



# National Health Service Corps Site Reference Guide

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Health Resources and Services Administration  
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For questions, please call 1-800-221-9393, (Monday through Friday from 8:00 a.m. to 8:00 p.m. ET., except Federal holidays), or email [GetHelp@hrsa.gov](mailto:GetHelp@hrsa.gov).

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### **Site Reference Guide Purpose**

The purpose of the National Health Service Corps (NHSC) Site Reference Guide is to provide clarity on site eligibility requirements, qualification factors, compliance, roles and responsibilities, as well as a number of other key elements on becoming an NHSC-approved site. The NHSC Site Reference Guide serves as an additional resource to supplement the information contained in the Site Application.

It is strongly recommended that applicants review this document prior to completing their site application. Future modifications to the reference guide, including updated web links, and governing NHSC statute and regulations are subject to occur.

NHSC participants and current or eligible NHSC sites are requested to reference the online application and information available on the NHSC website for any program changes (<http://nhsc.hrsa.gov/sites/becomenhscapprovedsite/index.html>).

## Program Overview

### INTRODUCTION

#### **What is the National Health Service Corps (NHSC)?**

The National Health Service Corps programs provide scholarships and repay educational loans for primary care physicians, dentists, nurse practitioners, physician assistants, behavioral health providers, residents and other primary care providers who agree to practice in areas of the country that need them most. In 2012, nearly 10,000 National Health Service Corps clinicians were providing care to more than 10.4 million people who live in rural, urban, and frontier communities. Corps members fulfill their service requirement by working at NHSC-approved sites in Health Professional Shortage Areas (HPSAs). To date, the NHSC has nearly 14,000 member sites.

Eligible disciplines include physicians, nurse practitioners, certified nurse-midwives, physician assistants, dentists, dental hygienists, and behavioral and mental health providers.

The NHSC is administered by the Bureau of Clinician Recruitment and Service (BCRS) in the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS).

#### **What is an NHSC-approved site?**

NHSC-approved sites are health care facilities that provide comprehensive outpatient, ambulatory, primary health care services to populations residing in HPSAs. Related inpatient services may be provided by NHSC-approved Critical Access Hospitals (CAHs). To become an NHSC-approved site, the site submits a Site Application for review and approval.

#### **What are the benefits of becoming an NHSC-approved site?**

There are several benefits of being an approved NHSC site. These include:

- 1) **Recruitment and Retention Assistance.** By joining the NHSC, sites are able to recruit dedicated clinicians (through the NHSC Loan Repayment and/or Scholarship Programs) to provide health care services to their communities.
  - a. NHSC-approved sites are able to recruit clinicians through the NHSC Jobs Center, which enables providers to search and review a comprehensive list of NHSC-qualifying job openings across the nation. It also serves as a resource for NHSC applicants and members.
  - b. NHSC providers are eligible to apply for additional financial support in return for additional service, supporting the retention of NHSC members at NHSC-approved sites.
- 2) **Networking Opportunities.** NHSC-approved sites are provided opportunities to network with other NHSC-approved sites. In addition, NHSC sites are able to develop and foster partnerships with academic institutions and other community organizations.
- 3) **Technical Assistance.** NHSC-approved sites have direct access to State Primary Care Offices (PCOs), which are state-based offices that provide assistance to communities in

order to increase access to primary and preventive health care services. The PCOs provide technical assistance to sites submitting NHSC Site Applications, as well as to NHSC-approved sites to address primary care needs.

## ELIGIBILITY REQUIREMENTS AND QUALIFICATION FACTORS

### **Is my site eligible to become an NHSC-approved site?**

The following types of sites are eligible to become NHSC-approved sites (see “Glossary” for complete descriptions of site types):

- 1) \*Federally-Qualified Health Centers (FQHC);
  - a. Community Health Center (CHC)
  - b. Migrant Health
  - c. Homeless Program
  - d. Public Housing Program
  - e. School-Based Program
  - f. Mobile Unit/Clinic
- 2) \*American Indian Health Facilities: Indian Health Service Facilities, Tribally-Operated 638 Health Programs, and Urban Indian Health Programs (ITU);
  - a. Federal Indian Health Service (IHS)
  - b. Tribal/638 Health Facility
  - c. Dual-Funded (Tribal Health Clinic and FQHC 330 Funded)
  - d. Urban Indian Health Program
- 3) \*FQHC Look-Alikes;
- 4) Correctional or Detention Facilities;
  - a. \*Federal Prison
  - b. State Prison
  - c. Immigration and Customs Enforcement (ICE) Health Service Corps
- 5) Certified Rural Health Clinics (RHC);
  - a. Provider-Based
  - b. Independent
- 6) Critical Access Hospitals (CAH);
- 7) Community Mental Health Centers (CMHC);
- 8) State or County Health Departments;
- 9) Community Outpatient Facilities;
  - a. Hospital Affiliated
  - b. Non-Hospital Affiliated
- 10) Private Practices;
  - a. Solo Practice
  - b. Group Practice
- 11) School-Based Clinics;
- 12) Mobile Units/Clinics; and
- 13) Free Clinics.

The following site types are not eligible to apply as an NHSC site:

- 1) Inpatient Hospitals (including Veteran’s Administration Hospitals, and with the exception of Medicare-approved CAHs);
- 2) Other Inpatient Facilities;
- 3) Residential Facilities; and
- 4) County/Local prisons.

*\*Sites are automatically approved so long as they meet all NHSC site requirements and their respective program requirements.*

NHSC-approved sites can include both main and satellite sites. A main site is the primary clinical practice site for an organization. Typically, the administrative and executive offices are located at this practice location, as well as patient medical records (copies or original). Additionally, more health care services (i.e. outpatient surgical procedures, x-rays, laboratory testing, and pharmacy services) may be offered at this location. As the main sites have a wider array of services, they often receive referrals from the satellite sites.

A satellite site is considered a secondary site, and an extension of the main site. These clinical practice locations are usually located in communities apart from the main site to offer health services in other parts of the city, county, or town. These sites often have less patient volume than the main practice site and are staffed accordingly. Additionally, this practice location may refer patients to the main practice, where a greater variety of services are available. All sites applying to become an NHSC-approved site will need to complete a site application and certify compliance with the NHSC Site Agreement.

**IMPORTANT NOTE:** If an organization has multiple sites located in HPSAs and would like all sites to be NHSC-approved sites, each location is required to submit a separate NHSC Site Application and be approved individually.

### **Is my site qualified to be an NHSC-approved site?**

To be qualified to participate as an NHSC-approved site, a site must meet all the requirements listed in the NHSC Site Agreement. The complete NHSC Site Agreement is available in the Appendix of this document (page 28). An abbreviated version is summarized below. Sites must:

- 1) Be located in and treat patients from a federally-designated HPSA.
- 2) Not discriminate in the provision of services to an individual because: i) the individual is unable to pay; ii) because payment would be made under Medicare, Medicaid, or the Children’s Health Insurance Plan (CHIP); or iii) based upon the individual’s race, color, sex, national origin, disability, religion, \*age, or sexual orientation.
  - a. Use a schedule of fees or payments consistent with locally prevailing wages or charges and designed to cover the site’s reasonable cost of operations;
  - b. Use a discounted/sliding fee schedule to ensure that no one who is unable to pay will be denied access to services;
  - c. Make every reasonable effort to secure payment in accordance with the schedule of fees;

- d. Accept assignment for Medicare beneficiaries and has entered into an appropriate agreement with the applicable State agency for Medicaid and CHIP beneficiaries;
  - e. Prominently display a statement in common areas and on site's website that explicitly states that: i) no one will be denied access to services due to inability to pay; and ii) there is a discounted/sliding fee schedule available.
- 3) Provide culturally competent, comprehensive primary care services (medical, dental, and/or behavioral) which correspond to the designated HPSA type.
  - 4) Functions as part of a system of care which either offers or assures access to ancillary, inpatient, and specialty referrals.
  - 5) Use a clinician credentialing process including reference review, licensure verification, and a query of the National Practitioner Data Bank (NPDB) (<http://www.npdb-hipdb.hrsa.gov>).
  - 6) Adhere to sound fiscal management policies and adopts clinician recruitment and retention policies to help the patient population, the site, and the community obtain maximum benefits.
  - 7) Agree not to reduce a clinician's salary due to NHSC support.
  - 8) Allow NHSC clinicians to maintain a primary care clinical practice as indicated in their contract with NHSC.
  - 9) Communicate to the NHSC any change in site or clinician employment status.
  - 10) Support clinicians with funding and arrangements, including clinical coverage, for their time away from the site to attend NHSC-sponsored meetings, webinars, and other continuing education programs.
  - 11) Maintain and make available for review by NHSC representatives all personnel and practice records associated with an NHSC clinician.
  - 12) Complete and submit the NHSC Site Data Tables to NHSC at time of site application, recertification, and NHSC site visits.
  - 13) Comply with requests for a site visit from NHSC or the State Primary Care Office with adherence to all NHSC requirements.

**\*EXCEPTION:** "Age" is not an applicable discriminatory factor for pediatric or geriatric sites.

### **What is a Health Professional Shortage Area (HPSA) and how can a site receive a HPSA designation?**

In order to be an NHSC-approved site, a site must be located in a HPSA. HPSAs are designated by BCRS' Division of Policy and Shortage Designation (DPSD) as having shortages of primary medical care, dental, or mental health providers and may be a geographic area (e.g. county), a population group (e.g. low-income), a public or private nonprofit medical facility or other public facility.

In order to be designated as a HPSA, communities or facilities apply for designations by providing the required data an area, population or facility. Applications are submitted through the State Primary Care Offices (PCO); additional information is provided below in the text box.

FQHCs, FQHC Look-Alikes, and IHS sites are automatically designated as being a facility HPSA, and some RHCs that meet additional criteria may be automatically designated as a facility HPSA.

To apply for or request a HPSA designation, please contact your State PCO. State PCO contacts can be found at <http://bhpr.hrsa.gov/shortage/hpsas/primarycareoffices.html>.

Applicants to be an NHSC-approved site should contact their State PCO to determine whether they currently possess a geographic, population, or facility HPSA for primary, dental and/or mental health.

Applicants may also search for this information using the following links:

By Site Address: <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>

By State and County: <http://hpsafind.hrsa.gov>

There are three HPSA categories – primary care, dental, and mental health. In order to recruit an NHSC clinician, NHSC-approved sites must have a “designated” HPSA for the specific category under which an NHSC clinician would serve. For example, to recruit for an internal medicine physician, an NHSC-approved site would be designated as a “Primary Care” HPSA. To recruit a psychiatrist, the site would be designated as a “Mental Health” HPSA.

In addition to being designated as a HPSA, a community, population, or facility is scored on the degree of shortage that exists based on the same factors used in the designation process. HPSA scores range from 1 to 25 for primary care and mental health, and 1 to 26 for dental health. Since the NHSC statute requires that clinicians be placed in HPSAs of greatest need, this scoring system is used in determining priorities for the assignment of NHSC clinicians. The numerical score provided for a HPSA reflects the degree of need (i.e. the higher the score, the greater the need). The following table illustrates the types of HPSAs and factors that may influence their scoring.

Determining Factors of HPSA Score	Primary Care HPSA	Dental Health HPSA	Mental Health HPSA
Population to Provider Ratio	✓	✓	✓
% Below Poverty	✓	✓	✓
Travel Time/Distance to Nearest Source of Care	✓	✓	✓
Infant Mortality Rate/Low Birth Weight Rate	✓		
Access to Fluoridated Water		✓	
Youth and/or Elderly Dependency			✓
Substance and/or Alcohol Abuse Prevalence			✓

### **How does the NHSC define Comprehensive Primary Care (CPC)?**

The NHSC defines CPC as the delivery of preventive, acute and chronic primary health services in an NHSC-approved specialty. NHSC-approved primary care specialties are adult, family, internal medicine, general pediatric, geriatrics, general psychiatry, mental and behavioral health, women’s health, and obstetrics/gynecology. CPC is a continuum of care not focused or limited to gender, age, organ system, a particular illness, or categorical population (e. g. developmentally disabled or those with cancer). CPC should provide care for the whole person on an ongoing basis.

If sites do not offer all primary health services, they must offer an appropriate set of primary health services necessary for the community and/or populations they serve. For example, a site serving a senior population would need to provide geriatric primary care services. However, if a site specializes in a limited set of services within a specialty (e. g. immunization clinic), it will not be considered as an eligible NHSC site. Sites must provide documentation (e.g. memoranda of understanding, exchange of letters, or other documentation) and meaningful demonstration of appropriate referral networks for other preventive, acute, and chronic primary health services with other NHSC-approved sites or providers. In accordance with the NHSC Site Agreement, all sites and referral networks must offer NHSC-approved discounts to those with low incomes and agree to see all patients regardless of their ability to pay.

The following example is provided to illustrate the application of CPC for sites seeking eligibility by the NHSC:

A pediatric clinic offers preventive, acute and chronic primary health services to its clients. The clinic does not provide immunizations on-site, but instead refers to another clinic that offers immunizations and adheres to NHSC site requirements (see “Eligibility Requirements and Qualification Factors” section of the Reference Guide). In this case the pediatric clinic would be eligible to apply as an NHSC-approved site.

### **What services need to be offered by dental and mental and behavioral health sites?**

Because dental and mental and behavioral health facilities must be located in a dental or mental health HPSA, these facilities are required to offer comprehensive primary dental or mental and behavioral health services.

For example, an orthodontic practice would not meet the definition of comprehensive primary care dental, as it is a specialty not approved by the NHSC. Likewise, a mental health center that sees only developmentally disabled clients would be ineligible because they limit care to a specific population that is not a HPSA-designated population.

### **What are the requirements to provide free or discounted services to low-income patients?**

NHSC-approved sites (with the exception of correctional facilities and free clinics) are required to provide services for free or on a sliding fee scale (SFS) or discounted fee schedule for low-income individuals. A SFS or discounted fee schedule is a set of discounts that is applied to a site’s schedule of charges for services, based upon a written policy that is non-discriminatory.

The SFS or discounted fee schedule is based upon the Federal Poverty Guidelines, and patient eligibility is determined by annual income and family size. Specifically, for individuals with annual incomes at or below 100% of the HHS Poverty Guidelines (see table below), NHSC-approved sites should provide services at no charge or at a nominal charge. For individuals between 100 and 200% of the HHS Poverty Guidelines, NHSC-approved sites should provide a schedule of discounts, which should reflect a nominal charge (see table below). To the extent that a patient who otherwise meets the above criteria has insurance coverage from a third party (either public or private), an NHSC-approved site can charge for services to the extent that payment will be made by the third party.

Maximum Annual Income Amounts for each Sliding Fee Percentage Category (except for 0% discount)												
Poverty Level*	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
Family Size	DISCOUNT											
	100%	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	0%
1	\$11,490	\$12,639	\$13,788	\$14,937	\$16,086	\$17,235	\$18,384	\$19,533	\$20,682	\$21,831	\$22,980	\$22,981
2	\$15,510	\$17,061	\$18,612	\$20,163	\$21,714	\$23,265	\$24,816	\$26,367	\$27,918	\$29,469	\$31,020	\$31,021
3	\$19,530	\$21,483	\$23,436	\$25,389	\$27,342	\$29,295	\$31,248	\$33,201	\$35,154	\$37,107	\$39,060	\$39,061
4	\$23,550	\$25,905	\$28,260	\$30,615	\$32,970	\$35,325	\$37,680	\$40,035	\$42,390	\$44,745	\$47,100	\$47,101
5	\$27,570	\$30,327	\$33,084	\$35,841	\$38,598	\$41,355	\$44,112	\$46,869	\$49,626	\$52,383	\$55,140	\$55,141
6	\$31,590	\$34,749	\$37,908	\$41,067	\$44,226	\$47,385	\$50,544	\$53,703	\$56,862	\$60,021	\$63,180	\$63,181
7	\$35,610	\$39,171	\$42,732	\$46,293	\$49,854	\$53,415	\$56,976	\$60,537	\$64,098	\$67,659	\$71,220	\$71,221
8	\$39,630	\$43,593	\$47,556	\$51,519	\$55,482	\$59,445	\$63,408	\$67,371	\$71,334	\$75,297	\$79,260	\$79,261
For each additional person, add	\$4,020	\$4,422	\$4,824	\$5,226	\$5,628	\$6,030	\$6,432	\$6,834	\$7,236	\$7,638	\$8,040	\$8,040

\*Based on the 2013 HHS Poverty Guidelines (<http://aspe.hhs.gov/poverty/13poverty.cfm>)

NHSC-approved sites are required to prominently post signage (onsite and online if applicable) stating that patients will not be denied services based on inability to pay and that discounts are available based on family size and income. The SFS or discounted fee schedule should be presented as an option during a patient’s initial visit.

**NOTE:** The SFS or discounted fee schedule should be based only on annual income and family size. Sites that deny or limit discounted services to individuals on the basis of their assets or citizenship status, regardless of their eligibility for discounts under the HHS Poverty Guidelines, will be considered noncompliant by the NHSC.

Sites are expected to revise their SFS or discounted fee schedule annually with information from the updated HHS Poverty Guidelines found at: <http://aspe.hhs.gov/poverty>.

Additional Sliding Fee Scale/Discounted Fee Schedule information and examples are available at: <http://nhsc.hrsa.gov/downloads/discountfeeschedule.pdf>

**EXCEPTIONS:** To the extent that a site does not charge or bill for any services (i.e. is a free clinic, correctional facility, or is an ITU that does not have a billing department), a site may not need a sliding fee scale. However, the site needs to provide the NHSC with documentation that no one is charged or billed for services and post the requisite signage stating that no one is denied care. Please note that Critical Access Hospitals utilize the NHSC-approved SFS, at a minimum, in their emergency room and affiliated outpatient clinic. They are allowed, however, to use their in-house discounted fee schedule or charity care program for other CAH settings.

Sites will be requested to submit additional SFS documentation through the Site Application. These documents include a copy of the site's SFS, a copy of the SFS application, as well as the SFS policy (see "Required Supporting Documentation," on page 13).

#### NHSC Non-Discrimination Notice

NHSC-approved sites must prominently display a statement/poster, provided to sites by the NHSC, in common areas (and on the site's website, if applicable) that explicitly states that no one will be denied access to services due to inability to pay or method of payment. In addition, the signage should clearly communicate that the site accepts Medicare, Medicaid, and CHIP. The statement should be translated into the appropriate language and/or dialect for the service area. To review the appropriate and downloadable signage, please visit the NHSC website (<http://nhsc.hrsa.gov/currentmembers/membersites/downloadableresources/index.html>).

**TRIBAL HEALTH PROGRAM EXCEPTION:** At the request of a tribal health program (see "Glossary"), the services of an NHSC clinician may be limited to tribal members or other individuals who are eligible for services from that Indian Health Program. However, tribal health programs are required to respond to emergency medical needs as appropriate.

#### Recruitment and Retention Plan

The NHSC strongly recommends that all sites develop and maintain a plan to guide the recruitment and retention of clinicians to help ensure a viable NHSC-approved site. A recruitment and retention plan clearly states the policies and processes that a site will utilize to recruit and maintain clinical staffing levels needed to appropriately serve the community. Sites should keep a current copy of the plan onsite for review during NHSC site visits, and should periodically update the plan to address any factors that may have impacted the management of a site.

#### APPLICATION AND RECERTIFICATION PROCESS

##### **What should sites know before they apply?**

Before a site applies to be an NHSC-approved site, the following steps should be taken:

- 1) Determine if the site is located in a geographic HPSA, serving a population HPSA, or qualifies as a facility HPSA; contact your State PCO (see "Resources for Sites," on pg. 21) if you need to submit a HPSA designation request;
- 2) Verify that your site meets all necessary eligibility requirements;
- 3) Review the NHSC Site Reference Guide and NHSC Site Agreement in its entirety;

- 4) Get your questions answered by calling the Customer Care Center for assistance (see “Need Help?” on page 22);
- 5) Create an account with the NHSC through the Site Administrator/Customer Service Portal; and
- 6) Gather your required documentation.

**FOR PRIVATE PRACTICES (Solo/Group) ONLY:** Please be aware that private practices may require a site visit before the application review is completed.

If an organization has multiple sites (e.g. main and satellite clinics) located in HPSAs and would like all sites to be NHSC-approved sites, each location is required to submit a separate Site Application and be approved individually.

### How do sites apply?

Interested sites can submit their application online via the NHSC Site Administrator/Customer Service Portal (visit the NHSC website, <http://nhsc.hrsa.gov/sites/becomenhscapprovedsite/index.html>, for details). Please read all application instructions carefully before completing the NHSC Site Application. Each site administrator or designee will be held responsible for ensuring that all information reported on this application is true and accurate. If any application information is found to be fraudulent, the application will be deemed ineligible, and the applicant’s organization will not be permitted to participate in the NHSC for a period not to exceed one year. Missing information may render the site application disapproved.

### Site Application

Applicants are required to complete each of the sections (listed below) via the Site Administrator/Customer Service Portal to be able to submit an online application.

- (1) **Site Eligibility.** This section assesses a site’s eligibility. If a site applicant does not pass the pre-screening portion of the online application, they will not be able to continue with the site application. Please refer to the “Eligibility Requirements and Qualification Factors” section of the Guidance on page 5, to ensure that the site meets the appropriate requirements.
- (2) **General Information.** Answers to this section pertain to the site applicant’s name, mailing and email addresses, and other contact information.
- (3) **Points of Contact (POC) Information.** Each site should list two site contacts (with exception to Solo Private Practices) in this section. One contact will serve as a recruitment contact.
- (4) **Program Information.** In this section, applicants will select the appropriate primary care services provided at their site, in addition to addressing questions regarding their sliding fee scale, accepted insurance, and the recruitment and retention plan.
- (5) **HPSA Score Suggestion.** A site will determine their appropriate HPSA, and enter in their suggested HPSA score based on verified information found in the HPSA Find tool (<http://hpsafind.hrsa.gov>). NHSC and State PCO staff will verify this information and add all

applicable HPSA IDs to the application during the review process. *This section is not required for a site to submit a Site Application; however, it is recommended that a site consults with their State PCO to verify their HPSA ID and score.*

- (6) **Supporting Documents.** Applicants are expected to upload their relevant supporting documents.
- (7) **Agreement for NHSC Sites.** In the last section of the application, sites will review and certify their compliance with the NHSC Site Agreement.

Online applications must be submitted no later than 7:30 PM ET on **November 1, 2013**. All supporting documentation for the application is required to be uploaded before an individual can submit a complete application package.

Applicants should keep a copy of the application package for their records. Applicants are responsible for submitting a complete online application. It is required that the information in the online application match the submitted supporting documents.

#### Required Supporting Documentation

It is the applicant's responsibility to upload all supporting documents into the online application. Information contained in the supporting documentation is expected to align with the answers provided in the online Site Application. An application will not be considered complete unless it contains each of the following required supporting documents:

- (1) **Policies on Non-Discrimination.** Submit a copy of the site's policies on non-discrimination of patients based upon race, color, sex, national origin, disability, religion, age, or sexual orientation, as per the NHSC Site Agreement.
- (2) **Sliding Fee Schedule Documents.** Submit documentation (see list below) of the site's sliding fee schedule (SFS). For examples and more information on the SFS requirement, visit the NHSC website and download the Discounted/Sliding Scale Fee Information Package at <http://nhsc.hrsa.gov/-downloads/discountfeeschedule.pdf>.
  - a) **Discounted Fee Schedule/SFS**
    - Reflects the most recent HHS Poverty Guidelines (<http://aspe.hhs.gov/poverty>)
    - Offers a full (100%) discount to those at or below 100% of poverty
    - Offers a sliding schedule of discounts up to 200% of poverty
  - b) **Patient Application for SFS.** Discounts should be based on family size and income.
  - c) **Site's Policy on the SFS.** These policies should describe how the SFS is implemented at the site, including how the SFS will be advertised, procedures for patients to apply, and site's policies and procedures on processing applications. Ensure that the site's SFS applies to all residents of the site's HPSA(s).
- (3) **Required Signage.** Submit a photograph or copy of posted signage that meets the requirements of the NHSC Site Agreement. For an example of acceptable signage, please reference the Site Policy Poster on the NHSC website at <http://nhsc.hrsa.gov/current-members/membersites/downloadableresources/index.html>.

- (4) **Proof of Access to Ancillary, Inpatient and Specialty Care.** Attach proof of referral arrangements for ancillary, inpatient, and specialty care. Acceptable documents include Memorandums of Understanding (MOU), Memorandums of Agreement (MOA) or contracts with ancillary, specialty, and inpatient facilities.
- (5) **NHSC Site Data Tables.** Attach completed NHSC Site Data Tables (to access Tables, go to <http://nhsc.hrsa.gov/currentmembers/membersites/downloadableresources/index.html>) with information on the individual site location. Read all instructions carefully before completing the Tables.

**EXCEPTIONS:** Free clinics and correctional facilities are exempt from submitting certain required documents, including SFS documents and required signage, due to their inability to bill and charge for services.

#### **Does the site approval period expire?**

Yes. Once a site is NHSC-approved, its approval is valid for three (3) years, as long as the site remains in a HPSA and continues to meet the NHSC eligibility requirements and qualification factors. However, auto-approved sites, including FQHCs, FQHC Look-A-Likes, ITUs, and Federal Prison, do not expire.

#### **Is my site required to submit an NHSC Site Recertification, and if so, when?**

After your site is approved, you can determine if your site will need to recertify by logging into the Site Administrator/Customer Service Portal. If there is an "Expiration Date" listed under the NHSC Approved Sites section, then your site will need to recertify. Please note that certain federally funded sites are not required to recertify.

All sites with an expiration on or before December 31, 2013 are required to submit a Site Recertification Application between September 3 and November 1, 2013. Failure of these sites to submit a complete recertification prior to November 1, 2013, will result in the inactivation of the site. Sites expiring in 2014 will need to recertify in September or October of 2014. Please check the NHSC website for exact dates.

#### **How do I submit the NHSC Site Recertification?**

Prior to submitting the recertification, sites should review the NHSC Site Reference Guide carefully to ensure they meet all requirements. Sites should gather all updated versions of the required documentation (listed on pages 13 and 14), including the NHSC Site Data Tables, for each applying site. In addition, ensure that the site's discounted/sliding fee schedule meets all requirements, has been updated to the most recent poverty guidelines, and is advertised prominently on the site's website (if one exists) and through posted signage.

The following steps should be followed to submit a Site Recertification Application:

- 1) Log into your Site Administrator/Customer Service Portal during the open recertification cycle (refer to the NHSC website for this information).

- 2) Click on the name of the site for which you would like to submit a recertification (Note: you may submit a recertification for an “Approved” OR “Inactive” site, but not a “Terminated” site).
- 3) In the “Need Assistance?” box, under “I need to...” click on “Recertify.”
- 4) Complete the NHSC Site Recertification Application, and click “Submit.”

### Site Profile

It is required that new and current NHSC-approved sites complete or update the online Site Profile which provides general information about the site and the surrounding area. The online profile can be completed through the NHSC Site Administrator/Customer Service Portal. Upon completion, the profile will be displayed on the NHSC Jobs Center. The Site Profile serves as a useful recruiting tool, providing clinicians with a site-specific overview, while they search for placement at an NHSC-approved site.

### **What should sites expect after submitting the NHSC Site Application?**

After a site representative submits their application, the State PCO and BCRS’ Division of Regional Operations (DRO) will review and evaluate the application. The NHSC will make a final decision regarding the approval of the Site Application. The process generally takes 6 – 8 weeks to complete, but may take longer due to application volume, pre-approval site visit requirements, and the quality of submitted information.

Additionally, DRO will work closely with the State PCO and may coordinate a pre-approval site visit (see “Site Monitoring and Technical Assistance” section of this Reference Guide) to evaluate and confirm all NHSC Site Application information and responses prior to approving the application.

### **How does NHSC determine which sites can be approved?**

Approval of an NHSC site is determined based on a site’s ability to meet the eligibility criteria set forth in the NHSC Site Agreement and Site Application, and further evaluation by the State PCO and the NHSC. Sites will receive a notice from the NHSC confirming their approval status. If a site has been approved, the site will be sent information regarding how to post job positions (see “Recruiting a Clinician”). The site information will also be added to the NHSC-Approved Sites List.

## SITE ROLES & RESPONSIBILITIES

### **What are the requirements for NHSC-approved sites?**

NHSC-approved sites are expected to continually meet the eligibility requirements and qualification factors that are established for the NHSC (see “Eligibility Requirements and Qualification Factors”) and the NHSC Site Agreement. In addition to these requirements, NHSC-approved sites assist NHSC clinicians in meeting their service obligation.

### **How can NHSC sites assist providers in successfully fulfilling their service obligation?**

NHSC clinicians enter into a contractual agreement with the NHSC, thus it is important that NHSC-approved sites afford providers the opportunity to fulfill this agreement.

The NHSC expects sites to support NHSC members in fulfilling their service obligation by:

- 1) Allowing NHSC providers to participate in NHSC Continuing Education and program webinars and/or conferences.
- 2) Ensuring clinicians work at NHSC-approved sites; each site must be approved prior to the beginning of a clinician's assignment at that site.
- 3) Activating the site administrator (or site representative) contact through the Site Administrator/Customer Service Portal account to verify clinician service time, review in-service clinician information, and post job openings.
- 4) Ensuring clinicians follow the NHSC minimum hourly and weekly service requirements (the employment contract between the NHSC-approved site and clinician may stipulate additional work hours).
- 5) Reporting leave on the NHSC online In-Service Verification. Clinicians are allowed approximately 35 absences per service year with the NHSC; NHSC-approved sites verify and report to the NHSC any leave (e.g. annual, sick, holidays, continuing medical education) taken by NHSC clinicians.
- 6) Completing the online employment verification to facilitate a transfer request if applicable. Prior to leaving a site, clinicians submit a transfer request via the Participant/Customer Service Portal to change his or her current site to another site. To ensure that NHSC-approved sites can continue to meet the needs of patients, the NHSC strongly encourages NHSC clinicians to discuss their plans with the site first. As part of the transfer process, an NHSC clinician's current service site submits an employment verification which includes:
  - a) Any clinical competency issues related to the NHSC clinician's while employed at the site;
  - b) Any disciplinary action related to the NHSC clinician while employed at the site; and
  - c) Confirm the NHSC clinician's last employment date at the site.

Upon approval of the transfer request, the site is responsible for reviewing online and confirming the clinician's reported leave for the period of time that the clinician is employed at the site.

- 7) Making available for review an NHSC clinician's personnel documents, communications and/or practice related documents as needed. The NHSC continues to monitor an NHSC clinician's compliance with NHSC service requirements and eligibility to work.
- 8) Providing appropriate supervision to NHSC clinicians, as well as needed orientation, training and mentorship regarding the site's processes and procedures, client population and primary care practice.

**What are the clinician requirements for full-time and half-time service?**

In order to maintain a successful partnership, NHSC clinicians and NHSC-approved sites should possess a firm understanding of the NHSC clinical service requirements.

Please refer to the NHSC Loan Repayment Program Guidance for more information (<http://nhsc.hrsa.gov/downloads/lrpapplicationguidance.pdf>).

**Full-time:** Clinicians are required to work a minimum of 40 hours per week in a clinical practice, for a minimum of 45 weeks per service year. The 40 hours per week should be compressed into no less than 4 days per week, with no more than 12 hours of work performed in any 24-hour period.

**Half-time:** Clinicians are required to work a minimum of 20 hours per week in a clinical practice (not to exceed 39 hours per week) for a minimum of 45 weeks per service year. The 20 hours per week should be compressed into no less than 2 days per week, with no more than 12 hours of work performed in any 24-hour period.

**NOTE:** Clinicians exercising the Private Practice Option (PPO) are not eligible for half-time service. For a more detailed explanation of the full-time and half-time clinical practice requirements, including requirements for clinicians working in CAHs, please refer to the NHSC Loan Repayment Program (LRP) Guidance.

### **How do sites notify the NHSC regarding changes to site information?**

For sites that have a change in information (e.g. change of address), the NHSC requests that appropriate changes be made through the Site Administrator/Customer Service Portal by clicking on the name of the site, and submitting a question with the appropriate information.

## **SITE MONITORING AND TECHNICAL ASSISTANCE**

### **What is site monitoring?**

BCRS' DRO is responsible for monitoring NHSC-approved sites. Monitoring of NHSC-approved sites is important in order to assure the delivery of culturally appropriate, primary health care services to underserved communities in HPSAs, through the recruitment and retention of committed NHSC clinicians. The key to building successful and NHSC-compliant sites is to provide good customer service; prompt, timely and courteous response to every site's concerns; as well as targeted technical assistance.

The purpose of site monitoring is to establish oversight processes and activities to identify at-risk sites, provide opportunities to address technical assistance (TA) needs that will promote sustainability, and increase NHSC program compliance. Additionally, site monitoring serves to support NHSC clinicians by improving the sites' understanding and compliance with NHSC clinician service requirements. Site monitoring helps to strengthen the relationships between NHSC program personnel, NHSC clinicians, and sites to address specific site needs.

All NHSC-approved sites should expect periodic site visits while participating in the NHSC program to ensure adherence to all NHSC site requirements. All Solo or Group Private Practice applicants are site visited before the application review is completed. The pre-approval site visit process is similar to the process for all NHSC-approved sites.

### **How are regional site visits conducted?**

DRO performs site visits to NHSC-approved sites and NHSC site applicants. Routine site visits are scheduled during an NHSC site's 3-year NHSC approval period in order to ensure compliance with site requirements and to provide any necessary TA. Site visits are coordinated with the State PCO, and may include their representative in the visiting team.

### **What should sites expect during a site visit?**

NHSC sites are evaluated according to their understanding and implementation of NHSC site and clinician service requirements as written in the NHSC Site Application. During a visit, NHSC staff will also provide needed TA to answer a site's questions and ensure compliance with NHSC requirements in order to remain an NHSC-approved site.

The site visit is initiated by DRO staff in collaboration with the site and State PCO. Once a date is agreed upon, DRO staff may request documentation, including the documents listed on page 15 and submitted during the initial site application, prior to or during the site visit (e.g., the NHSC Site Data Tables, policies on non-discrimination, sliding fee scale information). Most of these materials are reviewed in advance of the actual site visit. DRO staff also review individual provider data through the BCRS Management Information System Solution (BMISS). Additionally, DRO staff are prepared to verify or document any inaccuracies in the database, if necessary, regarding NHSC clinicians at the site.

During the site visit, DRO staff will meet separately with the site administrator and then NHSC clinicians (either individually or in a group if number is large). The discussion with the site administrator is focused on how the site is meeting NHSC expectations and requirements. Using a standard site visit tool, questions will be asked regarding the site's compliance with the NHSC Site Agreement (see Appendix), which was signed by the site at time of application. This visit also provides the opportunity for the site to ask questions of the NHSC program and for DRO staff and State PCOs to offer technical assistance.

Interviews with the NHSC clinicians are a priority and are conducted with a dual focus of: 1) assuring clinicians are meeting NHSC requirements, and; 2) making certain they are integrating into the community and experiencing a rewarding practice setting.

### **How do NHSC-approved sites stay in compliance?**

NHSC-approved sites must meet all site requirements at the time of application, and continue to meet the requirements in order to maintain status as an NHSC-approved site. Sites are encouraged to continually review the NHSC Site Agreement and keep a copy for their reference. In addition, sites should:

- 1) Contact the NHSC if there are any changes in the HPSA, the site changes location, or if there are NHSC clinician concerns such as changes in employment or disciplinary concerns;
- 2) Complete clinician employment verifications, service verifications, and keep the Site Profile and vacancies up to date.

## NHSC Site Data Tables

The NHSC collects the Site Data Tables from sites at time of application, recertification, and NHSC site visits. Although the Site Data Tables replace the former annual reporting requirements for NHSC sites, the NHSC recommends collecting and tracking all data in the NHSC Site Data Tables on an ongoing basis in order to be prepared for an NHSC site visit or recertification.

Please note that FQHCs receiving funding through HRSA's Bureau of Primary Health Care are not required to submit the Site Data Tables. In addition, the following site types need only to file the general site information ("Name of Site" through "Total Annual Patient Visits") and Table 4 (Service Site Staffing): Federal Bureau of Prison (BOP), nonfederal prison, Indian Health Service (IHS), Section 638, and Immigration and Naturalization Service (INS) sites.

## RECRUITING AN NHSC CLINICIAN

### **When can my site hire an NHSC clinician?**

Once a site is approved, the site can post job positions through the NHSC Jobs Center or hire an NHSC clinician. NHSC sites and clinicians should both be aware that if the clinician begins his/her employment at an unapproved site, the time served will NOT count toward the clinician's service obligation. Creditable service time may begin only after an eligible site has been approved.

### **What is the NHSC Jobs Center and how is it used?**

The NHSC Jobs Center (<http://nhscjobs.hrsa.gov>) is a quick and easy way to advertise current and open health care job positions at approved NHSC sites. The Jobs Center is a searchable database of vacant positions at NHSC-approved sites and is updated daily. It is a sure way to reach thousands of health care professionals who are actively seeking work in underserved communities. Clinicians interested in a position located on the Jobs Center would contact the listed Site Recruitment Contact to apply.

### **How do NHSC-approved sites post, remove or update a vacancy?**

NHSC-approved sites can post, remove or update job positions on the NHSC Jobs Center via the Site Administrator/Customer Service Portal. These job positions can be filled by NHSC scholars, loan repayors, or non-NHSC clinicians.

### **Are there limitations to the number of NHSC clinicians or scholars that may serve at any one site?**

Yes, the NHSC places limitations on the number of job positions that can be posted by program (i.e. Loan Repayment versus Scholarship) and discipline. For the placement of NHSC scholars, each qualifying NHSC-approved site is able to hire one scholar per site per placement cycle. The NHSC will consider site requests for up to two scholar placements per site for all disciplines on an exceptional/case-by-case basis. Requests must demonstrate special circumstances that prevent the site from effectively meeting the health care needs of its community, such as the need for the expansion of services.

To make a request, please review and complete the [Additional Scholar Request Form](http://www.nhsc.hrsa.gov/downloads/additionalrequestform.pdf) (<http://www.nhsc.hrsa.gov/downloads/additionalrequestform.pdf>).

Further, in order to be a qualifying NHSC-approved site for an NHSC scholar, NHSC-approved sites must meet the published HPSA score threshold in a given year. Each year the NHSC will notify sites as to the minimum HPSA score required to recruit an NHSC Scholarship recipient. Please refer to the NHSC website for updates regarding this information.

For the Loan Repayment Program (LRP), there is a separate policy on number of job positions that NHSC-approved sites may post and fill in a given year. For the LRP, the number of new NHSC clinician placements allowed at any one site is limited to the following:

HPSA Score	Discipline Category		
	<i>Primary Health Care</i>	<i>Primary Care Dentistry</i>	<i>Behavioral and Mental Health</i>
<b>14-26</b>	No more than: <ul style="list-style-type: none"> <li>• 18 MD or DO physicians;</li> <li>• A combined total of 18 NPs, PAs, or CNMs.</li> </ul> <i>Mental health clinicians in these disciplines are not included.</i>	No more than: <ul style="list-style-type: none"> <li>• 18 Dentists;</li> <li>• 18 RDHs.</li> </ul>	No more than: <ul style="list-style-type: none"> <li>• 18 Psychiatrists (MD or DO);</li> <li>• A combined total of 18 HSPs (Clinical or Counseling), LCSWs, LPCs, MFTs, or PNSs.</li> </ul>
<b>10-13</b>	No more than: <ul style="list-style-type: none"> <li>• 15 MD or DO physicians;</li> <li>• A combined total of 15 NPs, PAs, or CNMs.</li> </ul> <i>Mental health clinicians in these disciplines are not included.</i>	No more than: <ul style="list-style-type: none"> <li>• 15 Dentists;</li> <li>• 15 RDHs.</li> </ul>	No more than: <ul style="list-style-type: none"> <li>• 15 Psychiatrists (MD or DO);</li> <li>• A combined total of 15 HSPs (Clinical or Counseling), LCSWs, LPCs, MFTs, or PNSs.</li> </ul>
<b>0-9</b>	No more than: <ul style="list-style-type: none"> <li>• 12 MD or DO physicians;</li> <li>• A combined total of 12 NPs, PAs, or CNMs.</li> </ul> <i>Mental health clinicians in these disciplines are not included.</i>	No more than: <ul style="list-style-type: none"> <li>• 12 Dentists;</li> <li>• 12 RDHs.</li> </ul>	No more than: <ul style="list-style-type: none"> <li>• 12 Psychiatrists (MD or DO);</li> <li>• A combined total of 12 HSPs (Clinical or Counseling), LCSWs, LPCs, MFTs, or PNSs.</li> </ul>

**KEY:** MD = allopathic physicians  
DO = osteopathic physicians  
NP = nurse practitioners  
PA = physician assistants  
CNM = certified nurse midwives

RDH = registered dental hygienists  
HSP = health service psychologists  
LCSW = licensed clinical social workers  
LPC = licensed professional counselors  
MFT = marriage and family therapists  
PNS = psychiatric nurse specialists

For more information, please visit:

<http://nhsc.hrsa.gov/currentmembers/membersites/recruitproviders/index.html>

**NOTE:** For the FY 2012-2014 Critical Access Hospital (CAH) Pilot Program, each CAH may only recruit a total of 10 NHSC clinicians, regardless of the HPSA score. Sites are strongly encouraged to review the FY 2013 NHSC Loan Repayment Program (LRP) Guidance, as clinical practice requirements vary for clinicians working at CAHs.

## Additional Materials

### RESOURCES FOR SITES

#### **BCRS Division of Regional Operations (DRO)**

The DRO is responsible for providing approval/disapproval of site applications; conducting NHSC site visits; offering NHSC program specific assistance; supporting clinician recruitment and retention; promoting the development of networks, partnerships and collaborations; supporting NHSC clinician and scholar networking; and providing in-school NHSC scholar support.

#### **State Primary Care Offices (PCOs)** (<http://bhpr.hrsa.gov/shortage/hpsas/primarycareoffices.html>)

The PCOs are state-based offices that provide assistance to communities seeking HPSA designations and recruitment assistance as NHSC-approved sites. The primary responsibilities of PCOs include the following:

- 1) Improving organizational effectiveness among stakeholders and fostering collaboration with Primary Care Associations, State Offices of Rural Health, Area Health Education Centers, and other entities to address primary care needs;
- 2) Providing technical assistance to organizations and communities wishing to expand access to primary care for underserved populations;
- 3) Assessing needs and sharing data with the public;
- 4) Conducting workforce development activities for the NHSC and the safety net and health center network;
- 5) Coordinating HPSA and Medically Underserved Areas and Populations (MUA/P) designation process within states.

#### **NHSC-Approved Sites** (<http://datawarehouse.hrsa.gov/nhscdetail.aspx>)

All currently approved NHSC sites are listed here. Sites are listed by State. Under the “Reports” tab, choose “National Health Service Corps (NHSC) Approved Sites List” from the “Report (on-screen viewing format)” section. Listed sites may or may not have current job opportunities eligible for NHSC participants.

#### **NHSC Jobs Center** (<http://nhscjobs.hrsa.gov>)

The NHSC Jobs Center contains a searchable database of vacant positions at NHSC-approved sites.

#### **Site Administrator/Customer Service Portal**

(<https://programportal.hrsa.gov/extranet/site/login.seam>)

Use the online portal to post and update job positions, view clinicians currently under obligation, update your site contact information, ask the NHSC questions, and more.

#### **HPSA Find**

All NHSC participants and sites serve in a health professional shortage area.

- <http://hpsafind.hrsa.gov>
- <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>

### **Need Help?**

For more information or questions regarding NHSC sites, please contact the Customer Care Center Monday through Friday (except Federal holidays), 8:00 a.m. to 8:00 p.m. ET.

- [GetHelp@hrsa.gov](mailto:GetHelp@hrsa.gov)
- 1-800-221-9393
- TTY: 1-877-897-9910

## GLOSSARY

**Bureau of Clinician Recruitment and Service (BCRS)** – The bureau within HRSA that administers the National Health Service Corps.

**Community Mental Health Center (CMHC)** – An entity that meets applicable licensing or certification requirements for CMHCs in the State in which it is located and provide all of the following core services: (1) outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC’s mental health service area who have been discharged from inpatient treatment at a mental health facility; (2) 24 hour-a-day emergency care services; (3) day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and (4) screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission. Effective March 1, 2001, in the case of an entity operating in a State that by law precludes the entity from providing the screening services, the entity may provide for such service by contract with an approved organization or entity (as determined by the Secretary) that, among other things, meets applicable licensure or certification requirements for CMHCs in the State in which it is located. A CMHC may receive Medicare reimbursement for partial hospitalization services only if it demonstrates that it provides such services.

**Comprehensive Primary Care (CPC)** - The NHSC defines Comprehensive Primary Care (CPC) as the delivery of preventive, acute and chronic primary health services in an NHSC-approved specialty. NHSC-approved primary care specialties are adult, family, internal medicine, general pediatric, geriatrics, general psychiatry, mental and behavioral health, women’s health, and obstetrics/gynecology. CPC is a continuum of care not focused or limited to gender, age, organ system, a particular illness, or categorical population (e. g. developmentally disabled or those with cancer). Comprehensive Primary Care should provide care for the whole person on an ongoing basis.

**Correctional Facility** – Clinics within state or federal prisons. Clinical sites within county and local prisons are not eligible. Federal prisons are clinical sites that are administered by the U.S. Department of Justice, Federal Bureau of Prisons (BOP). State prisons are clinical sites administered by the state.

**Critical Access Hospital (CAH)** – A non-profit facility that is (a) located in a State that has established with the Centers for Medicare and Medicaid Services (CMS) a Medicare rural hospital flexibility program; (b) designated by the State as a CAH; (c) certified by the CMS as a CAH; and (d) in compliance with all applicable CAH conditions of participation. For more information, please visit: <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/critaccesshospfctshst.pdf>.

**Disapproved Site** – A site that fails to meet the statutory and programmatic eligibility requirements and does not receive approval by the NHSC.

**Division of Regional Operations (DRO)** – The Division of Regional Operations is one of several divisions within BCRS and consists of 10 regional HRSA offices that are primarily responsible for

promoting BCRS programs, conducting NHSC site visits, approving NHSC site applications, and supporting other BCRS activities.

**Federally-Qualified Health Centers (FQHC)** – FQHCs include: (1) nonprofit entities that receive a grant (or funding from a grant) under section 330 of the Public Health Service (PHS) Act (i.e., health centers); (2) FQHC “Look-Alikes” which are nonprofit entities that are certified by the Secretary of HHS as meeting the requirements for receiving a grant under section 330 of the PHS Act but are not grantees; and (3) outpatient health programs or facilities operated by a tribe or tribal organization under the Indian Self-Determination Act or by an urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act.

**FQHC Look-Alike** – Health centers that have been identified by Health Resources and Services Administration (HRSA) and certified by the Centers for Medicare and Medicaid Services as meeting the definition of “health center” under Section 330 of the PHS Act, although they do not receive grant funding under Section 330. More information is available at <http://bphc.hrsa.gov/about/apply.htm>.

**Free Clinic** – A medical facility offering community healthcare on a free or very low-cost basis. Care is generally provided in these clinics to persons who have lower or limited income and no health insurance, including persons who are not eligible for Medicaid or Medicare. Almost all free clinics provide care for acute, non-emergent conditions. Many also provide a full range of primary care services (including preventive care) and care for chronic conditions.

**Full-Time Clinician** – An NHSC clinician working a minimum of 40 hours per week in a clinical practice, for a minimum of 45 weeks per service year. For a more detailed explanation of the full-time clinical practice requirement, please refer to the “Service Requirements” section of the NHSC Loan Repayment Application and Program Guidance available on the NHSC website.

**Half-Time Clinician** – An NHSC clinician working a minimum of 20 hours per week in a clinical practice, not to exceed 39 hours per week, for a minimum of 45 weeks per service year. For a more detailed explanation of the half-time clinical practice requirement, please refer to the “Service Requirements” section of the NHSC Loan Repayment Application and Program Guidance available on the NHSC website (<http://nhsc.hrsa.gov/loanrepayment/apply.htm>).

**Health Professional Shortage Area (HPSA)** – A HPSA is a geographic area, population group, public or nonprofit private medical facility or other public facility determined by the Secretary of HHS to have a shortage of primary health care professionals. HPSAs may be identified on the basis of agency or individual requests for designation. Information considered when designating a primary care HPSA include health provider to population ratios, rates of poverty, and access to available primary health services. These HPSAs are designated by the Office of Shortage Designation, within HRSA’s Bureau of Health Professions, pursuant to Section 332 of the PHS Act (Title 42, U.S. Code, Section 254e) and implementing regulations (Title 42, Code of Federal Regulations, Part 5).

**Health Resources and Services Administration (HRSA)** – An operating agency of Health and Human Services (HHS).

**Immigration Health Service Corps** – Clinical sites administered by the U.S. Immigration, Customs, and Enforcement Agency with the Department of Homeland Security.

**Indian Health Service, Tribal or Urban Indian Health Clinic (ITU)** – A non-profit health care facility (whether operated directly by the Indian Health Service or by a tribe or tribal organization, contractor or grantee under the Indian Self-Determination Act, as described in 42 Code of Federal Regulations (CFR) Part 136, Subparts C and H, or by an urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act) that is physically separated from a hospital, and which provides clinical treatment services on an outpatient basis to person of Indian or Alaskan Native descent as described in 42 CFR Section 136.12. For more information, please visit: <http://www.ihs.gov>.

**Mobile Units/Clinics** – Medical vehicles (e.g. mobile health vans) that travel to underserved rural and urban communities, providing primary care services to individuals located in a HPSA. Clinicians working within a mobile unit that functions as part of a NHSC-approved site or through an alternative care setting (e.g. hospitals, nursing homes, shelters, etc.) will receive service credit for direct patient care, so long as the mobile unit is affiliated with a NHSC-approved site and provides services to only the approved HPSA area and/or members of a HPSA.

**National Health Service Corps (NHSC)** – “The Emergency Health Personnel Act of 1970,” Public Law 91-623, established the NHSC on December 31, 1970. The NHSC Program, within the Department of Health and Human Services, was created to eliminate the health professional shortages in HPSAs through the assignment of trained health professionals to provide primary health care services in HPSAs. The NHSC seeks to improve the health of underserved Americans by bringing together communities in need and qualified primary health care professionals.

**National Health Service Corps (NHSC) Jobs Center** – An online list of approved NHSC job positions at NHSC-approved sites. Please note that approved job positions that are filled may not appear on the Jobs Center website (<http://nhscjobs.hrsa.gov>).

**National Health Service Corps (NHSC) Loan Repayment Program (LRP)** – The NHSC LRP is authorized by Sections 338B and 331(i) of the PHS Act, as amended. Under the NHSC LRP, participants provide full-time or half-time primary health care services in HPSAs in exchange for funds for the repayment of their qualifying educational loans. The NHSC LRP selects fully trained and licensed primary health care clinicians dedicated to meeting the health care needs of medically underserved HPSA communities.

**National Health Service Corps (NHSC) Scholarship Program (SP)** – The Scholarship Program is a competitive Federal program that awards scholarships to students pursuing primary care health professions training. In return for each school year or partial school year of scholarship support received, students agree to provide full-time primary care services for one (1) year in a NHSC-approved service site located in a HPSA. For each school year or partial school year of scholarship support received, there is a minimum 2-year service commitment with a maximum 4-year commitment.

**National Health Service Corps-Approved Site** – A site that has requested and been granted approval as an NHSC service site. In order for a site to be eligible for NHSC approval, it meets the requirements listed in the NHSC Site Agreement (see Appendix) throughout the approval period.

**National Health Service Corps (NHSC) Site Data Tables** – A site reporting requirement, which replaces the former UDS/Site Survey reporting tool. The NHSC collects the Site Data Tables from sites at time of application, recertification, and NHSC site visits.

**Primary Care Associations (PCAs)** – Private, non-profit organizations that provide training and technical assistance to NHSC-approved sites, support the development of sites in their state, and enhance the sites' operations and performance.

**Primary Care Offices (PCOs)** – State-based offices that provide assistance to communities seeking HPSA designations and recruitment assistance as NHSC-approved sites. PCOs work collaboratively with PCAs, and the NHSC Program, to increase access to primary and preventive health care and improve the status of underserved and vulnerable populations.

**Public Health Department Clinic** – Primary or mental health clinics operated by a State, County or Local health departments.

**Rural Health Clinic (RHC)** – A facility certified by the Centers for Medicare and Medicaid Services under section 1861(aa)(2) of the Social Security Act that receives special Medicare and Medicaid reimbursement. RHCs are located in a non-urbanized area with an insufficient number of health care practitioners and provide routine diagnostic and clinical laboratory services. RHCs have a nurse practitioner, a physician assistant, or a certified nurse midwife available to provide health care services not less than 50 percent of the time the clinic operates. There are two types of RHCs:

- **Provider-Based:** affiliated with a larger healthcare organization that is a Medicare certified provider.
- **Independent:** generally stand-alone clinics.

**Sliding Fee Scale or Discounted Fee Schedule** – A sliding fee scale or discount fee schedule is a set of discounts that is applied to your practice's schedule of charges for services, based upon a written policy that is non-discriminatory. For additional information, please see pages 10 - 11 of the Reference Guide.

**Solo or Group Private Practice** – A clinical practice that is made up of either one or many providers in which the providers have ownership or an invested interest in the practice. Private practices can be arranged to provide primary medical, dental and/or mental health services and can be organized as entities on the following basis: fee-for-service; capitation; a combination of the two; family practice group; primary care group; or multi-specialty group.

**Tribal Health Program** – An Indian tribe or tribal organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the Indian Health Service (IHS) through, or provided for in, a contract or compact with the IHS under the Indian Self-Determination and Education Assistance Act (25 USC 450 et. seq.).

## APPENDIX

### NHSC SITE AGREEMENT

National Health Service Corps (NHSC) approved sites must meet all requirements stated below at the time of application and continue to meet the requirements in order to maintain status as an NHSC-approved site.

1. Is located in and treats patients from a federally-designated [Health Professional Shortage Area \(HPSA\)](#).
2. Does not discriminate in the provision of services to an individual (i) because the individual is unable to pay; (ii) because payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP); or (ii) based upon the individual's race, color, sex, national origin, disability, religion, age, or sexual orientation. *[May or may not be applicable to Indian Health Service Facilities, Tribally-Operated 638 Health Programs, and Urban Indian Health Programs (ITUs)].*
  - a. Uses a schedule of fees or payments for services consistent with locally prevailing rates or charges and designed to cover the site's reasonable costs of operation. *(May or may not be applicable to ITUs, free clinics, or prisons.)*
  - b. Uses a [discounted/sliding fee schedule](#) to ensure that no one who is unable to pay will be denied access to services. This system provides a full discount to individuals and families with annual incomes at or below 100% of the Federal Poverty Guidelines (only nominal fees may be charged). Therefore those with incomes between 100% and 200% of the [Federal Poverty Guideline](#), fees must be charged in accordance with a sliding discount policy based on family size and income. *(May or may not be applicable to ITUs, free clinics, or prisons.)*
  - c. Makes every reasonable effort to secure payment in accordance with the schedule of fees or schedule of discounts from the patient and/or any other third party. *(May or may not be applicable to ITUs, free clinics, or prisons.)*
  - d. Accepts assignment for Medicare beneficiaries and has entered into an appropriate agreement with the applicable State agency for Medicaid and CHIP beneficiaries. *(May or may not be applicable to ITUs, free clinics, or prisons.)*
  - e. Prominently displays a statement in common areas and on site's website (if one exists) that explicitly states that (i) no one will be denied access to services due to inability to pay; and (ii) there is a discounted/sliding fee schedule available. When applicable, this statement should be translated into the appropriate language/dialect.
3. Provides culturally competent, comprehensive primary care services (medical, dental, and/or behavioral) which correspond to the designated HPSA type.
4. Uses a credentialing process which, at a minimum, includes reference review, licensure verification, and a query of the [National Practitioner Data Bank \(NPDB\)](#) of those clinicians for whom the NPDB maintains data.
5. Functions as part of a system of care which either offers or assures access to ancillary, inpatient, and specialty referrals.
6. Adheres to sound fiscal management policies and adopts clinician recruitment and retention policies to help the patient population, the site, and the community obtain maximum benefits.
7. Does not reduce the salary of NHSC clinicians because they receive or have received benefits under the NHSC Loan Repayment or Scholarship programs.
8. Requires NHSC clinicians to maintain a primary care clinical practice (full-time or half-time) as indicated in their contract with NHSC and described in part below. **The site administrator is knowledgeable of the clinician's specific NHSC service requirements.** Time spent on call will not count toward a clinician's NHSC work hours. Participants do not receive service credit hours worked over the required hours per week, and excess hours cannot be applied to any other work week. Clinicians are required to apply for a suspension if their absences per

year are greater than those allowed by NHSC. If a suspension is requested and approved, the participant's service obligation end date will be extended accordingly. Please refer to the [NHSC Loan Repayment Program Application and Guidance](#) for definitions of NHSC service requirements.

9. Communicates to the NHSC any change in site or clinician employment status for full-time and half-time, including moving an NHSC clinician to a satellite site for any or all of their hour work week, termination, etc.
10. Supports clinicians with funding and arrangements, including clinical coverage, for their time away from the site to attend NHSC-sponsored meetings, webinars, and other continuing education programs.
11. Maintains and makes available for review by NHSC representatives all personnel and practice records associated with an NHSC clinician including documentation which contains such information that the Department may need to determine if the individual and/or site has complied with NHSC requirements.
12. Completes and submits [NHSC Site Data Tables](#) to NHSC at time of site application, recertification, and NHSC site visits.
13. Complies with requests for a site visit from NHSC or the State Primary Care Office with adherence to all NHSC requirements.