HRSA Health Workforce

Division of Policy and Shortage Designation
Bureau of Health Workforce | Health Resources & Services Administration

Certificate of Eligibility

Use this **Certificate of Eligibility** to request a Rural Health Clinic (RHC) certification as an Automatic Health Professional Shortage Area (HPSA). For assistance, e-mail the Division of Policy and Shortage Designation **(SDB@hrsa.gov)** or call **301-594-5168**.

Additional Documents for Certification

In addition to this **Certificate of Eligibility**, you must provide the following:

- RHC Certification Letter from the Centers for Medicare and Medicaid Services (CMS)
- Sliding Fee Scale (SFS) for the RHC site applying for Automatic HPSA

NOTE: Your Certificate of Eligibility must include all required information or we will not process it.

Rural Health Clinic Information
(Please complete all items)

RHC Provider Number:

Rural Health Clinic Name

Address

City | State | Zip

AL

National Health Service Corps Components
(Please check all that apply)

The above Rural Health Clinic:

- ☐ Provides Primary Care, Dental, or Mental Behavioral Health Services.
- ☐ Provides services regardless of a patient's ability to pay.
- ☐ Offers discounted fees to patients who qualify.
- ☐ Accepts patients covered by Medicare, Medicaid, and State's Children's Health Insurance Program (SCHIP).

Do you have a pending Recruitment and Retention (R & R) application with NHSC?

- ◯ Yes
- ◯ No

When you sign this form, you agree to:

A. Not deny requested health care services, and shall not discriminate in the provision of services to an individual because:

   * The individual is unable to pay for the services, or

   * Because payment for services would be made under: the Medicare program (Title XVIII for the Social Security Act), the Medicaid program (Title XIX of such Act), or the SCHIP (Title XXI of such Act).

B. Prepare a schedule of fees or payments for services, consistent with locally prevailing rates or charges for health care services and designed to cover the reasonable cost of operation.

C. Prepare a corresponding schedule of discounts (including, in appropriate cases, waivers) to be applied to such fees and payments. Discounts shall be adjusted on the basis of the patient's inability to pay.

D. Make every reasonable effort to secure from patients fees and payments for services in accordance with such schedules, and fee or payments shall be sufficiently discounted in accordance with C above.

E. Accept assignment for individuals who are beneficiaries under Medicare.

F. Enter into an appropriate agreement with the state agencies administering Medicaid and SCHIP for individuals who are beneficiaries under those payments.

G. Take reasonable and appropriate steps to collect all payments due for health care services provided by the entity, including payments from any third party.

H. Display prominently a notice of the availability of discounted fees and acceptance of Medicare, Medicaid, and SCHIP to assure public awareness of these options.

These requirements are subject to review as part of the regular Rural Health Clinic Certification process.

By signing, I represent and confirm that I am fully authorized to bind the covered entity and certify that the contents of any statement made or reflected in this Certificate of Eligibility are truthful and accurate.

Name of RHC Authorizing Official | Title

RHC Authorizing Official E-mail | Phone Number

Signature of RHC Authorizing Official

Name of RHC Alternate Contact | Title

Date Submitted

Submit your Certificate of Eligibility to us (SDB@hrsa.gov)
Processing of this information is subject to approval and verification by the Division of Policy and Shortage Designation.

SHORTAGE DESIGNATION INTERNAL REVIEW

Date Received

- ◯ Approve
- ◯ Disapprove
- ◯ Other:

Approving DPSD Official Signature

Adjudication Date | Alternate Contact E-mail | Phone Number