

NHSC SITE APPLICATION AND RECERTIFICATION CHECKLIST FOR POINTS OF CONTACT



Purpose: This checklist helps applicant sites complete the NHSC site application and recertification process efficiently. It outlines key requirements, but you must refer to the **NHSC Site Reference Guide** and **NHSC Site Agreement** to ensure full compliance. Different site types have different application requirements. The system will adjust sections automatically based on your selected site type, so not all sections or documents may apply to your site.

Important: Completing this checklist does not guarantee approval. You (the point of contact) are responsible for ensuring all documentation and information meet compliance requirements based on the latest **NHSC Site Reference Guide** and **NHSC Site Agreement**.

1. Confirm Eligibility

- ☐ **Select** the correct NHSC site type, subtype, and classification.
- ☐ **If an eligible hospital**, enter the affiliated outpatient clinic name and address exactly as it appears in our system.
- ☐ **Answer all NHSC eligibility questions.** If your site is ineligible, you cannot proceed.

2. Verify Site Details

- ☐ **Physical Address:** Enter the complete address (No P.O. Boxes).
- ☐ **Approximate Location:** Ensure the PIN location matches the address.
- ☐ **Contact Information:** Provide contact information, including an operational website and email address.
- ☐ **Unique Identifiers:** If your site is a Bureau of Primary Health Care grantee, CMS Rural Health Clinic, or American Indian Health facility, enter the unique identifier for proper HPSA (Health Professional Shortage Area) attachment. Other site types are exempt from entering unique identifiers.

3. Check for Existing Site Records

- ☐ Avoid duplicate site records. If a similar site appears in the system, do not create a new record. To be added as a point of contact for an existing record, contact your [Division of Regional Operations \(DRO\) analyst](#).

4. Services and Staffing

- ☐ **Services Provided:** Must offer comprehensive primary care (medical, mental health/substance use disorder (SUD), and/or dental) services. Sites offering only general SUD services are ineligible.
- ☐ **Language Needs:** Answer both language questions. Ensure supporting documents match predominant patient languages (e.g., posted signage).
- ☐ **Staffing:** List Full-Time Equivalent (FTE) staff using the most recent 6-month data. Ensure listed FTE disciplines align with provided services.

5. Behavioral Health and SUD Services (If Applicable)

If your site provides mental health or SUD services, complete the Comprehensive Behavioral Health Services Elements section and submit the required documents.

- ☐ **Section I:** Indicate core services provided onsite (in-network services do not qualify as on-site).
- ☐ **Section II:** Specify where non-core services are provided.
- ☐ **Section III:** Enter provider information for offsite services.
- ☐ **Section IV:** State full-time or part-time certification.
- ☐ **Section V:** Upload required documentation:
 - On-Site Services:** ☐ Certificate ☐ Brochure ☐ Policy ☐ Web Link ☐ Other
 - Off-Site Services:** ☐ Referral Policy ☐ Letter of Commitment ☐ MOU/MOA/Contract



6. Payment and Insurance

- ☐ **Coverage Types Accepted:** Indicate if the site accepts Medicare, Medicaid, and CHIP. Provide billing numbers. If a program is not accepted, explain why.
- ☐ **General Payment Information:** Enter the nominal fee for families at or below 100% of the most current FPG. Ensure it aligns with the nominal fee included in the documentation.
- ☐ **Site Data Tables:** Enter six month site-specific data for the last twelve months for patients, visits, charges, collections, adjustments, and patient applications for sliding fee schedules.

Sliding Fee Discount Program (SFDP) Documents:

- **Policy Requirements:** Written, detailed, and uniform for insured and uninsured patients. Includes: ☐ Patient eligibility process ☐ Family size and income definitions (no assets considered) ☐ Re-evaluation frequency ☐ Required verification documents ☐ SFDP advertisement method ☐ Explanation of nominal fee ☐ Collection method
 - **Sliding Fee Schedule (SFS):** ☐ By Family Size/Income ☐ Based on current Federal Poverty Guidelines (FPG) ☐ Full discount for incomes $\leq 100\%$ FPG (nominal fee allowed) ☐ Discounts for incomes 101%-200% FPG
 - **Patient Application (SFS):** ☐ Eligibility criteria questions are based only on family size and income. Other questions, such as social security numbers or marital status, must be optional. ☐ No credit checks, payment history, Medicaid denial letters, asset tests, etc. when determining eligibility.
- ☐ **Required Statement: Use exact wording: “No one will be denied access to services due to inability to pay. A sliding fee schedule is available based on family size and income.”**
- ☐ Posted Signage: Submit two clear photos: ☐ Photo 1: Image showing signage predominantly posted in a common area ☐ Photo 2: Close-up of text confirming required statement ☐ Online Statement: Submit a screenshot and URL link showing the required statement on your website.

7. Telehealth Services

- ☐ Indicate if your site provides telehealth services and answer all related questions. Sites providing 100% telehealth services are ineligible.

8. Identify Points of Contact (POCs)

- ☐ Verify current and proposed POCs—must be at least two active contacts per site (except solo private practices).
- ☐ Ensure all POCs cover required roles: ☐ Administrator ☐ Personnel Verifier ☐ Recruiter
- ☐ All POCs must have an “ACTIVE” [MyBHW](#) account.

9. Review HPSA Designations

Use [HPSAFind](#) to verify your site’s shortage designations. Ensure the displayed HPSAs in the application are correct. Contact your [State/Territorial Primary Care Office](#) for HPSA-related questions.

10. Upload Required Documents

Upload documents based on site type.

- ☐ **Proof of Ancillary, Inpatient, or Specialty Care Access** (Signed agreements, MOU/As, contracts OR a memo explaining care access.)
- ☐ **Clinician Recruitment & Retention Plan**
- ☐ **SUD Documentation:**
 - ☐ General SUD: Certificate/Brochure/Policy/Web Link/Other
 - ☐ Medications for Opioid Use Disorder (MOUD): ☐ Attestation Letter describing onsite MOUD services, including days/hours ☐ Confirms patient panel >0 for a 6-month period in the last 12 months ☐ Signed by Chief Executive Officer or Medical Director
- ☐ **Mobile Unit Stops:** List of stops OR attestation letter.

11. Final Review and Submission

- ☐ Review and Sign NHSC Site Agreement (Ensure all sections are completed.)
- ☐ Submit Application (Enter password and click submit.)
- ☐ Confirm Submission (Look for a confirmation banner.)

Post-Submission Monitoring

- ☐ Check for a Confirmation Email. If not received, verify submission status in the portal.
- ☐ Monitor Application Status. Regularly check for updates, additional requests, or corrections.