

UTAH MEDICAID FQHC/RHC SCOPE OF SERVICE CHANGES APPLICATION

Administrative Rule R414-9

This form and all supporting documentation must be emailed six months prior to the end of the FQHC/RHC fiscal year end.

Facility Name: _____

National Provider Identifier: _____ Administrator: _____

Name of Submitter: _____ Email Address: _____ Phone #: _____

Submission is about an increase or decrease: _____ Estimated percent of increase/decrease: _____

- Increase
- Decrease

Reason for scope of service change request:

- Change in scope results in cost per visit vs. current PPS rate meets or exceeds 5% and previous request was two or more years previous
- Change in scope results in cost per visit vs. current PPS rate exceeds 10%
- HRSA approved New Access Point

Supporting documents are completed and included.

- Data from most recently completed fiscal year Medicare cost report including:
 - Costs by service type and totals (Schedule 1 on Change in Scope worksheet); and
 - Calculation of total allowable billable visits (Schedule 2 on Change in Scope worksheet)
- Prospective cost reports for one future period discreetly showing:
 - Costs by service type and totals (Schedule 1 on Change in Scope worksheet)
 - Calculation of total allowable billable visits (Schedule 2 on Change in Scope worksheet)
 - Hiring of new staff (Schedule 3 on Change in Scope worksheet)
 - New expenses estimated for future (Schedule 3 on Change in Scope worksheet); and
 - A description as to how the estimates were determined to be reasonable (Schedule 3 on Change in Scope worksheet)
- A detailed description of the change in scope of services
- A detailed calculation of the change in scope of services

Qualifying event(s) that apply:

- Medical – primary care and medical specialties (e.g. cardiology, dermatology, etc.)
- Case management or care coordination for non-billable work – adding or supplementing these services
- Dental – adding preventive dental or adding restorative, dental surgery, etc.
- X-ray – directly provided (includes ultrasound), but not through referral arrangement
- Medication assisted treatment
- Behavioral health

- Adding behavioral health services and providers
- Supplementing care team with behavioral health staff who may not generate additional billable visits (e.g., CHW, behaviorists, etc.)
- Substance use disorder – adding substance use disorder treatment services
- Lab – adding beyond rapid and CLIA-waived, but would include COVID rapid tests
- OB/GYN
- Distinct staff and services for social determinants of health interventions such as non-medical factors that impact quality of life risks and health outcomes such as food insecurities, housing instability, transportation barriers, and literacy levels
- Enabling services such as interpretation, financial counseling, diabetes, and education
- Optometry – directly provided
- Adding new or certified staff for chronic pain management
- Include clinical pharmacists
- Chiropractic care
- Physical therapy
- Complementary and alternative medicine
- An amendment to the Utah State Plan to remove a service that a FQHC/RHC had offered

If none of the above qualify for a scope of service change, the FQHC/RHC may qualify for the change in intensity, amount, or duration of service. Please indicate the qualifying change(s) below.

- FQHC/RHCs change in intensity, amount, or duration of the following services:
 - The provision of additional listed services or the deletion of a new type of service
 - Telehealth
 - EMR – first time implementation
 - EMR modules – new modules
 - Remote patient monitoring
 - Regulatory compliance – implementation of new rules and for building compliance infrastructure
 - Population changes among groups such as the homeless, the elderly, and those with human immunodeficiency virus, acquired immunodeficiency syndrome, and other chronic diseases
 - HRSA approved change in scope of project, such as a new site
 - Provider mix (e.g. psychiatrist, infectious disease specialist, etc.)
 - Public health emergencies
 - Changing capital costs from a remodel, relocation or establishing a new site
 - Technology – new service or infrastructure, not replacement service or infrastructure
 - Costs associated with a teaching health center

Please ensure that all the supporting documentation is included. The date in which a complete request, with all necessary supporting documentation is received will be the submission date used for the SOS change.

By submitting this application, I certify all the above criteria have been met. Additionally, the above scope of service change was not otherwise categorically reimbursed, and I understand that only the net cost of the scope of service will be considered.

Authorized Representative Signature: _____ Date: _____

Email to: MedicaidHealthCenter@utah.gov with subject line "Scope of Service Change Request"