

May 19, 2011 - MUP (Three Groups - Regular, Simplified and Streamlined)

Revision#3.ebw

MUA/P Criteria

- 1) Factors indicative of the health status of a population group (health status)
- 2) Ability of the residents of a population group to pay for health services (ability to pay)
- 3) Access to these health services (access to care)
- 4) Availability of primary care providers to residents of a population group (provider availability)

Streamlined Groups

Description

Established MUP groups are assumed to meet all four criteria (health status, ability to pay, access to care and provider availability) and thus will only need to perform a local population count (see below). It should not be necessary for applicants to repeat well-established and accepted justification that specific groups meet MUP criteria. Streamlining the process will save Health Resources and Services Administration (HRSA) Primary Care Organizations (PCOs) and local applicants considerable time and resources.

Groups

- Section 330 Populations - already named in statute (migrant and seasonal farmworkers, individuals experiencing homelessness, public housing residents). The Public Health Service Act Section 330 program legislation provides automatic MUP if awarded a special population Community Health Center grant.
- Members of Indian Tribes - American Indians and Alaskan Natives are unique populations who are members of separate, sovereign nations within the United States. U.S. government has promised these populations continual access to health care.

Local population count will take place in an area in which the population can both reasonably access the locations where services are provided and support the federal resources that might be assigned or allocated to serve that population.

Simplified Groups

Description

Groups established by Department of Health and Human Services (HHS) legislation. These groups (as described below) are assumed to meet three of the four criteria at the national level, thus waiving the need for justification at the local level. The fourth criteria (provider availability) must be demonstrated locally. The criteria are met as follows:

1. Health status - legislation specifies health status issues for the population.
2. Access to care - legislation specifies access to care barriers for the population.
3. Ability to pay - national poverty data for the population (see below).
4. Provider availability - data must be provided at the local level to demonstrate insufficient capacity (see below).

It should not be necessary for applicants to repeat legislatively established justification that specific groups meet MUP criteria. Simplifying the process will save HRSA, PCOs and local applicants considerable time and resources.

Legislation Criteria

- The legislation must authorize a program that is administered by the Department of Health and Human Services.
- The legislation must name an identifiable subpopulation.
- The legislation in the findings by Congress must state that the specifically identified subpopulation experiences disparities in health status when compared to the general U.S. population.
- The legislation in the findings by Congress identifies at least one barrier to access to health care. (*Definition of barriers pending, to be consistent with Barriers to Access group*)

Groups may include, but are not limited to:

- Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, PL 101-381
- Combating Autism Act of 2006

- Developmental Disabilities Act
- The Traumatic Brain Injury Act of 2008 (P.L. 110-206)
- Disadvantaged Minority Health Improvement Act

Criteria (detailed explanation)

1. Health Status – Documented through legislation.
2. Access to Care– Documented through legislation.
3. Ability to Pay - Simplified groups must meet poverty threshold of 5% above the 100% national normative poverty rate. Current HPSA regulations consider an area/group to have “high need” if 20% or more are below 100% of poverty. At the time of new regulations development, the national normative poverty rate is 14.5% (2009 ACS estimate). Five percent above this 2009 national rate would match the current HPSA regulations 20% threshold. By setting a standard rather than a specific numerical threshold, the requirement can fluctuate as poverty rate increases or decreases over time. The standard poverty data source will be the ACS, but if data are not available, the group may cite a national data set supported by a federal agency, comparing poverty level to the ACS national norm for the same year (or group of years if ACS five-year roll-up estimates are utilized for the national norm). Although 100% of poverty might not be the best measure for ability to pay, this was chosen as the one ability to pay indicator most likely to be available for the special populations groups, which might be included.
4. Provider Availability – Local provider and population counts will be required. The population count will be the same as Streamlined. *Awaiting discussion of provider:population ratios, may need to adjust for populations.*