



Proposed Federally Qualified Health Center (FQHC) Scope Change Qualifying Event Definition

An FQHC change in the scope of services is defined as a change in the type, intensity, duration and/or amount of services. A change in the cost of a service is not considered in and of itself a change in the scope of services. Examples of qualifying events that constitute a change in the scope of services include, but are not limited to, the following:

- a) The addition of a new FQHC or RHC service (such as adding dental services, another health professional service, or other Medicaid covered services that do not require a face-to-face visit with an FQHC or RHC provider, for example, laboratory, x-rays, care management, or outreach) that is not included in the existing prospective payment system reimbursement rate, or the deletion of an FQHC or RHC service (such as deleting dental services, another health professional service, or other Medicaid covered services that do not require a face-to-face visit with an FQHC or RHC provider) that is included in the existing prospective payment system reimbursement rate.
- b) A change in service due to amended regulatory requirements or rules.
- c) A change in service resulting from either remodeling or relocating an FQHC or RHC, and associated with an expanded clinical offering at the FQHC.
- d) A change in types of services due to a change in applicable technology and medical practice utilized by the center or clinic. Examples include but are not limited to the implementation of new electronic health record or practice management systems; the implementation of integrated primary care-behavioral health or patient-centered medical home models; and the integration of specialist services into primary care or behavioral health visits.
- e) An increase in the intensity of a service attributable to changes in the types of patients served, including, but not limited to, populations with HIV or AIDS, or other chronic diseases, or homeless, elderly, migrant, or other special populations.
- f) Changes in any of the services covered under Medicaid within the FQHC PPS, or in the provider mix of an FQHC or RHC or one of its sites.
- g) Changes in operating costs attributable to capital expenditures associated with a modification of the scope of any of the covered services included within the FQHC PPS, including new or expanded service facilities, regulatory compliance, or changes in technology or medical practices at the center or clinic.
- h) Costs incurred by an FQHC associated with the implementation of residency or teaching health center programs, including indirect medical education adjustments and any direct graduate medical education payment necessary for providing teaching services to interns and residents at the FQHC, which are associated with the modification or expansion of any covered service.
- i) A change in the scope of a project approved by HRSA where the change impacts a covered Medicaid service included within the FQHC PPS.