



**Strengthening Oklahoma's Safety Net,
One Community At A Time**

Board Bulletin

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Understanding Scope of Project

Scope of project is of the utmost importance to community health centers (CHCs) because it directly impacts a health center's ability to use 330 dollars and receive benefits including Federal Tort Claims Act (FTCA) coverage, 340B Drug Pricing Program, Medicaid Prospective Payment System (PPS) reimbursement and Medicare cost-based reimbursement. Because any request for change in project scope must be approved by the Board of Directors of the health center before it can be submitted for Bureau of Primary Health Care (BPHC) approval, board members must fully understand scope of project.

Five Core Elements of Scope of Project

- **Sites - Where will services be provided?** - A site is any place where a health center provides services to a defined geographic service area or population on a regular, scheduled basis as a part of the project for which 330 grant dollars were awarded. Sites are where the health center generates encounters by documenting face-to-face contact between patients and providers and must be reported properly to BPHC for inclusion in the scope of project.
- **Services - What services will be provided?** - Services are reported in aggregate for the health center as a whole, not on a site-by-site basis. If health centers provide services through contractors or referral arrangements, the scope of project should identify formal arrangements that have been made to ensure availability of comprehensive services to its patients. Note: FTCA and Drug Pricing coverage does not extend to all such arrangements. Before adding non-primary care services, health centers should thoroughly investigate the costs, benefits and risks.
- **Providers - Who will provide the services?** - Providers are individual health care professionals who deliver services on behalf of the health center on a regularly scheduled basis and who exercise independent judgment regarding the services rendered to the patient during an encounter. Moonlighting outside of the provider's employment responsibilities to the health center is not considered part of the scope of project. Boards should also know that not all provider arrangements in the scope of project are covered by FTCA (e.g., volunteer providers) and should implement policy accordingly.
- **Service Area - What area will the project serve?** - The service area is the geographic area served by the health center as defined by precise boundaries (zip codes, census tracts, school districts). The size of the service area should be appropriate for providing services in a timely and appropriate fashion.
- **Target Population - Who will the project serve?** - The target population is the medically underserved community or special population within the service population to be served by the health center. Assessment of the major health problems of the target population should serve as the basis for the center's service delivery plan.

Considerations Before Changing Project Scope

While health centers may want to add new sites or services for improved viability, changes in scope of project may pose high risks and require intense financial analysis of the impact of adding a site/service. BPHC approval of a change in project scope is contingent on a demonstration of projected revenue and expenses showing break-even (at a minimum) or the potential for generating a surplus. Requests for changes to scope of project, including certain relocations, should be submitted at least 60 days before implementing the change to avoid jeopardizing CHC benefits as BPHC has no process for retroactive approval (see PIN 2002-07). If you have questions or want further information, please contact OPCA by phone or e-mail jgrant@okpca.org.

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