



TO: Interested Health Centers, PCAs, and HCCNs
FROM: Colleen Meiman, Senior Policy Advisor
DATE: *Updated: March 19, 2019*
RE: FAQs re: Updates to Auto-HPSA Scores

1. Are the “preview” auto-HPSA scores that health centers have been receiving from HRSA final? If not, how might they change?

No. The new scores will not be finalized and put into effect until January 2020. Between now and then, there are two general ways in which the preview scores may change:

- *Changes to underlying provider data:* PCOs may continue to update the provider data that underlies 40% of total available points. Health centers and PCAs are strongly encouraged to review the provider data for their areas and work with their PCO to ensure that it is accurate.
- *Potential for additional points for dental and mental health:* This fall, PCOs will have the option to submit additional data to HRSA that could raise some dental auto-HPSA scores by one point, and mental health auto-HPSA scores by two points. (See below for more information.)

2. What is the “national update”? Is that when our updated scores will be finalized?

The national update -- currently scheduled for late spring 2019 -- is like a “reset” button. When it occurs, HRSA’s database will replace all current auto-HPSA scores with the most recent scores calculated under the new system. (Those will be the scores shared in the final previews distributed by HRSA, unless the PCO submitted additional provider data since that time.)

However, the scores established under the national update are not final – as discussed elsewhere, PCOs will have the option later in 2019 to submit additional data to raise dental or mental health scores by one to two points. HRSA may also will permit PCOs to continue to adjust provider data as necessary through December 2019.

3. When will the updated scores be finalized and go into effect?

The updated scores will be finalized and go into effect on January 1, 2020.

4. When will the new scores start being used for new NHSC¹ placements?

The updated scores will be used for new NHSC placements starting in 2020. (As discussed below, NHSC providers that are already working at a health center and who wish to continue there will get priority for NHSC funding, regardless of any changes to the health center's score.)

5. What will happen to NHSC providers currently working at my health center if our score drops into the non-competitive range?

Once an NHSC provider is placed at your health center, they can remain there – and receive NSHC support -- as long as they have debt that qualifies for NHSC repayment, *regardless of whether your score drops out of the competitiveness range*. When their current NHSC service obligation nears its end, they may apply for a “continuation” award. HRSA gives priority to continuation requests -- regardless of the health center's current score -- funding them before any new placements. However, if the provider wishes to transfer to a different *organization*, they will only be eligible to go to sites whose scores are in the competitive range at that time.

6. If we like the preview scores we are currently receiving from HRSA, can we use them for the NHSC recruitment in 2019?

No. No updated scores may be used for NHSC recruitment until the updated scores are finalized in January 2020.

7. Will the “competitive range” for getting a NHSC provider change when the auto-HPSA scores go into effect?

Most likely. In FY2018, HRSA funded all applicants who choose organizations with scores from 17 to 26, and some of those who chose organizations with a score of 16. In the March 2019 previews, HRSA stated that because they anticipate more scores to increase than decrease, they project that future NHSC and Nurse Corps competitiveness will be at a score of 18 or above. However, a final decision has yet to be made, and will depend on the distribution of final updated scores, and the amount of funding available.

8. If my health center's updated score is in the competitive range, does that guarantee that we will receive a NHSC provider?

No. As in previous years, there will likely be more organizations with scores in the competitive range than there will be NHSC-supported providers available. NHSC providers choose among the organizations in the competitive range to determine which one they

¹ Statements that refer to the NHSC generally also apply to the Nurse Corps. This document refers only to the NHSC in the interests of brevity.

want to work for. Thus, once your score is in the competitive range, it is important to reach out to NHSC providers to encourage them to choose your health center. HRSA provides virtual job fairs and other forums to help connect NHSC providers with eligible organizations, and NACHC encourages you to take advantage of these opportunities.

9. How are auto-HPSA scores calculated?

Auto-HPSA scores must be calculated using formulas that are set out in law, regulation, and long-standing policy. These formulas are available on [the general HRSA webpage on Shortage Designations](#).

10. Will the updated scores apply to our whole health center organization, or will there be separate scores for each of our sites?

Updated auto-HPSA scores will apply to the full health center organization; there will not be separate scores for each site of the same organization. NACHC’s internal HPSA working group discussed this issue extensively, and eventually reached full consensus on recommending to HRSA that the scores apply at the organizational level.

11. Our preview scores are quite different from our current scores. What could have caused that?

It is important to note that HRSA is not changing the formulas that it uses to calculate HPSA scores – these are set in statute, regulation, and long-standing policy. However, HRSA is making two significant changes to the data that is used in these formulas:

- It is moving to standardized, national data sets whenever possible. Since the creation of auto-HPSAs in 2002, HRSA has largely relied on data provided by individual states and providers. Their move to standardized data sets is intended to both streamline the process and make it more consistent across the country.
- A large percentage of auto-HPSA scores have not been updated since they were initially calculated in 2002 or 2003. As circumstances are likely to have changed noticeably over the last 15 years, HPSA scores may also.

12. Is there anything we can do to raise our preliminary dental auto-HPSA score?

Current regulations allow HRSA to award one point to HPSAs where the rate of water fluoridation is below a predetermined threshold. Health centers whose dental scores are one point below the NHSC dental eligibility level may want to work with their PCO to determine if the PCO can submit data that would enable them to receive the extra point.

13. Is there anything we can do to raise our preliminary mental health auto-HPSA score?

Current regulations allow HRSA to award HPSAs up to two additional points depending on the prevalence of alcohol and/or substance use disorder in its service area. Health centers

whose mental health scores are one or two points below the NHSC mental health eligibility level may want to work with their PCO to determine if the PCO can submit data that would enable them to receive one or two extra points.

14. Is there anything we can do to raise our preliminary primary care auto-HPSA score?

Unlike dental and mental health, there are no outstanding pieces of data that PCOs can submit to help raise primary care HPSA scores. However, health centers who think that their preliminary auto-HPSA scores are inaccurate should reach out to their PCO to discuss the data that underlies it.

15. If a health centers' primary care HPSA score isn't high enough to qualify for the NURSE Corps program, but its mental health HPSA score is, could a nurse within such an organization apply for the NURSE Corps loan repayment program, even if the nurse does not practice within the mental health realm?

Yes. The Nurse Corps will use the highest of the HPSA scores for determining site eligibility and application rank, regardless of what services are provided by the nurse or facility. As an example; if a primary care clinic has a Primary Care HPSA score of 12 and a Mental Health HPSA score of 16, even though they are a primary care clinic, the Nurse Corps would use the Mental Health HPSA because it is higher. The same would be true for the reverse, if the nurse performs primary care service, and the mental health HPSA is higher, HRSA would still use the Mental Health HPSA score over a lower primary care HPSA score.