

Thurston County Project Access Program Guidelines

Guidelines

1. Eligibility Overview

- Patients must meet the following criteria to be considered for enrollment:
 - Must be a Thurston County resident;
 - Must be between the ages of 18-64 (the age limit may be waived if not Medicaid/Medicare eligible)
 - Must have an income at or below 200% of the Federal Poverty Level.
 - Must have a **written referral** from a TCPA referral partner or network provider **for**:
 - an acute, urgent medical condition requiring testing and/or evaluation or treatment **by**:
 - the referring and/or another healthcare provider who is not a primary care provider
 - Must not have any other coverage for the medical condition(s) listed on the referral.
- Referrals can only be accepted from providers and clinics who work with the uninsured and who are part of the TCPA Network.
- Referrals are processed according to level of urgency on a “first come-first served” basis and may be denied or placed on a waiting list due to a lack of available resources.

2. Specialty Practice Referring Established Patients for Enrollment

- Complete the enclosed **New Patient Referral Form** signed by the treating provider. You may refer patients who continue to need treatment at your practice only as well as patients who are in need of services outside of your practice. In the latter case, if a patient has multiple referrals and your practice is providing the follow-up care, please indicate in which order you would like the referrals to be processed.
- When referring a patient to another practice, please include dictation and any other pertinent information, i.e. lab results.
- When referring a patient to radiology, please be sure to provide detailed instructions on a **diagnostic imaging order form**; lab slips* can be handed to patients directly; however the patient should wait until after enrollment in TCPA before accessing the lab, if possible.
- Fax the referral and pertinent records to our office at (360) 493-7708.
- Please include a cover page with your fax with the name of a contact person in case we have any questions.

Upon receipt, TCPA staff review the referral for eligibility. If approved and resources are available, the patient is scheduled for enrollment and the referral(s) is forwarded to a donating provider from our network.

***TCPA Network Laboratories: Cellnetix, Quest, Paclab**

3. Primary Care Practice Referring Established Patients for Enrollment

- Follow the steps outlined above, except use the Safety Net Referral Form, please, to indicate whether your patients may need the services of other community programs besides TCPA.

4. Physician Practice Accepting New Patients Referred Via TCPA

- TCPA office faxes a new patient referral to your office requesting a consultation with the next-in-line provider available to accept a new patient.
- TCPA requests confirmation of the date/time the patient is scheduled so we can track the first appointment and count that provider’s pledge (our office remains flexible to accommodate your office procedures in scheduling patients).
- **Please Note:** in order to accurately track your providers’ monthly pledges, TCPA counts each pledge in the month the appointment is scheduled, not in the month the patient is actually seen.

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5. First Appointment for Enrolled Patient

- Contact the patient directly for first scheduled appointment. Or
- Contact TCPA directly with the first scheduled appointment and TCPA will coordinate with the patient.
Please, use the scheduling procedure that is most appropriate for your office.
- **Non-English** speaking patients: Please contact TCPA **NOT** the patient to schedule all appointments. TCPA will notify the patient as well as arrange for a certified medical interpreter. There is no need for your office to mail a registration packet, since TCPA instructs both the patient and the interpreter to arrive 30 minutes prior to the first appointment to complete the paperwork.

6. Follow-Up Appointments for Enrolled Patients

- Follow-up appointments: TCPA clients are authorized to schedule their follow-up appointments directly with your practice. TCPA does not usually track these appointments, except to determine whether to extend a patient's coverage.

7. Primary Care

- TCPA does have Primary Care resources. If a patient does not have a primary provider, the first step in care coordination is to connect the patient to a primary care home for the duration of enrollment.

How to Refer a Patient with TCPA Coverage for Additional Services

Once a patient is enrolled, TCPA makes all effort to assist donating providers whose patients may need additional services for either **urgent or non-urgent needs**. Please take the following steps:

You may use the **Patient Follow-up Form** and fax it to TCPA at (360) 493-7708, along with pertinent records or, by electronic email to: palmerk@crhn.org.

If the referral is non-urgent, it may be placed on a waiting list if other patients with more urgent needs are waiting to be seen. Non-urgent referrals may include but are not limited to: physical or massage therapy, acupuncture, nutritional counseling, sleep apnea evaluation

Please note, TCPA is not able to process referrals for routine screenings, i.e. screening colonoscopies, unless the patient clearly has a medical need.

8. Patient Coverage Period

- New patients are enrolled for a period of 6 months.
- Enrolled patients are eligible for an extended enrollment period beyond the initial 6 months if:
 - They have at least ONE (1) appointment scheduled with a TCPA network provider outside of Primary Care and
 - They have made a reasonable effort to apply for available insurance coverage which may be pending at the time of the extension.

Note: TCPA generally does not grant extended coverage for patients who need continued access to primary care only for the management of chronic conditions. This is because the program's focus is on short-term coverage for acute or urgent conditions. Exceptions are considered upon provider request.

9. Pharmacy & DME

- Funding for pharmaceuticals and durable medical equipment is not currently available; patients are responsible for any prescription costs as well as for the rental or purchase of any needed equipment.
- Emergency funds may be available to provide prescription assistance to patients on a case-by-case basis, when not doing so would prevent a provider from successfully treating the patient (e.g. pre-surgery medication treatment).
- At enrollment, patients are given information about available discount and long-term prescription programs. Generic drugs should be prescribed whenever possible.

***Project Access thanks our network providers for their generosity and continued partnership.
We welcome any feedback and questions.***