

Certificate of Eligibility Instructions

IMPORTANT NOTE: Before the Health Resources and Services Administration can process a *Certificate of Eligibility*, the entity must complete a [CMS-855A Medicare Enrollment Application](#) to become a certified Medicare provider. It can take the Centers for Medicare and Medicaid Services up to 6 months to make a final decision regarding a program's eligibility.

1. The following fields in the *Certificate of Eligibility* are **REQUIRED** information:
 - a. Rural Health Clinic (RHC) Provider Number – this provider number is issued by CMS
 - b. RHC Name – this should be the name listed on the RHC Certification Letter from CMS
 - c. RHC Address – this should be the address listed on the RHC Certification Letter from CMS
 - d. City of RHC
 - e. State of RHC
 - f. Zip Code of RHC
 - g. National Health Service Corps (NHSC) Components:
 - i. The entity needs to check all that applies for the above named RHC:
 1. Provides primary care, dental or mental behavioral health services.
 2. Provides services regardless of patient's ability to pay.
 3. Offers discounted fees to patients who qualify.
 4. Accepts patients covered by Medicare, Medicaid, and State's Children's Health Insurance Program (SCHIP).
 - ii. Please check (Yes or No) if the entity has a pending Recruitment and Retention (R & R) application with NHSC.

TERMS AND CONDITIONS

1. If the entity agrees and is authorized to bind the covered entity and certifies that the contents of any statement made or reflected in this *Certificate of Eligibility* are truthful and accurate, the entity should provide the following **REQUIRED** information in the red fields:
 - a. Name of RHC Authorizing Official
 - b. RHC Authorizing Official Title
 - c. RHC Authorizing Official Work E-mail Address
 - d. RHC Authorizing Official Work Phone Number
 - e. Signature of the RHC Authorizing Official
 - f. Submittal date of *Certificate of Eligibility*
 - h. If the entity has an alternate contact, the **OPTIONAL** information below can be submitted in the blue fields:
 - i. Alternate Contact Name
 - ii. Alternate Contact Title
 - iii. Alternate Contact E-mail
 - iv. Alternate Contact Phone Number
2. When submitting a *Certificate of Eligibility*, please include the RHC Certification Letter from CMS and the entity's Sliding Fee Scale with the *Certificate of Eligibility*.

To request an Auto HPSA for your CMS-certified RHC, complete the *Certificate of Eligibility* and send it via fax, email, or regular mail to **BOTH** analysts listed below:

Tracey Martin

Division of Policy and Shortage Designation
Bureau of Health Workforce
5600 Fishers Lane, Mail Stop 11SWH03
Rockville, MD 20857-0002
Phone Number: (301) 594-4462
Fax Number: (301) 443-2111
SDB@hrsa.gov

Kristen Jackson

Division of Policy and Shortage Designation
Bureau of Health Workforce
5600 Fishers Lane, Mail Stop 11SWH03
Rockville, MD 20857-0002
Phone Number: (301) 594-4519
Fax Number: (301) 443-2111
SDB@hrsa.gov

Once the *Certificate of Eligibility* is reviewed and approved, sites that meet all requirements will be considered a HPSA facility and added to the [HPSA database](#). These HPSA facilities will also be scored using data available at the national level. The NHSC scores HPSAs to prioritize placements into areas of greatest need. Review the [Auto HPSA scoring process](#) website for more information.

RHCs already located in areas or serving populations that have been designated as a HPSA through the traditional application process are eligible for the NHSC loan repayors/scholars, and other programs based on the existing designation and may use

the scores for these HPSA(s) in the current NHSC placement process. For more information on the [National Health Service Corps](#), view their website or call 1-800-221-9393.

If you have any questions about the *Certificate of Eligibility*, e-mail SDB@hrsa.gov or contact Tracey Martin at (301) 594-4462 or Kristen Jackson at (301) 594-4519.