

Explaining the Difference between HPSAs and MUA/Ps:

	Health Professional Shortages Areas (HPSAs)	Medically Underserved Areas or Populations (MUA/Ps)
Scope	*Can be placed for Primary Care, Dental, or Mental Health	*Only placed for primary care
Qualifying Ratio	*Uses a provider to population ratio of at least 1:3,500 for Primary Care	*Uses a provider to population ratio of 1:1,000
Contiguous Area Analysis requirements	*Requires a robust Contiguous Area analysis of the area at least 60 minutes driving distance from the population center of the proposed HPSA	*Only considers the proposed designated area and does not require a contiguous area analysis
Use in Incentive Programs	*Used as a base eligibility requirement for most recruitment and retention programs such as National Health Service Corps (NHSC), Nurse Corps, and State Loan Repayment Programs (SLRP).	*A handful of programs allow MUA/Ps to meet the base eligibility when the applicant has no associated HPSA. These include Conrad 30 and CMS Rural Health Clinic program. 330 Federally Qualified Health Centers (FQHCs) do require contiguous MUA/P coverage to retain eligibility, but the update schedule is less strict for the sake of continuity of care.
Degree of Shortage	Scored on a 1-25 scale (1-26 for Dental HPSAs) with the highest score indicating the highest shortage.	Scored on a scale of 1-100 with a lower score indicating higher shortage. Proposed MUA/Ps are considered ineligible for designation if their score is >62.
How Scoring is used for incentive programs	HPSA scores are used to prioritize applicants for NHSC, Nurse Corps, and SLRP funding. Applicants with higher HPSA scores are funded first until the grant pool is exhausted. HPSAs are rescored every 2-4 years via a HRSA National Update.	Scoring is only used to place the designation. MUA/Ps only need to be reevaluated by the state PCO every 4 years for Rural Health Clinics to keep CMS certification.