Quarterly PCO Stakeholders Office Hours 3

National Health Service Corps (NHSC) New Site Certification and Introduction to HPSA Strategies

April 28, 2026

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Introduction to HPSA Strategy

History of Shortage Designation

1970-1979	1980-1989	1990-1999	2000-2010	2011-Current
*National Health Service Corps (NHSC) created as a scholarship program *First facility designations created	*Criteria for designating and scoring Geographic, Population, and Correctional Health Professional Shortage Areas (HPSAs) developed *NHSC Loan Repayment Program started	*HPSA and MUA/Ps added to the U.S. Public Health Service Act (sections 330 and 332) *Mental health added to the NHSC Loan Repayment Program	*Healthcare Safety Net Amendments added to the U.S. Public Health Service Act finalizing Automatic HPSA Criteria	*Shortage Designation Modernization Project started *Shortage Designation Management System (SDMS) launched-in 2014 *Expansion of NHSC Loan Repayment Programs (e.g. SUD, Telehealth)

Stakeholders Impacted by HPSAs

- Outpatient Clinics
  - Federally Certified Clinics: Federally Qualified Health Centers (FQHCs), FQHC Look-a-Likes, Rural Health Clinics, Indian Health Service Clinics (ITUs)
  - Privately-owned Outpatient Clinics: Stand alone clinics, Hospital-affiliated clinics, skilled nursing facilities
  - Free or charitable clinics
  - Community Service Boards and Community Mental Health Clinics

https://public.tableau.com/app/profile/anna.riggan2894/viz/IncentiveProgramsforSites/Dashboard1

- Correctional Facilities
  - State prisons (Maximum or Medium Security only)
  - Federal prisons (including ICE detention)
  - Juvenile detention centers
  - Local or Regional Jails
- Hospitals
  - Critical Access Hospitals
  - For-profit or non-profit
  - Short term or Long term
  - State Mental Hospitals

About Health Professional Shortage Areas

HPSA
Health Professional Shortage Area



Providers

Health professional shortage



Dental Health



Primary Care



Mental Health

Discipline/field



Geographic Area



Facility Type



Population Group

Care setting

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HPSA Types

- **Geographic HPSAs:** based on a ratio of all eligible providers in a given discipline to total population.
- **Geographic "High Needs" HPSAs:** based on a ratio of all eligible providers to total population, but consideration of additional "high-need indicators" allows for a reduced qualifying population to provider ratio.
- **Population Group HPSAs**: designates a subset of the population for a given area. Only providers who serve that specific population are included in the population to provider ratio.
- **Facility HPSAs**: Includes Correctional Institutions, State and County Mental Hospitals, and Public or Non-profit Medical facilities (called "other facility" or "OFAC" designations).
- **Automatic HPSAs**: Includes all FQHCs, FQHC Look-a-Likes, and some Rural Health Clinics

https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation

Geographic/Geographic High Need HPSA Benefits

Facilities located within Geographic and Geographic High Needs HPSAs receive a 10% Medicare bonus, from CMS, on physician services (including inpatient and specialist).

- Only for Mental and Primary Care

HPSA scores for prisons located with a Geographic or Geographic High Needs HPSAs are increased.

- Prisons still must have their own HPSAs

Geographic HPSA Benefits: Prison Scoring

The maximum score for prison HPSAs is 12 without an intersecting Geographic and Geographic High Needs HPSA

IV. Dental Health Correctional Facility Scoring

The correctional facility scoring is equivalent to the institution's degree of shortage plus point for the intersecting geographic and geographic high needs HPSA.

Degree of Shortage

- The following table demonstrates the criteria based on the number of inmates and/or the rati of Internees to dentists Ratio (R) that is used to determine the institutions Degree of Shortage

Intersecting HPSA Points

- The intersecting HPSA points are determined in the following way:
  - Geographic HPSA score between 20-26; Points = 12
  - Geographic HPSA score between 14-19; Points = 9
  - Geographic HPSA score between 8-13; Points = 6
  - Geographic HPSA score between 1-7; Points = 3
  - Not located in a geographic HPSA; Points = 0

Virginia State Loan Repayment Program (VA- SLRP)
Rubric for Evaluation

Category	Criteria #1	Criteria #2	Criteria#3	Score
Eligible Discipline & credentials (25 total pts available)	1. Primary care Dental, mental Health, or Phamacedicals 2. All licensure received 3. N/A-No licensure required	1. Primary care Dental, mental Health, or Phamacedicals 2. No licensure received	1. No Primary care Dental, mental Health, or Phamacedicals 2. No licensure received	**Total:**
	25 pts	0 pts	0 pts	
Renewal (10 total Points)	Renewal in good standing	New	Renewal in bad standing (default)	**Total**
	10 pts	5 pts	5 pts	
Cash Match Letter included (25 total pts available)	Yes	No	**There are two cash match letters; 1. Request for state match & 2. Employer/etc. provided match**	**Total:**
	25 pts	0 pts		
Practice site Eligible & meets HPSA Score requirement (25 total pts available)	High Need (score: 19-26) and/ or State Mental Health /Correctional facility	Moderate Need (score: 10-18)	Low Need (score: 0-9)	**Total:**
	25 pts	15 pts	10 pts	
available from personal statement and recommendations) 1. **Personal Statement (10 total possible pts)** 2. **Recommendations (10 total possible pts) *Two required*** 3. **Background Check (5 total possible pts)**	expert experience 2. Excellent Character	and great experience 2. Great Character	experience 2. Good Character	
	25 pts	20 pts	15 pts	
Disadvantaged background & diversity (25 total pts available) ☐ **Socially Disadvantaged** ☐ **Cultural Disadvantaged** ☐ **Ethnic Group** ☐ **Gender** ☐ **Educational**	Three or more checked	At least two checked	At least one checked	**Total:**
	25 pts	20 pts	15 pts	
Comments:				**Application Total:**

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Population HPSA Benefits



The analysis is focused on identifying an inequity in health access within the Rational Service Area (RSA).



The severity of this inequity within the community often results in a higher HPSA score for the area.



Even though a specific population is designated often the entire community benefits.

HPSAs require meeting a threshold of need. If you can't do that with the total population a sub-population designation might be the best option. (except for the prison population)

Stakeholders to Consider: Virginia Observations

NHSC sites
Federally Qualified Health Centers or look-a-likes
Rural Health Clinics (CMS certified or not)
School Based Clinics
Free Clinics
Community Service Boards

More likely to support placing a Population HPSA (more NHSC recruitment Focused; tend to be majority staff of nurses)

State Mental Hospitals
Independent Outpatient Practice sites

Case-by-Case

Prisons
Hospital Outpatient Clinics
Inpatient Hospitals

More likely to support placing a Geographic or Geographic High Needs HPSA (more CMS direct funding/ score-boost focused)

Rural vs. Non-Rural

Rural Areas

- Rural areas are more likely to have Prisons or Small/Critical Access Hospitals that can benefit from the placement of a Geographic or Geographic High Needs HPSA
- Rural HPSAs tend to be designated at the county level
- Rural infrastructure can make recruitment make difficult for providers that aren't already familiar with the structure and culture of these areas. Most medical schools are in urban areas, so rural residency programs are critical.
- If a rural area contains both a prison and a hospital, I tend submit a Geo or High Needs HPSA.

Non-Rural Areas

- Non-Rural areas tend have higher incomes, but higher income inequity and higher costs of living.
- Urban areas tend to be designated at the neighborhood level because the population thresholds are of percentages. (ex. 30% of the population of a proposed designation must be at or below 200% FPL to be eligible for a Low-Income HPSA)
- Higher population means more diverse infrastructure, but an area can still need dedicated providers to serve underserved populations.
- Geographic and Geographic High Needs are rare in Urban areas.

Circumstances to Consider

Public Health Events

- Virginia Example: In 2020, COVID-19 was causing a disproportionate number of deaths among 65+yo age groups so I identified the Virginia population HPSAs that more than 25% of population Medicare eligible (at least 65 years old). Then I switched those to Geographic or Geographic High Needs HPSAs to ensure hospitals had the financial support of the CMS Medicare bonuses.

- Other Examples: Hurricane Maria for PR and USVI; Lahaina fires in HI; Malaria emergence in FL; Hurricane Helene in NC, WV, TN, KY, SWVA.

Additional funding for incentive programs like the NHSC

- Most current examples: American Rescue Plan allowed provider recruitment to NHSC sites with lower HPSA scores.

Weighing the Options

Conditions Favoring a Geographic or High Needs HPSA

1. The threshold for at least one high needs indicator is met
2. There is a high scoring FQHC clinic in the proposed designated area that can be a recruitment hub
3. There is a hospital or prison located within the proposed designated area.
4. More that 25% of the population is aged 65 or older (Medicare eligible)

Conditions Favoring a Population HPSA

1. The Low Income or Medicaid Eligible Populations make up at least 30% of the total population of the proposed designation
2. A population HPSA would meet a current score threshold for incentive programs where a Geo or HN HPSA would not:
   - 14 for Nurse Corps or NHSC S2S
   - 18-19 to be competitive for NHSC LRP
   - 21 for 2026 NHSC PC or Mental scholars
3. There is a drastically low number of physicians relative to the population (desperately need to recruit providers).

Final Thoughts on HPSA Strategies

- From a PCO perspective, it is worthwhile to do both Population and Geographic HPSA analyses for a proposed HPSA and weigh the implications of both.

- There is no substitute for direct input from the communities in question, when assessing need and making sure they get the most out of their designations (faith-based organizations, community health workers, school advocates have been especially amazing partners for me).

- You can leverage the fact that area can be designated 3 different times (Primary Care, Mental, and Dental) to achieve the maximum benefit for the community at large.

Pause for Questions

PCO Cooperative Agreement

Community Health Needs Assessment (CHNA)

- Deliverable opened in EHB on April 1, 2026
- Submission period: April 1, 2026 – March 31, 2027
- CHNA requirement documents were sent via the SDB@hrsa.gov inbox on April 3, 2026

https://www.whitehouse.gov/wp-content/uploads/2026/04/ERP-2026-11.-Making-America-Healthy-by-Unleashing-Competition-in-Physicians-Markets.pdf

HRSA Health Workforce

Stay Connected

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www.vdh@virginia.gov/health-equity/primary-care-office/
https://data.hrsa.gov/

2026 SDMS Timeline

Mar 9, 2026- April 30, 2026
HPSA Moratorium Blackout Submission Window

System will prevent users from submitting any Designation application. Users will still be able to update provider information and start a new or update application

May 16, 2026, Source Data Update

- 2024 Data Loaded
- All new HPSA in progress apps will be deleted
- All HPSA in progress updates will be cancelled
- All under review apps will be returned to PCO (will start back at RSA step to use new data)

April 30, 2026, FRN Data Pull

- Data pull to support the yearly publication of the FRN targeted for July 2026

July 1, 2026, FRN

- Any HPSA designations in PFW status will be updated to withdrawn

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