



# National Health Service Corps Site Reference Guide

U.S. Department of Health and Human Services  
Health Resources and Services Administration  
Bureau of Health Workforce  
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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 online Site Application.

Site applicants should review this document thoroughly prior to completing their site application. Future modifications to the [NHSC Site 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.

## Program Overview

### INTRODUCTION

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

National Health Service Corps programs provide scholarships and student loan repayment for primary care providers in the medical, dental, and behavioral health fields who agree to practice in areas of the country that have health professional shortages. In 2015, more than 9,600 National Health Service Corps clinicians were providing care to more than 10.2 million people who live in rural, urban, and frontier communities at more than 5,000 NHSC-approved sites. Corps members fulfill their service requirement by working at NHSC-approved sites located in Health Professional Shortage Areas (HPSAs).

Eligible disciplines include physicians, nurse practitioners, certified nurse-midwives, physician assistants, dentists, dental hygienists, psychiatrists, health service psychologists, licensed clinical social workers, psychiatric nurse specialists, marriage and family therapists, and licensed professional counselors.

The NHSC is administered by the Bureau of Health Workforce (BHW) 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, most sites must submit an NHSC Site Application for review and approval (see page 5 for Eligibility Requirements) and must recertify every three years.

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

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

- 1) **Recruitment and Retention Assistance.** By joining the NHSC, sites are able to recruit dedicated clinicians to provide health care services to their communities.
  - a. Clinicians that work at NHSC-approved sites are eligible to apply to the NHSC Loan Repayment Program.
  - b. NHSC Scholars that have completed their training must work at an NHSC-approved site.
  - c. 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. Each NHSC-approved site creates a [site profile](#) in the NHSC Jobs Center that showcases important information about the site for providers seeking employment.
  - d. NHSC clinicians are eligible to apply for additional financial support in return for additional service, supporting the retention of NHSC members at NHSC-approved sites.

- e. NHSC sites are encouraged to participate in [Virtual Job Fairs](#), on-line versions of traditional job fairs, to connect with qualified job seekers.
- 2) **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 seeking to address primary care needs in their community. NHSC-approved sites also receive technical assistance on program guidance to help them maintain their status as an approved site.
- 3) **Resources.** NHSC-approved sites receive e-blast updates that contain pertinent program information, primary care articles and links to other helpful resources. Webinars designed especially for NHSC-approved sites include information on retention, recruitment, and other important topics.

## 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 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 Local Health Departments;
  - a. State-run
  - b. Local-run
- 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;
- 13) Free Clinics.

*\*Sites are automatically approved as long as they meet all NHSC site requirements and their respective program requirements. Site administrators of automatically approved sites (e.g., FQHCs) must contact the BHW Division of Regional Operations directly (see page 21) to add new sites to the NHSC system of record.*

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

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

NHSC-approved sites can include both main and satellite sites. A main site is the primary clinical practice site for an organization. A satellite site is considered a secondary site, or 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. All sites applying to become an NHSC-approved site (each physical location) will need to complete a site application and certify compliance with the NHSC Site Agreement.

**HOME-BASED CARE SETTINGS:** The NHSC does not currently recognize the homes of patients or clinicians as NHSC-approved sites.

**SCHOOL-BASED CLINICS:** In order to ensure that NHSC participants are able to meet the clinical practice requirements set forth in their NHSC contracts, the NHSC requires that school-based clinics be open year-round, or be part of a larger system of care with available sites for NHSC participants to serve during school holidays and summer vacations.

Mobile Units/Clinics – Mobile units must target patients with limited access to care. The majority (>50%) of the mobile unit’s service time must be spent in a HPSA.

**MULTIPLE CLINICAL LOCATIONS:** 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 32). 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 have 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) Function as part of a system of care that 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).
- 6) Adhere to sound fiscal management policies and adopt clinician recruitment and retention policies to help the patient population, the site, and the community obtain maximum benefits.
- 7) Maintain a clinical recruitment and retention plan.
- 8) Agree not to reduce a clinician’s salary due to NHSC support.
- 9) Allow NHSC clinicians to maintain a primary care clinical practice as indicated in their contract with NHSC.
- 10) Communicate to the NHSC any change in site or clinician employment status.

- 11) 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.
- 12) Maintain and make available for review by NHSC representatives all personnel and practice records associated with an NHSC clinician.
- 13) Complete and submit the NHSC Site Data Tables to NHSC at time of site application, recertification, and NHSC site visits.
- 14) Comply with requests for a site visit from NHSC or the State Primary Care Office (PCO) 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 the BHW Division of Policy and Shortage Designation (DPSD), per Federal guidelines, 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 for an area, population or facility. Applications are submitted through the State PCO. Additional information is provided below in the text box. Please note that FQHCs, FQHC Look-Alikes, IHS, and some RHC sites receive an automatic facility HPSA designation.

To apply for or request a HPSA designation, please contact your [State PCO](#). Applicants should contact their State PCO to determine whether they currently possess a geographic, population, or facility HPSA for primary, dental and/or mental health.

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 need to have a “Primary Care” HPSA designation. To recruit a psychiatrist, the site would need to have a “Mental Health” HPSA designation.

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?**

All NHSC sites must provide comprehensive primary care. The NHSC defines comprehensive primary care 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. Comprehensive primary care 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). Care should be provided 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 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 for primary care should offer NHSC-approved discounts to those with low incomes and agree to see all patients regardless of their ability to pay (including those ineligible for Medicaid, Medicare, or CHIP).

The following example is provided to illustrate the application of an appropriate primary care referral network to ensure comprehensive primary care for sites seeking eligibility by the NHSC:

A behavioral health clinic offers preventive, acute and chronic primary health services to its clients. The clinic does not provide psychotherapy medications on-site, but instead refers to another clinic that offers psychotherapy medications and adheres to NHSC site requirements (see

“Eligibility Requirements and Qualification Factors” section of the Reference Guide). In this case, the behavioral health clinic would be eligible to apply as an NHSC-approved site.

**What services need to be offered by dental, 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 to all residents of the defined HPSA.

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 use a Sliding Fee Scale to provide free or discounted services to low-income patients?**

NHSC-approved sites (with the exception of correctional facilities, some ITUs, 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 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. NHSC-approved sites must be familiar with and abide by the sliding fee discount program guidelines as published in the NHSC [Sliding Fee Discount Program Information Package](#).

All front-line staff at the site should be familiar with the sliding fee discount program and application process for patients. Front desk and phone operators must be prepared to offer information and answer basic questions about the sliding fee discount program and should present it as an option during a patient’s initial visit. NHSC encourages sites to have patient applications for the program ready and available for patients at the front desk. In addition, the sliding fee discount program must be prominently advertised on-site and on the site’s website (if one exists). Many NHSC-approved sites also post the sliding fee discount program application online for patients.

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 Federal Poverty Guidelines (see table on next page), NHSC-approved sites should provide services at no charge or at a nominal charge. For individuals between 101% and 200% of the Federal Poverty Guidelines, NHSC-approved sites should provide a schedule of discounts, which should reflect a nominal charge (see table on next page). 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 the third party will make payment.

Sites must submit sliding fee discount program documentation through the Site Application. These documents include a copy of the site’s SFS, patient application for the sliding fee discount program, and the site’s policies on the program (see “Required Supporting Documentation,” on page 14). For more examples of a SFS, policy, or patient application, please refer to the NHSC Sliding Fee Discount Program Information Package.

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty						
Poverty Level*	At or Below 100%	125%	150%	175%	200%	Above 200%
Family Size	Charge					
	Nominal Fee (\$5)	20% pay	40% pay	60% pay	80% pay	100% pay
1	0-\$11,880	\$11,881-\$14,850	\$14,851-\$17,820	\$17,821-\$20,790	\$20,791-\$23,760	\$23,761+
2	0-\$16,020	\$16,021-\$20,025	\$20,026-\$24,030	\$24,031-\$28,035	\$28,036-\$32,040	\$32,041+
3	0-\$20,160	\$20,161-\$25,200	\$25,201-\$30,240	\$30,241-\$35,280	\$35,281-\$40,320	\$40,321+
4	0-\$24,300	\$24,301-\$30,375	\$30,376-\$36,450	\$36,451-\$42,525	\$42,526-\$48,600	\$48,601+
5	0-\$28,440	\$28,441-\$35,500	\$35,501-\$42,660	\$42,661-\$49,770	\$49,771-\$56,880	\$56,881+
6	0-\$32,580	\$32,581-\$40,625	\$40,626-\$48,870	\$48,871-\$57,015	\$57,016-\$65,160	\$65,161+
7	0-\$36,730	\$36,731-\$45,913	\$45,914-\$55,095	\$55,096-\$64,278	\$64,279-\$73,460	\$73,461+
8	0-\$40,890	\$40,891-\$51,113	\$51,114-\$61,335	\$61,336-\$71,558	\$71,559-\$81,780	\$81,781+
For each additional person, add	\$4,160	\$5,200	\$6,240	\$7,280	\$8,320	\$8,320

\*Based on 2016 [Federal Poverty Guidelines](#).

**CALCULATING SFS DISCOUNTS:** The sliding fee schedule discounts are based only on annual income and family size. Sites that deny or limit discounted services to individuals based on other factors such as their assets or citizenship status, regardless of their eligibility for discounts under the Federal 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 [Federal Poverty Guidelines](#).

**EXCEPTIONS:** To the extent that a site does **not** charge or bill for any services (i.e. is a free clinic, correctional facility), 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. Please note that Critical Access Hospitals must 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.

## What are the requirements for the Non-Discrimination Policy, Posted Notice, and the Recruitment and Retention Plan?

### Non-Discrimination Policy and Posted Notice

As stated in number two of the NHSC Site Agreement, NHSC-approved sites must agree not to 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 (iii) based upon the individual's race, color, sex, national origin, disability, religion, age, or sexual orientation. All NHSC-approved sites must have written policies that clearly state that the site abides by these requirements.

In addition, NHSC-approved sites must prominently display a statement/poster in common areas and on the site's website (if one exists) that explicitly states that no one will be denied access to services due to inability to pay and that discounts are available based on family size and income. In addition, NHSC strongly encourages sites to clearly advertise that the site accepts Medicare, Medicaid, and CHIP. The statements should be translated into the appropriate language and/or dialect for the service area. To review an example of appropriate and downloadable signage, please visit the [NHSC website](#).

**INDIAN HEALTH, TRIBAL AND URBAN INDIAN HEALTH PROGRAM (ITU) 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 applying?**

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. 23) 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 visiting the NHSC website or calling the Customer Care Center for assistance (see "Need Help?" on page 24);

- 5) Create a [Customer Service Portal](#) account with the NHSC; and
- 6) Gather all required documentation.

**SITES THAT REQUIRE A SITE VISIT PRIOR TO APPROVAL:** Please be aware that certain site types, such as private practices, school-based clinics, and mobile clinics, may require a site visit before the application review is completed.

### How do sites apply?

Interested sites can submit their application online via the Customer Service Portal. 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 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 and the application may not be altered AFTER submission. If a site has application-related questions, they are encouraged to contact their State PCO PRIOR to application submission.

### Site Application

Applicants are required to complete each of the sections (listed below) via the [Customer Service Portal](#) before submitting 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 of Solo Private Practices) in this section. If approved, the recruitment contact's information will be visible to the public on the NHSC Jobs Center.
- (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](#). The 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 all required supporting documents (listed below) PRIOR to submission of the application. Please note that required supporting documents CANNOT be submitted electronically once the application is submitted.

(7) **Agreement for NHSC Sites.** In the last section of the application, sites will review and certify their compliance with the NHSC Site Agreement. A copy of the NHSC Site Agreement is included at the end of this document.

Online applications for new sites, defined as any site that does not have a previously approved site application on file with the NHSC, are the only applications that will be accepted during the **NHSC New Site Application cycle.**

All sites that 1) have a previously approved site application on file with NHSC or 2) are either active with a 2016 expiration date or 3) currently inactive, should apply during the **NHSC Site Recertification Application cycle.** The NHSC New Site Application and Site Recertification cycles typically occur in the Spring and Fall, respectively. However, the timing and number of cycles each fiscal year may be subject to change. Sites are encouraged to reference the [NHSC website](#) for the most current timeline for application cycles.

All supporting documentation for the application is required to be uploaded before the site 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.

#### Required Supporting Documentation

It is the applicant's responsibility to upload all supporting documents into the online application PRIOR to submission. 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, and may be disapproved, unless it contains each of the following required supporting documents:

- (1) **Policies on Non-Discrimination.** Upload 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 Discount Program Documents.** Upload all three documents (see list below) that describe the site's sliding fee discount program. Before submitting these documents, please review the requirements and examples found in the [Sliding Fee Discount Program Information Package](#).
  - a) **Sliding Fee Schedule (SFS).** This document outlines discounts offered based on family size and income.
    - Reflects the most recent [Federal Poverty Guidelines](#)
    - Offers a full (100%) discount to those at or below 100% of poverty
    - Offers a sliding schedule of discounts up to 200% of poverty
    - Although not required, attaching the schedule of fees or payments for basic services used at the site will help the review team in processing the site application.
  - b) **Patient Application for SFS.**

- c) **Site's Policy on the Sliding Fee Discount Program.** These policies should describe:
- Patient eligibility for the program, including definitions of income and family size and frequency of re-evaluation of eligibility. [Ensure that the site's SFS applies to all residents of the site's HPSA(s).];
  - Documentation and verification requirements and site procedures on determining patient eligibility;
  - How the sliding fee discount program will be advertised to the patient population; and
  - If the site chooses to collect a nominal charge, an explanation of the nominal charge.
  - If patients using the SFS will be sent to collections for outstanding debt, the site must submit a description of their collection policies.

(3) **Required Signage.** Upload a photograph or copy of posted signage at the applicant site 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](#). Please note that sites should refrain from using the NHSC poster and logo until after they are approved for NHSC.

(4) **Proof of Access to Ancillary, Inpatient and Specialty Care.** Upload proof of referral arrangements for ancillary, inpatient, and specialty care that is not available on-site. Acceptable documents include Memorandums of Understanding (MOU), Memorandums of Agreement (MOA) or contracts with ancillary, inpatient, and specialty facilities. If formal referral arrangements do not exist, the applicant site must provide a description of how it assures patient access to ancillary, inpatient, and specialty care.

(5) **NHSC Site Data Tables.** Upload completed [NHSC Site Data Tables](#) with twelve months of data from the individual site location. Read all instructions carefully before completing the Tables.

**REQUIREMENT FOR TWELVE MONTHS OF DATA:** In order to demonstrate that applicant sites can meet the terms of the NHSC Site Agreement, they must submit twelve months of data through the NHSC Site Data Tables. This helps ensure the NHSC that the applicant site adheres to sound fiscal management policies and is able to allow potential NHSC clinicians to maintain a primary care clinical practice as indicated in their NHSC contracts.

**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-Alikes, ITUs, ICE Facilities, and Federal Prisons, 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 Customer Service Portal. If there is an “Expiration Date” listed under the NHSC Approved Sites section, then your site will need to recertify. Sites are required to recertify every three years. Sites that have previously approved site applications on file with the NHSC must apply during a Recertification Application cycle. Please note that automatically approved sites are not required to recertify.

All sites with an expiration date on or before December 31, 2016 are required to submit a Site Recertification Application in the 2016 Recertification Cycle (typically in the Fall). Failure of these sites to submit a complete and acceptable recertification prior to their expiration date, will result in the inactivation of the site after the site’s expiration date passes. Please check the NHSC website for updates to the site application cycles.

### **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 14 and 15), 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 the Customer Service Portal during the open recertification cycle.
- 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.
- 3) In the “Need Assistance?” box, under “I need to...” click on “Recertify.”
- 4) Complete the NHSC Site Recertification Application, and click “Submit.”

**APPROPRIATE USE OF NHSC PARTICIPANTS:** As mandated by NHSC Law, 42 U.S.C. § 254f, sites must make appropriate and efficient use of assigned NHSC participants. Evidence that the site has not made appropriate and efficient use of NHSC participants may be grounds for NHSC site disapproval.

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

After a site representative submits the application, the State PCO and BHW’s [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?**



NHSC approval of a 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 through the Customer Service Portal confirming their approval status. If a site has been approved, the site will be sent information regarding how to post job positions on the NHSC Jobs Center (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?

The mission of NHSC is to increase access to primary care services for the Nation's underserved populations. NHSC-approved sites are the cornerstone of this mission. To that effect, NHSC-approved sites must meet all site requirements listed in the NHSC Site Agreement, included at the end of this document, 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 must:

- 1) Activate and maintain a [Customer Service Portal](#) account for at least two site points of contact. The portal account creation is a two-step process and is not considered active until the point of contact responds to an email prompt from the system.
  - a. All NHSC-approved sites must have a minimum of one person in each of the following NHSC roles: Administrator, Personnel Verifier, and Recruiter. Please note that one point of contact can have multiple roles and that NHSC participants are discouraged from being a point of contact.
  - b. To add a new point of contact, have them create and activate a Customer Service Portal account. Next, log into your Portal account and click on the name of the site. Under Self-Service click on "Manage Points of Contact" and then "Add Another Site POC."
  - c. Points of contact should periodically update their roles at the site by clicking on "Update My Program Portal Profile" under the "Need Assistance?" section at the bottom of the home screen.
- 2) Complete and continually update the online NHSC Site Profile. The Site Profile is a recruiting tool, providing prospective clinicians with a site-specific overview, while they search for jobs at NHSC-approved sites. The [Site Profile](#) can be updated using the Customer Service Portal. Upon completion, the Profile will be displayed on the NHSC Jobs Center. Once the Site Profile is complete, the site can post open clinical vacancies through the Portal to be displayed on the NHSC Jobs Center.
- 3) Post all NHSC-eligible clinical vacancies on the NHSC Jobs Center. To post a vacancy, log into the Customer Service Portal, click on the name of the site, and then under Self Service click on "Manage Current Job Openings."
- 4) Contact the NHSC through the Customer Service Portal if there are any changes to the site including: points of contact, site location, ownership, or HPSA score. To notify the NHSC, log into your Customer Service Portal, click on the name of the site and under Need Assistance, click on "Ask a Question..."
- 5) Support NHSC clinicians as illustrated in the section below.

### **How can NHSC-approved sites assist clinicians in successfully fulfilling their service obligation?**

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

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

- 1) Completing Employment Verifications through the Customer Service Portal for all NHSC applicants.
- 2) Ensuring clinicians work at NHSC-approved and HPSA appropriate sites; each site must be approved prior to the beginning of a clinician's assignment at that site and each clinician has a minimum HPSA score necessary for placement at a site.
- 3) 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).
- 4) Reporting leave on the NHSC online In-Service Verification. Clinicians are allowed 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, snow days) taken by NHSC clinicians.
- 5) Allowing NHSC clinicians to participate in NHSC Continuing Education and program webinars and/or conferences.
- 6) 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.
- 7) Completing the online Employment Verification to facilitate a transfer request, if applicable. Prior to leaving a site, clinicians submit a transfer request via the Customer Service Portal to change his or her current site to another NHSC-approved 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 that 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) Confirmation of 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.

- 8) 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.
- 9) Notifying the NHSC if there are any changes to the NHSC clinician's employment status with the site (e.g., termination, resignation, change in site allocation) and if the clinician has resigned or is terminated, complete the employment verification indicating the clinician's last employment date seeing patients.

### **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 detailed information, including requirements for direct patient care versus time spent in administrative and other activities, as well as restrictions to time spent providing tele-health and working at alternate sites.

- **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.

## 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 and the clinician has been approved for participation in an NHSC program.

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

The [NHSC Jobs Center](#) is a quick and easy way to advertise current and open clinical 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 employment in underserved communities. Clinicians interested in a position located on the Jobs Center should contact the listed Site Recruitment Contact directly to apply. Sites may update their [Site Profile](#) on the Jobs Center through the Customer Service Portal.

### How does my site create a Site Profile in the NHSC Jobs Center?

First, log into the Site Administrator Portal. If you don't remember your password, click the "forgot your password" link and we'll send you a new one right away. Once you are in the Portal, select a site from the NHSC Approved Sites section whose profile you would like to manage. Next, select the "Manage Site Profile" link under "Self Service." Complete the six steps you see on the screen:

- **Step 1:** Describe your site (required)

- **Step 2:** Verify your points of contact (required)
- **Step 3:** Upload a PDF of your brochure (not required, but helpful for recruitment)
- **Step 4:** Provide site details (required: hours of service/operation, facility size, number of patients served annually, services provided, languages spoken by patients)
- **Step 5:** Provide other site information, such as specialty services provided and provider benefits (not required, but helpful for recruitment)
- **Step 6:** Upload photos or other images (not required, but helpful for recruitment)

Save and view your profile. At this point you can also upload photos or other images (remember, this is not mandatory) by clicking save and continue. Click Save and Finish. The NHSC Jobs Center will automatically show your site profile.

### **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 Customer Service Portal. These job positions may be filled by NHSC scholars, NHSC loan repayors, or non-NHSC clinicians.

### **Are there limitations to the number of NHSC scholars or Students to Service (S2S) Loan Repayment Program (LRP) participants that may serve at any one site?**

Yes. The NHSC Scholarship Program allows one (1) NHSC Scholar per discipline to serve at a given NHSC approved site within a yearly placement cycle. For sites with multiple satellites, each individual location is considered a site. The NHSC will consider requests from NSHC approved sites for up to one (1) additional scholar placement per discipline per placement cycle on an exceptional/case by case basis. Scholarship participants do not count against the number of allowed S2S LRP participants at a given site.

The NHSC S2S LRP allows one (1) S2S LRP participant to serve at a given NHSC approved site within a yearly placement cycle. The NHSC will consider requests from an NHSC approved site for up to one (1) additional S2S LRP participant per placement cycle on an exceptional/case by case basis. S2S LRP participants do not count against the number of NHSC scholars allowed at any given site.

Additional Scholar or S2S LRP participant 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 for an additional NHSC scholar or S2S LRP participant, 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>).

In order for a site to qualify for a NHSC scholar, they must meet the published HPSA score threshold for the applicable year. Each year the NHSC will notify sites what the minimum required HPSA score is to recruit an NHSC Scholarship recipient. Please refer to the [NHSC website](#) for updates regarding this information.

## **SITE VISITS AND TECHNICAL ASSISTANCE**

### **What is an NHSC Site Visit?**

All NHSC-approved sites should expect periodic site visits while participating in the NHSC program to ensure adherence to all NHSC site requirements. Certain site types, such as private practices, may be site visited as a part of the site application review. BHW's [DRO](#) performs site visits in coordination with the State PCO.

The purpose of site visits is to identify at-risk sites, provide opportunities to address technical assistance needs that will promote sustainability, and increase NHSC program compliance. Additionally, site visits serve to support NHSC clinicians by improving the sites' understanding and compliance with NHSC clinician service requirements. These visits help to strengthen the relationships between NHSC program personnel, NHSC clinicians, and sites to address specific site needs.

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

NHSC-approved sites are evaluated according to their understanding and implementation of NHSC site and clinician requirements as written in the NHSC Site Agreement and NHSC Site Reference Guide. During a visit, NHSC staff will also provide needed technical assistance to answer a site's questions and ensure compliance so the site may remain an NHSC-approved site.

DRO staff initiates site visits in collaboration with the site and State PCO. Notifications for most visits are sent through the Customer Service Portal. Once a date is set, DRO staff may request documentation, including the documents listed on page 14 (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.

The NHSC Site Data Tables replace the former annual reporting requirements for NHSC-approved sites and are collected at time of application, recertification, and on NHSC site visits. NHSC requires 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 automatically-approved sites are **not** required to submit the entire Site Data Table form. Read the instructions at the end of the Data Tables for details on reporting requirements.

During the site visit, DRO staff will meet separately with the site administrator and NHSC clinicians (the latter either individually or in a group if number is large). The discussion with the site administrator follows a standard site visit tool and centers around the NHSC Site Agreement (see Appendix). The visit also provides the opportunity for site administrators 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) evaluating how the site supports the clinician's retention at the site.

## Additional Materials

### RESOURCES FOR SITES

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

The Division of Regional Operations 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. Specific regional contact information for BHW DRO staff may be found on the “Resources in Your Community Fact Sheet” at the NHSC website (<http://nhsc.hrsa.gov/downloads/communityresources.pdf>).

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

The Primary Care Offices 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 that have been posted by NHSC-approved sites.

#### **Customer Service Portal** (<https://programportal.hrsa.gov/extranet/site/login.seam>)

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

### **HPSA Find**

All NHSC participants and sites serve in a Health Professional Shortage Area (HPSA).

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

### **Need Help?**

For more information or questions regarding NHSC sites, please contact the [Division of Regional Operations](#).

## GLOSSARY

**Bureau of Health Workforce (BHW)** – The Bureau within the Health Resources and Services Administration 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 provides 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** - The NHSC defines Comprehensive Primary Care as the delivery of preventive, acute and chronic primary health services in an NHSC-approved primary care specialty. NHSC-approved primary care specialties include 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 facility certified by the Centers for Medicare and Medicaid Services under section 1820 of the Social Security Act. A CAH must be located in a rural area in a state that has a Rural Hospital Flexibility Program, have no more than 25 inpatient beds, an average annual length of stay of 96 hours or less, and be located either more than a 35-mile drive from the nearest hospital or CAH, or more than a 15-mile drive in areas with mountainous terrain or only secondary roads. 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 NHSC statutory and programmatic eligibility requirements and does not receive approval by the NHSC.



**Division of Regional Operations (DRO)** – One of several divisions within BHW and consists of 10 regional HRSA offices that are primarily responsible for promoting BHW programs, conducting NHSC site visits, approving NHSC site applications, and supporting other BHW activities.

**Federal Poverty Guidelines** – The poverty guidelines are the other version of the federal poverty measure. They are issued each year in the *Federal Register* by the Department of Health and Human Services (HHS). The guidelines are a simplification of the poverty thresholds for use for administrative purposes — for instance, determining financial eligibility for certain federal programs: <http://aspe.hhs.gov/poverty-guidelines>.

**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 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 health care 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** – A 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** – A 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.

**Health Professional Shortage Area (HPSA)** – 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 Division of Policy and Shortage Designation Office of Shortage Designation, within HRSA's Bureau of Health Workforce, and is 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 the U.S. Department 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 a majority (>50%) of 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 a majority (>50%) of services to only the approved HPSA area and/or members of a HPSA.

**National Health Service Corps (NHSC)** – A program within the Department of Health and Human Services, established by "The Emergency Health Personnel Act of 1970," Public Law 91-623 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.

**NHSC Jobs Center** – An online list of NHSC-approved sites, which includes those sites with job vacancies. While sites are encouraged to use the NHSC Jobs Center, some job vacancies may not appear on the site: <http://nhsciobs.hrsa.gov>.

**National Health Service Corps Loan Repayment Program (LRP)** – A competitive program 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 NHSC-approved service sites located 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 Scholarship Program (SP)** – 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 an 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 must meet the requirements listed in the NHSC Site Agreement (see Appendix) throughout the approval period.

**National Health Service Corps 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: <http://nhsc.hrsa.gov/currentmembers/membersites/downloadableresources/nhscsitedatatable.pdf>.

**National Practitioner Data Bank (NPDB)** – The National Practitioner Data Bank, or "the Data Bank," is a confidential information clearinghouse created by Congress with the primary goals of improving health care quality, protecting the public, and reducing health care fraud and abuse in the U.S. (<http://www.npdb-hipdb.hrsa.gov>)

**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. (<http://bphc.hrsa.gov/technicalassistance/partnerlinks/associations.html>)

**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 health status of underserved and vulnerable populations. (<http://bhpr.hrsa.gov/shortage/hpsas/primarycareoffices.html>)

**Public Health Department Clinic** – Primary or mental health clinics operated by a state, county or local health department.

**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 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 must 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 (iii) 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 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 Guidelines](#) 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. *(May or may not be applicable to ITUs, free clinics, or prisons.)*
3. Provides culturally competent, comprehensive primary care services (medical, dental, and/or behavioral) which correspond to the designated HPSA type. For a detailed description of culturally and linguistically appropriate services in health, visit <http://minorityhealth.hhs.gov/>.
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 that 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. Maintains a clinician recruitment and retention plan, 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. Does 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 must review and know 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 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. Please refer to the [NHSC Loan Repayment Program Application and Program Guidance](#) for definitions of NHSC service requirements.

10. 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.
11. 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.
12. Maintains and makes available for review by NHSC representatives all personnel and practice records associated with an NHSC clinician including documentation that contains such information that the Department may need to determine if the individual and/or site has complied with NHSC requirements.
13. Completes and submits [NHSC Site Data Tables](#) (requires 12 months of data) to NHSC at time of site application, recertification, and NHSC site visits.
14. Complies with requests for a site visit from NHSC or the State Primary Care Office with adherence to all NHSC requirements.