



# National Health Service Corps Site Reference Guide

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Health Resources and Services Administration  
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**TABLE OF CONTENTS**

**Site Reference Guide Purpose**

**Program Overview**

- Introduction.....4
  - What is the National Health Service Corps (NHSC)?
  - What is an NHSC-approved site?
  - What are the benefits of being an NHSC-approved site?
  
- Eligibility Requirements and Qualification Factors.....5
  - Is my site eligible to be an NHSC-approved site?
  - Is my site qualified to be an NHSC-approved site?
  - What is a Health Professional Shortage Area (HPSA) and how can a site receive HPSA designation?
  - How does the NHSC define Comprehensive Primary Care (CPC)?
  - What services need to be offered by dental and mental and behavioral health sites?
  - What are the requirements to provide free or discounted services to low-income patients?
  
- Application and Recertification Process.....10
  - What should sites know before they apply?
  - How do sites apply?
  - Does the site approval period expire?
  - What should sites expect after submitting the NHSC Site Application?
  - How does the NHSC determine which sites can be approved?
  
- Site Roles and Responsibilities.....12
  - What are the requirements for NHSC-approved sites?
  - How can NHSC sites assist providers in successfully fulfilling their service obligation?
  - What are the clinician requirements for full-time and half-time service?
  - How do sites notify the NHSC regarding changes to site information?
  
- Site Monitoring and Technical Assistance.....14
  - What is site monitoring?
  - How are regional site visits conducted?
  - What should sites expect during a site visit?
  - How do NHSC-approved sites stay in compliance?
  - What is the NHSC Site Survey?
  
- Recruiting an NHSC Clinician.....16
  - When can my site hire an NHSC clinician?
  - What is the NHSC National Recruitment Site List and how is it used?
  - How do NHSC-approved sites post, remove, or update a job position?
  - Are there limitations to the number of NHSC clinicians or scholars that may serve at any one site?

**Additional Materials**

- Resources for Sites.....19
  - Division of National Health Service Corps
  - Division of Regional Operations
  - State Primary Care Offices
  - NHSC-Approved Sites
  - NHSC National Recruitment Site List
  - HPSA FIND
  - Need Help?
  
- Glossary.....21
- Appendix: NHSC Site Agreement .....26

## 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 and the Site Application Instructions.

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 NHSC is a network of more than 9,000 primary health care professionals that provide medical, dental, and mental and behavioral health services in communities, known as Health Professional Shortage Areas (HPSAs), across the country that have limited access to health care. In exchange for their service, the NHSC provides clinicians with financial support in the form of loan repayment and scholarships. Corps members fulfill their service requirement by working at NHSC-approved sites. To date, the NHSC has over 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). Each site that would like to use the NHSC to recruit and retain health professionals must submit a Site Application and be approved as an NHSC site.

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

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

- 1) **Recruitment & 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 National Recruitment Site List (formerly referred to as the NHSC Job Opportunities List), which is a comprehensive list of NHSC-qualifying job openings across the nation and 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-approved 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 NHSC site applicants submitting Site Applications, as well as to NHSC-approved sites to address primary care needs.

## ELIGIBILITY REQUIREMENTS & 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 “Definitions” for complete description of site types):

- 1) \*Federally-Qualified Health Centers (FQHCs);
  - a. Community Health Center (CHC)
  - b. Migrant Health Center
  - c. Homeless Program
  - d. Public Housing Program
- 2) \*FQHC Look-Alikes;
- 3) Rural Health Clinics (RHCs);
- 4) Hospital-Affiliated Primary Care Outpatient Clinics;
- 5) \*\*Indian Health Service, Tribal Clinic or Urban Indian Health Clinic (ITCU);
  - a. Federal Indian Health Service (IHS)
  - b. Tribal Health Clinic
  - c. Urban Indian Health Clinic
  - d. Dual-Funded (Tribal Health Clinic and FQHC 330 Funded)
- 6) Correctional Facilities;
  - a. Federal Bureau of Prisons (BOP)
  - b. State Correctional Facility
- 7) Private Practices (Solo or Group);
- 8) Other Health Facilities.
  - a. Critical Access Hospital (CAH)
  - b. Community Outpatient Facility
  - c. Community Mental Health Center (CMHC)
  - d. State and County Health Department of Health Clinic
  - e. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC)
  - f. Free Clinic
  - g. Mobile Unit
  - h. School-based Program

The following are not eligible to be NHSC-approved sites:

- 1) county/local prisons;
- 2) inpatient hospitals (including Veteran’s Administration Hospitals); and
- 3) other inpatient facilities.

*\*Sites are automatically approved so long as they meet the scope of practice and are HRSA-funded.*

*\*\*Sites are automatically approved*

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 clinic. These clinical practice locations are usually located in communities apart from the main clinic 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 sign 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 must 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, sites must:

- 1) Be located in a “Designated” HPSA;
- 2) Provide comprehensive outpatient, ambulatory, primary medical, mental and behavioral, and/or dental services;
- 3) Ensure access to ancillary, inpatient, and specialty referrals;
- 4) Provide services on a free or reduced fee schedule basis to individuals at or below 200% of the federal poverty level and post signage advertising this statement (in waiting room and online if applicable);
- 5) Accept patients covered by Medicare, Medicaid, and the Children's Health Insurance Program (CHIP). *A six-month billing summary is required before a site can apply; Private Practices (Solo/Group) must submit a 12-month summary;*
- 6) Agree not to discriminate in the provision of services to individuals based on their inability to pay, race, color, sex, national origin, disability, religion, or sexual orientation. The site must prominently post signage, provided to sites by the NHSC, advertising the previous statement (in waiting room and online if applicable) and the statement should be translated into the appropriate language and/or dialect for the service area;
- 7) Use a clinician credentialing process including reference review, licensure verification, and a query of the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) (<http://www.npdb-hipdb.hrsa.gov>);
- 8) Agree not to reduce a clinician's salary due to NHSC support;
- 9) Provide a supportive environment for NHSC clinicians, facilitating mentorship, professional development and training opportunities for clinicians;
- 10) Have general community support for the assignment of NHSC clinicians; and
- 11) Provide sound fiscal management.

### **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 HRSA's Office of Shortage Designation (OSD) 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 must apply to the HRSA Office of Shortage Designation and provide data indicating that a shortage exists in the area or for the population or facility. These applications are submitted through the State Primary Care Offices (PCO), so an area or site interested in a HPSA designation should contact their PCO directly. 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.

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. State PCO contacts can be found at <http://bhpr.hrsa.gov/shortage/hpsas/primarycareoffices.html>.

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>

To apply for a HPSA designation, please visit <http://bhpr.hrsa.gov/shortage/hpsas/apply.html>.

There are three HPSA categories – primary, dental, and mental. In order to recruit an NHSC clinician, NHSC-approved service 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 must have a designated “Primary Care” HPSA. To recruit a psychiatrist, the site must be in a designated “Mental Health” HPSA.

In addition to being designated as a HPSA, a community, population, or facility is rated 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 rating 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 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.

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. 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 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 must 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 are required to provide services for free or on a sliding fee scale or discounted fee schedule for low-income individuals. A sliding fee scale 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.

Specifically, for individuals with annual incomes at or below 100 percent 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 percent 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.

The NHSC-approved site must prominently post signage, provided to sites by the NHSC, advertising the following statement (in waiting room and online if applicable): “[Site Name] does not discriminate in the provision of services to individuals based on their inability to pay, race, color, sex, national origin, disability, religion, or sexual orientation.” The statement should be translated into the appropriate language and/or dialect for the service area.

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	\$11,170	\$12,287	\$13,404	\$14,521	\$15,638	\$16,755	\$17,872	\$18,989	\$20,106	\$21,223	\$22,340	\$22,341
2	\$15,130	\$16,643	\$18,156	\$19,669	\$21,182	\$22,695	\$24,208	\$25,721	\$27,234	\$28,747	\$30,260	\$30,261
3	\$19,090	\$20,999	\$22,908	\$24,817	\$26,726	\$28,635	\$30,544	\$32,453	\$34,362	\$36,271	\$38,180	\$38,181
4	\$23,050	\$25,355	\$27,660	\$29,965	\$32,270	\$34,575	\$36,880	\$39,185	\$41,490	\$43,795	\$46,100	\$46,101
5	\$27,010	\$29,711	\$32,412	\$35,113	\$37,814	\$40,515	\$43,216	\$45,917	\$48,618	\$51,319	\$54,020	\$54,021
6	\$30,970	\$34,067	\$37,164	\$40,261	\$43,358	\$46,455	\$49,552	\$52,649	\$55,746	\$58,843	\$61,940	\$61,941
7	\$34,930	\$38,423	\$41,916	\$45,409	\$48,902	\$52,395	\$55,888	\$59,381	\$62,874	\$66,367	\$69,860	\$69,861
8	\$38,890	\$42,779	\$46,668	\$50,557	\$54,446	\$58,335	\$62,224	\$66,113	\$70,002	\$73,891	\$77,780	\$77,781
For each additional person, add	\$3,960	\$4,356	\$4,752	\$5,148	\$5,544	\$5,940	\$6,336	\$6,732	\$7,128	\$7,524	\$7,920	\$7,920

\* Based on 2012 HHS Poverty Guidelines (<http://aspe.hhs.gov/poverty/12poverty.shtml>).

Additional Sliding Fee Scale examples are available at:

<http://nhsc.hrsa.gov/sites/becomenhscapprovedsite/eligibility/discountfeeschedule/feescheduleform.pdf>

**EXCEPTION:** To the extent that a site does not charge or bill for any services (i.e. is a free clinic or is an ITCU 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 must post the requisite signage stating that no one is denied care.

### 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 must clearly communicate that the site accepts Medicare, Medicaid, and CHIP.

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

### Recruitment and Retention Plan

The NHSC strongly suggests 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 (if applicable) on-site for review during NHSC site visits, and should periodically update the plan to address any factors that may have impacted the management of a service site.

## APPLICATION & 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;
- 2) Contact the State PCO (see "Resources for Sites");
- 3) Review the NHSC Site Application Instructions and Site Agreement; and
- 4) Complete and submit the Site Application.

The State PCO is a useful resource in preparing to apply for a HPSA designation and/or to apply to become an NHSC-approved site. Getting to know your State PCO will help with understanding the eligibility requirements (including HPSA designation), improve the quality of the application and connect you with other resources in your State.

**NOTE:** 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 must submit a separate Site Application and be approved individually.

### How do sites apply?

Interested sites can submit their application online via the NHSC website (<http://nhsc.hrsa.gov/sites/becomenhscapprovedsite/index.html>). Please read the Site 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 will delay the processing of your application.

### 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 all NHSC eligibility requirements and qualification factors.

Any site that wants to recertify must submit a Recertification Site Application, including the supporting documents required for recertification. The NHSC will contact sites regarding the recertification process.

**NOTE:** FQHCs and FQHC Look-Alikes (i.e. Community Health Centers, Migrant Health Centers, Public Housing Clinics, and Homeless Clinics) do not need to recertify as long as they remain funded by the Bureau of Primary Health Care as an FQHC parent or satellite site that is within the scope of project for the grant and meet the NHSC site requirements. IHS and other federal sites (i.e. Immigration and Customs Enforcement (ICE) and Bureau of Prisons (BOP)) no longer need to recertify. All other health facilities will need to recertify every three years. Please contact the NHSC Sites Branch at 1-877-313-1823 or [BCRSNHSCSitesBranch@hrsa.gov](mailto:BCRSNHSCSitesBranch@hrsa.gov) for more information.

### Site Profile

In addition to the formal Site Application, it is recommended that site applicants complete and submit the online Site Profile Form which provides general information about the site and the surrounding area. The online form will be made available to sites by Spring 2012. This information serves as a useful recruiting tool, providing clinicians with a site-specific overview, while they search for placement at an NHSC site.

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

After a site representative submits their application, the State PCO will review and evaluate the application and will provide the NHSC with a recommendation regarding the approval of the Site Application. The NHSC, however, will make the final decision. The process generally takes 6 – 8 weeks to complete.

Additionally, the BCRS Division of Regional Operations (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 application information and responses prior to approving the Site Application. If a site visit is required, the process may take up to 8 – 10 weeks.

### **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 Site Agreement of the NHSC 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 must continually meet the eligibility requirements and qualification factors that are established for the NHSC (see "Eligibility Requirements and Qualification Factors").

In addition to these requirements, NHSC-approved sites must 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 must afford providers the opportunity to fulfill this agreement.

NHSC expects sites to do the following to support NHSC members in fulfilling their service obligation:

- 1) Allow NHSC providers to attend an NHSC Awardee Conference.
- 2) Ensure clinicians work only at NHSC-approved service sites; each site must be approved prior to the beginning of a clinician's assignment at that site.
- 3) Make certain clinicians follow the NHSC minimum hourly and weekly service requirements, however, the employment contract between the NHSC-approved site and clinician may stipulate additional work hours.
- 4) Report leave on the NHSC Six-Month Service Verification online form. Clinicians are allowed approximately 35 absences per service year with the NHSC; NHSC-approved sites must verify and report to the NHSC any leave (e.g. annual, sick, holidays, continuing medical education) taken by NHSC clinicians.
- 5) Activate the site administrator/representative through the Customer Service Portal account to verify clinician service time, review in-service clinician information, and post job openings.
- 6) Submit required documents to facilitate a transfer request if applicable. Prior to leaving a service site, clinicians must submit a transfer request via the Customer Service Portal to change his or her current site to another service site. To ensure that NHSC-approved service sites can continue to meet the needs of patients, the NHSC strongly encourages NHSC clinicians to discuss their plans with the site first.
  - a. An NHSC clinician's current site must submit the following documents to the Division of Program Operations (DPO):

- i. A letter indicating:
  - 1) any clinical competency issues related to the NHSC clinician's while employed at the site;
  - 2) any disciplinary action related to the NHSC clinician while employed at the site; and
  - 3) the NHSC clinician's last employment date at the site.
- ii. Upon approval of the request, the site is responsible for verifying, signing and submitting the relevant portion of the clinician's six month verification form.

An NHSC clinician's current site must send in required documents to the:

Division of Program Operations  
5600 Fishers Lane  
Rockville, Maryland 20857  
Room 8A-19  
1-800-221-9393; Fax: (301) 451-5384

- 7) Make 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) Provide 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. Most often these site assignments are new work and living environments and experiences for NHSC clinicians.
- 9) Routinely check the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) (<http://www.npdb-hipdb.hrsa.gov>) to assure the quality of health care practitioners that are hired.

### **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.

Full-time: Clinicians must 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 must 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 FY 2012 NHSC Loan Repayment Program (LRP) Guidance.

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

### Changes in Site Information

For sites that have a change in information (e.g. change of address), the NHSC requests that the following step(s) be taken to ensure that the appropriate change is made to a site.

- 1) Sites must notify a Sites Branch analyst or the Division of Regional Operations (DRO) if:
  - An established site changes its ownership
  - A site changes its name and/or address (notification must be submitted on letterhead)
  - A site changes their scope of services
- 2) Sites must contact DRO if:
  - A new site is interested in becoming an NHSC-approved service site
  - A site has questions regarding their online site application submission
- 3) Sites must contact the Sites Branch if:
  - A site would like to recertify

Please be aware that some changes may be updated directly through the Site Administrator Portal. If you have questions regarding specific changes, please contact the NHSC Sites Branch at 1-877-313-1823 or [BCRSNHSCSitesBranch@hrsa.gov](mailto:BCRSNHSCSitesBranch@hrsa.gov) for more information.

## SITE MONITORING AND TECHNICAL ASSISTANCE

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

The DRO and the NHSC Sites Branch are 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. DRO and the Sites Branch will aid in the retention of NHSC-approved sites by monitoring and increasing their compliance with NHSC site requirements and offering technical assistance for resolving site concerns. 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 requirements. All Solo or Group Private Practice applicants must be 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?**

The DRO and the Sites Branch perform site visits to NHSC-approved sites and NHSC site applicants. Routine site visits are scheduled during an NHSC service 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 New 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 prior to the site visit (e.g., their Uniform Data System (UDS) Report or NHSC Annual Site Survey, policies on non-discrimination, Medicare/Medicaid acceptance, sliding fee scale information, recruitment/retention plan if available, and policies and procedures for personnel and practice management). These materials are reviewed in advance of the actual site visit. DRO staff also review individual provider data through BCRS Management Information System Solution (BMISS) and 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 provision of cultural competent services, credentialing policies, types of referral systems in place, involvement in the community, recruitment and retention planning, salary and benefit packages, personnel and practice management policies, and NHSC data reporting requirements. Emphasis will be placed on assuring the site is financially sound and offering appropriate support to the NHSC clinicians at the site. 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 conducted with a dual focus of: assuring clinicians are meeting NHSC requirements, and; making certain they are integrating into the community and experiencing a rewarding practice setting. A priority for these visits is the actual face-to-face interaction between the NHSC representative and the NHSC clinician.

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

The following steps are critical in order for sites to stay in compliance. Sites should:

- 1) Continue to offer culturally-appropriate, primary health care services to all patients in the HPSA, regardless of the patient's ability to pay;
- 2) Agree not to discriminate in the provision of care for patients due to their socioeconomic status, race, ethnic origin, gender, religious beliefs and practices, or sexual orientation;
- 3) Offer a sliding fee scale;
- 4) Contact 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;
- 5) Make appropriate patient referrals;
- 6) Provide an opportunity for NHSC clinicians to complete their requisite service commitment as stated in their respective NHSC service contracts;
- 7) Agree not to reduce an NHSC clinician salary due to NHSC support;
- 8) Conduct appropriate clinician background review;
- 9) Adhere to sound fiscal management policies; and
- 10) Submit an NHSC Site Survey (formerly known as the UDS Report) annually.

### **What is the NHSC Site Survey?**

The NHSC Annual Site Survey (formerly known as the NHSC UDS Report) is a data collection system designed to measure the primary health care services provided to underserved and vulnerable populations by NHSC sites. The report provides both the NHSC and NHSC-approved service sites with information regarding the services provided, number of users, staffing, production, finances, and managed care enrollment at the various sites. For more information regarding the NHSC Site Survey, please visit: <http://nhsc.hrsa.gov/currentmembers/membersites/reportingrenewal/index.html>.

## **RECRUITING AN NHSC CLINICIAN**

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

All NHSC-approved sites must apply and be an NHSC-approved site before they can post job positions through the NHSC National Recruitment Site List 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 National Recruitment Site List and how is it used?**

The NHSC National Recruitment Site List ([http://nhscjobs.hrsa.gov/Search\\_HPOL.aspx](http://nhscjobs.hrsa.gov/Search_HPOL.aspx)) or Recruitment Site List is a quick and easy way to advertise current and open health care job positions at approved NHSC sites. The Recruitment Site List 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 Recruitment Site List must contact the Recruitment Contact listed on the Recruitment Site List to apply.

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

NHSC-approved sites can post, remove or update job positions on the NHSC National Recruitment Site List 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 no more than one scholar per site per placement cycle. Further, in order to be a qualifying NHSC-approved site for an NHSC scholar, NHSC-approved service sites must meet a certain 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. As of June 20, 2011, the minimum HPSA score for the 2011-2012 placement cycle is 16 for all eligible clinicians.

For the Loan Repayment Program (LRP), there is a separate policy on number of job positions that NHSC-approved service 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 2012 NHSC Loan Repayment Program (LRP) Guidance, as clinical practice requirements vary for clinicians working at CAHs.

## Additional Materials

### RESOURCES FOR SITES

**Division of the National Health Service Corps (DNHSC)** – The DNHSC is one of several divisions within BCRS and is made up of three distinct branches – the Sites Branch, the Loan Repayment Branch, and the Scholarship Branch. DNHSC is responsible for managing NHSC-approved sites and processing and awarding loan repayment and scholarships to individuals.

#### **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 “Quick Access Reports,” choose “NHSC Approved Sites List.” Listed sites may or may not have current job opportunities eligible for NHSC participants.

#### **NHSC National Recruitment Site List** (<http://nhscjobs.hrsa.gov>)

The NHSC National Recruitment Site List (also referred to as the Job Opportunities List) 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 must 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 Call Center Monday through Friday (except Federal holidays), 9:00 am to 5:30 pm ET.

- [CallCenter@hrsa.gov](mailto:CallCenter@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 must 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.hhs.gov/Certificationandcompliance/04\\_CAHs.asp](http://www.cms.hhs.gov/Certificationandcompliance/04_CAHs.asp).

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

**Division of the National Health Service Corps (DNHSC)** – The DNHSC is one of several divisions within BCRS and is made up of three distinct branches – the Sites Branch, the Loan Repayment Branch, and

the Scholarship Branch. DNHSC is responsible for managing NHSC-approved sites and processing and awarding loan repayment and scholarships to individuals.

**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. All FQHCs must meet NHSC site requirements.

**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. All FQHC Look-Alikes must meet NHSC site requirements. 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 (<http://nhsc.hrsa.gov/loanrepayment/apply.htm>).

**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 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 Clinic or Urban Indian Health Clinic (ITCU)** – 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** – 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) National Recruitment Site List** – formerly referred to as the NHSC Job Opportunities List; is an online list of approved NHSC job positions at NHSC-approved sites. Note: Approved job positions that are filled may not appear on the Recruitment Site List.

**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 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 site. In order for a site to be eligible for NHSC approval, it must: Be located in and providing service to a federally designated HPSA; Provide primary medical care, mental and behavioral health and/or dental services; Provide ambulatory services (no inpatient sites); Ensure access to ancillary, inpatient and specialty referrals; Charge fees for services consistent with prevailing rates in area; Discount or waive fees for individuals at or below 200% of the Federal poverty level; Accept assignment for Medicare beneficiaries; Enter into agreements with Medicaid and the Children’s Health Insurance Program (CHIP), as applicable; Not discriminate in the provision of services based on an individual’s inability to pay for services or the source of payment (Medicare/Medicaid/CHIP); Prominently post signage that no one will be denied access to services due to inability to pay; Agree not to reduce clinician’s salary due to NHSC support; Provide sound fiscal management; and Maintain a recruitment and retention plan, as well as a credentialing process, for clinicians. If the Site Application is approved, the community site becomes an NHSC-approved service site. All NHSC-approved service sites must continuously meet the above requirements.

**Primary Care Associations (PCAs)** – Private, non-profit organizations that provide training and technical assistance to NHSC-approved service 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 service 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.

**Primary Health Care Services** – Health care services such as family medicine, internal medicine, pediatrics, obstetrics and gynecology, dentistry or mental health that are provided by physicians or other health professionals.

**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.

**Site Survey** – The Annual Site Survey (formerly known as the NHSC Uniform Data Systems (UDS) Report) is a data collection system designed to measure the services provided to underserved and



vulnerable populations by NHSC sites. The report provides both the NHSC and sites with information regarding the services provided, number of users, staffing, production, finances, and managed care enrollment at the various sites.

**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.

**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 must continue to meet the requirements in order to maintain status as an NHSC-approved site.**

1. Is located in and treats patients from the 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, or sexual orientation. *(May or may not be applicable to Tribally Run (638) Indian Health Service sites).*
  - 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 Tribally Run (638) Indian Health Service sites).*
  - 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 must provide 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 Tribally Run (638) Indian Health Service sites).*
  - 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 Tribally Run (638) Indian Health Service sites).*
  - 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 Tribally Run (638) Indian Health Service sites).*
  - e. Prominently displays a statement in common areas (and on site's Web site if applicable) 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.
  - f. Ensures the site will treat patients who come from or reside in a HPSA where the practice is located.
3. Provides culturally competent, comprehensive primary care, dental, and/or mental and behavioral services.
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. Additionally, the site will maintain a copy of the current Board of Directors or Board of Owners recruitment and retention plan on site for review.

7. Maintains a clinician recruitment and retention plan (if available), keeps a current copy of the plan onsite for review, and adopts recruitment policies to maintain clinical staffing levels needed to appropriately serve the community.
8. Will not reduce the salary of NHSC clinicians because they receive or have received benefits under the NHSC Loan Repayment or Scholarship programs.
9. 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 should review and know the clinician's specific 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 must 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.

**Full-time** clinical practice is defined as a minimum of 40 hours per week, for a minimum of 45 weeks each service year. The 40 hours per week may be compressed into no less than 4 days per week, with no more than 12 hours of work to be performed in any 24-hour period. NHSC full-time clinicians can spend no more than 7 weeks (35 workdays) per year away from the practice for vacation, holidays, continuing professional education, illness, or any other reason. **Please note that the half-time service option is available only for Corps members and not for individuals exercising the Private Practice Option** (see the NHSC Loan Repayment Application Guidance located on the NHSC website for more information).

**Half-Time** clinical practice is defined as a minimum of 20 hours per week (not to exceed 39 hours per week), for a minimum of 45 weeks per service year. The minimum 20 hours per week may be compressed into no less than 2 work days per week, with no more than 12 hours of work to be performed in any 24-hour period. Time spent on call will not count toward the minimum 20 hours per week. For half-time clinicians with absences of greater than 142 work hours in a service year, the participant must request a suspension of the NHSC service obligation. HRSA cannot guarantee that a request for a suspension will be approved. If a suspension is requested and approved, the participant's service obligation end date will be extended accordingly.

10. Will communicate to the NHSC any change in site or clinician employment status for full-time and half-time, including moving a NHSC clinician to a satellite site for any or all of their hour work week, termination, etc.
11. Supports clinicians with funding and arrangements, including clinical coverage, for their time away from the site to attend NHSC Orientation Conference, NHSC-sponsored meetings and other continuing education programs.
12. Will maintain and make 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.
13. Will complete and submit a NHSC Site Survey report to NHSC annually.
14. Will comply with requests for a site visit from NHSC or the State Primary Care Office with adherence to all NHSC requirements.