

2015

Sites Serving Medically Underserved Populations

Application for Site-MUP Designation



Texas Department of State Health Services
Center for Health Statistics
Health Professions Resource Center

MC 1898
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Austin, Texas 78714-9347

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Section 1: Identification of the Site Proposed for Designation

A. Clinic/Office Name: _____

B. Street: _____ City: _____

County: _____ Zip: _____

C. Telephone Number: () _____ E-mail: _____

D. Director/Administrator: _____

E. **Description / History of Site** (provide a brief description and history of the site, including services offered):

F. **Clinic Hours:**

Monday: _____	Tuesday: _____
Wednesday: _____	Thursday: _____
Friday: _____	Saturday: _____
Sunday: _____	

G. Annual Utilization Data (Most Recent data. If actual data are unavailable, estimates can be used but should be noted. Identify the time period for which statistics are being reported)

1. Total unduplicated count of patients: _____
2. Total number of patient encounters (visits): _____
3. Identify reporting period: _____

H. Staffing: Identify the number of providers on the clinic payroll (only those involved in direct patient care) by type and full-time-equivalency (FTE) based on 40 hours per week.

<u>Provider Type</u>	<u>Number on Staff (FTEs)</u>
Physicians	_____
Physician Assistants	_____
Advanced Practice Nurses	_____
Others (please specify)	_____

I. Service/Catchment Area. Area where the majority of the clinic/office's patients reside. Indicate if an entire county or city or population is served. If only a portion of the city is served, describe the service area as clearly as possible in terms of census tracts, zip codes, or other common geographic units. If not of these is appropriate, identify the streets that form the boundaries of the service area. Include maps of the service area. Identify the population rather than the area if the majority of the patients are transitory or a certain type of population (non-residents of any particular area such as a homeless population, or Medicaid only populations, etc.).

If necessary, continue on another page.

J. Types of Patients Served/Target Population. If the clinic has a specific target population, identify the type of population served (or for clinics that are not yet established, the type of population to be served), e.g., women and children, geriatric, homeless, migrant farm-workers, Medicaid patients, or indigents.

K. Clinics opened less than 90 days: Clinic sites applying for designation must provide client data for the most recent 90 days of operation. **However, if the clinic has not been in operation for 90 days, the following conditions apply:**

Clinics Opened for 30 Days or Less: Submit the application and patient data based on actual clinic operations if these data show that 51% or more of your patients were eligible for local, state, or federal health care programs during the time the clinic has been open. If we determine that your clinic is acceptable for designation, a notice of this designation will be posted in the Texas Register for comments for a 30-day public comment period. If after that period of time no adverse comments are received, your clinic will be designated as a Site-MUP.

However, you must send an **update** letter to our office 30 days after the effective date of the designation. The letter must provide patient data for that 30 day period. This letter must be sent to us in order for your clinic to remain on the Site-MUP designation list.

- If the clinic does not meet the requirement of having 51% or more of its patients being eligible for local, state, and/or federal health care programs, the clinic will be removed from the designation list.
- The Texas State Board of Medical Examiners and the Texas Board of Nurse Examiners will be notified if your clinic is removed from the list and the removal will be published in the Texas Register.
- All designated clinic sites must maintain designation eligibility after obtaining “Site-MUP” status. The Texas Department of Health reserves the right to reevaluate designations on a periodic basis.

A clinic must be open for a minimum of 30 days before an application is submitted

Section 2: Population Served

All applicants complete Column I; applicants under Criterion B-2 complete Columns I & II. To be eligible, sites need to be providing services to a medically underserved population.

Under Column I of Section 2 of the application form, ALL applicants should provide a distribution of the patients at an operational site that are eligible for any of the (A) federal, (B) state, or (C) locally funded health care programs for the most recent calendar year.

It is not necessary to complete Column II at this time as not all applicants are required to provide this information. After selecting the appropriate eligibility criterion in Section 3, completion of Column II can be determined.

Patients by Eligibility Category	% of Site's Total Patients	% of Eligible Population for Service Area
A. Federally Funded Health Care Programs:		
AIDS (health care programs)	_____	_____
Community & Migrant Health Centers (PHS funded)	_____	_____
Family Planning	_____	_____
Homeless (including Sect. 340 grants)	_____	_____
Medicaid	_____	_____
Medicare	_____	_____
Others*, please specify:		
B. State Funded Health Care Programs:		
AIDS (Health Care Programs)	_____	_____
Chronically Ill & Disabled Children (CIDC)	_____	_____
Medicaid	_____	_____
State primary care (TDH funded)	_____	_____
Student Health Centers (STATE Colleges/Universities ONLY)	_____	_____
Others*, please specify:		

C. Locally Funded Health Care Programs:

Locally supported NON-Profit health care programs

Programs funded by City/County Governmental entities

Programs funded by hospital districts

School-based clinics established by school districts

Others*, please specify:

Subtotal percentage (A, B, C):

D. Other Programs:

Others*, please specify:

Total percentage (A, B, C, D):

* Attach description of program(s) on separate sheet(s)

Section 3: Eligibility Category* (Circle only one)

Category A. Site located in an area with an *insufficient number of physicians* providing served to patients eligible for federal, state or locally funded health care programs. If this category best describes your site, make a *selection of the one criterion* below that best describes the site, and complete either Section 4 or Section 5 of the application form. *Only one Criterion needs to be satisfied.*

Criterion A-1. The site's service area (patient catchment area) has a ratio of at least 3,000 people for each primary care physician FTE (family/general practice, obstetrics/gynecology, general internal medicine, pediatrics).

Physicians employed in federal, Veterans Administration, or state facilities can be excluded in the physician total, as can physicians in residency programs or administrative positions. Those practicing exclusively at Health Maintenance Organizations or at other types of primary care clinics that serve only a specific segment of the population should be separately identified. Calculate the population-to-physician FTE ratio by dividing the site's service area population by the number of primary care physicians practicing in the site's service area.

If Qualified (ratio 3,000:1 or greater), complete Section 4

If NOT Qualified (ratio is less than 3,000:1), see Criterion A-2.

Criterion A-2. The ratio of population-to-primary care physicians (FTEs) is at least 3,000 :1 for the *geographic area immediately surrounding the site.*

IF Qualified, complete section 5

These sites **MUST** be physically located in an area that has a high population-to-physician ratio. Each applicant must define the geographic area to be identified as the "area immediately

surrounding the site.” It is preferable that commonly known geographical units such as census tracts be used in identifying the area.

If the applicant feels this does not adequately define the area, the area’s major boundaries can be identified in terms of street names or natural boundaries. This criterion is most likely to apply to sites that have large service areas, such as those serving entire cities or counties.

EXAMPLE. A clinic located in the downtown area of a major city primarily serves the homeless and indigent populations. The clinic’s service area covers the entire city. Because of the large number of physicians in the city, the ratio for the city as a whole is well below 3,000 : 1. The clinic, however, is located in an area with only a few physicians; resulting in a high ratio (i.e., at least 3,000 : 1) for the area where the site is physically located and the immediate surrounding area.

Category B (Most Common Application Category). Site that serves a *disproportionate number of clients* eligible for federal, state or locally funded health care programs. If this category best describes your site, make a *selection of the one criterion* below that best describes the site. *Only one Criterion needs to be satisfied.*

Criterion B-1 (most common application criterion). *Over 51 % or more of the site’s patients are eligible* for one or more of the federal, state or locally funded health care programs identified in Section 2 of the application form.

In Column I of Section 2 of the application form, the “Subtotal Percentage (A, B and C) must be 51% or greater to meet this criterion. If not, complete Criterion B-2.

Criterion B-2. The percentage of the *site’s patients* eligible for federal, state or locally funded health care programs specified in Section 2 of the application form is at least double the percentage of eligible populations identified for the site’s *service area*.

Applicants under this criterion should complete Section 2, Column II of the application form. Service area information under Column II need *only* be provided for the health care programs for which percentages have been provided under Column I. All others can be left blank.

In Section 2, the "Subtotal Percentage (A, B and C) of Column I must be at least twice the amount shown as in Column II in order to be eligible for Category B, Criterion B-2.

EXAMPLE. A clinic (site) in Austin serves Medicaid patients residing in Travis County. Since Medicaid represents one of the eligible client groups defined under "Section 2.A. Federally Funded Health Care Programs," services to clients eligible for Medicaid Services can be used for qualifying under Criterion B-2.

Since the clinic's service area covers all of Travis County, it is necessary to determine the percentage of county residents that are eligible for Medicaid. According to the most recent report from the Texas Department of Human Services, 5.2 % of Travis County Residents were eligible for Medicaid. In order for the clinic in this example to qualify under this criterion, at least 10.4 % (5.2 % multiplied by 2) of the clinic's patients need to be Medicaid eligible.

The minimum percentage of 10.4 % in this example is based on the doubling of the percentage identified for Travis County as a whole. The most recent statistics for a given area need to be used in determining eligibility under Criterion B-2.

Section 4: Criterion A-1 Applicants

(Does not apply to those qualifying under category A-2 or B)

Total population residing in the Service area:

Data Source and Year:

Number of primary care physicians (number and FTEs) in Service area:

Data Source and Year:

Service Area population-to-physician FTE ratio (Divide total population by physician FTEs):

Section 5: Criterion A-2 Applicants

(Does not apply to those qualifying under category A-1 or B)

Description of the AREA IMMEDIATELY SURROUNDING (AIS) the site:

Total population of AIS:

Data Source and Year:

Number of primary care physicians (number and FTEs) practicing in AIS:

Data Source and Year:

Population-to-Physician (FTE) ratio for AIS (Divide total population in AIS by physician FTEs):

Applicant Affidavit

All applicants should read, sign and date the applicant affidavit attesting to the accuracy of the information submitted in the application form.

By my signature below, I am indicating that the information submitted in this application form is accurate and true to the best of my knowledge:

SIGNATURE OF APPLICANT

DATE

PRINTED NAME OF APPLICANT

This completes your application, please direct any questions or applications to:

Texas Department of State Health Services

Center for Health Statistics

Health Professions Resource Center

MC 1898

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