

## **The Auto HPSA Update for Kentucky:**

As many of you know, the Bureau of Healthcare Workforce at HRSA is working to update the rules and quality of HPSA scores in the nation, known as the Shortage Designation Modernization Project. Many facilities in Kentucky had not been considered heretofore and have had the opportunity to update the BHW database should they wish to be assigned a HPSA score. A score of 0 effectively means the facility has not been given consideration or is not eligible. This process is manual as there are no accurate databases with the information required. Each clinic should have received their score individually as of November 2<sup>nd</sup>, 2018. These scores are preliminary and are not set or usable until next year.

A HPSA will apply to a type of healthcare facility who would like to or should apply for National Health Service Corps applicants. For each HPSA a different score is applied for primary care access, dental care access and mental care access. Each facility eligible for NHSC will be given an **Auto HPSA Score**.

An eligible HPSA score gives clinics the ability to participate in the National Health Service Corps Loan Repayment program or for a NHSC scholar. The other advantage is a HPSA applied bonus to Medicare reimbursement payments for qualified RHCs. If you have not yet received your initial HPSA score please reach out to the KPCA office or the PCO Office

In Kentucky, the **Primary Care Office at the Department for Public Health** is doing great work computing services and data to be submitted for the HPSA determinations. Each application is given points based on data available. Clinics should work with the PCO office to help with data collection. The PCO office collects three types of data from State databases and transmits to the Bureau for Health Workforce.

The state database on local provider availability is not often accurately up-to-date. It is in each clinic best interest to know what other providers are in their service area; do they accept Medicaid, and they have a Sliding Fee Discount Scale. This score is the most heavily weighted. It has a maximum of 10 points out of a possible 25. The data source for provider availability is available through the **Kentucky Board of Medical Licensure**. Each clinic should have their provider hours listed as the number of clinical face-to-face appt. hours a physician works. This does not include administrative. Just those hours on the schedule to which they are assigned.

Ensure all **NPI numbers** and addresses correlate to the provider, and the rest of the information collected is verifiable through the Kentucky Medicaid Service Claims 2017.

Distance in travel to the Nearest Source of Care (NSC) accounts for 5 points. The criteria applies to travel time to the NSC outside the HPSA area. Again, it matters whether those providers will take your patients. All this data counts and is part of your case. This is data HRSA gathers, which can be challenged from your view.

The count of patients under 100% of the federal poverty level is also important. Other indicators of change should be unemployment or recent closures of workplaces that will affect

the poverty census in the clinic's service area. All demographic data is very important, especially special population data. This especially applies to **FQHCs and FQHC Look-a-Likes**, where their UDS census count becomes more vital. Each Center must figure out a way to attain 100% of patient financial means data. Currently up to 25% of patients are 'unknown' in the Kentucky UDS. The BPHC will count an 'unknown' as over 200%, which would decrease impact.

Each health center will be given an 'Auto-HPSA, score. The organization as a whole will have one score which will be the average HPSA score across an organization's service area. This score may be reviewed manually upon request.

For **Rural Health Clinics that meet the NHSC site requirements**. A completed Certificate of Eligibility Form must be submitted to be eligible for NHSC applications. This will entail completed policies showing the clinic does not deny anyone access to services or discriminate any individual whose services are paid for by Medicare, Medicaid or CHIP. A RHC must have a schedule of fees or payments consistent with local prevailing rates and a schedule of discounts based on a patient's ability to pay. Upon inspection by NHSC site surveyors, these policies will be requested. There are some reviewers who consider that no patient can be refused service, but as with an FQHC, an RHC should have a policy written on patients who refuse to pay their bills, and all the steps to be taken to encourage payments before a patient can be discharged from the practice. This should include, financial counseling, attempts to set up a payment system, etc. Just sending bills and reminders will not qualify as an adequate policy.

The Auto HPSA updates are scheduled to apply as of July 1, 2019 or a little earlier. The scores that were sent out to facilities are not in effect until next year. The next rolling update will start in 2020.

Dental Shortages are currently being assessed, the mental Health shortages will be conducted.

- Please review your data
- Check the databases: MLB; NPIs, to which you have access
- Any anecdotal information should be also sent to the PCO on your behalf
- Vulnerable populations should be noted. Do not seem to be a feature yet. Should be
- The score you receive may not necessarily be the one you end up with
- Please review your data

[Shortage Designation Modernization Project](#)

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