

**Spokane County WA**



# **Participating Provider Manual**

Project Access  
Tapio Office Center  
Orange Flag Building  
104 S Freya Street, Suite 114  
Spokane, WA 99202  
Phone (509) 325-5010  
Fax (509) 325-5409  
[www.spcms.org](http://www.spcms.org)

“The thing about Project Access is that it has to come alive from the inside for it to work. I think we all would agree you can't take a template and force it onto a community. Project Access works because of excitement, dignity, hope, determination and a whole lot of other wonderful human attributes...AND excellent organizational skill, follow up, information flow, etc, etc. Both are needed, but the passion probably needs to come first, and passion is local. Replicating Project Access is NOT a technical problem. It has technical elements. But it is actually about bringing a community to life one person and group at a time. It is about respectful persistence, listening and listening some more. To use Karl Weick's word, it is about "sensemaking." It is about providing a common language, working toward a common mental model of what is being done, how, and (especially) why.”

**Paul Uhlig MD, first replication of Project Access in Wichita Kansas**

June 2006

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## ***Project Access Purpose***

The Spokane County Medical Society Foundation initiated Project Access under the leadership of Dr. Sam Selinger, a local (now semi-retired) cardiac/thoracic surgeon. The Medical Society Board of Trustees recognized the value of a better system of healthcare for the low-income, uninsured citizens of Spokane County. As a participating health care provider, you are making a priceless contribution to your practice, your profession, your patients and our community.

## ***Project Access Physician Participation***

Physicians participate in Project Access by accepting referrals from enrollment sites. There are 11 enrollment sites: in the Spokane County Medical Society Project Access office, the Deer Park, Downtown, Maple, Northeast, and Valley CHAS clinics, Christ Clinic, East Central Community Organization Clinic, Native Health, People's Clinic, and Spokane Falls Family Clinic. Each physician specifies how many referrals he or she is willing to accept each year. Specialists generally accept 20 patient referrals each year and primary care physicians generally accept 10.

If not already participating, you may volunteer for Project Access by completing our Physician Participation Form.

***See Appendix A.***

## ***Project Access Physician Participation Benefits***

- Value of services tracking: By submitting your completed HCFA 1500 form to the PHCO, we are able to track all of the services donated by participating physicians, therefore enabling us to retain necessary funding.  
***See Appendix B.***
- Project Access patients receive all medical treatment, including surgeries, through either a participating physician or clinic or any one of the six Spokane County hospitals.
- Project Access patients also receive up to \$750.00 of pharmaceuticals per calendar year. Patients are required to pay a \$4.00 copay for each prescription – the copay goes directly to the cost of the drugs, not to the pharmacist. Our ability to provide needed medications assures that patients can readily obtain the medicine you prescribe, allowing the patient to get well and stay well, therefore reducing the number of times you need to see each patient.

- Patient Assistance Programs: Project Access staff, as well as staff in some of the community clinics, will assist patients in obtaining certain medications for free through PAP programs offered by pharmaceutical companies.
- Good Samaritan Law: Providers who see Project Access patients, and who have signed agreements with Project Access, have additional malpractice protection under the Good Samaritan Act (RCW 4.24.300).
- Community Recognition: A quarterly advertisement will appear in The Spokesman-Review thanking participating physicians for accepting Project Access referrals and listing your practice name to give you the recognition you deserve.

## ***Project Access Eligibility & Enrollment Procedures***

Eligibility is limited to Spokane County residents whose income is at or below 200% of the Federal Poverty Level and who have no insurance (i.e., Medicaid, Medicare, Basic Health Plan, private insurance or VA benefits). Patients are required to provide proof of income and proof of residency in Spokane County.

***See Appendix C for current Federal Poverty Level Chart.***

Project Access patients are screened prior to enrollment in Project Access at either the Project Access office or one of the ten community clinic enrollment sites to determine eligibility for other programs such as Medicaid, Medicare, Basic Health Plan or Veteran's Administration benefits. Patients who are eligible for any of these programs are not eligible for Project Access. This helps the medical community utilize already established community safety nets, thereby using physician charity much more economically.

If it is determined the patient is eligible for Project Access, staff will contact your office directly to schedule the initial appointment. **Project Access patients will never contact your office directly for an initial appointment.**

***See Appendix D for a list of enrollment sites.***

Project Access patients may also be enrolled directly through your office. To recommend one of your own patients, you simply complete the recommendation form and send it to our office via fax or mail. Our office will complete the income and program guideline verification procedure with the patient. If the patient *does not* qualify for our program, we will contact you to discuss the situation in greater detail.

***See Appendix E***

If the patient qualifies for Project Access, the patient's enrollment is entered into our enrollment database. This database enables us to track the number of patient referrals each physician pledges to accept and also tracks each referral the physician accepts. Once a physician has fulfilled his/her commitment, he/she is no longer listed on the Available Physician Report that is provided to Project Access Enrollment sites.

Our database also provides patient demographics, enrollment dates, enrollment site and income information. After the patient is established in our program, they are mailed a set of Project Access ID cards (one for medical care and one for prescriptions).

Attached to the bottom portion of the Project Access card is our patient responsibility form. Each patient must sign and return the responsibility form to our office. Patients must use their Project Access card each time they are seen. Each patient also receives a welcome letter describing our program and a quarterly newsletter reminding the patient of our guidelines.

***See Appendix F, G and H***

Project Access patients are typically enrolled for either:

- 90 days - Specialty Care
- 180 days - Primary Care

A patient's enrollment may only be extended at the request of a physician, for either primary care or specialty care.

**Data Collection:** You are asked to submit a HCFA 1500 claim form to the PHCO for all services provided Project Access patients. The PHCO has agreed to process our claims (at "no pay" processing) and submit data so we can provide your office with quarterly reports indicating the value and kind of services you have provided.

### ***Project Access Patient Medication(s) Assistance***

Project Access patients receive prescribed medications for a \$4.00 copay per prescription, provided the medication is on our physician-established formulary. Please note each patient is assigned a "pharmacy home" associated with their Primary Care "medical home". For example, if the Project Access patient received primary care at the main CHAS clinic, their "pharmacy home" would be the main CHAS clinic pharmacy. Project Access cards are honored by our participating pharmacies.

***See Appendix J for a copy of our formulary.***

On occasion, Project Access patients will need transportation to and from or interpretation services at their medical appointment. If either of these services are needed, Project Access will arrange them at no cost to the patient or provider.

Additional information on this program and other benefits of the Spokane County Medical Society are available on our website at [www.spcms.org](http://www.spcms.org).



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Orange Flag Bldg, 104 S. Freya, Suite 114, Spokane, WA 99202 • (509) 532-8877 • Fax (509) 532-1375

**PROJECT ACCESS**  
Health Care Provider  
Participation Form

NAME OF  
PROVIDER: \_\_\_\_\_

GROUP NAME: \_\_\_\_\_

CONTACT PERSON (MANAGER): \_\_\_\_\_

PHONE: \_\_\_\_\_

YES! I'll do my part to make Spokane County Medical Society Foundation's Project Access a success. **I agree to accept one (1) patient per month (per provider) from the Project Access program.**

\_\_\_\_\_  
(Print Name of Provider or Group)

\_\_\_\_\_  
(Signature) Date:    /    /

**PLEASE RETURN TO:  
PROJECT ACCESS, TAPIO OFFICE CENTER  
104 S. FREYA, SUITE 114  
SPOKANE, WA 99202  
FAX: (509) 532-1375**

# Project Access

Financial Eligibility  
2006

<b>Number in Immediate Family</b>	<b>100% Federal Poverty Level</b>		<b>150% Federal Poverty Level</b>		<b>185% Federal Poverty Level</b>		<b>200% Federal Poverty Level</b>	
1	\$	9,800	\$	14,700	\$	18,130	\$	19,600
2	\$	13,200	\$	19,800	\$	24,420	\$	26,400
3	\$	16,600	\$	24,900	\$	30,710	\$	33,200
4	\$	20,000	\$	30,000	\$	37,000	\$	40,000
5	\$	23,400	\$	35,100	\$	43,290	\$	46,800
6	\$	26,800	\$	40,200	\$	49,580	\$	53,600
7	\$	30,200	\$	45,300	\$	55,870	\$	60,400
8	\$	33,600	\$	50,400	\$	62,160	\$	67,200
9	\$	37,000	\$	55,500	\$	68,450	\$	74,000
10	\$	40,400	\$	60,600	\$	74,740	\$	80,800

2006 FY  
ANNUAL INCOME LIMITS  
Effective 2/20/2006

**MEDIAN FAMILY INCOME (MFI) FOR SPOKANE COUNTY IS \$54,600**

<b>FAMILY SIZE</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
0-30% MFI	11,450	13,100	14,750	16,400	17,700	19,000	20,300	21,600
31-50% MFI	19,100	21,850	24,550	27,300	29,500	31,650	33,850	36,050
51-80% MFI	30,600	34,950	39,300	43,700	47,150	50,650	54,150	57,650

**Project Access  
Spokane County Enrollment Sites**

1. **CHAS Medical Clinic**
  - **Maple: 3919 N. Maple St. Phone (509) 444-8200**
  - **Downtown: 1001 W. 2<sup>nd</sup> Ave Phone (509) 444-8200**
  - **Northeast: 4001 N. Cook Phone (509) 444-8200**
  - **Valley: 9227 E. Main Phone (509) 444-8200**
  - **North County: 401 S. Main Deer Park, WA 99006  
Phone (509) 444-8200**
  
2. **Christ Clinic**  
**2709 W. Boone**  
**Spokane, WA 99201**  
**(509) 325-0393 Phone**
  
3. **East Central Community Organization (ECCO) Clinic**  
**500 S. Stone St.**  
**Spokane, WA 99202**  
**(509) 536-9031 Phone**
  
4. **N.A.T.I.V.E. Health of Spokane**  
**E. 505 North Foothills Dr.**  
**Suite 300**  
**Spokane, WA 99207**  
**(509) 483-7535 Phone**
  
5. **People's Clinic**  
**829 W. Broadway – 2<sup>nd</sup> floor of YWCA**  
**Spokane, WA 99201**  
**(509) 323-7600 Phone**
  
6. **Spokane Falls Family Clinic**  
**120 West Mission**  
**Spokane WA 99201**  
**(509) 326-4343 Phone**
  
7. **Spokane County Medical Society**  
**Project Access**  
**Tapio Center, Orange Flag Bldg**  
**104 South Freya, Suite 114**  
**Spokane WA 99202**  
**(509) 532-8877 Phone**



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Date: \_\_\_\_\_

Dear *Project Access* Patient Enrollment:

Please contact the following patient for possible enrollment in *Project Access*:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Please provide a brief description of medical reason for patient enrollment in Project Access. If possible, include ICD-9 diagnosis code(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specialty patient needs to be referred to: \_\_\_\_\_

This patient may be eligible for *Project Access* because he/she is not insured through private health insurance, is not on Medicaid or Medicare, and is low income. I understand that insured patients are not eligible for *Project Access*, including the Medications Assistance Program, even if their insurance does not cover medications.

Patients will also be expected to sign a "Patient Responsibility" agreement prior to being enrolled.

I agree to see this patient at no charge as part of my volunteer commitment through *Project Access*.

Sincerely,

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Print or Type Physician's Name

**Note:** If you are providing specialty care for the patient, please provide the name of the patient's primary care physician/provider, if known.

Primary Care Physician/Provider of record: \_\_\_\_\_



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Orange Flag Building, 104 S Freya, Suite 114 • (509) 532-8877 • Fax (509) 532-1375

Dear Project Access Patient,

Welcome to Project Access! Our staff has reviewed your application and supporting documentation. I am pleased to notify you that you met all the required Project Access qualifications. Please be aware that the physicians, hospitals and all providers of care for Project Access are not being paid for any of their services. Project Access is **not** insurance.

As part of your Project Access application, you applied for Basic Health of Washington. Enrollment is currently open, and you should be contacted by Basic Health within 30 days. If you do not hear from Basic Health within that time frame, please call their customer service number at 1-800-660-9840. We encourage you to accept Basic Health if it is offered to you.

Your Project Access cards are enclosed. When you have a prescription from a doctor who has seen you through Project Access you can use the pharmacy card to get medications at \_\_\_\_\_ pharmacy within Spokane County for a \$4.00 co-pay per prescription.

Please detach the top section of the enclosed form and sign the back of your patient ID card. **Please read and understand the Project Access Patient Responsibilities form. Please sign the bottom and return to us.** If you have any questions regarding your responsibilities, please call our office at 532-8877.

You will be assigned a Project Access Patient Care Coordinator who will be coordinating your care. The following highlights our process.

- You are being placed on a waiting list for your medical need of \_\_\_\_\_.
- Your application will be forwarded to Basic Health. Basic Health will be contacting you.
- Project Access will contact you as soon as an appointment from a Project Access pledged physician becomes available.
- Once your appointment is scheduled you will be sent an appointment card giving the time and date of your specialty appointment. Please remember that your Project Access ID card must be presented at all Project Access related appointments.
- You may have access to area hospitals with your Project Access enrollment.
  - Hospitals and some specialty medical offices will do a review of your assets.
  - Depending on the outcome of these reviews, you may be responsible for charges.

**These charges would be your responsibility, not Project Access**

If you have questions, please call 532-8877 and ask to speak to your patient care coordinator.

Sincerely,  
Project Access

**THIS IS YOUR PATIENT ID CARD**

**THIS IS YOUR MEDICATION ID CARD**

**Spokane County Medical Society  
PROJECT ACCESS**

**Pharmacy Card**

Patient Name: Susan Smith  
ID Number: 123-45-6789-01  
Enrollment Site: Project Access  
Site Phone #: 509-532-8877  
FPL: 169  
Effective Dates: Jan 16 2006 - Apr 15 2006  
Project Access #: (509) 532-8877

Name: Susan Smith  
ID Number: 123456789-01  
Plan: SCMS Project Access  
RX Home: Any in Spokane County  
Co-Pay: \$4.00  
Effective: Jan 16 2006 - Apr 15 2006  
National Medical Health Card #003650

**PROJECT ACCESS  
Patient Responsibilities**

**Program Overview**

**No one is being paid for the free healthcare you receive.** Doctors, neighborhood clinics, hospitals, and many others are **volunteering** their services to help you get well and stay well. This is not insurance or a government entitlement program. Our help may end at any time, for any reason. **Emergency room and ambulance services are not covered. Durable Medical Equipment is also not covered.** Your responsibilities, the assistance available, and other conditions may change at any time. By signing this form, or by using these cards in any capacity, you agree to comply with the Patient Responsibilities below, and you authorize Project Access to verify what you have told us with state and other agencies. Patients who anticipate legal action regarding this injury or illness are not eligible for help through Project Access. We reserve the right to require that you pay for any assistance you may receive based on inaccurate information provided by you.

**General**

You agree that you:

1. Will not schedule appointments with any doctor, clinic or hospital other than the ones to which you have been referred.
2. Will follow your treatment plan, for example: get prescribed medicines and take as directed.
3. Will promptly supply any information which may be requested by the program.
4. Will allow all information regarding your participation in this program to be shared with other individuals, organizations and agencies solely at the discretion of Project Access.
5. Will immediately contact your enrollment site or Project Access if your income changes or if you become covered by Medicare, Medicaid, Basic Health Plan, private health insurance, other health insurance or medical benefits.
6. Will apply for Medicaid or other assistance programs if eligible.
7. Will contact Project Access immediately with any changes in your address or phone number.

**Referrals**

You agree to:

1. Keep each doctor's appointment. (If you miss 2 appointments without letting us or the doctor's office know at least 24 hours before your appointment, you will be dropped from the program.)
2. Present your Project Access I.D. card each time you see a doctor or other health care provider.
3. Call your enrollment site or Project Access doctor if you need to be seen anywhere else for care.

**Medications Assistance**

You understand that:

1. There is a 12 month maximum coverage of \$750.
2. A prescription costing over \$250 will not be covered.
  3. Most types, but not all medications are available through this program. Your physician may be contacted and asked to use medications which are covered by the program.
4. A pharmacy may stop participating at any time, for any reason.
5. A \$4 Co-pay per prescription may be required by your pharmacy.
6. You are to present your medications card each time you have a prescription filled.

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

Patient Signature \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

