SAN DIEGO COUNTY

MEDICAL SOCIETY
FOUNDATION

PROJECT ACCESS

REFERRAL MANAGER GUIDE

Project Access San Diego (PASD): Who we are

❑ Project Access San Diego is a the flagship program for the San Diego County Medical Society Foundation.

❑ The heart of the program are volunteer physicians and other healthcare providers who assist patients that cannot afford medical services and do not have insurance or qualify for public health insurance programs.

❑ Project Access has a network of over 560 volunteer physicians, hospitals and ancillary services provide the full range of healthcare at no charge to low-income and uninsured residents of San Diego County.

❑ Project Access San Diego is modeled after other successful, programs being implemented in 50 cities around the country.

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Project Access San Diego (PASD): What we do

❑ Increases access to health care for the medically underserved by linking low-income, uninsured San Diegans with free health care services.

❑ Patients are screened for eligibility by PASD Care Managers with CMO oversight to ensure that patients are medically appropriate.

❑ Provides enabling services such as transportation and interpretation.

❑ Provides access to the full continuum of care through arrangements with hospitals, ancillary service providers, etc.

❑ Patients receive a maximum of a $1,000 annual (calendar year) pharmacy benefit. Patients must follow PASD pharmacy guidelines.

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How PASD works

❑ Identify patients from community clinics that need specialty care or outpatient surgery to enroll in PASD.

❑ Fax referral form, **COMPLETED** enrollment application, medical records and proof of San Diego County residency and income.

❑ Cases are reviewed by care managers and the medical director weekly, cases are accepted or returned for more information, or denied if out of our scope or other reason.

❑ Patients will be initially enrolled for six months.

❑ Patients will receive case management and returned to their medical home for regular care.

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Appropriate Patients for PASD

Health care needs of limited scope/duration

Examples:

- ❑ Needs one specialist consultation to help determine a diagnosis or to provide a treatment recommendation to the primary physician
- ❑ Needs a single test, e.g. an MRI or CT scan
- ❑ Needs a minor surgery (e.g., gallbladder removal, biopsy, hernia repair)

NOT appropriate:

Examples:

- ❑ Known cancer patient
- ❑ Chronic disease/condition management
- ❑ Chronic pain patient for ongoing care (single consult with one follow up ok)
- ❑ End stage disease of any type for ongoing care (single consult for treatment plan ok)

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PASD Eligibility Requirements

❑ PASD referral guidelines must be satisfied. (see website)

❑ Patient must earn less than 350% of the Federal Poverty Level.

❑ Patient must be a resident of San Diego County.

❑ Patient must not have any health insurance or Workers' Compensation coverage.

❑ Patient must be ineligible for any publicly sponsored programs including CMS, Medi-Cal, or Medicare.

❑ Patient must agree to follow PASD Rights and Responsibilities.

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PASD Referral Process

❑ All referrals are reviewed on a weekly basis and are handled based on level of urgency and availability of resources.

❑ Please fax referrals to (**858) 560-0179**.

❑ Clinics will be provided with a status update for each patient submitted.
  - Ensure that proper fax number is on referral form submitted to PASD
  - Please **do not give PASD phone number to patients** to inquire about the status of their case

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PASD Referral Guidelines

❑ The referral guidelines are available on the San Diego County Medical Society Foundation's Website at www.sdcmsf.org.

❑ Please review referral guidelines with the referring physician **PRIOR** to submission to ensure that guidelines have been met.

SAMPLE REFERRAL GUIDELINE

Criteria for Referral: CHOLECYSTECTOMY:

History (any one of 3)
- **History of Jaundice**
- **Two or more documented episodes of abdominal colic or severe RUQ pain**
- **The presence of nausea/vomiting, chills and fever, leukocytosis (if evidence of infection, consider immediate hospitalization outside the purview of PASD)**

AND
Diagnostic Tests

- **Ultrasound or CT scan documents presence of gallstone**

PASD Referral Guidelines

The following medical notes are required for **ALL** referrals:

❑ Last three office consults (if applicable)

❑ Related labs

❑ Related imaging and diagnostic reports

❑ Relevant emergency room, hospital and consultant reports

(if applicable)

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PASD
Patient Referral Form

❑ The referral form is available on the San Diego County Medical Society Foundation's Website at **www.sdcmsf.org**.

❑ Patient Referral Form to be completed by referring physician or referral manager

Include email for both provider and referral coordinator

Project Access San Diego Patient Referral Form
Fax completed form & relevant medical records to (858) 560-0179

Patient Information

Name		DOB	
Gender		Preferred Language	
Phone		Other Phone	
Address			
City, State, Zip			

Referral Request

Imaging Referral		Specialty Referral	
Diagnosis Description:	ICD-9	Diagnosis Description:	ICD-9
Service Requested:	CPT	Specialty Requested:	CPT

Please check all that apply:
☐ Brain aneurysm clip ☐ Implanted electrical devices
☐ CKD ☐ Iodine allergy
☐ Diabetes ☐ Pacemaker
☐ Dialysis ☐ Renal disease
☐ Metal foreign body in eye
☐ With Contrast
*Must include BUN_____ Creatine _____
(levels within the last 90 day period)
☐ Without Contrast
☐ Oral ☐ IV

Reason for Consultation:
☐ Diagnosis Only
☐ Diagnosis & Treatment Plan Only
☐ Diagnosis and treatment then further care with primary provider

Clinic Information

Clinic Name	
Address	
City, State, Zip Code	
Referral Coordinator Name	Referral Coordinator Direct Number
Referral Coordinator Email	Office Fax

Primary Care Information

| Provider Name | Provider Direct Line |
| Provider Email | Office Fax |

Provider Signature: _____ Date: _____

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PASD Patient Application Form

Patient must sign the application and agree to the following conditions

Patients who miss an appointment will be dropped from the program & will be ineligible to reapply

Applications without signatures will be considered incomplete and will not be processed

PASD ENROLLMENT AGREEMENT

You agree that you will:
- Follow your treatment plan- for example, get prescribed medications and take them as directed.
- Promptly supply any information that may be requested by the program.
- Allow all information regarding your participation in this program to be shared with other individuals, organizations, and agencies at the discretion of Project Access San Diego (PASD).
- Immediately contact PASD if your income changes or if you become covered by MediCal, Medicare, CMS, VA benefits, disability, employer-sponsored or any other type of health insurance.
- Apply for MediCal or other assistance programs at PASD request.
- Go to an emergency room if you have an emergency, as PASD is an outpatient, nonemergency program. Emergency room visits, however, are not covered by PASD.
- Be disenrolled from the program if we find that you have intentionally misrepresented information regarding finances and/or enrollment in medical assistance programs.

You understand that:
- Your eligibility is for 6 months.
- **You must show up on time for all appointments**.
- **If you miss an appointment, you will be dropped from the program and will not be eligible for re-enrollment.**
- You must notify PASD at least one week in advance of an appointment if you need transportation and/or translation.

You certify that:
- You live in San Diego County.
- The information you have given is accurate and complete to the best of your knowledge.
- Your household income is below 350% of the Federal Poverty Level ($3,034/month for a family of one; $6,184/month for a family of four)

By signing below, you confirm that you understand and agree to the above conditions.

Patient Signature_____   **Date** _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I,_____ hereby voluntarily authorize the County of San Diego Health and Human Services Agency (HHSA) to release the following information to PASD. The County of San Diego HHSA may release the following information:

☒ Medi-Cal/CMS eligibility status limited to application pending, application granted, Share of Cost, Co-Payments, application denied, and reason for denial.

This information is needed for the following purpose: PASD Eligibility
• I understand that my personal health information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by the federal privacy regulations.
• This authorization may be revoked and/or modified at any time, exception to the extent that action has already occurred. I understand if I revoke this authorization, I must do so in writing.
• I have the right to request in writing a copy of information being disclosed.
• If applicant is unable to sign this authorization, a legal guardian or other person with lawful authority to act on the applicant's behalf could sign on his/her behalf; and has the right to receive a copy of the authorization signed.
• I am entitled to a copy of this authorization, if I request one.
• This authorization expires 12 months from the initial signing date.

Patient Signature_____   **Date** _____

PASD Application Packet Checklist

The following items must be submitted to PASD for consideration:

- ❑ Complete and signed patient enrollment form (3 total pages)

- ❑ Proof of living in San Diego County (bills/statements)

- ❑ Proof of income

- ❑ PASD referral form completed and signed by the referring physician

- ❑ Patient medical records (please refer to new guidelines for 2011)

- ❑ Notice of Action from Medi-Cal (if applicable)

PLEASE ENSURE THAT ALL REFERRAL GUIDELINES ARE SATISFIED.

INCOMPLETE SUBMISSIONS WILL NOT BE CONSIDERED!

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PASD Referral Communication

❑ Patient referral application packet is received on a secure, dedicated fax line at PASD **(858) 560-0179**.

❑ PASD care manager reviews application and supporting documents for completeness.

❑ PASD CMO and care managers review cases on a weekly basis. PASD notifies clinics by fax, if the patient has been accepted or denied. If patient is denied, you will be provided with a denial reason.
  • Ensure that the fax number where you want PASD to provide you with a patient referral status update is the accurate fax number.
  • **Please do not distribute PASD phone numbers to prospective PASD patients.**

❑ PASD care manager will contact the patient after the patient has been accepted into the program.

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PASD Referral Communication

❑ Three attempts will be made (one phone call per business day) to contact the patient at the telephone numbers listed on the application. If the patient does not return the phone call within **3 business days** from the last attempt, the patient is not appropriate for PASD and will not be enrolled in the program.

❑ PASD care manager will schedule all appointments and will perform reminder calls to the patient.
   • **Only appointments scheduled by PASD will be covered by the program.**

❑ PASD care manager will notify the clinic via fax when the appointment has been scheduled with the PASD volunteer specialist.

❑ Scheduling an appointment may take a few days to a few weeks depending on resources and specialties available for that month.

PASD Patient Responsibilities

❑ Be on time for all appointments.

❑ Notify PASD care manager if transportation or interpretation services are needed.

❑ Be respectful of the healthcare provider and staff

Saturday Surgery Days

❑ Outpatient surgeries and typical procedures include:

- • Hernia Repair, Gallbladder removals, Cataract, Colonoscopies, Fleg Sigs, Lipomas, Ortho, Uroflow studies

❑ Clinics will be notified when PASD is recruiting patients for Saturday Surgery Days also referred to as "Open Enrollment Period (OEP)."

❑ Referrals for Saturday Surgery Days are only accepted during certain timeframes. Please refer to the weekly PASD Update email.

❑ The exact same application packet is required as for other PASD patients:
- • Patient enrollment form
- • Patient referral form
- • Proof of living in San Diego County
- • Proof of income
- • Patient medical records (for Surgery Days **MUST include BMI)**

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PASD Contact Information

All forms and referral guidelines can be found at the San Diego County Medical Society Foundation's website: **WWW.SDCMSF.ORG**

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