What is a HPSA?

* *Health professional shortage area* is a federal designation, based on criteria developed by the Health Resources Services Administration, to allocate resources to states that help increase access to health care. Specifically, HPSA designations support scholarship and loan repayment programs under the National Health Service Corps and Nurse Corps, as well as enhanced Medicare and Medicaid payments under the Centers for Medicaid and Medicare Services.
* HPSAs can be designated for primary care, dental care or behavioral health care, and can be based on geographic, population, or facility criteria.

How is a Facility HPSA determined?

* Facility HPSAs include “auto-HPSAs,” such as Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Clinics. These are automatically designated HPSA facilities, with a separate scoring process directly calculated by federal Health Resources Services Administration staff.
* Automatic designation is not obtained through a formal application process. Sites are eligible as long as they are a HRSA funded or Rural Health Clinic site as described in the Heath Care Safety Net Amendments. To access these amendments, please visit the following website: <http://bhpr.hrsa.gov/shortage/hpsas/facilityscoring.html>.
* The lack of a detailed analysis determined by a conventional score may not accurately reflect the actual population(s) and medical needs being served and therefore may negatively affect the level and type of assistance for which the practice site qualifies. While it uses similar variables - populations-to-provider ratios, distance/travel time to nearest site, poverty rates, and infant mortality/low birth weight rate - to establish need, it is not site-specific and the automatic score draws from the status of the established, neighboring "parent" site.
* State correctional facilities can also receive a facility HPSA designation, but they must go through the State Primary Care Office.

How is a geographic HPSA determined?

* A geographic HPSA should reflect a *rational service area* in which people access common health resources. This could be a whole county, a sub-county, or in some cases multiple counties may be included in a single geographic HPSA, either in whole or in part. For example, all of northern Nevada is a part of a single catchment area for a mental health HPSA, because there is a single network for mental health care that is linked throughout northern Nevada.
* Census tracts are the building block for geographic and population HPSAs.
* To match your address to a census tract displayed on a map, please use the following U.S. Census Bureau site: <http://factfinder.census.gov/home/saff/main.html?_lang=en> - Click on the "Street Address" link in the white "Address Search" box then enter a street address to find Census 2010 data.

How is a population HPSA determined?

* A population HPSA can be based on low-income, homelessness, Medicaid participation, or migrant workers. If a *rational service area* does not qualify as a geographic HPSA, it may still qualify as a population HPSA, based on the documentation of high levels of the populations referenced above.

How does the HPSA designation process work?

* Staff in the State Primary Care Office access the federal Shortage Designation Management System to enter data about providers and health status, as well as geographic and demographic data, for a specific area or region. If all criteria are met, an electronic application is submitted to the federal Health Resources Services Administration for review and approval. Designations may be renewed or updated in accordance with federal guidelines.
* To apply for a HPSA designation, contact the Nevada Primary Care Office at (775) 684-4047.

What is a HPSA score?

* HPSA score is a measure of health access based on weighted data for the ratio of population to provider, travel times or distances, poverty levels, health status, age, and health-related behaviors. HPSA scores range from 0 to 26, with the higher scores reflecting greater need. The scores are used by the federal Health Resources Services Administration to prioritize funding for loan repayment, scholar and other HRSA funded programs.
* Score requirements change every program cycle, please go to the following link for more information: [http://nhsc.bhpr.hrsa.gov.](http://nhsc.bhpr.hrsa.gov/)

Where in Nevada are designated HPSAs?

* Designated HPSAs can be found online at <http://hpsafind.hrsa.gov/>

What is a MUA/P?

* *Medically underserved areas* or *populations* are federal designations, based on criteria developed by the federal Health Resources Services Administration, to allocate resources to states that help increase access to health care. Specifically, MUA/P designations support eligibility to apply for Section 330 funding under the Public Health Service Act, for *Federally Qualified Health Centers* and eligibility to apply for *Rural Health Clinic* certification for prospective payment method*.*
* For MUA/P status, visit the following website <http://www.muafind.hrsa.gov/> and enter in the appropriate county information and search for your census tract number or MSSA. A copy of the MUA/MUP list is sufficient verification of MUA/MUP status.
* To apply for MUA/P status, contact the Nevada Primary Care Office at (775) 684-4047.

What is a Federally Qualified Health Center?

* Federally Qualified Health Centers (FQHC) – A nonprofit entity that is receiving funds under section 330 of the Public Health Service Act, to provide primary health services and other related services to a population that is medically underserved. FQHCs include *community health centers, migrant health centers, health care for the homeless health centers, public housing primary care health centers, School-based health centers, and mobile clinics.* The Primary Care Association is funded by HRSA to provide technical assistance to FQHCs and other designated clinics.
* To apply for FQHC status, contact the Nevada Primary Care Association at (775) 887-0417.

What is a Rural Health Clinic?

* A Rural Health Clinic is a federally qualified health clinic certified to receive special Medicare and Medicaid reimbursement. CMS provides advantageous reimbursement as a strategy to increase rural Medicare and Medicaid patients' access to primary care services. RHCs must meet certain conditions to qualify for this reimbursement, as stipulated by Section 330 of the Public Health Service Act. The Centers for Medicare and Medicaid Services (CMS) reimburses RHCs differently than it does other facilities. The 2000 Benefits Improvement and Protective Act (BIPA) required CMS to pay RHCs using a prospective payment system (PPS) rather than via a cost-based reimbursement system. RHCs receive an interim payment from Medicare, and at the end of the year, this payment is reconciled using the clinic's cost reporting. For services provided to Medicaid patients, States can reimburse using PPS or by an alternative payment methodology that results in a payment equal to what the RHC would receive under PPS. In addition, regardless of whether the patient sees a mid-level provider or a physician, the RHC must receive the same amount for its services.
* RHCs are required to be staffed by a team that includes one mid-level provider, such as a nurse practitioner (NP), physician assistant (PA), or certified nurse midwife (CNM), that must be on-site to see patients at least 50 percent of the time the clinic is open, and a physician (MD or DO) to supervise the mid-level practitioner in a manner consistent with state and federal law.  While federally qualified health centers (FQHCs) provide dental, mental health, substance abuse, and transportation services, RHCs are only required to provide outpatient primary care services and basic laboratory services.  RHCs must be located within non-urban rural areas that have health care shortage designations.

What is a J-1 Physician Visa Waiver?

* International medical graduates completing their training in the U.S. on a J-1 Visa, may apply for a waiver of the requirement to return to their home country, in exchange for 3 years of service in a designated shortage area, or service to underserved populations.

What is the Conrad 30 program?

* Named after U.S. Senator Kent Conrad, the Conrad 30 program allocates 30 slots to each state, annually, to recruit international medical graduates to serve in health professional shortage areas, in exchange for a waiver of the requirement to return to their home country, under the J-1 Visa.

What is a flex slot?

* Under the Conrad 30 program, states may use up to 10 of the 30 J-1 Visa Waiver physician slots, annually, in facilities outside of designated areas, with documented service to underserved populations.

How does the Conrad 30/J-1 Physician Visa Waiver program work?

* International medical graduates completing their training in the U.S. on a J-1 Visa, may apply for a waiver through the U.S. Citizenship and Immigration Services. This federal application requires a letter of support from designated state agencies (typically the State Health Division), to confirm that the physician will be serving in a shortage area, or document service to an underserved population.
* A state application is also required, but the policies and procedures vary by state. In Nevada, there are statutory ([NRS 439A.130 – 185](http://leg.state.nv.us/NRS/NRS-439A.html#NRS439ASec130)) and regulatory ([NAC 439A.700 – 755](http://leg.state.nv.us/NRS/NRS-439A.html#NRS439ASec130)) program requirements, in addition to policies and procedures. Similar to other states, the Nevada Primary Care Office administers the [Conrad 30/J-1 Physician Visa Waiver program](http://health.nv.gov/PrimaryCare_Conrad_J-1.htm) with technical assistance and monitoring for program compliance.
* Applications are accepted throughout the year on a first come, first served basis. The current application fee is $500, to be submitted with the [application](http://health.nv.gov/PDFs/PrimaryCare/Attachment_A_Waiver_Application.pdf).
* Specialists, including hospitalists, are eligible to apply, but must meet additional requirements, described under item 8 in the online [application instructions](http://health.nv.gov/PDFs/PrimaryCare/Attachment_A_Waiver_Application.pdf).

**Where do I start as a J-1 doctor if I want to work in Nevada under this program?**

* You can register on the [3Rnet website](https://www.3rnet.org/) to send your information out to sponsors/employers throughout the country. You will need to hire an immigration attorney to complete the federal and state application process, as well as the employment contract.  The NV PCO does not recommend specific attorneys, but you can find a list of attorneys we have worked with [here](Law%20Firm%20List%20042215revlh.docx).  Typically, one attorney represents both the physician and the employer. You can also contact [Scott Jones](mailto:scottjones@health.nv.gov) in the PCO to distribute your CV to sponsors/employers throughout Nevada.

**Can the Primary Care Office (PCO) tell me if I will get the waiver?**

* No, the PCO does not make the decision if a physician gets the waiver or not. Our process is to review the application, conduct a public hearing with our Primary Care Advisory Council, and then make a recommendation to our Administrator for a letter of support to the US Citizenship and Immigration Services (USCIS). The USCIS will then make the final decision. We are happy to answer questions about program requirements in Nevada and help you put together your application.

**How do I qualify as a Sponsor/Employer?**

* Your site should be in a HPSA or MUA/P ([Search here](http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx)). You can also qualify outside of a HPSA or MUA/P if you fit certain criteria (contact the PCO). Your site should accept Medicaid, Medicare and Nevada Check-Up and provide care to uninsured and low-income patients with a Sliding Fee Scale. You also need to show that you have tried to recruit a U.S. physician for at least two months without success. Complete program requirements can be found [here](How%20to%20hire%20a%20J-1%20Physician%20revlh101515.docx).

**How do I recruit a J-1 doctor?**

* Post your open positions on [3Rnet website](https://www.3rnet.org/) or refer interested physicians to register on this site. You will need to work with an immigration attorney to complete the federal and state application process, as well as the employment contract.  The NV PCO does not recommend specific attorneys, but you can find a list of attorneys we have worked with [here](How%20to%20hire%20a%20J-1%20Physician%20revlh101515.docx).  Typically, one attorney represents both the physician and the employer. If you would like to be added to our listserv for notification, or if you have specific or urgent staffing needs, please contact [Scott Jones](mailto:scottjones@health.nv.gov) (contact info on bottom on page) in the Nevada PCO so that we can forward physician referrals to you.

What is the Certificate of Need Program?

* A certificate of need is required for health facility construction projects, with projected costs of $2 million or higher, in a county whose population is less than 100,000 (currently all Nevada counties except Clark and Washoe).
* Applicants must demonstrate a need for the facility and the proposed services, financial feasibility, and the effect on the cost of health care.
* Nevada Revised Statutes [(NRS) 439A.100](http://leg.state.nv.us/NRS/NRS-439A.html) and Nevada Administrative Code (NAC) [439A.010 – 439A.675](http://leg.state.nv.us/NAC/NAC-439A.html) provide authority and guidance to process CON letters of intent and applications for the Director of the Department of Health and Human Services.

What type of *Health Facilities* require a Certificate of Need?

* Facilities providing medical services, such as hospitals, ambulatory surgical centers, or skilled nursing facilities require a certificate of need.

What type of health facilities do NOT require a Certificate of Need?

* Medical practice offices for routine outpatient services do NOT require a CON.
* Long Term Care facilities do NOT require a CON, if they are NOT providing skilled nursing services.
* Memory Care units do NOT require a CON, if they are NOT providing skilled nursing services.

How do I apply for a Certificate of Need?

* The first step is to submit a letter of intent to confirm whether your proposed project meets the CON criteria.
* Staff will provide a formal response regarding the need for an application, with directions for submission within a specific timeframe. A $9,500 fee is required at the time of application.
* Applicants may request a meeting with staff, or other consultation, up until the date of a public hearing.
* A public hearing will be scheduled, within 45 days of receipt of the application, to present a summary of the proposed project, with an opportunity for public comment. Applicants may be represented at the public hearing, but there is no question and answer period.