
COUNTY DATA ENRICHMENT REPORT

Healthcare Shortage Analysis & Designation Opportunity Assessment

Vanderburgh County

Indiana

FIPS: 18163

Report ID	FSS-IN-18163-20260331
Date Generated	March 31, 2026
Prepared By	HPSA Pro LLC
Classification	CONFIDENTIAL
Product	HPSA Pro™

This Report Contains

- County Overview – Population, demographics, poverty statistics
- Healthcare Provider Inventory – NPI-verified counts by discipline with FTE calculations
- Provider-to-Population Ratios – Current ratios vs. HRSA shortage thresholds
- HPSA Designation Status – All active, withdrawn, and proposed designations
- Contiguous County Comparison – Neighboring county provider analysis
- HPSA Score Simulation – Estimated score if a new application were filed today
- Sub-County Poverty Pockets – High-poverty ZIPs that could boost Component 2 scoring
- Stacked Value Analysis – Total estimated annual value of all eligible designations
- Recommended Actions – Prioritized designation strategy with estimated timeline

IMPORTANT NOTICE: This report is prepared for professional healthcare consulting use only. Data values marked with ¶ are estimates derived from publicly available sources and should be verified before filing HRSA applications. Actual HPSA scores are determined by HRSA upon review of a formal application.

01 County Overview

Metric	Value	Source
Total Population	180,136	NPPES NPI Registry (2024)
% Below Federal Poverty Level	14.3%	U.S. Census ACS 5-Year (2022)
% Below 200% FPL (Est.)	25.7%	Estimated (2× FPL rate × 1.8)
Median Household Income	–	U.S. Census ACS 5-Year (2022)
% Age 65+	17.6%	U.S. Census ACS 5-Year (2022)
State	Indiana	–
FIPS Code	18163	U.S. Census TIGER

Source: HRSA IMU Autofill – ACS-derived local data (population, poverty %, age 65+, infant mortality).

Source: CMS NPPES NPI Registry (2024) – Population derived from county NPI cache.

Poverty & Coverage Context

Vanderburgh County, Indiana reports 14.3% of residents living below the federal poverty level (FPL). The percentage below 200% FPL is the primary poverty indicator used in HPSA Component 2 scoring (42 CFR Part 5.4). **An estimated 25.7% of the county population falls below this threshold.** Higher poverty rates directly increase HPSA scores and NHSC loan repayment priority.

Methodology Note

200% FPL estimate uses a multiplier of 1.8× applied to the below-100% FPL rate, consistent with research showing approximately 1.8× as many residents fall below 200% FPL vs. 100% FPL in rural/semi-rural counties. For precise values, obtain Census variable B17002_006E–B17002_010E from ACS 5-Year data.

02 Healthcare Provider Inventory

NPI-Verified Provider Counts by Discipline

Discipline	Providers	FTE	FTE Basis	Taxonomy Codes
Primary Care (PC)	41	36.9	MD/DO: 1.0 FTE	207Q, 207R, 208000, 207V, 208D
Dental Health (DH)	110	99.0	MD/DO: 1.0 FTE	1223G, 1223P
Mental Health (MH) – Core	54	48.6	MD/DO: 1.0; NP/PA: 0.5	2084P, 103T, 1041C, 364S, 101Y, 106H
Psychiatrists (subset of MH)	14	12.6	MD/DO: 1.0 FTE	2084P0800X
TOTAL (all disciplines)	205	184.5	–	–

Source: CMS NPPES NPI Registry – Cached county-level counts (data as of 2026-03-29). Counts include all active, individual NPIs matching taxonomy codes.

FTE Calculation Methodology

Provider Type	FTE Weight (per 42 CFR Part 5 & HRSA Policy)
Physician (MD/DO), Full-time	1.0 FTE
Nurse Practitioner (NP), Full-time	0.5 FTE
Physician Assistant (PA), Full-time	0.5 FTE
Clinical Psychologist / Social Worker	1.0 FTE (MH only)
Part-time Provider (any type)	Proportional – hours/40 per week
Conservative Adjustment Applied	0.9× multiplier applied to NPPES counts (accounts for part-time, inactive registrations)

⚠ *Estimated: FTE counts are estimated from NPPES registry totals. Individual provider hours require a site visit or provider survey to verify accurately (per HRSA application requirements).*

Methodology: 42 CFR Part 5.4(b)(1); HRSA HPSA Designation Criteria and Process (2023); CMS NPPES NPI Registry.

Cross-Reference Verification

Cross-Reference Verification (low confidence): Multiple source counts showed significant discrepancies. Using NPPES-only provider counts for conservative analysis. Cross-ref data: Cross-referenced Vanderburgh: PC 798 (low), Dental 508 (low), MH 200 (low) – overall low confidence.

03 Provider-to-Population Ratios

Current Ratios vs. HRSA Shortage Thresholds

Discipline	Current Ratio	HRSA Threshold	Gap	Status
Primary Care (PC)	4,882:1	3,500:1	+1,382	SHORTAGE
Dental Health (DH)	1,820:1	5,000:1	-3,180	Adequate
Mental Health (MH)	3,707:1	20,000:1	-16,293	Adequate

Source: HRSA Bureau of Health Workforce – HPSA designation thresholds per 42 CFR Part 5.4; provider-to-population ratio = county population ÷ FTE providers.

Shortage Magnitude Analysis

Discipline	Current FTE	Additional FTE Needed to Meet Threshold
Primary Care	36.9	15 FTE (shortage)
Dental Health	99.0	None (below threshold)
Mental Health	48.6	None (below threshold)

Interpretation Guide

SHORTAGE	Ratio exceeds HRSA threshold. County likely qualifies for HPSA designation. File an application.
ADEQUATE	Ratio is below threshold. County does not meet the primary criterion for HPSA designation at county level. Sub-county analysis may still identify eligible areas.
N/A	Provider or population data requires manual verification.

Note: The HPSA designation process evaluates multiple components beyond the provider-to-population ratio (poverty rate, infant mortality, travel time). A county below the ratio threshold may still qualify if it meets criteria for a population group HPSA or if a sub-county area analysis reveals concentrated need.

04 HPSA Designation Status

5 designation records found for Vanderburgh County, IN

Designation Type	Code	Score	Status	HPSA Name	Eligibility
Primary Care HPSA	PC	18	Designated	ECHO COMMUNITY HEALTH CARE	Active designation found (2 records)
Mental Health HPSA	MH	17	Designated	ECHO COMMUNITY HEALTH CARE	Active designation found (2 records)
Dental Health HPSA	DH	15	Designated	LI-Vanderburgh County	Active designation found (2 records)
Medically Underserved Area (MUA)	MUA	—	Potential	—	Primary Care HPSA status supports MUA eligibility screening
Medically Underserved Population (MUP)	MUP	—	Unlikely	—	MUP typically requires documented barriers for specific sub-populations

Source: HRSA Shortage Designation Management System (SDMS) – accessed via HPSA Pro optimizer (data from HRSA HPSA CSV files: hpsa-pc.csv, hpsa-mh.csv, hpsa-dh.csv).

Designation Type Key

Code	Type	Description
PC	Primary Care	Primary Medical Care HPSA – threshold 3,500:1 population-to-provider ratio
MH	Mental Health	Mental Health HPSA – threshold 20,000:1 population-to-psychiatrist ratio
DH	Dental Health	Dental Health HPSA – threshold 5,000:1 population-to-dentist ratio
MUA	Medically Underserved Area	IMU Score ≤62.0 based on provider ratio, poverty, elderly population, infant mortality
MUP	Medically Underserved Population	Same IMU criteria applied to a specific population group within a service area

Score Ranges & Priority Tiers

HPSA Score Range	NHSC Priority Tier	Implication
14–25	Tier 1 – Highest Priority	Qualifies for NHSC Loan Repayment, NHSC Scholarships, Medicare 10% bonus payment, J-1 waiver slots
10–13	Tier 2 – High Priority	Qualifies for NHSC LRP and scholarship programs; may qualify for Medicare bonus depending on designation date
1–9	Tier 3 – Standard	Designated as HPSA but lower federal incentive priority

05 Contiguous County Comparison

8 neighboring counties analyzed via live NPPES queries

County	State	Population	PC Providers	Ratio	Status
Vanderburgh (THIS COUNTY)	IN	180,136	41	4,882:1	SHORTAGE
Warrick	IN	64,065	32	2,002:1	ADEQUATE
Posey	IN	25,226	13	1,940:1	ADEQUATE
Gibson	IN	33,006	17	1,942:1	ADEQUATE
Spencer	IN	19,935	10	1,994:1	ADEQUATE
Pike	IN	12,227	6	2,038:1	ADEQUATE
Dubois	IN	43,584	22	1,981:1	ADEQUATE
Perry	IN	19,186	10	1,919:1	ADEQUATE
Knox	IN	36,148	18	2,008:1	ADEQUATE

Source: Live NPPES NPI Registry queries + U.S. Census ACS 5-Year (2022) population data. Contiguous counties determined by haversine distance (≤ 80 km from county centroid).

Why Contiguous Analysis Matters

HRSA evaluates the availability of care in contiguous (neighboring) counties as part of HPSA Component 4. If neighboring counties are also overutilized or underserved, the shortage magnitude is amplified and the HPSA score increases. Counties where all or most contiguous areas show shortages represent the strongest designation candidates.

06 HPSA Score Simulation

Estimated HPSA Score if a New Application Were Filed Today

Primary Care HPSA (42 CFR Part 5.4)

Scoring Component	Value Used	Points Earned	Max Points	Score
Component 1 – Provider:Population Ratio	4,882:1	10	10	10/10
Component 2 – % Below 200% FPL	14.3%	1	5	1/5
Component 3 – Infant Health (IMR/LBW)	⊠ <i>Estimated moderate</i>	2	5	2/5
Component 4 – Travel Time to Nearest Source	⊠ <i>Conservative estimate</i>	1	5	1/5
ESTIMATED TOTAL SCORE		14	25	14/25

Tier 1 – Highest Priority Score 14/25 – NHSC Tier 1 eligible, Medicare 10% bonus eligible

Dental Health HPSA (42 CFR Part 5.5)

Scoring Component	Value Used	Points Earned	Max Points	Score
Component 1 – Dentist:Population Ratio	1,820:1	2	10	2/10
Component 2 – % Below 200% FPL	14.3%	4	10	4/10
Component 3 – Travel Time	⊠ <i>Conservative estimate</i>	1	5	1/5
ESTIMATED TOTAL SCORE		7	25	7/25

Mental Health HPSA (42 CFR Part 5.7)

Scoring Component	Value Used	Points Earned	Max Points	Score
Component 1 – Psychiatrist:Population Ratio	3,707:1	1	7	1/7
Component 2 – % Below 200% FPL	14.3%	1	5	1/5
Component 3 – % Age 65+	17.6%	1	3	1/3
Component 4 – Travel Time	⊠ <i>Conservative estimate</i>	1	5	1/5
ESTIMATED TOTAL SCORE		4	20	4/20

⊠ *Estimated: All scores are simulated estimates per 42 CFR Part 5 methodology using county-wide data. Infant health (Component 3 for PC) and travel time data could not be auto-populated and have been conservatively estimated. Actual HPSA scores are determined by HRSA upon formal*

application review. Note: Existing facility-specific HPSA designations (e.g., ECHO CHC with score 18) use sub-county service areas and facility-level provider data, which typically produce higher scores than county-wide estimates shown here.

Source: 42 CFR Part 5 – HPSA Designation Criteria; HRSA Bureau of Health Workforce Policy Information Notice 2023-01.

07 Sub-County Poverty Pockets

High-Poverty ZIP Codes That Could Boost Component 2 Scoring

Sub-county poverty analysis identifies ZIP codes or census tracts within **Vanderburgh County** where poverty rates significantly exceed the county average. Filing for a Geographic HPSA using a sub-county service area defined by these high-poverty ZIPs can substantially increase the Component 2 (poverty) score, potentially moving a marginal designation into Tier 1 or Tier 2 priority.

ⓘ Sub-County Poverty Data Requires Census API Configuration

To populate this section with live ZIP-level poverty data:

1. Set CENSUS_API_KEY in your environment variables (free at api.census.gov/data/key_signup.html)
2. Use the Pocket Finder tool at [/pocket-finder](#) to query Census ACS data for Vanderburgh County
3. Filter for ZIP codes with poverty rate $\geq 20\%$ (strong Component 2 scoring threshold)
4. Build service area map using identified ZIP codes for HPSA application

How Poverty Pockets Boost HPSA Scores

% Below 200% FPL	Component 2 Points (PC)	Impact
$\geq 30\%$	5 pts	Maximum score – significantly elevates Tier qualification
25–29%	4 pts	Strong score – often moves application to Tier 1
20–24%	3 pts	Moderate score – useful for Tier 2 qualification
15–19%	2 pts	Minimal score – sub-county focus recommended for higher rate areas

Strategic Application Note

If a sub-county service area can be defined that captures primarily the highest-poverty ZIP codes, the effective poverty rate for Component 2 scoring may be significantly higher than the county average. This is especially powerful in counties with heterogeneous poverty distribution where some areas have 30%+ poverty rates even when the county average is 15–20%.

Source: U.S. Census Bureau ACS 5-Year Estimates (2022) – Variables B17002, B01003 at ZIP code tabulation area level.

08 Stacked Value Analysis

Estimated Annual Value Across All Eligible Designations

The following analysis estimates the total annual financial benefit to providers and health systems from stacking all eligible HPSA and MUA/MUP designations in Vanderburgh County, Indiana. Values include NHSC Loan Repayment Awards (direct provider benefit) and Medicare 10% bonus payments (practice/system benefit).

Designation Type	Code	Eligible?	Est. Annual Value	Notes
Primary Care HPSA	PC	☑ YES	\$221,000	Active designation found (2 records)
Mental Health HPSA	MH	☑ YES	\$165,490	Active designation found (2 records)
Dental Health HPSA	DH	☑ YES	\$143,650	Active designation found (2 records)
Medically Underserved Area (MUA)	MUA	☑ YES	\$97,500	Primary Care HPSA status supports MUA eligibility screening
Medically Underserved Population (MUP)	MUP	☒ NO	—	MUP typically requires documented barriers for specific sub-populations
TOTAL STACKED VALUE			\$627,640	Per year, all eligible designations

☑ *Estimated: NHSC values based on published Loan Repayment Award amounts (\$25K–\$50K/year per provider placement). Medicare 10% bonus applies to each provider's actual Medicare Part B billing volume – value varies by practice. Typical range: \$20K–\$40K/provider/year based on national Part B billing averages.*

Value Components Breakdown

Benefit Category	Estimated Value	Who Benefits
NHSC Loan Repayment (LRP) – Tier 1	\$50,000/provider/year	Individual clinicians – direct debt relief
NHSC Loan Repayment (LRP) – Tier 2	\$25,000/provider/year	Individual clinicians – direct debt relief
NHSC Scholarship Program	Tuition + stipend/year	Students, community health centers
Medicare 10% Bonus Payment	Varies by billing volume	10% on each provider's Medicare Part B claims (typical: \$20K–\$40K/provider/yr)
J-1 Visa Waiver Eligibility	Market value – fills hard-to-recruit slots	Hospitals, FQHCs, rural health clinics
FQHC Look-Alike Eligibility	Enhanced Medicaid rates + federal grants	New or expanding community health centers

Source: HRSA NHSC Program – Award amounts as of FY2024. Medicare 10% bonus per 42 U.S.C. § 1395I(m). Values are approximate and subject to annual Congressional appropriations.

09 Recommended Actions

Prioritized Designation Strategy

#	Action	Type	Timeline	Priority	Rationale
1	File Primary Care HPSA Application	PC	3–6 months	HIGH	Current PC ratio of 4,882:1 exceeds 3,500:1 HRSA threshold
2	Commission IMU Score Calculation for MUA	MUA	1–2 months	MEDIUM	Requires infant mortality and elderly population data. High-poverty counties often qualify.
3	Run Sub-County Poverty Pocket Analysis	Analysis	2–4 weeks	MEDIUM	Identify highest-poverty ZIPs to maximize Component 2 scoring in applications
4	Conduct Provider Survey for FTE Verification	Survey	4–8 weeks	MEDIUM	Verify actual FTE counts – required for HRSA application submission
5	Evaluate Travel Time (Component 4)	Analysis	1–2 weeks	MEDIUM	Travel time to nearest non-shortage source can add 1–5 additional HPSA score points

Optimizer Recommendations

- › Apply for Primary Care HPSA first – highest score (18), estimated \$221K annual value
- › Then pursue Mental Health HPSA – data foundation from first application will support this filing
- › Stack all 4 eligible designations to maximize federal benefit portfolio

Application Timeline Overview

Phase	Activities
Month 1–2	Data collection: provider survey, travel time analysis, sub-county poverty mapping, IMU data gathering
Month 2–4	Application drafting: HPSA narratives, boundary justification, provider verification, score documentation
Month 3–6	HRSA submission via SDMS; state Primary Care Office review; HRSA review period (60–90 days typical)
Month 6–9	Designation published; NHSC application window opens; providers begin loan repayment applications
Ongoing	Annual updates; renewal at designation expiration; monitor score changes and re-designation opportunities

Ready to Move Forward?

HPSA Pro LLC provides end-to-end HPSA and MUA/MUP designation data services, from county-level enrichment analysis through application-ready data packages. Our platform processes federal data from HRSA, NPPES, and U.S. Census sources to deliver comprehensive shortage area intelligence.

Contact: hpsapro.com | This report prepared by HPSA Pro™

Data Sources Referenced in This Report

Source	Data Used
U.S. Census Bureau ACS 5-Year Estimates (2022)	Population, poverty rate, median income, age distribution – via api.census.gov
CMS NPPES NPI Registry (2024)	Provider counts by taxonomy code, county-level aggregates – via npiregistry.cms.hhs.gov
HRSA SDMS – Shortage Designation Management System	Existing HPSA designations, scores, status, dates – via data.hrsa.gov
42 CFR Part 5	HPSA scoring methodology, thresholds, component weights
HRSA PIN 2023-01	Updated HPSA designation policy guidance
U.S. Census TIGER/Line	County boundaries, FIPS codes, geographic centroids

Additional Visual Resources

- County Health Rankings: <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-outcomes?county=Vanderburgh%20County&state=IN>
- HRSA Shortage Area Map: <https://data.hrsa.gov/tools/shortage-area/hpsa-find>
- Healthcare Provider Map: <https://www.google.com/maps/search/healthcare+Vanderburgh+IN>