

Indian Health Services – Health Professional Shortage Area Scoring  
Instructions for Completion and Transmittal  
Bureau of Health Workforce  
Division of Policy and Shortage Designation

- Scope:** This process outlines the criteria and scoring for Federal Indian Health Service Clinics, Tribal Health Clinics and dually funded Tribal Health Clinics/Community Health Centers, and Alaskan Native Health Professional Shortage Areas (HPSAs) . These clinics authorized under Section 332 of the Public Health Service Act (42 U.S.C. 254e) are automatically designated as a HPSA. This Auto HPSA scoring process applies to I/T/U and Alaskan Native clinics.
- Audience:** All I/T/U and Alaskan Native sites that are federally recognized by Indian Health Services (IHS).
- Purpose:** To provide instructions for scoring and rescoring tribal sites as Auto HPSAs and instructions on completion of the form for HPSA data gathering for scoring. The instructions below include the process for completion and transmittal of the I/T/U scoring.

**Part I General information**

Legislation was created in 2002 to automatically designate a HPSA based on the status type of a facility. Federal Indian Health Service Clinics, Tribally-run Health Clinics, Urban Indian Health Clinics and dually funded Community Health Centers/Tribal Health Clinics, Alaskan Native clinics, Federally Qualified Health Centers (Community Health Centers), FQHC Look-A-Likes (LALs) and Certified Rural Health Clinics (RHCs) are all covered under the Auto HPSA statute.

Currently, Auto HPSAs are manually scored by the Shortage Designation Branch (SDB). Auto HPSA Scores are not required to be updated, and are only updated on upon request. Scores range from 0-25 for primary care and mental health, and dental care from 0-26. A score of “0” can mean two different things; data was provided and resulted in a “0” score or, the site has not been scored and there is no data. The data for scoring comes from multiple sources including Indian Health Program, Regional Coordinators, Primary Care Office (PCO), individual clinics, the Alaska Native Health System, and the Federal Indian Health Service.

**A. I/T/U Auto HPSA Scoring Process**

- Step 1: Automatic HPSA Designation. When a site requests an Auto HPSA, they must submit site data to SDB, including their name, address, Area Office, Service Unit, and Type of Indian Health Program.
- Step 2 The input and calculation of data. This step requires the submission of data about the I/T/U site and the patient population. Data is collected from the I/T/U and/or Alaska Native Health System) for the HPSA score. This data includes the population-to-provider ratio at the site; physician data represents the non-federal providers in the area; the travel time or distance to the nearest source of care, infant mortality rate or low birth weight and poverty rate for the population of the site. The data for scoring is manually entered onto a scoring spreadsheet, where calculated functions embedded in each spreadsheet derive the score. SDB creates a HPSA ID for each AutoHPSA.

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**B. Methodology for I/T/U Auto HPSA Scoring**

After the data elements are calculated, the site and the initial score will be posted on HPSAFind at <http://www.hpsafind.hrsa.gov> (**Attachment A**) where it can be searched by state and county. See (**Attachment B**) for the Auto HPSA scoring data elements. For multi-site entities, the HPSA is listed under the name of the I/T/U main organization as well as the county in which the main site (grantee/organization of record) is located. Individual satellites will not be listed separately as the HPSA applies to the whole entity. Entities including I/T/U with multiple sites receive a score for the entire entity. The main entity score is created by calculating each satellite score under their scope and averaging all the scores computed for each satellite including the main entity and rolling up the average score to the main entity

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**Attachment A**

The screenshot displays the HRSA website interface for finding Health Professional Shortage Areas (HPSAs). The page title is "Find Shortage Areas: HPSA by State & County". The main content area includes a search form with the following fields:

- State:** A dropdown menu labeled "Select a State".
- County:** A text input field.
- Discipline:** A list box with options: "Primary Medical Care", "Dental", and "Mental Health".
- #:** A text input field for the HPSA ID number.

Instructions for the search form are provided on the right side of the form:

- "First, choose a State."
- "Now, choose All Counties, one county or each of the counties you wish to search. To select more than one County, hold down the Ctrl key while making your selection"
- "Then, choose a discipline. To select more than one discipline, hold down the Ctrl key."
- "Optional: Find a HPSA using its ID #. State and Discipline selections must be provided."

At the bottom of the form are two buttons: "Show me the HPSAs" and "Start again".

Additional text on the page includes: "Updated 8/26/2013" and "Advanced search by HPSA Type, Score, Metro, and Status".

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**Attachment B**

**The Current Scoring Methodology for I/T/U Auto HPSAs**

**Scoring Process: Data used to Compute Automatic HPSA Scores**

The current scoring methodology for Primary Care includes four factors: Population-to-Primary Care Physician Ratio, Percent of the Population with Incomes below 100% of the Poverty level, Infant Mortality Rate or Low Birth Weight Rate (whichever scores more highly), and Travel Time or Distance to nearest available source of care (whichever scores more highly). There is a transformation scale that takes the actual value for each of the factors (% poverty), and gives it a point value. Sum the points for each factor (pop to provider ratio gets doubled) and that is the total score.

The sum of these partial scores forms the total HPSA score, except the partial score for Population-to-Primary Care Physician Ratio is double-weighted, since HPSA designations are primarily intended to measure the shortage of primary care providers in the HPSA.

The data used to calculate the scores are:

**1.) Population-to-Primary Care Physician Ratio**

For the IHS Service Units and the Alaska Native facilities, Native American or Alaska Native population figures from the IHS or the Alaska Native Health System are used, and physician data represents the non-federal providers in the area as reported by the IHS or the Alaska Native Health System. NHSC and J1 Visa Waiver clinicians are not counted in the ratio. If the facility is located in a regular (geographic or population) HPSA, the ratio for that HPSA is used in the formula instead.

**2.) Infant Mortality Rates/Low Birth Weight Rates**

For I/T/U and Alaska Native scoring, service unit is responsible for the entities in their area and collects data for the appropriate populations and entities.. Electronic Medical Record (EMR) and The Centers for Disease Control and Prevention (CDC) data may also be used. In most cases, county-level data is the only data available for birth outcome portions of the county for Infant Mortality Rates (IMR) and Low Birth Weights (LBW)

**3.) Poverty Rates**

For the IHS and Alaska Native areas, the census poverty data for Native American populations within those areas can be used or what is reflected in their EMRs. US Census data on these variables should be used for any service area considered which is available at the following website:

<http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>

- Data on these valuables may be calculated for the actual service area rather than the Whole County or Primary Care Service Area (PCSA) of the entity's location, if a more accurate definition of the actual

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service area is available. The Uniform Data System (UDS) data can be used for dual-funded CHCs/Tribal sites.

**4.) Travel Time/Distance to Nearest Available Source of Care**

For I/T/U and Alaska Natives, data is reported by the IHS or the Alaska Native Health System since many tribes are located in isolated frontier rural settings and PCSAs will not be appropriate measurement technique. However, PCOs, Division of Regional Operations (DRO), IHS or the actual clinic may also submit local data in accordance with the existing HPSA criteria.

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**Criteria for Determining Primary Care HPSAs of Greatest Shortage**

The scoring for Primary Care HPSA includes four factors.

- a. Score for population-to-full-time-equivalent Primary Care Physician (PCP) ratio

(Note: GE is defined as greater than or equal to)

<b>Score for population-to-full-time-equivalent primary care physician (PCP) ratio</b>	
Ratio > 10,000:1, or No PCPs and Population GE 2500	5 points
10,000:1 > Ratio GE 5,000:1, or No PCPs and Population GE 2000	4 points
5,000:1 > Ratio GE 4,000:1, or No PCPs and Population GE 1500	3 points
4,000:1 > Ratio GE 3,500:1, or No PCPs and Population GE 1000	2 points
3,500:1 > Ratio GE 3,000:1, or No PCPs and Population GE 500	1 point

**These points are doubled in calculating the final score.**

- b. Infant Mortality Rates/Low Birth Weight Rates (IMR/LBW)

For I/T/U and Alaska Native scoring, service unit data for the appropriate populations are used.

<b>Infant Health Index</b>	
IMR GE 20 or LBW GE 13	5 points
20>IMR>18 or 13>LBW>11	4 points
18>IMR>15 or 11>LBW>10	3 points
15>IMR>12 or 10>LBW> 9	2 points
12>IMR>10 or 9>LBW> 7	1 point
IMR<10 or LBW< 7	0 points

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c. Poverty Rates

For I/T/U and Alaska Native areas, the census poverty data for Native American populations within those areas are used.

Score for percent of population with incomes below poverty level (P)	
P GE 50%	5 points
50% > P GE 40%	4 points
40% > P GE 30%	3 points
30% > P GE 20%	2 points
20% > P GE 15%	1 point
P < 15%	0 points

d. Travel Time/Distance to Nearest Available Source of Care

For I/T/U and Alaska Natives, data reported by the I/T/U or the Alaska Native Health System are used. In some cases, they may not accurately reflect the actual time/distance to nearest source of care for the population being reviewed. Local data can be submitted in accordance with the existing HPSA regulations. Important to note that there are hundreds of different dialects among Native American tribes/nations and access to care should be culturally competent.

Score for travel distance/time to nearest source of accessible care outside the HPSA	
Time GE 60 minutes or Distance GE 50 miles	5 points
60 min > Time GE 50 min or 50 mi > Dist GE 40 mi	4 points
50 min > Time GE 40 min or 40 mi > Dist GE 30 mi	3 points
40 min > Time GE 30 min or 30 mi > Dist GE 20 mi	2 points
30 min > Time GE 20 min or 20 mi > Dist GE 10 mi	1 point
Time < 20 min or Distance < 10 mi	0 points

**(Nearest Source of Care is defined as the closest location where residents of the area or population that is designated has access to comprehensive Primary Care services.)**

It's important to note that there are hundreds of different dialects among Native American tribes/nations and access to care should be culturally competent.

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**Criteria for Determining Dental Health HPSAs of Greatest Shortage**

The scoring for Dental Health HPSA includes four factors.

- a. Population-to-Dental Provider ratio performing primary dentistry.

Score for population-to-full-time-equivalent primary care physician (PCP) ratio	
Ratio > 10,000:1, or No DDs and Population GE 3000	5 points
10,000:1 > Ratio GE 8,000:1, or No DDs and Population GE 2500	4 points
8,000:1 > Ratio GE 6,000:1, or No DDs and Population GE 2000	3 points
6,000:1 > Ratio GE 5,000:1, or No DDs and Population GE 1500	2 points
5,000:1 > Ratio GE 4,000:1, or No DD and Population GE 1000	1 point

**These points are doubled in calculating the final score.**

- b. Percent of the Population with Incomes below 100% of the Federal Poverty Level.

Score for percent of population with incomes below poverty level (P)	
P GE 50%	5 points
50% > P GE 40%	4 points
40% > P GE 30%	3 points
30% > P GE 20%	2 points
20% > P GE 15%	1 point
P < 15%	0 points

- c. Travel Time or Distance to nearest available source of care (whichever scores more highly).

Score for travel distance/time to nearest source of accessible care outside the HPSA	
Time GE 90 minutes or Distance GE 60 miles	5 points
90 min > Time GE 75 min or 60 mi > Dist GE 50 mi	4 points
75 min > Time GE 60 min or 50 mi > Dist GE 40 mi	3 points
60 min > Time GE 45 min or 40 mi > Dist GE 30 mi	2 points
45 min > Time GE 30 min or 30 mi > Dist GE 20 mi	1 point
Time < 20 min or Distance < 10 mi	0 points

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d. Percent of Population with access to Fluoridated water.

<b>e. Percent of Population with Access to Fluoridated Water</b>	
< 50%	1 point
50%	0 points

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**Criteria for Determining Mental Health HPSAs of Greatest Shortage**

To reflect the Mental Health services available in a community, entities applying for Mental Health HPSAs are encouraged to report on the number of both psychiatrists and core mental health providers rendering services. The revised point scale is as follows:

For Geographic High Need and Population HPSAs, as defined in the designation criteria set forth in 42 CFR Part 5, Appendix C, Part 1, and A.4.

a. Score for population-to-full-time-equivalent provider ratio.

The reporting of the number of psychiatrists present is required in all Mental Health HPSA applications; the reporting of other Mental Health professionals is optional. Other Mental Health professionals include: clinical psychologists, clinical social workers, marriage and family therapists, and psychiatric nurse specialists. Depending upon the data reported, the scales utilize a population-to-psychiatrist ratio and/or a population-to-core mental health provider ratio. Core Mental Health providers include psychiatrists and other Mental Health professionals. Since a larger number of factors are considered in the Mental Health HPSA scoring methodology, the score is not doubled.

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Geographic High Need and Population		Core Mental Health Ratio						
		≥4.5K and <6K:1 <sup>1</sup>	≥6K and <7.5K:1	≥7.5K and <9K:1	≥9K and <12K:1	≥12K and <15K:1	≥15K and <18K:1	≥ 18K:1
Psychiatrists Ratio	≥15K and <20K:1	1	2	3	4	5	6	7
	≥20K and <25K:1	2	3	4	5	6	7	7
	≥25K and <30K:1	3	4	5	6	7	7	7
	≥30K and <35K:1	4	5	6	7	7	7	7
	≥35K and <40K:1	5	6	7	7	7	7	7
	≥40K and <45K:1	6	7	7	7	7	7	7
	≥45K:1 or 0 psychiatrists as verified by HRSA	7	7	7	7	7	7	7
Only Reporting Psychiatrists (Geographic High Need and Population)		Only Reporting Core Mental Health Providers (Geographic High Need and Population)			No Psychiatrists or Core Mental Health Providers as verified by HRSA (Geographic High Need and Population)			
Ratio	Score	Ratio	Score	Ratio	Score	Ratio	Score	
≥20K and <25K:1	1	≥6K and <7.5K:1	1	≥1.5K and <3K: 0	1	≥3K and <4.5K: 0	2	
≥25K and <30K:1	2	≥7.5K and <9K:1	2	≥4.5K and <6K: 0	3	≥6K and <7.5K: 0	4	
≥30K and <35K:1	3	≥9K and <12K:1	3	≥7.5K and <9K: 0	5	≥9K and <12K: 0	6	
≥35K and <40K:1	4	≥12K and <15K:1	4	≥12K and <15K: 0	7			
≥40K and <45K:1	5	≥ 5K and <18K:1	5					
≥45K and <50K:1	6	≥18K and <24K:1	6					
≥50K:1	7	≥24K:1	7					

<sup>1</sup> ≥=Greater Than or Equal to; K=thousand

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For Geographic (Non-High Need) HPSAs:

Geographic (Non-High Need)		Core Mental Health Ratio						
		≥ 6K and <7.5K:1	≥ 7.5K and <9K:1	≥ 9K and <12K:1	≥ 12K and <15K:1	≥ 15K and <18K:1	≥ 18K and <24K:1	≥ 24K:1
Psychiatrists Ratio	≥ 20K and <25K:1	1	2	3	4	5	6	7
	≥ 25K and <30K:1	2	3	4	5	6	7	7
	≥ 30K and <35K:1	3	4	5	6	7	7	7
	≥ 35K and <40K:1	4	5	6	7	7	7	7
	≥ 40K and <45K:1	5	6	7	7	7	7	7
	≥ 45K and <50K:1	6	7	7	7	7	7	7
	≥ 50K:1 or 0 psychiatrists as verified by HRSA	7	7	7	7	7	7	7

Only Reporting Psychiatrists (Geographic Non-High Need)	
Ratio	Score
≥ 30K and <35:1	1
≥ 35K and <40K:1	2
≥ 40K and <45K:1	3
≥ 45K and <50K:1	4
≥ 50K and <55K:1	5
≥ 55K and <60K:1	6
≥ 60K:1	7

Only Reporting Core Mental Health Providers (Geographic Non-High Need)	
Ratio	Score
≥ 9K and <12K:1	1
≥ 12K and <15:1	2
≥ 15K and <18:1	3
≥ 18K and <24K:1	4
≥ 24K and <30K:1	5
≥ 30K and <36K:1	6
≥ 36K:1	7

No Psychiatrists or Core Mental Health Providers as verified by HRSA (Geographic Non-High Need)	
Ratio	Score
≥ 3K and <4.5K: 0	1
≥ 4.5K and <6K: 0	2
≥ 6K and <7.5K: 0	3
≥ 7.5K and <9K: 0	4
≥ 9K and <12K: 0	5
≥ 12K and <15K: 0	6
≥ 15K and <18K: 0	7

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b. Score for Percent of Population with Incomes below Poverty Level.

Psychiatrist Ratio	Core Mental Health Ratio	Score
GT 45,000:0 AND	GT 4,500:0	8
	GT 4500:1 and LT 6000:1	7
LT 20,000:1 and GT 15,000:1 AND	GT 6000:1 and LT <9,000:1	6
LT 30,000:1 and GT 15,000:1 OR	GT 4,500:1 and LT 6,000:1	5
LT 45,000:1 and GT 20,000:1 AND	GT 4,500:0 and LT 6,000:0	4
GT 20,000:1 AND	GT 6,000:1	3
GT 30,000:1		2
	GT 9,000:1	1

a. Percent of the Population with Incomes below 100% of Federal Poverty Level.

Score for percent of population with incomes below poverty level (P)	
P GE 50%	5 points
50% > P GE 40%	4 points
40% > P GE 30%	3 points
30% > P GE 20%	2 points
20% > P GE 15%	1 point
P < 15%	0 points

b. Travel Time or Distance to nearest available source of care (whichever scores more highly).

Score for travel distance/time to nearest source of accessible care outside the Hai	
Time GE 60 minutes	5 points
< 60 min and >50 minutes	4 points
<50 minutes and > 40 minutes	3 points
<40 minutes and >30 minutes	2 points
<30 minutes and >20 minutes	1 point

**(Nearest Source of Care is defined as the closest location where residents of the area or Population that is designated has access to mental health services.)** Important to note that there are hundreds of different dialects among Native American tribes/nations and access to care should be culturally competent.

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c. Youth ratio: Ratio of Children under 18 to Adults 18-64.

Which is the number of persons < 18 to the number of adults ages 18-64 is greater than 0.6 or the elderly ratio number of persons >= 65 to the number of adults ages 18-64 is greater than 0.25. These age cohorts have a tendency to be at risk for mental health issues).

Youth Ratio: Ratio of Children under 18 to Adults 18-64	
≥60%	3 points
<60 and >40	2 points
<40 and >20	1 point

d. Elderly ratio: Ratio of Adults over 65.

Elderly Ratio: Ratio of Adults over 65 to Adults 18-64	
≥25%	3 points
<25 and >15	2 points
<15 and >10	1 point

e. Substance Abuse prevalence.

Substance Abuse prevalence: Area's rate is in worst quartile for nation/region/or state	
Yes	1 point
No	0 point

f. Alcohol/Abuse prevalence.

Alcohol Abuse prevalence: Area's rate is in worst quartile for nation/region/or state	
Yes	1 point
No	0 point

**Multi-Site Entities**

Dually funded CHCs/Tribal and IHS/Tribal sites that have multiple sites under the umbrella of the main clinic/hospital will receive a score for the entire entity. This entity score is calculated by averaging the individual sites/satellite scores computed for each component site.

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**General Comments:**

If the I/T/U is located in a geographic or populations HPSA, the ratio for that HPSA can be substituted in the scoring for the Auto HPSA.

Please note that inability to geocode some locations, particularly in Alaska, Hawaii, Puerto Rico, and the Pacific Basin, results in the inability to collect appropriate data for the scoring process. As a result, there are some entities that still have no score, or have a very low score due to lack of data on some components.

The same process outlined above also applies to Dental and Mental Health HPSAs as well, using comparable data sources appropriate to the discipline

All of the IHS, Tribal, and Urban Indian (I/T/U) and Alaskan Native sites whose names and addresses transmitted to the Office of Shortage Designation are added to the HPSA file and posted on-line as soon as we receive the information. The site and the initial score will be posted on HPSAFind at <http://hpsafind.hrsa.gov/> where it can be searched by state and county. For multi-site entities, the HPSA is listed under the name of the main clinic/hospital and listed under the county in which the main site is located.

For Auto HPSAs, individual satellites will not be listed separately as the HPSA applies to the whole entity.

**Applicability of Automatic HPSA Scores**

Any site that is located in a regularly designated HPSA can continue to use the HPSA score for that area/population group, which is likely to be much higher than the original automatic HPSA scores. This also applies to individual sites that are part of a multi-site dual-Funded CHC/Tribal or IHS/Tribal Entity HPSA; if any individual site is in a geographic or population group HPSA, or has been designated as a Facility HPSA using the regular process, that site may use that HPSA's score for recruitment purposes. However, other sites of the same entity must use the entity automatic score.

**Possible Score Updates**

It is important to keep the automatic rescoring scoring issue in context and not have unrealistic expectations of increasing scores. There are many I/T/Us in geographic or population group HPSAs with scores that exceed the thresholds for these programs, and there are already more requests to fill vacancies from qualifying entities than there are NHSC Scholars or J1 Visa Waiver physicians available. Adding more high scoring HPSAs by attempting to adjust upward the automatic HPSA score will only result in increasing competition among safety net providers for increasingly scarcer resources. Equal attention should be paid to other important recruitment and retention resources, such as linking to training programs. It is unlikely that major changes to the automatic scores and the payoff may not be significant.

However, some sites have been able to increase their scores in instances where use of local data was provided. Requests for revision of an entity's HPSA score must be reviewed by the Office of Shortage

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Designation. To avoid overwhelming the designation process, requests for score updates should be pursued only in critical cases where the resulting score improvement will make a very significant difference in eligibility for resources.

We encourage entities interested in improving their scores to work with IHS and Tribal Councils and their state PCOs. They have extensive knowledge and experience with the HPSA process and can help assess the likelihood of significant improvements in scores based on use of any of the various options listed above. Many IHS Regional Health Coordinators also have experience and expertise with designations and can assist in this scoring process. A coordinated approach within a State using a consistent methodology for any proposed rescoring of multiple sites is encouraged.

**Questions:** The contact for automatic HPSA scoring is Norma Campbell. She can be reached at [ncampbell@hrsa.gov](mailto:ncampbell@hrsa.gov). Submission of alternative data in an email attachment based on the information in this document is the most efficient way to request a score update.