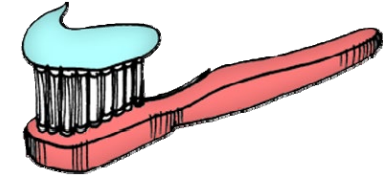
- Family Practice
- Internal Medicine
- Obstetrics and Gynecology
- Pediatrics



Mental Health

Includes:

- Psychiatrists
- Clinical Psychologists*
- Clinical Social Workers*
- Psychiatric Nurse Specialists*
- Marriage & Family Therapists*



Dental Health

Includes:

- General and Pediatric Dentists

Note: Providers solely engaged in administration, research or training are excluded.

**Clinical Psychologist, Clinical Social Workers, Psychiatric Nurse Specialists, and Marriage & Family Therapists are defined as Core Mental Workforce specialties. Core Mental Health Specialties are not included in analysis of Indiana Mental Health Designations.*

Shortages Area Types

- Geographic
 - shortage of providers for the entire population within a defined geographic area.
- Population
 - shortage of providers for a specific population group(s) within a defined geographic area (e.g., low income, migrant farmworkers, and other groups)
- Facility-based
 - correctional facilities, state mental health hospitals, FQHC, FQHC look-a-likes, CMS-certified Rural Health Clinics

Parameters for Geographic and Population HPSA Designations

In order to achieve a designation, the area under consideration must:

- Be a rational area for the delivery of services
- Have a certain ratio of population to providers serving the area that has been determined to qualify as a shortage
- Demonstrate that health professionals in contiguous areas are excessively distant, over-utilized, or inaccessible to the population under consideration

Qualification for (Facility) Auto-HPSA

According to statute and regulation, in order to qualify for an Auto-HPSA you must be classified as one of the following:

- Health Centers (funded under Sec. 330)
- Health Center Look-Alikes
- Tribally-Run Clinics
- Urban Indian Organizations
- Dual-Funded Tribal Health Centers
- Federally-Run Indian Health Service Clinics
- Rural Health Clinics

*** NOTE: CMHCs do not qualify as an Auto-HPSA unless also an FQHC.**

HPSA Application Process



Indiana State
Department of Health

HPSA Application Process

1. Determine profession of interest for HPSA application
2. Verify and update provider data (formerly enter provider data collected from surveys)
3. Define rational service area (geography)
 - a. Multi-county or catchment areas
 - b. County
 - c. Sub-county (clusters of census tracks or township)
4. Determine whether population to provider ratio is satisfied
5. Select population center (generally County seat)
6. Perform contiguous area analyses
7. Identify nearest source of care
8. Review auto-calculated results for application to determine qualification status
9. Submit qualifying HPSA applications to HRSA



Step 1:

Determine profession of interest

Professions

BHW PROGRAM PORTAL Primary Care Office Portal
DESIGNATION MANAGEMENT FOR INDIANA

Hi, Lacy Foy | [Logout](#)

[Home](#) [Designations](#) **[Providers](#)** [Inquiries](#) [Impact Analysis](#)

Indiana Designations Provider Management

Provider Search

NPI 10-digit number	Last Name Last Name	First Name First Name	State INDIANA
------------------------	------------------------	--------------------------	------------------

▼ **Advanced Search**

Discipline PC	Specialty None selected	Status Select	Ineligible Reason None selected
County Name Adams	County FIP 001	MCD 11-digit number	Census Tract 11-digit number
NPI Change Type Select	NPI Change Date None selected	License License number	Last Updated By None selected

[Clear](#) [Search](#)

Mental Health (MH)

- Providers may also be chosen by their specialty, county or eligibility in SDMS.



Step 2:

Verify and Update Provider Data

How are provider data verified?

- One-to-one verification of each provider in prepopulated in SDMS
- Provider Data is populated weekly by The Centers for Medicare & Medicaid Services (CMS). Any changes a provider makes to the National Plan and Provider Enumeration System (NPPES) will be reflected in the weekly update by CMS.

After verification, how are provider data updated in SDMS?

The screenshot shows a web form for updating provider data. It is divided into several sections: Address, Discipline and Specialty, Direct Tour Hours, Serves a Correctional Facility?, Location Geocoded Address, Employment Status, Clinical Information, and ETE Calculations. The Clinical Information section is expanded, showing fields for Annual Medicaid Claims, Medicaid Patient %, Homeless %, Migrant Farmworkers %, Native American %, Sliding Fee Scale %, and Migrant Seasonal Farmworkers %.

Field	Value
Address Line 1	[Redacted]
Address Line 2	[Redacted]
City	[Redacted]
State	INDIANA
Postal Code	[Redacted]
Discipline	PC
Specialty	FP
Direct Tour Hours	0
Serves a Correctional Facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Annual Medicaid Claims	0
Medicaid Patient %	25 %
Homeless %	0 %
Migrant Farmworkers %	0 %
Native American %	0 %
Sliding Fee Scale %	0 %
Migrant Seasonal Farmworkers %	0 %

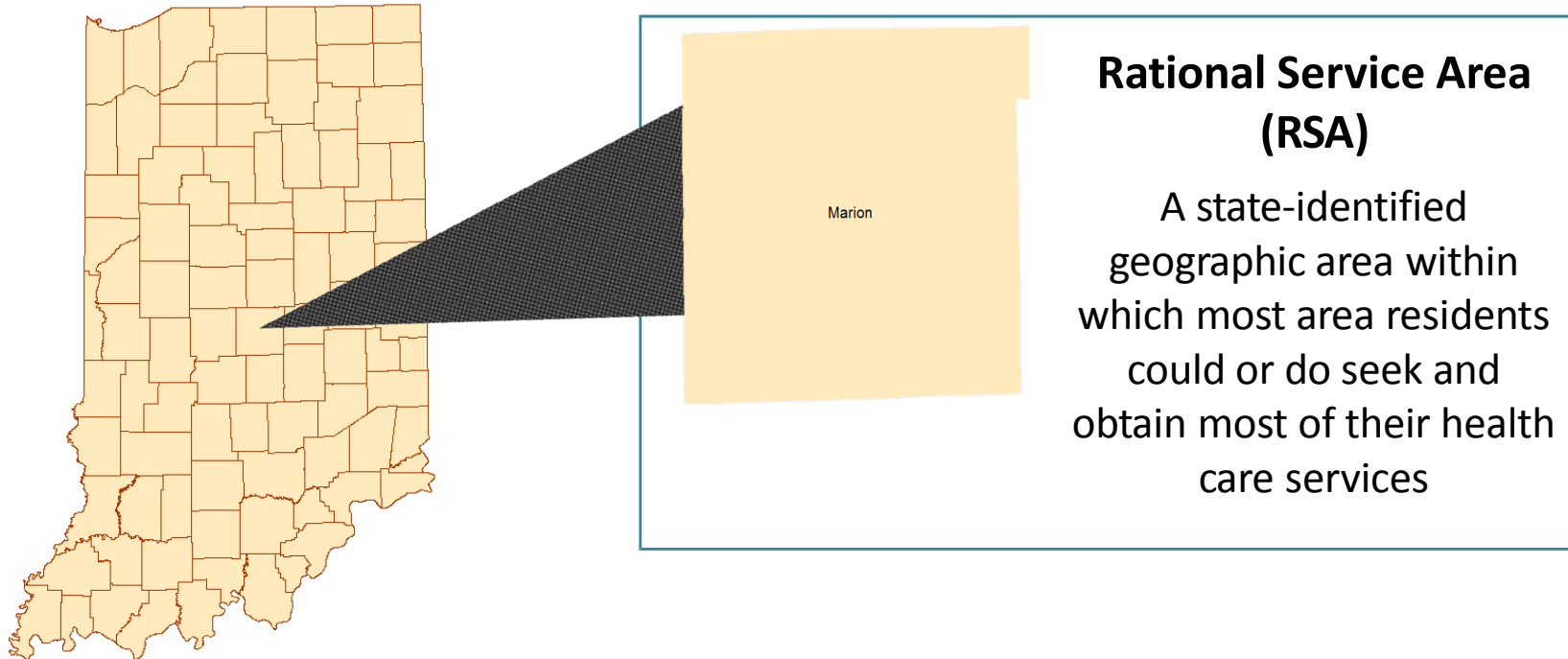
- Selected provider data may be updated (practice location, hours in direct patient care, Medicaid/sliding-fee scale, etc.) by editing each individual provider or through mass import.
- Very few changes may be made to population data.
- No changes are allowed to demographic, health, socioeconomic information.
 - * These data are sources from 2016 Center for Disease Control and Prevention and 2016 American Community Survey. These data were updated in January 2019 to the most recent data available.



Step 3:

Define Rational Service Area

What is a Rational Service Area?



RSAs can be:

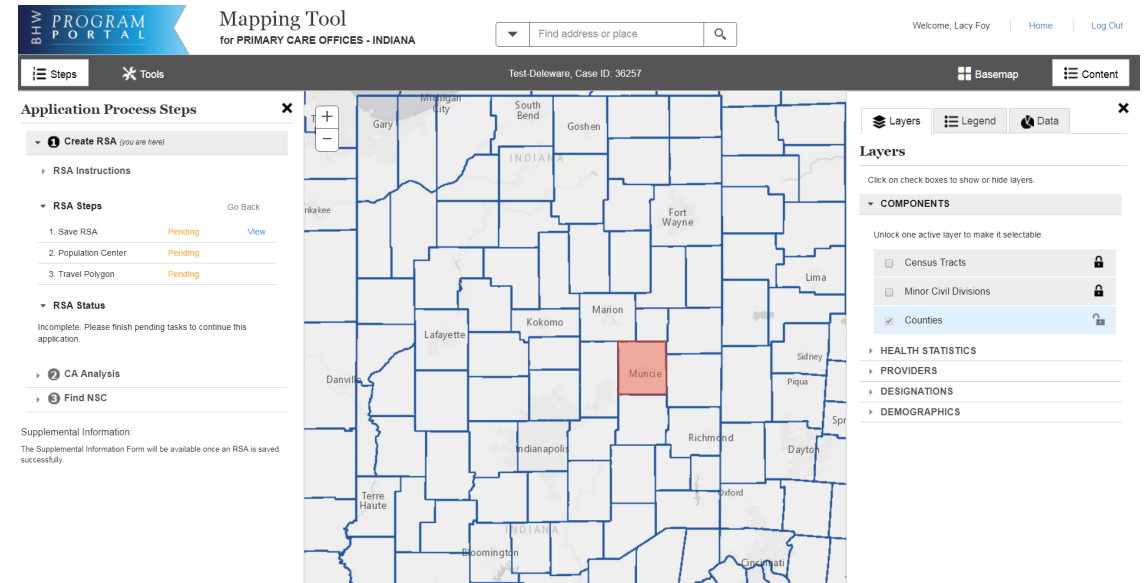
- 1) A whole county
- 2) Multiple counties
- 3) Sub-counties
- 4) Statewide Rational Service Areas (SRSA)
- 5) Catchment areas (for mental health only)

Rules of RSA Determination:

- 1) RSAs cannot overlap existing designations
- 2) RSAs cannot be smaller than a census tract
- 3) Exceed travel time between population centers
- 4) RSAs cannot carve out interior portions

County

- To be considered a whole county RSA, the county must:
- Be a non-metropolitan single county; and
- Have a population <250,000.



Multi-County

- To be considered a multi-county RSA, the counties must:
- Be made up of adjacent, whole counties; and
- Have population centers within 40 minutes of each other

The screenshot shows a web application for managing Regional Safety Areas (RSAs). The main map displays the state of Indiana with county boundaries. A specific RSA is highlighted in red, covering Muncie, Marion, and Richmond counties. The sidebar on the left shows the 'Application Process Steps' for creating an RSA, with steps like 'Save RSA', 'Population Center', and 'Travel Polygon' marked as 'Pending'. The 'Edit RSA' form on the right allows users to edit the RSA details, including the discipline, designation type, and a list of counties included in the RSA.

Application Process Steps

- Create RSA (you are here)
- RSA Instructions
- RSA Steps
 - 1. Save RSA Pending [View](#)
 - 2. Population Center Pending
 - 3. Travel Polygon Pending
- RSA Status
 - Incomplete. Please finish pending tasks to continue this application.
- CA Analysis
- Find NSC

Supplemental Information:
The Supplemental Information Form will be available once an RSA is saved successfully.

Edit RSA

Discipline: Primary Care
Designation Type: HPSA Geographic High Needs
Designation Option: Geographic Population

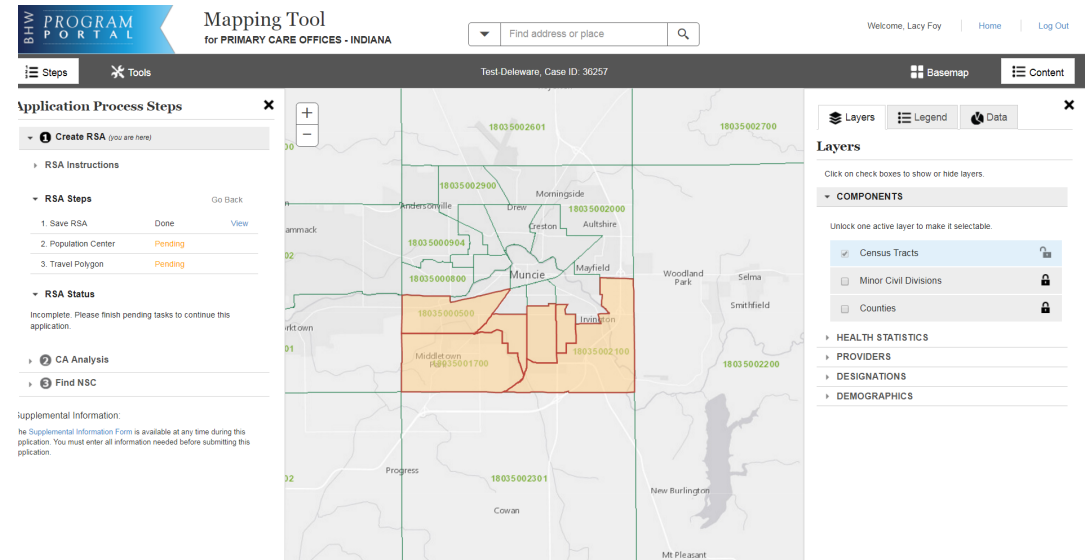
Cnty	CompID	ST	Name	Info
<input checked="" type="checkbox"/> Delaware	18035	18	035	Info
<input checked="" type="checkbox"/> Blackford	18009	18	009	Info
<input checked="" type="checkbox"/> Wayne	18177	18	177	Info
<input checked="" type="checkbox"/> Jay	18075	18	075	Info
<input checked="" type="checkbox"/> Randolph	18135	18	135	Info
<input checked="" type="checkbox"/> Henry	18065	18	065	Info

Enter Adjusted Population

Test RSA

Sub-County

- To be considered a sub-county RSA,
- the sub-county or parts of adjacent counties must:
- Have distinctive transportation patterns;
- Have population(s) with similar socio-economic characteristics causing isolation from nearby resources, typically population > 20,000; or
- Have physical access barriers causing isolation from nearby resources.



Rational Service Area Example: Catchment Area

For purposes of mental health HPSA designations only. Indiana Mental Health Catchment Areas (MHCA) are exclusive geographic areas for the purpose of IC 12-29.





Step 4:

**Determine whether population to provider ratio
is satisfied**



Base Qualification: Ratio of Population to Providers

	Primary Care	Mental Health	Dental Health
Geographic	3,500:1	6,000:1 & 20,000:1 CMH and Psychiatrists OR 9,000:1 30,000:1 CMH only Psy only	5,000:1
Population	3,000:1	4,500:1 & 15,000:1 CMH and Psychiatrists OR 6,000:1 20,000:1 CMH only Psy only	4,000:1
Facility	1,000:1	2,000:1	1,500:1
	<i>Min Pop 500</i>	<i>Min Inmate Pop 250</i>	<i>Min Pop 1,000</i>

Each HPSA category has a unique **ratio of population to providers**, which has been identified as the point at which it can be designated as having a shortage of health professionals.

Base Qualification: Ratio of Population to Providers

The screenshot displays the BHW Program Portal Mapping Tool interface. The top navigation bar includes the BHW Program Portal logo, the title "Mapping Tool for PRIMARY CARE OFFICES - INDIANA", a search bar, and user information "Welcome, Lacy Foy" with links to "Home" and "Log Out". Below the navigation bar, the main content area shows a map of Indiana with a red-shaded region representing a "Saved RSA". A modal window titled "Saved RSA" is open, displaying the RSA name "Test RSA" and its details. An error message is shown: "Error: This RSA does not qualify. Please see details to fix problems found." The error details list two issues: "Error: The Population to Provider Ratio is 1563.32 and the ratio must be greater than 3000:1" and "Area Designations: The following overlapping designation(s) will be proposed". The left sidebar shows the "Application Process Steps" with "Create RSA (you are here)" as the current step. The right sidebar shows the "Layers" panel with "Counties" selected. The bottom of the page includes "Supplemental Information" stating that the Supplemental Information Form will be available once an RSA is saved successfully.

BHW PROGRAM PORTAL

Mapping Tool
for PRIMARY CARE OFFICES - INDIANA

Welcome, Lacy Foy | Home | Log Out

Find address or place

Test-Deleware, Case ID: 36257

Basemap Content

Steps Tools

Application Process Steps

- 1. Create RSA (you are here)
 - RSA Instructions
 - RSA Steps
 - 1. Save RSA Pending View
 - 2. Population Center Pending
 - 3. Travel Polygon Pending
 - RSA Status
 - Incomplete. Please finish pending tasks to continue this application.
 - 2. CA Analysis
 - 3. Find NSC

Saved RSA

RSA Name: Test RSA
Primary Care
Hpsa Geographic High Needs, Geographic Population

Error: This RSA does not qualify. Please see details to fix problems found.

Details

- Error:** The Population to Provider Ratio is 1563.32 and the ratio must be greater than 3000:1.
- Area Designations:** The following overlapping designation(s) will be proposed

[Edit](#)

Layers

Click on check boxes to show or hide layers.

COMPONENTS

Unlock one active layer to make it selectable.

- ☐ Census Tracts
- ☐ Minor Civil Divisions
- ☒ Counties

HEALTH STATISTICS

PROVIDERS

DESIGNATIONS

DEMOGRAPHICS

Supplemental Information:
The Supplemental Information Form will be available once an RSA is saved successfully.

If the population to provider ratio does meet HRSA criteria, the application **MAY NOT** be completed.



Step 4:

Select population center

Population

- The travel time and travel polygon originate from the population center in SDMS.
- The population used to define the population center varies based on the designation type being created.

PROGRAM PORTAL Mapping Tool for PRIMARY CARE OFFICES - INDIANA

Welcome, Lacy Foy | Home | Log Out

Find address or place

Test HPSA PC, Case ID: 56588

Basemap Content

Application Process Steps

- 1. Create RSA (you are here)
- 2. RSA Instructions
- 3. RSA Steps
 - 1. Save RSA: Done View
 - 2. Population Center: Pending View
 - 3. Travel Polygon: Pending
- 4. RSA Status
 - 1. Complete. Please finish pending tasks to continue this application.
- 5. CA Analysis
- 6. Find NSC

Additional Information:
Supplemental Information Form is available at any time during this session. You must enter all information needed before submitting this session.



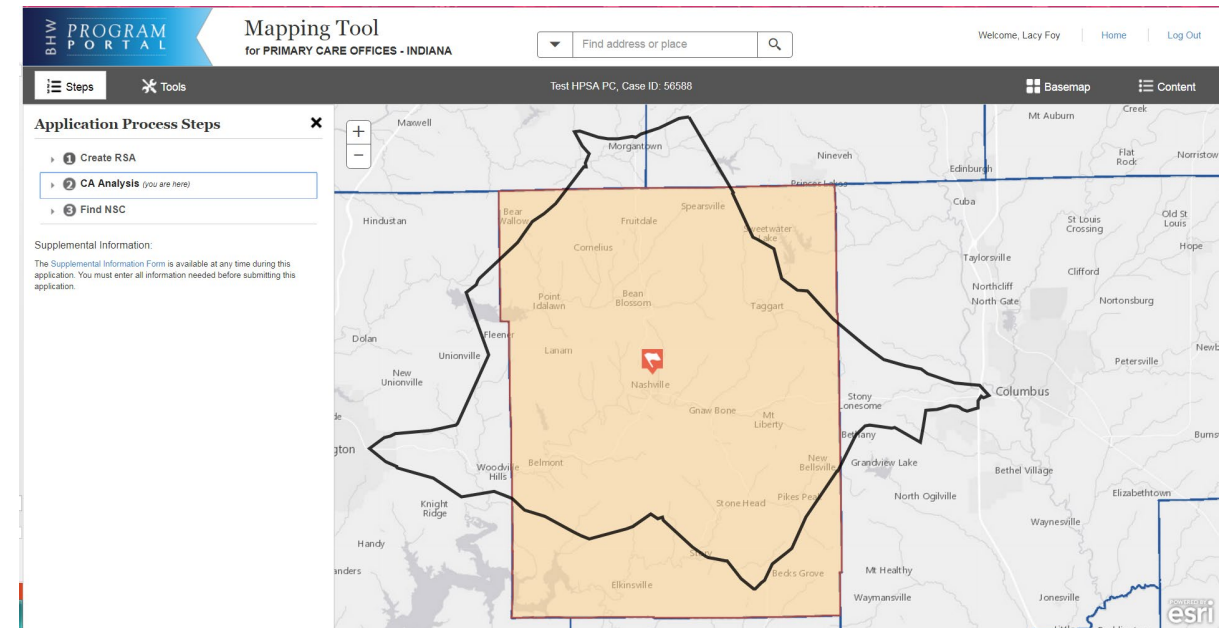
Step 5:

Contiguous Area Analyses



What is HRSAs definition of a Contiguous Area?

- Contiguous areas (CA) are counties or sub-counties (townships or census tracts) that border the rational service area.
- The population in each CA should not exceed 250,000 people.
- The CA cannot overlap the rational service area.
- CAs are determined by acceptable travel distances through mode of transportation.
 - Modes of transportation include but are not limited to personal vehicle, public transport, boat, horse/animal or other mode
- If a CA does not pass analysis then the application **MAY NOT** be completed.



What is HRSAs criteria for a Contiguous Area?

- Does the CA have a like HPSA designation?
 - CAs that have like HPSA designations, will fail analysis.
- Is there a Demographic Disparity?
 - Percentage of the population is below the Federal Poverty Line (100 and 200%), % of the population identified as disparate by race and ethnicity, % of the population that is homeless or a migrant seasonal worker/farmworker.
- Are the providers in the CA excessively distant?
 - More than 30 minutes for Primary Care
 - More than 40 minutes for Mental and Dental Health providers.
 - If no, then the CA will fail analysis.
- Is there a lack of economic access?
 - If 20% or more of the CAs population is below the 100 % Federal Poverty Line the CA will pass analysis. If not the CA will fail analysis.
- Is the CA over-utilized?
 - If the population to provider ratio is less than the ratios found below the CA will fail analysis:
 - 2,000:1 for Primary Care
 - 10,000: for Psychiatrists
 - 3,000:1 for Dentists

Application Process Steps

- 1 Create RSA
- 2 CA Analysis (you are here)
- CA Analysis Instructions
- CA Analysis Components

test johnson

Validity: Passed	Analysis: Passed	View Details
Current Designation	Not Run	
Demographic Disparity	Failed	
Excessively Distant	Passed	
Inaccessible Economic Access	Not Run	
Over Utilized	Not Run	
Remove	Close	

test warriick

Validity: Not Run	Analysis: Not Run	View Details
-------------------	-------------------	----------------

test dubois

Validity: Not Run	Analysis: Not Run	View Details
-------------------	-------------------	----------------

spencer

Validity: Not Run	Analysis: Not Run	View Details
-------------------	-------------------	----------------

Mapping Tool
for PRIMARY CARE OFFICES - INDIANA

Test HPSA PC, Case ID: 56588

Saved CA

Name: test johnson

Result: This CA is valid. Please click on Continue to move forward.

Continue

Data

Data Summary for test johnson:

SEX - Male Population:	69226
SEX - Female Population:	71798
Population for whom poverty status is determined:	141024
Relevant Population Total:	38308
Provider FTE:	9.25
% Population at 100% FPL:	10.86
% Population at 200% FPL:	27.16
% Population Low Income:	27.16
% Population Medicaid Eligible:	27.16
% Population Caucasian:	93.67
% Population Hispanic:	3.27
% Population African American:	1.71
% Population Native American:	0.18
% Population Asian:	1.94
% Population Pacific Islander:	0.01
Caucasian Population:	132098
Hispanic or Latino Population:	4609
African American Population:	2405

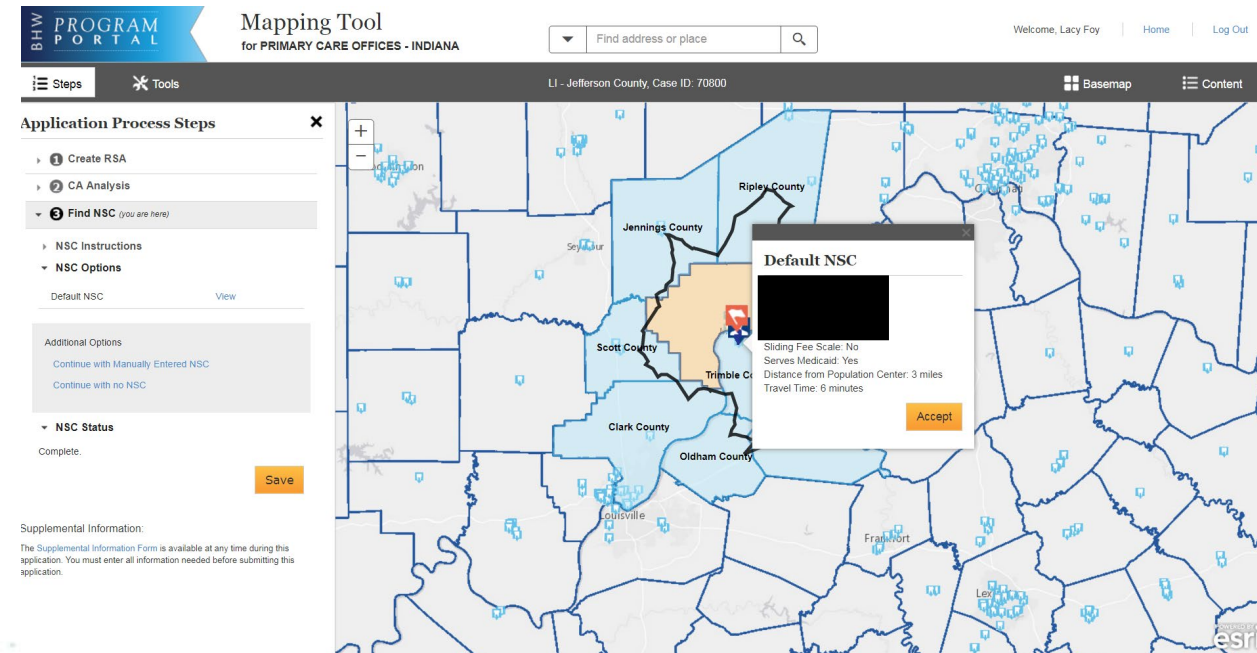
***Only ONE of the CA criteria needs to pass in EACH of the areas identified as contiguous in order for the application to move forward.**



Step 6:

Identify the Nearest Source of Care

Nearest Source of Care (NSC)



- The nearest source of care is used to determine the time and distance that the population of the RSA have to travel to receive care outside of the RSA.
- The NSC may not:
 - Serve in a geographic or like population HPSA
 - Serve in an over-utilized area
 - Serve in an area that is inaccessible due to a physical barrier
- Providers that may be identified as an NSC must serve within the following travel parameters:
 - Primary Care: 50 miles or 60 minutes
 - Dental Health: 60 miles or 90 minutes
 - Mental Health: 60 minutes
- NSCs in contiguous states must accept Indiana Medicaid. If a NSC does not accept Indiana Medicaid, the that NSC is unusable and another must be selected.



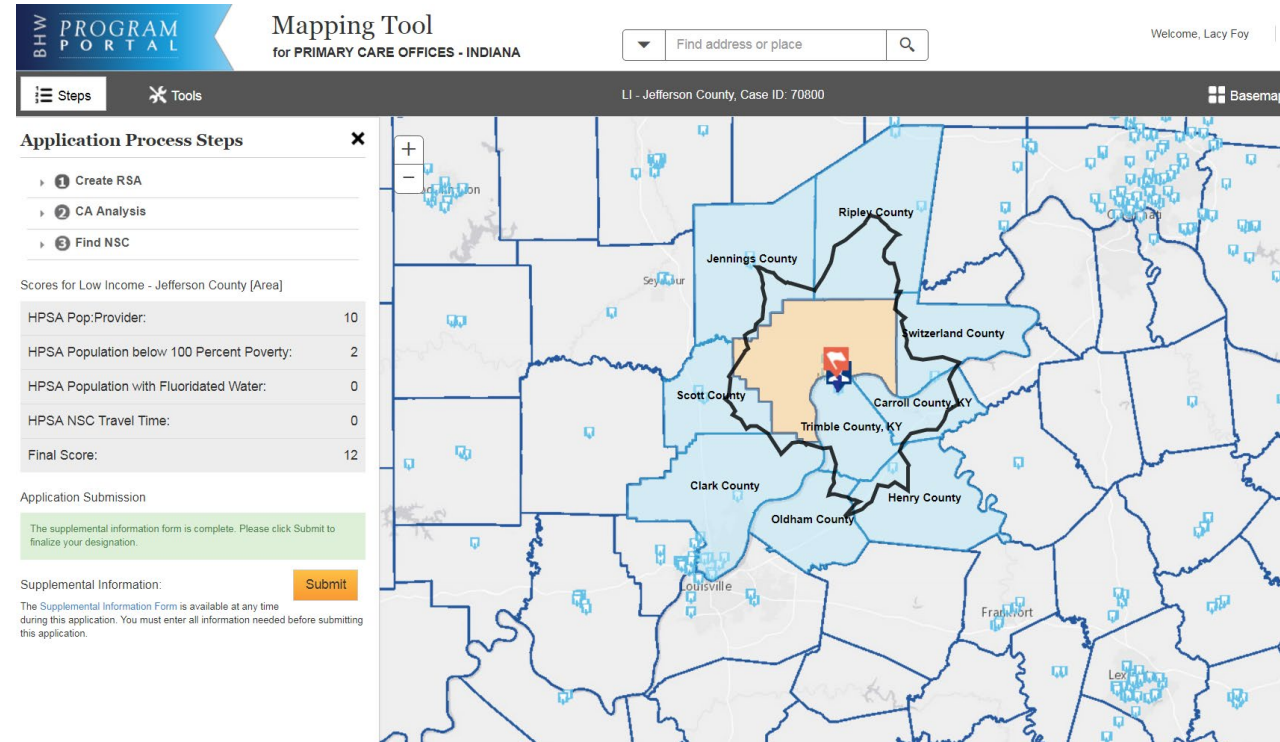
Step 7:

Review auto-calculated results to determine qualification status



Results

- After the NSC has been identified and saved, the application is ready for final review and submission to HRSA.
- Once the application is submitted to HRSA, there is a 30 day comment period for stakeholders or other PCOs to comment on the application.
- After the comment period is over, the primary reviewer has 30 days to review and submit the application to the secondary reviewer.
- The secondary review has 30 days to review the application and send it to the Shortage Designation Branch Chief for final review before being approved by Dr. Luis Padilla.



Overview of Scoring Calculations

Factor		Mental Health
		Max Pts Awarded
Population : Provider Ratio**		7
% of Population below FPL		5
Travel distance/time to NSC		5
Infant Mortality Rate or Low Birth Weight		
Water Fluoridation*		
Ratio of children under 18 to adults 18-64		3
Ratio of adults 65 and older to adults 18-64		3
Substance prevalence*		1
Alcohol abuse prevalence*		1
Max Score:		= 25

*Editable Fields in the application

** Population may be edited in the application with sufficient justification documentation. HRSA reserves the right to refuse any justification documentation.

Shortage Designation Modernization Project



Indiana State
Department of Health

HRSA Shortage Designation Project








Shortage Designation Project: Today & the Future

Today

Today	
	Every new designation uses the same standardized data.
	Application and review steps are fully automated and have eliminated manual processing for certain designation types.
	Business rules and system validations are reflective of regulation and policy and applied to every designation.
	Policy definition well aligned with authorizing statutes and regulations.
	Paper has been eliminated, excluding supporting documentation.



The Future	
	Every migrated designation uses the same standardized data with the HPSA update and continue to source standardized data.
	Release additional functionality to streamline and automate.
	Continue requirements definition with State and HRSA involvement for additional functionality.
	Ongoing clarification of regulations in order to define policy and requirements.
	A fully automated, transparent shortage designation business process that leverages standardized, national data for timely and accurate designations.

Current Outlook

- We currently have 75 counties with Mental Health Designations as of July 22, 2019.
- Designations for Boone, Hamilton, Marion, Hancock, Shelby, Johnson, Porter, and LaPorte are currently under review by HRSA.
- Designations for Vigo, Clay, Vanderburgh, Posey, Gibson, and Warrick are being prepared, but may not meet HRSA criteria.
- Harrison, Floyd, Clark, and portions of Lake County do not qualify due to proximity to large metropolitan areas that do meet HRSA criteria for designation.

Ongoing HPSA Designation Activities

- Every three years, HRSA will automatically update all HPSA, and Auto-HPSA designations.
- The Office of Primary Care created a position dedicated to HPSA designations.
- Natalie Layfield is tasked with managing all HPSA designations, and is a designations expert. She has specialized training as a Registered Health Information Administrator (RHIA), and is attending her second year of training with HRSA specifically tailored to designations in August.
- Natalie can be reached by email at nlayfield@isdh.in.gov

Indiana HPSAs Online: Find additional information

- The complete lists of HPSAs are available on the HPSAFind Web site at <https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>
- Information on shortage designations is available at <https://bhw.hrsa.gov/shortage-designation>
- The Office of Primary Care is excited to be launching new interactive maps this fall.



HPSA Incentives:

- [National Health Service Corps \(NHSC\)](#)
 - Traditional LRP
 - Rural Provider LRP
 - SUD LRP
- [CMS Medicare Incentive Payment](#)
 - Portion of Accepted Medicare claims paid back to facility every quarter.
 - Not a lifetime incentive, ends with designation withdrawal
- [J-1 Visa Waiver](#)
- [Nurse Corps](#)
- [Rural Health Clinic Program](#)
- [SLRP Program](#)

SLRP Incentives Overview

The SLRP Program allows eligible primary care providers to operate their own state educational loan repayment program in a designated HPSA area.

SLRP aids in loan repayment awards to providers in exchange for service in underserved communities with an emphasis of opioid and Mental Health issues.

SLRP evaluates the competence of every recipient to guarantee the provider suits the communities needs.

SLRP Incentives:

- \$20,000 Award (\$10,000 per year of service for a total of \$20,000)
- 30 recipients each year
- Must commit to two years of service in an underserved area with a HPSA designation.
- Must complete an ECHO before the completion of the service period
- Must complete provider activity reports on a quarterly basis.

Other Notable Incentives, and Helpful Links

- State Loan Repayment, SUD LRP, and NHSC LRP
 - <https://nhsc.hrsa.gov/loan-repayment/state-loan-repayment-program/index.html>
- Scholars
 - <https://nhsc.hrsa.gov/scholarships/index.html>
- Interoperability Incentives
 - <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/EHRIncentivePrograms>
- Provider Recruitment
 - <https://bhw.hrsa.gov/job-search-provider-recruitment>
- Grants
 - <https://bhw.hrsa.gov/grants/mentalbehavioralhealth>

Contact Information

Lacy K. Foy

Primary Care Office Manager

Chronic Disease, Primary Care and Rural Health Division

Indiana State Department of Health

317.234.5673 office

317.503.9992 mobile

lfoy@isdh.in.gov

www.StateHealth.in.gov