



Program Guidelines for Referring Clinics

Table of Contents (Click to go directly to a particular section)

PAMC Partners - Roles & Responsibilities 2

 Project Access Multnomah County (PAMC) 2

 Project Access NOW (Northwest Oregon Washington) 2

Program Participation 2

 Process to Participate 2

 Primary Care Home 2

 Ensuring a Referral is Appropriate 3

 Program Compliance 3

 Program Documents 3

Procedural Guidelines for the Referral Process 4

 1. Enrolling a Patient in the Program 4

 2. Ensuring a Referral is Appropriate – Medical Necessity & Appropriateness 4

 3. Submit Request for Specialty Referral 4

 4. Send Patient Records 5

 5. Make the First Appointment 5

 6. Interpretive Services 5

 7. Confirm Patient Attendance 5

 8. Appointment Reminder Support 6

 9. Labs and Diagnostics <http://www.coalitionclinics.org/participating-labs.html> 6

 10. Pharmacy Program <http://www.projectaccessnow.org/pharmacy.html> 6

 11. Follow Up Care 6

 12. Hospital Services 6

Other Program Notes 7

 Claims Processing/Billing 7

 Re-Enrollment Options 7

 What to Expect from Participating Specialists 7

 Volunteers are People Too 7

 Grievance Policy 7

Contact Project Access Multnomah County 7

PAMC Partners - Roles & Responsibilities

PAMC is a program sponsored by the Coalition of Community Health Clinics (CCHC) in collaboration with the regional Project Access NOW (Northwest Oregon and Washington).

Project Access Multnomah County (PAMC)

PAMC manages the referral program, provides support for patient care coordination, directs provider registration, reports on referrals, and manages grievances. PAMC supplies procedural guideline documentation and supports the program participation of clinics by providing training and oversight. PAMC also welcomes and orients volunteer specialists to the program.

Project Access NOW (Northwest Oregon Washington)

Our regional partner provides data collection and evaluation, management of the web-based database, pharmacy services, recruitment and other supports.

Linda Nilsen-Solares Executive Director, Project Access NOW PO Box 10953, Portland, OR 97296 EMAIL Linda@projectaccessnow.org 503.222.6541 Office 503.222.2932 Fax http://www.projectaccessnow.org	Lorraine Williams Program Coordinator PO Box 10953, Portland, OR 97296 EMAIL lorraine@projectaccessnow.org 503.222.6541 Office 503-22232932 Fax
--	--

Program Participation

Process to Participate

The program is open to primary care clinics as well as acute care clinics. For participation in PAMC, referring clinics will:

1. Complete the Clinic Assessment Tool
2. Create and sign an individualized Clinic Participation Agreement
3. Assume responsibility to follow the program guidelines and meet standards of care.

Primary Care Home

Definition: A **primary care home** is a clinic that can provide follow-up health care and the ancillary services needed for the diagnosis associated with a PAMC referral. This includes determining a medically appropriate referral as well as pre-surgery evaluation and post-surgery care and medication.

Coordination of services, such as eligibility screening, scheduling, appointment reminders, labs, and imaging, are essential components of caring for Project Access patients. In order to ensure a patient's success in Project Access, a primary care home must support their patients in keeping appointments, locating transportation options, and following prescribed treatment plans.

Some sub-specialists require that referrals come from a primary care provider (PCP) or primary care home; however, other referrals may not require wrap around care. For example, a referral to treat dermatitis would not necessarily call for a return to a PCP after seeing the specialist. Other referrals, such as surgery, would require wrap around care and continued monitoring by a PCP. The need for wrap around care will be determined by each volunteer provider. If your clinic cannot meet a specialist's requirements for wrap around care, you may request a primary care referral with your request for specialty care.

Ensuring a Referral is Appropriate

Medical Necessity & Appropriateness - Definition: Health care services or products that a provider would provide to a patient for the purpose of preventing, diagnosing, or treating an illness, injury, disease, or its symptoms in a manner that is:

- (a) In accordance with generally accepted standards of medical practice
- (b) Clinically appropriate in terms of type, frequency, extent, site, and duration
- (c) Not primarily for the convenience of the patient, treating provider, or other health care provider.

Examples of inappropriate referrals include cosmetic procedures and disability claims.

Medical Referral Guidelines help to ensure appropriate primary care work is done prior to the specialty referral. This web based tool of standard medical referral guidelines, provides easy access and review by referring providers. Since many clinic providers are temporary, either volunteers or residents, it is essential that we ensure consistently appropriate referral requests.

View the guidelines at

<http://www.coalitionclinics.org/medical-referral-guidelines.html>

Clinics will use staff providers to review and approve each PAMC referral, ensuring it has met the standards for medical appropriateness and specialty referral guidelines, before starting the PAMC process.

Standards of Care - It is the expectation that clinics will meet a general standard of care to include the following: medically appropriate practices, patient support, and prompt and professional communication with program partners, including specialists.

Program Compliance

Program success depends on the ability of Coalition staff, safety net clinics, specialists, hospitals and patients to meet the program requirements. Common program challenges include inappropriate referrals, missed appointments, absent chart notes, etc. When one system or individual partner is not meeting expectations, we will 1) assess the situation 2) make recommendations for correction 3) re-assess after implementation of corrective action. If corrective action doesn't result in higher compliance with expectations and there are negative consequences for the overall program, we will put the partner's program utilization "on hold" until both parties agree to reinstatement.

Program Documents

Documents are available to download at

<http://www.coalitionclinics.org/pamc-members.html>

Documents for Patients – *The Enrollment Packet includes:* Screening Checklist & Enrollment Application, Acceptable Documents for Means Testing, Patient Rights & Responsibilities

Documents for Clinics

1. Clinic Participation Agreement
2. Full Program Guidelines for Referring Clinics
3. Referral Request Form(you fill this out)
4. Zero Income Certification Form
5. Case Notes Form
6. Patient Compliance – RFI (request for information)
7. Other optional tools and links available at <http://www.coalitionclinics.org/pamc-members.html>

Procedural Guidelines for the Referral Process

.....

Our goal is to support the most effective and efficient process for specialty referrals. The following guidelines are the minimum requirements for program participation.

1. Enrolling a Patient in the Program

Please ensure that the patient meets all eligibility guidelines and that appropriate documentation and test results are available. Eligible patients have been residents of Multnomah County for at least six months, are at or below 200% of the Federal Poverty Level (FPL), and *do not have* health insurance, including government-assisted health coverage. Project Access *will* act as a “bridge program” to patients who are applying for Medicaid/OHP or VA Health Benefits until their benefits are approved. *Clackamas residents receiving care at your clinic are eligible for this program until the Clackamas Project Access program launches.* Referring clinics should screen for eligibility before suggesting a patient apply for the program.

- 1.1. Screen patient for eligibility – page 1 of enrollment application.
- 1.2. If “likely eligible”, you may provide your patient with the enrollment packet (available for download on the website). If necessary, please help your patient with the application. These documents should be completed, signed by the patient, and returned to PAMC for enrollment processing either by fax, via regular mail service or secure email
 - 1.2.1. Enrollment Application
 - 1.2.2. Local residency and income verification documents
 - 1.2.3. Patient Rights and Responsibilities
- 1.3. PAMC will provide weekly reminders to patients whose supporting eligibility documents have not been received.
- 1.4. Upon receipt of these documents, PAMC will verify eligibility, and then:
- 1.5. Call the patient to inform them of successful enrollment and provide an orientation, a short health assessment, along with a more detailed review of rights and responsibilities.
 - 1.5.1. If patients are without a phone, the referring clinic may choose to act as their “contact address/phone” of choice, and arrange for the patient to call PAMC for their orientation, or provide the orientation themselves.
 - 1.5.2. Patients will also be notified of their successful enrollment via regular mail. The welcome packet will include a welcome letter, a copy of the Rights and Responsibilities form, a pharmacy card, Frequently Asked Questions and a copy of PANOW’s Notice of Privacy Practices (available in Spanish and Russian as well)

Acceptable financial information:

Some clinics do financial screenings of their patients and thus have pre-existing financial information on file. If the information is recent (within 60 days), it may be used to complete the program application or to provide means testing documentation. However, the application must still be completed and signed by the patient. These eligibility requirements fulfill the guarantee we have made to hospitals for their participation.

2. Ensuring a Referral is Appropriate – Medical Necessity & Appropriateness

Please ensure that all referral requests meet the above stated definition of Medical Necessity and Appropriateness under Participation Requirements. Clinics will use authorized staff providers to review, approve, and sign each PAMC referral, ensuring it has met the guidelines before starting the PAMC process. Please check the Medical Referral Guidelines at <http://www.coalitionclinics.org/medical-referral-guidelines.html>

3. Submit Request for Specialty Referral

Please send the referral request form to PAMC at **503.548.4849**. PAMC processes the referral, notifies the specialist and the referring clinic with a Medical Referral Form.

4. Send Patient Records

The referring clinic will then fax patient chart notes and test results to the specialist. Some specialists prefer to review the patient chart notes before scheduling. Specialists require the records before seeing the patient. Please send the patient information within 72 hours of receiving the referral confirmation (#3 above). If the acuity is high, this will inform the specialist and assist you in getting an earlier appointment. If the referring provider or the specialist wishes to consult about the case prior to scheduling, they may initiate a phone call.

5. Make the First Appointment

First appointments will be scheduled between the specialist and the referring clinic's assigned coordinator for patient care. Some offices call you after receiving patient records, while others wait for your call. Please notify PAMC of appointment date, time and location for the first appointment.

Follow-up appointments for the same treatment period can be made between the specialist and the patient. Patients are requested to notify their referring clinic of any additional appointments they have scheduled.

6. Interpretive Services

If notified, PAMC will obtain an interpreter for the first appointment as necessary. PAMC will also obtain interpretation for follow-up appointments, if notified.

7. Confirm Patient Attendance

Referring coalition clinics must obtain a verbal confirmation of "intention to attend appointment" from patients three days prior to every appointment. It is the responsibility of the referring clinic to contact PAMC about cancellations or reschedules of first appointments and follow-up appointments. Frequent cancellations of appointments have the same negative impact as no-shows, so it is important that we minimize them. *Only one appointment cancellation or reschedule is recommended per patient/provider referral.*

If requested, PAMC will send the referring clinic weekly reminder reports to confirm patient appointments. If PAMC is notified of follow-up appointments, we will include these in the appointment reminders.

If a patient must cancel the first appointment, or fails to confirm with the referring clinic 3 days in advance of the appointment:

- 7.1. Referring clinic coordinator will contact the volunteer specialist to cancel or reschedule the first appointment at least 48 hours before the scheduled appointment.
- 7.2. The referring clinic coordinator will contact PAMC to cancel or reschedule any interpretive services (at least 48 hours prior to the scheduled date).

If the patient misses an appointment:

- 7.3. The volunteer specialist's office should notify PAMC by faxing the Follow-Up Form with the missed appointment notated, or specialist will report to referring clinic, who should then report this to PAMC.
- 7.4. PAMC will fax the referring clinic a "Patient Non-Compliance Follow Up" form requesting the verbal confirmation data and the reason given for the missed appointment. This data will help identify other supports our patients may need to be successful. Please fax to PAMC for our records and to share with the volunteer.
- 7.5. If unexcused, PAMC will suspend the patient from the program and notify the patient and the referring clinic in writing. The patient may be ineligible for the program for at least six months.

8. Appointment Reminder Support

When alerted to each appointment that is scheduled, PAMC will track and provide a weekly detailed appointment list to you, if requested, so you may ensure your patients have confirmed their appointments, and so you may follow up with them after the appointment. To assist with tracking subsequent appointments:

- 8.1. Specialists will be asked to submit a follow-up fax to PAMC after each appointment or otherwise report to us the next steps for the patient.
- 8.2. Patients will be asked to call their care coordinator after every appointment to report new appointments and seek any support needed.

9. Labs and Diagnostics <http://www.coalitionclinics.org/participating-labs.html>

Referring Clinic PCP may order labs, or diagnostic imaging relating to the initial diagnosis of a specialty referral. If indicated in the medical referral guidelines, or by accepted medical practice, referring providers should order **look for/rule out diagnostics** in support of, and prior to, the specialty appointment. If needed, contact PAMC to confirm a participating lab. Participating labs are listed on the website. Participating labs will accept Project Access ID Cards. We cannot guarantee services obtained from non-participating labs.

10. Pharmacy Program <http://www.projectaccessnow.org/pharmacy.html>

Project Access NOW provides a pharmacy program for patients. Patients will receive a pharmacy card when they are enrolled. The Pharmacy Bridge ID Card allows patients to obtain medications on the approved formulary for a \$4 co-pay. Only prescriptions written by Project Access Volunteers are covered by the pharmacy bridge. Patients need only take a prescription for a medication on the formulary and their ID card to a participating pharmacy. In order to get the best pricing for Pharmacy Bridge and thereby make resources go further, **patients are strongly urged to use pharmacies at Fred Meyer, Costco and Walgreens**. Please call **503-954-1746** with any pharmacy questions.

11. Follow Up Care

The referring clinic is responsible for providing follow-up support to the patient during the time they are receiving specialty care. Follow-up after the specialty appointment is helpful in tracking new appointments and to ensure patient compliance. It is important that the clinic provide as much assistance as needed by the patient for a successful outcome. The patient is asked to contact their care coordinator after each appointment to discuss the treatment plan and follow-up care. Specialty providers will be asked to fax PAMC a Follow-up Form indicating the treatment plan and a schedule of follow-up appointments. The referring clinic and PAMC should share this information with each other when possible. If further PAMC services are required, please contact us.

12. Hospital Services

If surgery, procedure, or hospitalization is recommended, the specialist will arrange this and notify the referring clinic and PAMC. PAMC will facilitate access to hospital services as they are scheduled and request that anesthesiology is donated for surgery. Patients should be able to access hospital services with their ID card as long as it is related to a PAMC referral. No services are guaranteed. Emergency department services are not included in Project Access.

Other Program Notes

Claims Processing/Billing

Patients will not be billed for services facilitated by Project Access. Our partners who are donating services will send claims forms to our partner CareOregon for the purpose of collecting data for future evaluations. If your patient receives a bill, please fax it to Project Access, and we will resolve the issue.

Re-Enrollment Options

Patients will be evaluated at the five month mark to see if they require continued care. A fax will be sent to the treating provider to see if more care is required after the six month mark. If yes, Project Access will contact patients for re-enrollment and ask for new income documentation. Upon exiting the program, Project Access will conduct another short health assessment with patients for reporting purposes.

What to Expect from Participating Specialists

You can expect our volunteer specialists and their staff to treat you the same way they treat other referring provider practices. They will communicate their evaluation of the patient, along with test results and recommendations. You may expect Project Access volunteer providers to treat your patient no differently than their other insured patients. Providers rarely know that a patient is from Project Access. If you have any questions about a particular provider or are concerned about the treatment a patient has received at the specialist's office, please contact Project Access. We will provide as much support as possible and act as liaison to the volunteer specialist in the case of grievances or complaints.

Volunteers are People Too

Please do your best to remember the specialist is a volunteer, and their staff may need your assistance to participate in this program. Please make their participation as easy as possible, with quick and complete information. We encourage thanking them for their support or letting them know their participation is making a difference in patients' lives! Your ongoing support of the specialty provider will go a long way toward increasing retention and recruitment of specialists. Providers who have a good experience with the program are more likely to increase their contributions and recruit their peers.

Grievance Policy

Problems are disguised *opportunities*, allowing us to learn and improve. Participants are requested to call Project Access to report any challenges they experience. Project Access will work with all parties to facilitate a resolution of any issue. A grievance form will be completed and copies will be kept on file with Project Access. It is the overall goal of Project Access to be responsive to the needs of its participants and to facilitate the best program practices. Let us know if something isn't working well for you, and together we will improve it.

Contact Project Access Multnomah County

Coalition of Community Health Clinics
Attn: Project Access Multnomah County
619 S.W. 11th Avenue, Suite 225
Portland, Oregon 97204

WEBSITE: <http://www.coalitionclinics.org/pamc.html>
PHONE: 503.517.2005
FAX: 503.548.4849
EMAIL: projectaccess@coalitionclinics.org

Dani Leis, MA
Program Manager
leis@coalitionclinics.org

Tara Foley
Referral Coordinator
tara.foley@coalitionclinics.org