



## Volunteer Providers Administrative Staff Information

Thank you for participating as volunteers in the Health Access Project (HAP). We are grateful to have your office involved in providing care to low-income, uninsured patients in our community. Below, please find a brief orientation to the Health Access Project. The clinical staff at your office have also received information on how to obtain ancillary services and coordinate care for HAP patients. For any additional information or questions, please call **412-3982** or check our website at **[www.healthaccessproject.org](http://www.healthaccessproject.org)**.

### HAP Patients

The patients who will be referred to your office for donated care 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 initial appointment for a patient will always be scheduled by a HAP Case Manager.
- HAP office will facilitate reminder calls and transportation assistance if necessary.
- A referral sheet 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 a medical 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. You can call 412.3991 at any time to schedule an interpreter.

### HAP ID Cards

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



---

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.

### **Ancillary Services & Care Coordination**

The clinical staff in your office have been given information on how to obtain ancillary services for HAP patients. Please ensure that the patient referral form is faxed back to the HAP office at **412-3997** so that the Case Manager will be notified of the required care. The Case Manager will coordinate with your staff to arrange the requested services. For questions, please contact the Case Manager whose number is listed on the referral form.

### **Claims Tracking**

To enable the Health Access Project to track all services donated by participating physicians, please submit completed HCFA 1500 forms using your standard billing rates to:

Health Access Project  
1800 S. West Temple, Suite A128  
Salt Lake City, UT 84115  
Fax: 412-3997

### **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 contact the Medical Services Coordinator at 412-3982 to request an enrollment form. Enrollment forms are also available online at **[www.healthaccessproject.org/pdf/enrollment\\_form.pdf](http://www.healthaccessproject.org/pdf/enrollment_form.pdf)**. If the patient meets our eligibility requirements, we will enroll them in the Health Access Project.

### **More Information**

The Health Access Project is a work in progress and we will continue to gain new partners and to provide additional services. As this happens, we will send more detailed information to your office. We also welcome any suggestions on how we can improve the quality of care for low-income, uninsured patients. If you have any questions or concerns at any time, please feel free to contact HAP at 412-3980.



HAP Volunteer Providers  
Clinical Staff Information  
**Ancillary Services for HAP Patients**

Thank you for providing care for low-income, uninsured patients through the Health Access Project (HAP). Below you will find details on how to obtain necessary services. Each HAP patient has a case manager to coordinate with you on arranging this care. A HAP referral form will have been faxed to your office for each HAP patient. After a visit, please fill out the bottom half and fax it back to the HAP office at 412-3997. For additional services or questions, please contact the patient's case manager at the number listed on the referral form or at **412-3980**.

**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.

**Laboratory and diagnostic work**

Use the following chart for instructions on how to obtain free lab and diagnostic work for HAP patients at the place your office regularly uses.

Intermountain Health Care	St. Mark's Hospital	IASIS Hospitals	Private Lab Companies
<p><b>IHC Hospitals</b> LDS, Alta View, Cottonwood, TOSH, Primary Children's</p> <ul style="list-style-type: none"> <li>• Before scheduling any procedures, please contact the patient's case manager to confirm that an IHC charity application has been completed.</li> <li>• Please write <b>HAP 8307</b> in any section asking for insurance information on all samples and/or scripts sent to IHC Hospitals.</li> <li>• Schedule tests as normal.</li> </ul> <p><b>IHC Clinics</b> Please include the modifier <b>1-V</b> on all forms.</p>	<p>Before scheduling any procedures or tests, please contact the patient's case manager. If the case manager isn't available, please leave a message listing the procedures or tests you will schedule.</p> <p>Schedule the procedures or tests as normal.</p> <p>Then contact <b>Cassie Weigel</b> in the Business Office at <b>268-7164</b> to let her know the date and time of any procedures or tests. Even if you are sending someone over for a test that does not require an appointment, please call Cassie Weigel.</p>	<p><b>Jordan Valley Hospital</b> Please contact <b>Bryanie Swilley</b> or <b>Ben Cluff</b> at <b>562-4210</b> to approve any lab or diagnostic work at Jordan Valley Hospital. If you can not reach either Bryanie or Ben, please leave a message with the following details:</p> <ul style="list-style-type: none"> <li>• Treating doctor's name</li> <li>• Patient's name</li> <li>• DOB or HAP ID #</li> <li>• Services needed</li> <li>• Date, if already scheduled</li> </ul> <p><b>Pioneer Valley Hospital</b> Please contact the patient's case manager to schedule lab or diagnostic work at Pioneer Valley Hospital. If the case manager is not available, please leave a message with the patient's name and the services needed. The case manager will contact you once the procedures have been approved and you may schedule as normal.</p>	<p><b>Lab Corp</b> Please write <b>Health Access Project</b> in the section asking for insurance and check the box that states "Bill Third Party."</p> <p><b>Quest Diagnostics</b> Call District Sales Manager at <b>978-2000</b> and Quest will add a HAP billing code to your request forms, indicating donated care.</p>

## Hospital Care

Use the following chart for instructions on how to arrange in or out-patient procedures for HAP patients at a hospital where you have privileges.

Intermountain Health Care Hospitals	St. Mark's Hospital	IASIS Hospitals	Private Outpatient Facilities
<p>LDS, Alta View, Cottonwood, TOSH, Primary Children's</p> <p>Before scheduling any procedures please contact the patient's case manager to confirm that an IHC charity application has been completed.</p> <p>Schedule procedure using normal hospital protocols.</p>	<p>Before scheduling any procedures or tests, please contact the patient's case manager. If the case manager isn't available, please leave a message listing the procedures or tests you will schedule.</p> <p>Schedule the procedure as normal.</p> <p>Then contact <b>Cassie Weigel</b> in the Business Office at <b>268-7164</b> to let her know the date and time of any procedure.</p>	<p><b>Jordan Valley Hospital</b> Please contact <b>Bryanie Swilley</b> or <b>Ben Cluff</b> at <b>562-4210</b> to approve any lab or diagnostic work at Jordan Valley Hospital. If you can not reach either Bryanie or Ben, please leave a message with the following details:</p> <ul style="list-style-type: none"> <li>• Treating doctor's name</li> <li>• Patient's name</li> <li>• DOB or HAP ID #</li> <li>• Services needed</li> <li>• Date, if already scheduled</li> </ul> <p>Notify the patient's case manager of the procedure by faxing back the HAP referral form.</p> <p><b>Pioneer Valley Hospital</b> Please contact the patient's case manager to schedule lab or diagnostic work at Pioneer Valley Hospital. If the case manager is not available, please leave a message with the patient's name and the services needed. The case manager will contact you once the procedures have been approved and you may schedule as normal.</p>	<p>Please contact the patient's case manager if you would like to schedule a surgery at any of the following facilities:</p> <p><b>Salt Lake Endoscopy Center</b></p> <p><b>Salt Lake Surgical Center</b></p> <p><b>South Towne Surgical Center</b></p>

## Medical equipment

HAP has a selection of donated durable medical equipment, as well as agreements with partners to provide medical equipment for discounted rates. Please list needed equipment on referral form and fax back to HAP office or call the case manager.

## Referral to a specialist

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

## 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 **HAP Patient Enrollment Form** and fax to **412-3997**. Enrollment forms are available online at [www.healthaccessproject.org/pdf/enrollment\\_form.pdf](http://www.healthaccessproject.org/pdf/enrollment_form.pdf) or call **412-3982**. If the patient meets our eligibility requirements, we will enroll them in HAP.