

Scope Alignment Validation Follow-up Actions

Background

In June-July 2014, HRSA offered health centers a one-time opportunity through a Scope Alignment Validation (SAV) deliverable in the HRSA Electronic Handbooks (EHB) to ensure that recently updated Forms 5A and 5B accurately reflected the current services provided and the sites operated by the health center. As part of SAV, each health center was able to (1) review the data that was migrated to the updated Forms 5A and 5B, (2) accept the data or make limited updates and (3) certify either to the accuracy of its updated Forms 5A and 5B or identify that additional changes were needed to reflect an accurate scope of project, consistent with scope of project resources.

HRSA Follow-up Actions

In cases where a health center identified in its SAV submission that additional changes to Forms 5A and/or 5B were needed, HRSA reviewed and analyzed the health center's comments and will take follow-up action as described below.

Deletion of Inactive or Duplicate Sites on Form 5B

By November 21, HRSA will:

- Delete sites marked by the health center as inactive^{1,2} or marked as a duplicate of another site already in scope.

Updates to Services Recorded on Form 5A

By December 5, HRSA will:

- Add or change the service delivery method for Required Services.
- Delete Additional Services (including Specialty Services).

Minor Corrections to Form 5B

In the coming months, HRSA will be making the following additional changes:³

- Correct addresses as long as they involved no physical location change (e.g., correcting a typo, making changes to suite information, reflecting changes made by 911 or the United States Postal Service).
- Update location types where there was a misunderstanding of the site definition.

Health Center Follow-up Actions

Changes identified via SAV that HRSA is not making will need to be addressed by health centers through the established change in scope (CIS) process. Such changes include:

Form 5A: Services

- Adding Additional Services (including Specialty Services) not currently reflected on Form 5A or adding such services to Column I and/or II if currently only provided via Column III
- Making any changes to services that are projected to begin at a future date (e.g., adding new dental services)

Refer to the Form 5A [Service Descriptors](#) and [Service Delivery Method Descriptors](#) to determine if and how services may be changed.

Form 5B: Service Sites

- Adding or replacing sites (including physical location change)⁴

- Changing a site from administrative-only type to the service delivery site type
- Changing data fields that were not updated as part of SAV (e.g., changing service area ZIP codes, site operated by, hours of operation, Medicare billing number and status⁵, site name)

Refer to the [Form 5B Instructions](#) to determine if and how fields may be changed.

Form 5C: Other Activities (changed via a Monitored CIS request)

- Adding or moving an Other Activity to 5C that was incorrectly listed on Form 5A or 5B

Refer to the [Policy Information Notice 2008-01](#) (Other Activities section).

Other Changes

- Addressing any changes needed in cases where HRSA was unable to determine what a health center was specifically requesting as part of its SAV submission comments.
- Addressing any changes identified after the SAV submission, as SAV was a one-time opportunity based on HRSA issuance of updated forms and associated instruction documents.

Conclusion

Health centers are encouraged to review their current scope of project forms by accessing the Scope section within the H80 grant or look-alike folder in EHB, keeping in mind the dates for HRSA updates outlined above. If a health center requested updates that were unallowable or that were determined to be unnecessary consistent with updated instructions, those changes will not be made to Forms 5A or 5B. Examples include: adding procedures, treatments and therapies to Form 5A; changing dates on Form 5B; keeping a currently inactive site on Form 5B for potential future in-scope activity; adding fields to Form 5B that were removed based on an assessment of HRSA's need for such data; making edits for capitalization or grammatical errors.⁶

For more information on SAV, please visit the [Scope Alignment website](#). For general scope of project information and resources, please visit the [Scope of Project website](#). Questions about SAV and the related follow-up actions taken by HRSA may be directed to scopealignment@hrsa.gov. Questions about a health center's current scope of project or future changes in scope may be directed to the health center's BPHC project officer.

¹ Federal Interest in real property is created when Federal funds are provided to acquire, construct, or improve property. Such activities are conditioned by Federal statutory and administrative requirements to ensure that the ongoing public policy objective is met. When proposing to delete or replace a physical site in which Federal interest exists (i.e., real property renovated or constructed with Federal funds), the health center must consult with their HRSA Grants Management Specialist and take the necessary steps to address the appropriate disposition requirements. For more information on Federal Interest, visit: <http://bphc.hrsa.gov/policiesregulations/capital/nfifilingguide.pdf>. Moveable equipment and supplies must continue to be tracked per 45 CFR Part 74.34 and 74.35, and 92.32 and 92.33, as applicable.

² Services provided at sites that are included under a health center's HRSA-approved scope of project are generally eligible for reimbursement by Medicaid, Medicare, and CHIP under the FQHC payment systems. When a health center receives HRSA approval to delete a site from its scope of project, it must cease billing for services provided at this site under these FQHC payment systems as of the date that the site was removed from scope. The health center is also responsible for informing Medicare and Medicaid that the site has been removed from scope and is no longer eligible for reimbursement under the FQHC payment systems.

³ If a health center does not receive a targeted EHB notification from HRSA by November 21 about a specific site address or location type correction, HRSA is not making that correction and the health center will need to submit a CIS request.

⁴ Note that new sites approved as part of C12 grants (School-Based Health Center Capital) were not automatically included in the H80 or look-alike scope of project. Any C12 site that a health center wishes to add to its scope of project must be approved via a CIS request.

⁵ Health centers should review [Program Assistance Letter 2011-04: Process for Becoming Eligible for Medicare Reimbursement under the FQHC Benefit](#), as it addresses questions and issues identified as part of SAV.

⁶ More information is available at <http://bphc.hrsa.gov/policiesregulations/policies/pdfs/pal201406.pdf>.