

Governor’s Designation of Shortage Areas for Rural Health Clinics: Criteria and Process

I. Introduction

The Governor’s Designation of Shortage Areas for Rural Health Clinics (RHCs) in Wisconsin identifies rural areas that have significant provider shortages and other population indicators of high need, but do not meet federal criteria for Health Professional Shortage Area (HPSA) designation. The Governor’s Designation of Shortage Areas helps RHCs become eligible for additional benefits, which may help increase access to primary and preventive care in these rural areas.

The Governor’s Designation Criteria for Wisconsin requires that RHCs in the Governor’s Health Care Shortage Areas must serve both Medicaid and Medicare enrollees, as well as adopt a sliding-fee schedule to assure access to care for low-income populations and others who need care the most.

A Governor’s Shortage Designation can be used to maintain and establish financially viable RHCs in communities with high need, and helps to stabilize the state’s safety net provider resources in rural communities. A Governor’s Shortage Designation complements the federal HPSA/Medically Underserved Area (MUA) designation criteria to help the state improve access to primary and preventive care for rural populations through developing and retaining Rural Health Clinic safety net providers.

II. Wisconsin Governor’s Designation Criteria

The following Governor’s Designation Criteria will determine an area’s eligibility for a Wisconsin Governor’s Health Care Shortage Area designation for an RHC:

Criteria	Additional Information
The service area must be located in a non-urbanized area. RHCs located in urbanized areas will not be eligible for a Governor’s Health Care Shortage Area designation.	To see if a street address is located in a rural area that is eligible for RHC certification, go to “Am I Rural?”
The service area must be a contiguous area without “carve-outs” of areas with many physicians.	
The applicant clinic must not be eligible for, or located in, a HPSA or MUA designated within the last 4 years, with the caveat that the RHC’s service area may include a portion of an existing HPSA service area.	To see if a street address is located in a federally designated HPSA or MUA, go to https://data.hrsa.gov/tools/shortage-area/by-address

<p>The applicant clinic must accept patients covered by Medicare, Medicaid/BadgerCare Plus, and Wisconsin’s Children’s Health Insurance Program <u>and</u> have a sliding fee scale for patients whose income falls below 200% of the Federal Poverty Level.</p>	<p>For more information on a sliding fee schedule, go to https://nhsc.hrsa.gov/sites/eligibility-requirements.html</p>
<p>The applicant clinic must indicate any physicians who are:</p> <ul style="list-style-type: none"> • J-1 visa waiver and H-1B visa physicians (temporary visitor status), • Physicians 62 or older, • Physicians under sanction (license, Medicaid, or Medicare), • Physicians who have documented plans to leave practice within the next 6 months, and • Interns/residents and fellows 	
<p>The service area must have a population-to-primary care physician ratio of at least 2,400:1, OR a ratio between 2,000:1 and 2,399:1 and meet one or more of the following high-need health indicators:</p> <ul style="list-style-type: none"> • Service area’s percent of population under 200 percent of poverty is higher than the state average (source: U.S. Census Bureau) • Percent of population age 65 and older is higher than the state average (source: U.S. Census Bureau) • Percent of the civilian population age 15 years or older that is unemployed is higher than the state average (source: U.S. Census Bureau) • Percent of population that is uninsured is higher than the state average (source: U.S. Census Bureau) • Percent of population with health indicator rates higher than the state average, such as heart disease, diabetes, chronic respiratory disease, and/or cancers. <p>The population to primary care physician ratio may use a geographic population to provider ratio OR a low-income population to provider ratio. A low income to provider ratio is determined by taking the total population below 200% FPL and dividing it by the physician FTE spent seeing people insured by Medicaid and people who are uninsured.</p>	

<p>The applicant clinic must submit a letter of support from the service area’s local health department that clearly states a Governor’s Health Care Shortage Area designation for the Rural Health Clinic is in the public interest to improve access to primary care for underserved populations in the rural service area.</p>	<p>To find your local health department, go to https://www.dhs.wisconsin.gov/lh-depts/counties.htm</p>
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III. Wisconsin Governor’s Designation Process

The Governor of the State of Wisconsin delegates signing authority for this Governor’s Shortage Designation to the State Health Officer in the Department of Health Services. The following is the process to determine eligible Governor’s Health Care Shortage Areas in Wisconsin for Rural Health Clinics:

1. The applicant clinic must submit a request to the Wisconsin Division of Public Health-Primary Care Program for a Governor’s Health Care Shortage Area designation. Send request to dhsprimarycareoffice@dhs.wisconsin.gov.

Request **must include all** required documentation:

- Reason for request: to retain an existing or establish a new RHC in an area not currently eligible for HPSA/MUA designation;
 - Proposed contiguous service area for the Governor’s Health Care Shortage Area designation request;
 - Letter of support from the health officer in the local health department that clearly states that a Governor’s Shortage Designation for the RHC is in the public interest to improve access to primary care for the underserved rural population;
 - Copy of RHC’s schedule of sliding/discounted fees for patients with incomes below 200 percent of the federal poverty level, public notice for the sliding fees, and RHC policy for implementation (see Definitions section for more information); and
 - High-health need indicator data described above (for areas with population to physician ratios between 2,000:1 and 2,399:1).
2. The Primary Care Program will review the request, documentation of public interest, and physician data in the service area as tracked in the Shortage Designation Management System (SDMS).
 3. If the data and the request meet the Wisconsin Governor’s Designation Criteria, the Primary Care Program will submit a Governor’s Health Care Shortage Area designation request for the area through the State Health Officer to the Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA), Shortage Designation Branch. If the data and request do not meet all requirements, the Primary Care Program will inform the original requestor.

4. The HRSA Shortage Designation Branch will review the Governor's request for the area to confirm that it meets the DHHS/HRSA-approved Wisconsin Governor's Health Care Shortage Area designation criteria, approve the area as HRSA-certified under the Governor's Health Care Shortage Area designation, and notify the State Health Officer and Primary Care Program of its' decision.
5. The Primary Care Office will send the HRSA decision to the original requestor.
6. If HRSA approves the shortage area designation, the requestor may then submit an application to the DHS-Division of Quality Assurance for certification as a Rural Health Clinic.

IV. Definition of Terms

The following definitions apply to the Governor's Designated Shortage Area Criteria and process.

Non-urbanized area:

The CMS Rural Health Clinic program requires that RHCs must be located outside an "urbanized area" as defined by the U.S. Census Bureau. To see if an address is rural and eligible for RHC certification, go to ["Am I Rural?"](#)

Sliding fee/discount schedule for patients with incomes less than 200% of FPL:

To be eligible for the proposed Governor's Designation, the RHC must have and implement a policy:

- To publicly and prominently display a notice about the availability of a discounted fee schedule for patients who are unable to pay for services
- To offer a schedule of sliding/discounted fees for patients whose family incomes are less than 200 percent of the federal poverty level (FPL). This can be initiated at the time of service or after the service has been billed to the patient.
- To make a total of three follow-ups by phone and mail on failure to pay the discounted fees, and to try to negotiate a payment plan and review any change in income for patients with delinquent payments.
- To allow termination of services for patients only after the follow-up policies cited above have failed and been documented.

For more information on establishing a sliding fee schedule, go to <https://nhsc.hrsa.gov/sites/eligibility-requirements.html>

Counting primary care physicians:

The physician-to-population ratio is an important indicator of the availability of health care services in a community. Primary care physicians will be counted similar to how they are counted for HPSA designations:

- Only primary care physicians are counted. These include general or family practice, general internal medicine, pediatrics, and obstetrics and gynecology.

- Only average hours per week for outpatient care and hospital rounds are counted. Hours spent on administration, teaching, research, and subspecialty care are not counted.

This data is maintained by the Primary Care Program in the Shortage Designation Management System (SDMS).

CONTACT FOR WISCONSIN GOVERNOR'S SHORTAGE DESIGNATION:

dhsprimarycareoffice@dhs.wisconsin.gov