U.S. Department of Health and Human Services

HRSA

Health Resources and Services Administration

PROGRAM ASSISTANCE LETTER

DOCUMENT NUMBER: 2014-07

DATE: June 10, 2014

DOCUMENT TITLE: Scope Alignment
Validation in HRSA Electronic Handbooks

TO: Health Center Program Grantees and Look-Alikes
Primary Care Associations
Primary Care Offices
National Cooperative Agreements

I.   Purpose

Program Assistance Letter (PAL) 2014-06: Documenting Scope of Project in Updated Forms 5A and 5B[1] provided information on updates to forms 5A: Services Provided and 5B: Service Sites that are used by the Health Resources and Services Administration (HRSA) to document the services and sites in a health center's approved scope of project. This PAL describes how HRSA will migrate health center scope of project information to the updated Forms 5A and 5B, consistent with the descriptors and information provided in PAL 2014-06. It also describes the process for health centers to review their updated forms, make limited allowable updates, and certify the resulting services and sites in scope via the Scope Alignment Validation (SAV) deliverable in the HRSA Electronic Handbooks (EHB).

II.   Applicability

This PAL applies to all health centers funded under the Health Center Program authorized in section 330 of the PHS Act (42 U.S.C. § 254b), as amended and to those organizations designated as look-alikes under the authority of section 1861(aa)(4) and section 1905(l)(2)(B) of the Social Security Act, collectively referred to in this document as "health centers."

III.   Data Mapping and Migration to Updated Forms 5A and 5B

Consistent with the documentation and information provided in PAL 2014-06, HRSA conducted a comprehensive review of current Forms 5A and 5B to ensure appropriate mapping of data to

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[1] PAL 2014-06 and accompanying TA resources are available at
http://bphc.hrsa.gov/policiesregulations/policies/pal201406.html.

the updated forms. For Form 5A, this mapping process included aligning services with the descriptors referenced in PAL 2014-06. In addition, HRSA reviewed all entries included in the "other" category and removed or consolidated them, as appropriate, to be consistent with the updated Form 5A and accompanying service descriptors.

Based on this mapping methodology, HRSA will migrate the data in each health center's Forms 5A and 5B as of June 27, 2014 to the updated forms in EHB.[2]

IV. Scope Alignment Validation (SAV) Overview

Health centers will have a one-time opportunity through a Scope Alignment Validation (SAV) deliverable in EHB to ensure that the updated Forms 5A and 5B accurately reflect the current services provided and the sites operated by the health center, consistent with the new standard descriptors and instructions announced in PAL 2014-06.

As part of SAV, each health center will (1) review the data that was migrated to the updated Forms 5A and 5B, (2) accept the data or make limited updates, as described in sections V and VI below, and (3) certify either to the accuracy of its updated Forms 5A and 5B or identify that additional changes are needed to reflect an accurate scope of project.

The SAV deliverable will be available to health centers in EHB from June 30, 2014 to July 23, 2014. **If a health center does not complete the SAV deliverable by the deadline, the health center's scope of project will be automatically updated to reflect the health center's data as migrated by HRSA on June 27, 2014.**

Following the SAV deliverable period, the data in Forms 5A and 5B as of July 24, 2014 will be HRSA's official record of each health center's approved scope of project for services and sites. In addition, to ensure the continued integrity of the data, health centers will be required to re-certify the accuracy of their scope of project on an annual basis in future applications for ongoing funding/look-alike designation.

V. SAV Process for Form 5A: Services Provided

Step 1: Reviewing Services in the Updated Form 5A
As part of the SAV deliverable, health centers will be presented with their updated Form 5A that lists all the services and service delivery methods in their scope of project mapped from their most recent Form 5A. Health centers will review each service and service delivery method on Form 5A to ensure that it accurately represents the current services provided by the health center, consistent with the service and service delivery method descriptors referenced in PAL 2014-06.

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[2] Any services and/or sites pending verification in EHB will be migrated once the health center verifies them as implemented (following SAV).

Step 2: Updating Form 5A

Health centers will update, as necessary, Form 5A service delivery methods for each health center service to ensure that the form accurately represents the current services and service delivery methods consistent with PAL 2014-06 resources. The updates allowable during SAV are described in Table 1 (below). Additional information on allowable updates will be provided in materials accompanying the SAV deliverable in EHB.

Table 1: Summary of Allowable Updates to Form 5A

Type of Change in Service Delivery Method	Allowable during SAV?
Required, Additional, and Specialty Services	
Shifting services from Column I (Direct) to Column II (Formal Written Contract/Agreement) OR from Column II to Column I	Yes
Adding Column I, II and/or III (Formal Written Referral Arrangement) for a service that is already available via Columns I and/or II	Yes
Deleting Column III for a service that is already available via Columns I and/or II	Yes
Deleting services from Column I and/or II entirely to now offer via Column III only	No[3]
Adding Column I and/or II for a service that is available via Column III only	No[4]
Additional and Specialty Services (only)	
Deleting Column III for a service only available via Column III	Yes
Adding a service that has never been recorded on Form 5A at all	No[5]
Adding psychiatry (for limited circumstances)	Yes [6]

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[3] These updates cannot be made during SAV. A health center must submit a formal Change in Scope request in order to make this type of change.

[4] Ibid.

[5] Ibid.

[6] This update is allowable only if psychiatry services are currently being provided and if "Mental Health" is already listed as provided via Column I and/or II on Form 5A as an Additional Service. Prior to the release of *Policy Information Notice (PIN) 2009-02: Specialty Services & Health Centers' Scope of Project*, some health centers may have included psychiatry services under the umbrella of mental health services. Through SAV, HRSA is allowing these health centers to correct their scope of project in EHB to record psychiatry as a separate specialty service, in accordance with PIN 2009-02 and PAL 2014-06.

Step 3: Certifying Form 5A
Once the health center has reviewed the service information on Form 5A, and made any allowable updates to the service delivery method, the health center will certify that either the services data is accurate and no further changes are needed, or that the services data is incorrect and additional changes are necessary to ensure the accuracy of the scope of project.

If additional changes are necessary, the health center will be asked to take the following steps:
   a) Certify that further changes are needed.
   b) Select the appropriate option(s): Need to add 5A service(s) and/or Need to delete 5A service(s).
   c) Provide a narrative explaining:
      • Which service(s) need to be added and the corresponding service delivery method(s) that apply, and/or
      • Which service(s) need to be deleted and the corresponding service delivery method(s) that apply.

VI.   SAV Process for Form 5B: Service Sites

Step 1: Reviewing Form 5B
As part of the SAV deliverable, health centers will be presented with a list[7] of the service delivery and administrative sites in their scope of project.[8] Health centers will review the site information to ensure that it accurately represents the current sites operated by the health center.

Step 2: Updating Form 5B (per site)
Health centers will update, as necessary, certain Form 5B fields consistent with guidance described in PAL 2014-06 to ensure that they accurately represent the health center's current site information, as outlined below:
   • Provide information for the new required field FQHC Site Medicare Billing Number Status.
   • Provide information for the new optional field FQHC Site National Provider Identification (NPI) Number.
   • Update existing information for specified fields consistent with materials accompanying the SAV deliverable in EHB.
Additional information on allowable updates will be provided in materials accompanying the SAV deliverable in EHB.

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[7] Due to past system issues, a health center may have two or more sites in its scope that share the same physical address. If HRSA has identified matching addresses, they will be grouped together as "potential duplicate" sites in the SAV deliverable. As part of SAV, health centers will identify which of those sites should remain in scope and which is/are considered duplicate(s) to be removed from scope.
[8] Only those sites officially added to scope will be presented on Form 5B. If a health center identifies a site missing from its list of sites in SAV, the health center will need to submit a formal CIS request to add the site after the SAV process has been completed.

Step 3: Certifying Form 5B (per site)

Once the health center has reviewed the site information on Form 5B, and made any allowable updates, the health center will certify that either no further changes are needed, or that the site data is incorrect and additional changes are necessary to ensure the accuracy of the scope of project. If additional changes are necessary, the health center will be asked to take the following steps:

a) Certify that further changes are needed.
b) Select the appropriate option from the following:
- Need to update 5B Field(s) – this site has non-editable 5B field(s) that contain incorrect information[9]; or
- Site not Active – this site is no longer active/providing services as part of the health center's scope of project; or
- Duplicate Site – this site is a duplicate of another site in scope (may be selected even if the site was not identified by EHB as a "potential duplicate").
c) Provide a narrative explanation.

VII.   SAV Follow-up

Based on the data analysis described in section III, HRSA anticipates that the majority of health centers will not need to take any additional action to ensure the accuracy of the scope information on Form 5A and/or Form 5B.

HRSA will review health center SAV submissions and will follow up with health centers that identify scope inaccuracies that could not be addressed through the SAV deliverable. As necessary, HRSA will direct the health center to submit a formal CIS request consistent with current HRSA policy.[10]

VIII.   Change in Scope Requests

System changes associated with SAV require that the **EHB Change in Scope (CIS) module be temporarily suspended from June 27, 2014 at 5:00pm ET through July 24, 2014**. Therefore, health centers should consider the following:

- HRSA will continue to review complete CIS requests submitted prior to June 27, 2014 at 5:00pm ET.
- If a health center initiates but does not submit a CIS request (either a new request or in response to a BPHC Change Request) prior to June 27, 2014 at 5:00pm ET, HRSA will move the CIS request to inactive status, and the health center will need to initiate a new CIS request following the SAV deliverable deadline.

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[9] For example, if a physical site address appears incorrect or incomplete (such as a typo or a missing/incorrect suite number), the health center should select "Need to update 5B Field(s)" and specify the correction needed.

[10] Health centers are reminded to review PIN 2008-01 as a reference for site definitions and criteria for submitting a formal change in scope request.

- Health centers will have the opportunity to develop and submit new CIS requests following the SAV deliverable deadline.[11]

IX.   Technical Assistance Resources and Contact Information

HRSA has developed a number of resources to assist health centers in accurately and consistently documenting the services and sites on the updated Forms 5A and 5B, as well as completing the SAV process in EHB. HRSA will also offer a technical assistance call for health centers prior to initiating the SAV deliverable. Information regarding this call, as well other important SAV updates and resources, will be announced in the Bureau of Primary Health Care (BPHC) Digest and provided on the BPHC scope alignment website.[12]

Please contact scopealignment@hrsa.gov with questions about the content of this PAL, including questions about the migration of a health center's scope documentation to updated Forms 5A and 5B.

Please contact the BPHC Helpline at bphchelpline@hrsa.gov or 877-974-2742 with questions or concerns related to EHB.

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[11] Health centers are encouraged to read the BPHC Digest and messages sent from EHB for the most current information about SAV and related CIS timelines. Information will also be updated regularly on the BPHC scope alignment website: http://bphc.hrsa.gov/about/requirements/scope/scopealignment.html.
[12] http://bphc.hrsa.gov/about/requirements/scope/scopealignment.html