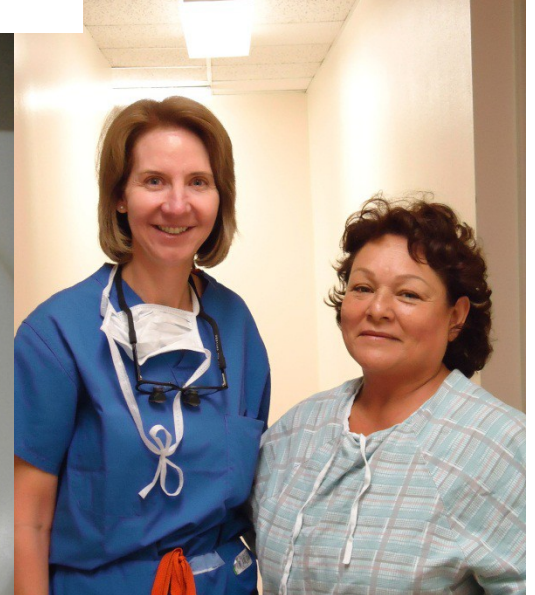




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REFERRAL MANAGER GUIDE

Project Access San Diego (PASD): Who we are

- ❑ Project Access San Diego is the flagship program for Champions for Health, the non-profit arm of the San Diego County Medical Society.
- ❑ At 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 nor qualify for public health insurance programs.
- ❑ Project Access has a network of over 560 volunteer physicians, hospitals and ancillary services that provide 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.



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, proof of San Diego County residency, copy of ID and proof of 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 then are returned to their medical home for regular care.

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 250% 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 Medi-Cal, Medicare or Covered California.
- Patient must agree to follow PASD Rights and Responsibilities.

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.

PASD Referral Guidelines

- The referral guidelines are available on the [Champions for Health Website](#).
- 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

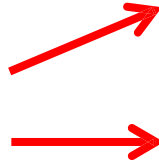
The following medical notes are required for **ALL** referrals:

- Last three office consults (if applicable)
- Related labs
- Related imaging and diagnostic reports
- Relevant emergency room, hospital and consultant reports
(if applicable)

PASD Patient Referral Form

- ❑ The referral form is available on the [Champions for Health Website](#).
- ❑ 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, and PASD application to (858) 560-0179

Patient Information			
Name:		DOB:	
Gender:		Preferred Language:	
Home Phone:		Cell Phone:	
Mailing Address			
City, State, Zip			
Referral Request			
Imaging Referral		Specialty Care Referral	
Diagnosis Description:	ICD-10	Diagnosis Description:	ICD-10
Imaging Requested:	CPT	Specialty Requested:	CPT
Please check all that apply: <input type="checkbox"/> Brain aneurysm clip <input type="checkbox"/> Implanted electrical devices <input type="checkbox"/> CKD <input type="checkbox"/> Iodine allergy <input type="checkbox"/> Diabetes <input type="checkbox"/> Pacemaker <input type="checkbox"/> Dialysis <input type="checkbox"/> Renal disease <input type="checkbox"/> Metal foreign body in eye		Reason for Consultation: <input type="checkbox"/> Diagnosis Only <input type="checkbox"/> Diagnosis & Treatment Plan Only <input type="checkbox"/> Diagnosis and treatment then further care with primary care provider	
<input type="checkbox"/> With Contrast <input type="checkbox"/> Oral <input type="checkbox"/> IV *Must include BUN _____ Creatine _____ (levels within the last 90 day period) <input type="checkbox"/> Without Contrast			
Clinic Information			
Community Clinic Name:			
Address:			
City, State, Zip Code:			
Referral Coordinator Name:		Referral Coordinator Direct Number:	
Referral Coordinator E-mail:		Office Fax:	
Primary Care Physician Information			
Provider Name:		Physician/Nurse Direct Line:	
Provider E-mail:		Office Fax:	

Provider Signature: _____ Date: _____

Version 10/2020

PASD Application Packet Checklist

The following items must be submitted to PASD for consideration:

- Complete and signed patient enrollment forms (6 total pages)
- Proof of residence in San Diego County (bills/statements)
- Proof of income (paystubs from patient and/or spouse or letter from person who supports patient financially)
- Copy of picture I.D
- PASD referral form completed and signed by the referring physician
- Patient medical records
- Notice of Action from Medi-Cal (if applicable)

PLEASE ENSURE THAT ALL REFERRAL GUIDELINES ARE SATISFIED.

INCOMPLETE SUBMISSIONS WILL NOT BE CONSIDERED!



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.



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 or email 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 forms
 - Patient referral form
 - Proof of residence in San Diego County
 - Proof of income
 - Patient medical records (for Surgery Days **MUST include BMI**)

PASD Contact Information

All forms and referral guidelines can be found at the [Champions for Health Website](#).

Celene Salazar, Project Access Manager

T: (858) 565-7930

E: Celene.Salazar@ChampionsFH.org

Evelyn Peñaloza, Patient Care Manager

T: (858) 300-2779

E: Evelyn.Penaloz@ChampionsFH.org