

FAQs
FQHC/RHC Change in Scope Policy and
Change in Scope of Services for Dental, Pharmacy, or Optometry Services

- If a health center is changing the scope of their medical/core services, dental services, pharmacy services, or optometry services, the health center should complete the “Change in Scope Policy.”
- If a health center has added a service that is not a core/medical service and needs to establish a new PPS rate (dental, pharmacy, or optometry), the health center should complete the process titled “Change in Scope of Services for New Dental, Pharmacy, or Optometry Services.”
- Health centers can request a change in scope anytime in State fiscal year 2017 (July 1, 2016 – June 30, 2017) for changes that occurred in years past – must have two full Medicare cost reports) or once per State fiscal year for each PPS rate for changes incurred in the previous two State fiscal years.
- All change in scope requests must document changes in type, intensity, duration, or amount; examples are provided in the policy. A change in cost without a corresponding change in type, intensity, duration, or amount does not constitute a change in scope.
- Health centers should send change in scope requests to: clinics@cot.tn.gov.
- Health centers will receive confirmation that their request was received within 15 days.
- The Change in Scope policy outlines a two-step process:
 1. Submitting the change in scope request
 2. Submitting cost data for a new rate calculation
- If a health center submits a change in scope request and begins counting visits that newly qualify as PPS-eligible based on the approval of the application, the health center must submit cost data two years later so that the State can calculate and implement a new rate.
- Cost reports and supporting documentation can be emailed to clinics@cot.tn.gov or mailed to:

Comptroller of the Treasury
Division of State Audit
Attention Julie Rogers
505 Deaderick Street, Suite 1600

Nashville, TN 37243-1402

- A visit or encounter is defined as a face-to-face (one-on-one) encounter between a FQHC patient and a FQHC practitioner during which time one or more FQHC services are furnished. A FQHC practitioner is a physician, nurse practitioner (NP), physician assistant (PA), certified nurse midwife (CNM), clinical psychologist (CP), clinical social worker (CSW), licensed professional counselor (LPC), certified diabetes self-management training/medical nutrition therapy (DSMT/MNT) provider, dentist (DMD, DDS), registered dental hygienist (RDH), pharmacist (PharmD), or optometrist (OD).
- When a patient sees two providers of one discipline on the same day this comprises one visit or encounter (i.e. a patient sees two medical providers, two dental providers, or two behavioral health providers). One exception is when a patient is seen in the FQHC for a medical visit, leaves the FQHC, and subsequently suffers an illness or injury that requires additional diagnosis or treatment on the same day. An example would be if a patient sees a FQHC practitioner in the morning for a medical condition and later in the day has a fall and returns to the FQHC for treatment of their injury.
- When a patient sees two providers of different disciplines on the same day, this comprises two visits or encounters (i.e. a patient sees a medical provider and a dental provider, a medical provider and a behavioral health provider, or a behavioral health provider and a dental provider).
- FQHCs and RHCs must follow prevailing standards of care and state scope of practice laws.