



Orientation for Volunteer IHC Physicians

Doctors, Mid-level Providers, and Office Staff:

Thank you for participating as volunteers in the Health Access Project (HAP). We are looking forward to referring patients to your office. To make this process as smooth as possible, please take a moment to read this document thoroughly and share it with others in your office who may be involved. Information is also available at www.healthaccessproject.org.

Health Access Project Patients

All patients referred to your office will have applied and been approved for charity care, using IHC's Special Financial Consideration Form. In addition, the patients will meet the following requirements:

- They have an income less than or equal to 150% of the Federal Poverty Level (\$13,965 a year for an individual or \$28,275 for a family of four);
- They receive medical services in Salt Lake County;
- They are under or uninsured; and
- They are not eligible for public benefits or they require medical services that are not covered by the public benefits they have.

Scheduling Appointments

- The first appointment for a patient will always be scheduled by a Case Manager.
- HAP office will facilitate reminder calls and transportation assistance if necessary.
- A referral sheet (sample enclosed) will be faxed to your office before the appointment and should be attached to the patient's file. This sheet will contain patient information as well as a follow up section to be completed by the physician and faxed back to the HAP office.

Patient Records


The patient's Case Manager will request any available medical records to be sent to your office before the patient's appointment.

Interpreters

A HAP Case Manager will arrange for an interpreter, if needed, when scheduling a patient's first appointment. If an interpreter is needed for follow-up appointments, patients will be educated to contact the HAP office. In addition, physicians can check the box for an interpreter on the referral sheet that is faxed back to HAP.

HAP ID Cards

All HAP clients will receive HAP ID cards to present upon arrival to your office. This card is your assurance that patients have met the qualifications for donated care.



Client Name: _____

Client ID: _____ Expiration Date: _____

Primary Care Provider: _____

HAP Case Manager: _____

This is not an insurance card but serves to identify patients who qualify to receive donated care from participating volunteer providers.

NOT VALID FOR EMERGENCY DEPARTMENT SERVICES

Charitable Immunity

Because physicians are treating patients free of charge, they are eligible for charitable immunity under a new Utah state law passed in 2003. In order to receive this immunity, patients must sign an agreement acknowledging that they are waiving their legal rights to sue in return for receiving donated care. HAP requires all patients to sign an agreement upon enrollment. However, it is highly recommended that patients also sign an agreement in your office and that a copy is kept in their medical record. A sample agreement is enclosed.

Additional Care

- **AFTER A PATIENT VISIT, PLEASE FILL OUT THE BOTTOM HALF OF THE REFERRAL SHEET AND FAX IT BACK TO THE HAP OFFICE AT 412-3997.** This will inform us of additional care needed that you were not able to provide the patient in your own office.
- A HAP Case Manager will coordinate with the patient to receive the care requested by the physician. If you have questions regarding a specific patient, please contact the Case Manager listed on the referral form.

Prescription medications

For short-term medications, please give the patient a prescription as normal. Case Managers will assist patients with HAP funds designated for purchasing medications. If a HAP patient is in need of chronic medications, a Case Manager will coordinate with your staff to complete the required paper work for Patient Assistance Programs. Most programs require a physician's signature on the application and will only mail prescriptions to your office.

Medical equipment

HAP has a selection of donated durable medical equipment, as well as agreements with partners to provide medical equipment for discounted rates.

Laboratory and diagnostic work

IHC has agreed to perform laboratory and diagnostic work for HAP patients free of charge. In case an IHC charity application needs to be completed, please contact the patient's case manager before scheduling any lab work or tests.

- For lab or diagnostic work at an IHC clinic, please include the modifier **1-V** on all forms.
- For work that needs to be done at IHC hospitals, please use **HAP 8307** as the carrier code or write it in any section asking for insurance information.

In and out-patient hospital procedures

- Before scheduling any procedures, please contact the patient's case manager to confirm that an IHC charity application has been approved.
- Schedule the procedure using normal hospital protocols.

Referral to a specialist

If the patient needs a specialist, please give the Case Manager the names and specialties of the physicians you would prefer the patient sees. We will check our database of HAP volunteer physicians and try to follow your regular referral patterns as closely as possible.

Billing

On all encounter forms for HAP patients, include the modifier **1-V** with CPT codes. We will collaborate with Accounts Receivable in the Physicians Division to be able to track all services donated by participating doctors.

Enrolling a Current Patient in HAP

If you are currently providing care for a low-income, uninsured patient who you feel would benefit from HAP services, please fill out the Patient Enrollment Form and fax to **412-3997**. Enrollment forms are available online at www.healthaccessproject.org/pdf/enrollment_form.pdf or call **412-3982**. We will help the patient fill out the Special Financial Consideration Form for the IHC Physician Division, and once the patient qualifies for charity care, we will enroll them in HAP.