

13896, (eff 3-1-24)

CHAPTER He-C 800 OFFICE OF RURAL HEALTH

Readopt with amendment He-C 801.03, effective 2/23/2021 (Document #13172), to read as follows:

He-C 801.03 Health Professions Survey.

(a) Pursuant to RSA 126-A:5, XVIII-a, the following licensed health care providers shall complete and submit, as part of their license renewal process, the relevant survey provided by the SORH, for the purpose of collecting and analyzing data regarding the New Hampshire primary care workforce:

- (1) For advanced practice registered nurses, the “New Hampshire APRN Licensure Survey” (August 2023);
- (2) For physician assistants, the “New Hampshire Physician Assistant Licensure survey” (October 2023);
- (3) For physicians, the “New Hampshire Physician Licensure Survey” (March 2023);
- (4) For mental health practitioners, the “New Hampshire Mental Health Practitioner Licensure Survey” (April 2023);
- (5) For drug and alcohol counselors, the “New Hampshire Alcohol and Drug Counselor Licensure Survey” (March 2023);
- (6) For psychologists, the “New Hampshire Psychologist Licensure Survey” (March 2023);
- (7) For dentists, the “New Hampshire Dentist Licensure Survey” (February 2024); and
- (8) For dental hygienists, the “New Hampshire Dental Hygienist Licensure Survey” (March 2023).

(b) Health care providers shall complete the survey form via the online link located on the health professions data center at <https://www.dhhs.nh.gov/dphs/bchs/rhpc/data-center.htm>.

(c) Health care providers shall submit the completed form by:

- (1) Using the submission prompt at the end of the online link;
- (2) Emailing as an attachment to the relevant email address, as follows:
 - a. For advanced practice registered nurses, NHAPRNSurvey@dhhs.nh.gov;
 - b. For physician assistants, NHPASurvey@dhhs.nh.gov;
 - c. For physicians, NHPhysicianSurvey@dhhs.nh.gov;
 - d. For mental health practitioners, [NHMHPractitionerSurvey@dhhs.nh.gov](mailto:NHMHPractionerSurvey@dhhs.nh.gov)
 - e. For drug and alcohol counselors, NHLADCSurvey@dhhs.nh.gov;
 - f. For psychologists, NHPsychologistSurvey@dhhs.nh.gov;
 - g. For dentists, NHDentistSurvey@dhhs.nh.gov; and
 - h. For dental hygienists, NHRDHSurvey@dhhs.nh.gov; or

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(3) Printing the completed form and submitting the paper copy by:

- a. Faxing to (603) 271-4506; or
- b. Mailing a paper survey to:

Rural Health & Primary Care
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301

APPENDIX

Rule	Specific State or Federal Statutes the Rule Implements
He-C 801.03	RSA 126-A:5, XVIII-a

Readopt with amendment “New Hampshire Dentist Licensure Survey” (February 2021), incorporated by reference in He-C 801.03(a)(7), effective 2/23/2021 (Document #13172), to read as follows:



New Hampshire Dentist Licensure Survey

Provider Name: _____

Email: _____ Date of Birth: ____/____/____

New Hampshire (NH) License Number: _____

1. **10-digit NPI number:** _____ **No NPI number**

If you do not know your NPI number, please visit <https://npiregistry.cms.hhs.gov/> to locate it.

2. **Which best describes your current dental practice status in NH?** (Select one)

Remainder of survey pertains only to providers engaged in full/part time dental practice in NH

Full/Part time clinical dental practice at one or more locations in NH

If you did not check the box above, check the appropriate box below and skip remainder of survey

Infrequent clinical dental practice (less than 2 scheduled hours per week/8 hours per month)

Clinical teaching/Clinical research ONLY

Volunteer or seasonal work ONLY

Other work using dental license/training

No clinical dentistry related work within NH

Not currently working; if checked: Unemployed/Looking On extended leave Other

Retired

3. **What is your current gender identity?** (Check all that apply):

Woman

Man

Transgender Woman/Transgender Female/Transfeminine

Transgender Man/Transgender Male/Transmasculine

Different Identity (e.g. non-binary, genderqueer, gender-diverse, genderfluid, etc.)

Choose not to disclose

4. **Are you Hispanic/Latino?**

Yes

No

5. **Race:** (Select all that apply)

- White; Black or African American; Amer. Indian or Alaska Native; Asian (Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian _____);
- Native Hawaiian or Other Pacific Islander
- None of the response choices accurately represents my racial identity

6. **Do you speak another language other than English in your clinical dental practice?**

- Yes No

6a. **If yes, what language(s)?** (Select all that apply)

- African _____;
- American Sign Language;
- Spanish;
- East Asian - (Chinese, Japanese, Korean, Other East Asian _____);
- European - (Portuguese, French, German, Italian, Greek, Other European _____);
- Middle Eastern - (Arabic; Persian, Hebrew, Other Middle Eastern _____);
- South/Southeast Asian - (Hindi, Thai, Vietnamese, Other South/Southeast Asian _____);
- Other _____

7. **Did you attend dental school outside of the United States (U.S.)?**

- Yes No

7a. **If yes, in what country?** _____

8. **From what Commission on Dental Accreditation (CODA) accredited dental school did you graduate (name of school, state)?**

9. **Year of graduation:** _____

10. **Did you complete a dental residency (post-graduate) program prior to applying for NH licensure?**

- No Yes; Program/State _____

11. **What is your current citizenship/visa status?**

- Native-born U.S. citizen
- Naturalized U.S. citizen
- Permanent resident
- On a U.S. work visa (e.g. H-1B, J-1, etc.)
- Other – in U.S. via other arrangement

12. **Did you live or work in NH prior to receiving your NH license?**

- Yes No

13. **How many consecutive years have you provided dental services in NH as a dentist?**

_____ years

14. **Do you expect that you will be practicing dentistry in NH 5 years from now?**

- Yes, at about the same level I'm currently working
 Yes, but I expect to increase my hours
 Yes, but I expect to reduce my hours
 No, but I expect to be practicing in another state
 No, I do not plan to practice dentistry 5 years from now

15. **How many total hours per week do you practice dentistry across all service locations (i.e. locations with scheduled services of at least 2 hours per week)?**

Clinical dentistry includes direct patient care, as well as any administrative activities related to charting, billing for services, and participation in dental team activities. It does not include time spent on managerial and oversight activities of the organization or dental team. _____ (hours per week)

NH PRACTICE SITE QUESTIONS

The following questions should be completed for each location at which you routinely practice dentistry in NH (i.e. at least 2 hours of scheduled services per week). Before completing, copy pages 4-6 for each site at which you practice.

Practice Name: _____

Note: If you provide **teledentistry** or **non-fixed** office services only, for one or multiple locations, enter “Teledentistry” or “Non-Fixed,” respectively, for the site name.

16. **Approximately** how many hours per week do you typically spend providing clinical dental services at this location?

_____ hours/week

17. **Are you a non-fixed setting provider?**

*A non-fixed office setting is when a provider delivers direct patient care in locations other than a fixed office or clinic site (mobile services/home visiting services, etc.). The provider may be employed by a single agency or practicing independently. **Teledentistry is considered a fixed setting.***

Yes (skip the rest of the survey) No

18. **Are you a teledentistry-only provider for NH?**

Yes No

19a. **If yes, are the services provided for a NH practice site?**

Yes No (skip to question 20)

19. Practice Phone: (____) _____ - _____ Extension: _____

Practice Physical Street Address (NH only): _____

Practice City: _____ Zip: _____

20. **Check the appropriate box below which best describes your work setting at this location:**

- Hospital/Day Surgical Center Services *(skip the rest of the survey)*
- Teledentistry Only; services delivered from within NH *(skip the rest of the survey)*
- Teledentistry Only; services delivered from outside of NH *(skip the rest of the survey)*
- Veterans Administration Hospital/Clinic *(skip the rest of the survey)*
- Long-Term Care/Nursing Home/Extended Care Facility *(skip the rest of the survey)*
- Local Health Department *(skip the rest of the survey)*
- School-Based Program *(skip the rest of the survey)*
- Correctional Facility *(skip the rest of the survey)*
- A non-traditional setting (e.g. home care, mobile services, etc.) *(skip the rest of the survey)*
- Clinic/Office-based setting** *(Select this option if none of the above describes this location)*
(Community Health Centers, private practices, etc.)

General Practice and Pediatric Dentistry Specialists only:

21. **10-digit organizational NPI number:** _____ **No organizational NPI**
 If you do not know your NPI number, please visit <https://npiregistry.cms.hhs.gov/> to locate it.
 (NPI Type = Organization; Organization Name = enter organization name; State = New Hampshire)

22. **Does this location participate in any of the following federal programs?**
 Participation in these programs require formal application and acceptance. Specific definitions apply. Please read the following before indicating participation in any of these programs:

"Federally Qualified Health Center" (FQHC) is an official federally designated status for non-profit organizations receiving ongoing federal grant support under Section 330 of the Public Health Service Act.

"Rural Health Clinic" (RHC) is an official federally designated status granted to specific primary care service delivery locations in rural areas. Do not indicate RHC status if you indicated participation in the FQHC program above.

- No federal program participation at this location
- Federally Qualified Health Center
- Federally certified Rural Health Clinic

General Practice and Pediatric Dentistry Specialists only:

22. **Approximately what percentage of the hours at this address is spent providing each of the following categories of care:** (Total must equal 100%)

a. General Dentistry _____%

General dentistry includes the initial assessment (first contact) and primary diagnosis of undifferentiated disease, primary treatment of acute conditions, and ongoing management of dental conditions. It also encompasses the performance of dental health promotion, disease prevention, dental health maintenance, counseling, and patient education activities, as well as advocating for the patient and coordinating the use of the entire dental health care system to benefit the patient. Specialties outside of General Practice or Pediatric Dentistry are typically not considered to deliver general dentistry.

b. Specialty Care/Procedures _____%
 (not incidental to general dentistry services)

c. Teledentistry (providing services remotely) _____%

23. **Do you accept NH Medicaid as a form of payment at this location?**

- Yes
- No

24. **Is a formal sliding fee discount policy offered at this location?**

Sliding fee discount policies (or sliding fee scales) are based upon federal poverty guidelines, and patient eligibility is determined by annual income and family size. These scales are established to ensure that a nondiscriminatory, uniform, and reasonable charge is consistently and evenly applied. This does not include standard, discounted rates for everyone set by the facility or negotiated reductions granted on a case by case basis.

Yes No

24a. If yes, approximately what percentage of visits do you provide on a sliding fee discount basis?

_____ % (Enter a number between 1 and 100)

Don't know; practice manager phone number: _____ - _____ - _____; Extension _____
 NH is federally required to collect this information for shortage designation purposes.

25. Are you currently accepting new patients at this location?

Yes No N/A (not a primary location for patient intake from the general population)

26. Are there routine (non-urgent) appointments set at this location? Yes No

26a. If yes, approximately what is the present wait for a routine appointment for:

- 1) A new patient to see you _____ days
 - New patients are not currently accepted
 - Don't know

- 2) An established patient to see you _____ days
 - Don't know

