



## Frequently Asked Questions

### 1. **What is Pierce County Project Access?**

In the fall of 2006, a group of local physicians had a dream to improve access to healthcare for the low-income, uninsured in Pierce County. Pierce County Project Access grew from that vision. Today, it is a network of physicians and ancillary providers who volunteer to provide care to the underserved in our community. Pierce County Project Access (PCPA) is a non-profit 501 (c) (3) organization.

The Project Access model began in 1996 in Asheville, North Carolina. Currently, more than 90 active Project Access communities operate nationwide. There are seven counties in Washington State implementing Project Access: King, Spokane, Thurston, Clark, Pierce, Snohomish and Whatcom.

### 2. **Why is this needed in Pierce County?**

There are more than 100,000 uninsured residents in Pierce County. While many physicians already provide uncompensated care, PCPA supports you, the physician, and improves patient results through care management and availability of ancillary services. PCPA will coordinate an equitable distribution of patients.

### 3. **Is Project Access free health insurance?**

No. Project Access is a program that provides free medical care through a network of physicians and ancillary services that have agreed to participate.

There are eligibility requirements and a screening process for patients. Once enrolled, a patient's eligibility lasts six months. Extensions and re-enrollment is considered when needed.

### 4. **I already provide uncompensated care by accepting reduced fees, etc. Why should I do more?**

We can help reduce the workload of your office staff through care management of PCPA patients and assign a value of your volunteer care through our partnership with First Choice.

### 5. **How much service am I being asked to commit?**

The number of patients you see is up to you. The average is 2-3 a year for primary care providers and 6-12 a year for specialists. Specialists will only see a patient for a specific referral request, and no other health issue. We ask our primary care physician volunteers to address the patient's primary care needs.

### 6. **How easily can I change my level of commitment or even drop out if I do not wish to participate?**

It's easy; please call Leanne Noren at (253) 572-7265 to change your volunteer care status.



**7. Who will address physician’s problems or concerns?**

Leanne Noren, Pierce County Project Access Executive Director, is always happy to discuss issues that arise. Your feedback is essential in helping us improve our program and services. You can reach Leanne at (253) 572-7265 or via email, [leanne@pcmswa.org](mailto:leanne@pcmswa.org). You can also contact the Patient Care Coordinators at the same phone number.

**8. Will primary care physicians be involved?**

Yes. Establishing a primary care relationship for the uninsured is critical to their improved health. We suggest that primary care providers volunteer to see 2-3 patients a year and PCPA will keep those patients enrolled until they obtain medical insurance.

**9. Who is eligible for Project Access?**

The eligibility requirements for a patient to enroll in PCPA are:

- Up to 200% federal poverty level
- Pierce County resident for at least 3 months
- Uninsured

**10. If a patient is 100% or below the FPL, shouldn't they qualify for Medicaid?**

The Medicaid criterion for eligibility considers other factors, such as disability, pregnancy, and age prior to looking at a person’s financial status.

**11. What if I have a parent whose children are enrolled in Medicaid, can the parent qualify for Project Access?**

Yes. The financial and insurance status of every person who applies for the program is considered.

**12. What if a patient qualifies for Medicaid, but is in the application process and needs to see a specialist?**

Project Access will accept an application from this patient and consider them for enrollment according to our eligibility criteria. If they are eligible, we enroll them to ensure their medical need is met irrespective of their Medicaid status. Should they receive Medicaid during their enrollment period, you will be notified so you can bill for services and the patient will finish out their six-month enrollment.

**13. How do I make a specialty referral into Project Access?**

You can use Clarity, an electronic referral service. If you would like to know more about Clarity, please contact us. Or, fax us the regular referral form. Fax referrals to (253) 572-2470.

**14. Once referred, how will patients be enrolled in Project Access?**

The patient will complete an application at the point of service. The application is either sent via Clarity, or faxed, with the referral to PCPA. Every patient must agree to and sign a Patients Rights and Responsibilities statement. The patient is notified if they are enrolled in the program, or denied, after their application is reviewed and screened.



**15. Where will patients be seen?**

Patients are seen in the volunteer provider's office, as appointments are available. A PCPA Patient Care Coordinator will schedule the appointment with your staff and relay the information to the patient regarding date, time and place.

**16. What about language barriers, transportation issues?**

When no other assistance is available, PCPA has agreements with local agencies to provide interpreter and transportation services. Our Patient Care Coordinators will arrange these services as needed.

**17. How much extra work will be involved for my office staff if I participate in PCPA?**

There may be some initial internal billing modifications in your system, but overall a PCPA patient should not add an extra burden to your staff.

Every patient is screened and enrolled by our Patient Care Coordinators. Upon enrollment, each patient receives a Project Access identification card, similar to an insurance card, and is managed like any other patient. Our Patient Care Coordinators schedule the first appointment and ensures the patient arrives, on time, with all of the necessary documentation in order to reduce no-shows.

**18. Are there special forms I need to use for Project Access?**

Use your standard referral form - one can be provided for your office if needed. If you want to enroll a patient, then have the patient fill out the Patient Application form at the point of service.

**19. How long can patients be in the program?**

The initial enrollment is six months. After that period, an enrollment may be extended if requested by a volunteer provider.

**20. What if I have a patient who qualifies for Project Access but is not in the program?**

Have your patient fill out an application and submit it to PCPA with their referral. Please review questions 13 & 14.

**21. Do patients pay for services?**

No. All medical care is volunteered by participating providers. Please note that medications are currently not covered by PCPA and will need to be paid for by the patient.

**22. What about lab or imaging services?**

Local labs, imaging companies and partner health systems donate technical and professional imaging services. Please schedule lab and imaging appointments through PCPA to ensure your patient is not billed.



**23. How will program participants receive medications?**

Patients pay for medications; PCPA currently does not have funding to cover those costs. We ask participating providers to give samples whenever possible or use a \$4 formulary. The \$4 formulary list is available through PCPA.

**24. What if a patient needs services I do not provide?**

You can initiate a referral to an appropriate provider through PCPA.

**25. How will appointment "no-shows" be managed?**

Each Project Access patient signs a "Rights and Responsibilities" form when applying and upon enrollment. It clearly states that missed appointments, or failure to follow physician instructions, is unacceptable and reason to be dismissed from the program. Please let us know if a Project Access patient is a no-show and we will take appropriate action.

**26. What are the steps I take if a patient isn't following the compliance policy?**

Please call (253) 572-7265 immediately and talk to one of our Patient Care Coordinators.

**27. As a specialist, what happens when a Project Access patient's need is met?**

When the episode of care is completed, your obligation to that patient is fulfilled and the primary care provider (PCP) assumes the patient's care. Please communicate results of the care provided to the PCP.

In the event a patient does not have a PCP, Project Access will assign them to a volunteer provider.

**28. What are the malpractice implications of volunteering?**

In 2004, the Washington State legislature expanded the "Good Samaritan Act," RCW 4.24.300, to include any provider providing charity care to uninsured individuals, as long as the provider participates in a community-based program. This revision in State law increased the malpractice burden of proof in such a situation to that of gross negligence, or willful misconduct.

To achieve the full liability protection offered under the "Good Samaritan Act," providers must have a written agreement to participate in Project Access. Thank you for making sure you signed an agreement with us.

**29. How will physician service commitments and utilization be tracked?**

A database of volunteer providers is used to track physician commitments and utilization. We take equitable distribution of care very seriously and appropriate record keeping of a volunteer's contribution as a top priority.

First Choice has agreed to donate mock billing services for PCPA which will be used to track the value of services and patient utilization.



**30. Who is contributing services?**

Local hospitals, labs, imaging centers, physical therapy clinics, and physicians are volunteering their services.

**31. How is this being organized, managed, and funded? Will it last?**

We have a robust board of directors with representation from Franciscan Health System, MultiCare Health System, Community HealthCare, Pierce County Medical Society, and Tacoma/Pierce County Health Department.

Strong community support stems from many additional community agencies including SeaMar Community Health Center, Northwest Physicians Network, the free clinic network, Group Health, and independent physicians.

The Franciscan Health System and MultiCare Health System equally provide current funding through September 2011. Additional funding will be secured as the program grows and matures.