CHAMPIONS for HEALTH

PROJECT ACCESS SAN DIEGO

REFERRAL COORDINATOR GUIDE

PROJECT ACCESS TEAM

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Who We Are

- Project Access San Diego is the flagship program of Champions for Health.
- 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 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.

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What We Do

- Increase 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 can receive help with prescriptions depending on medication cost, frequency needed, and our budget. Patients must follow PASD pharmacy guidelines and will only be covered for rx written by volunteer physician.
  - We also look for Patient Assistance Programs to help with prescriptions.

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How PASD Works

- Identify patients from community clinics that need specialty care appointment or outpatient surgery to enroll in PASD.
- Place referral for patient with note to send to PASD.
- 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 returned to their medical home for regular care.

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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 (MRI or CT scan)
    - Needs an outpatient surgery (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)
      - Some offices offer a sliding fee scale if additional follow ups are recommended or needed and this will be communicated with patient
  - End stage disease of any type for ongoing care (single consult for treatment plan ok)

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Specialties We Offer

- Allergy
- Audiology
- Cardiology
- Dermatology
- Ear, Nose, & Throat
- Endocrinology (Limited)
- General Surgery
- Gastroenterology
- Gynecology
- Hematology
- Imaging/Radiology
  - Please note: We do not have an interventional radiologist at this time.
- Nephrology
- Neurology
- Ophthalmology
- Orthopedics
- Osteopathic Manipulation
- Pain Management
- Physical Therapy
- Retina Specialist
- Rheumatology
- Uro/GYN
- Urology ***CLOSED***
- Vascular
- Surgery (Cardiothoracic, Colorectal, Head & Neck, Neurosurgery, Ocular Plastic)
  - Please note: These services are contingent on volunteer availability.

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Eligibility Requirements

- PASD referral guidelines must be satisfied:
  - Patient must earn no more than 322% of the Federal Poverty Level.
  - Patient must be an adult living in 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.

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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.
- Call PASD Care Manager after each appointment to help with follow up care.

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PROJECT ACCESS SAN DIEGO INCOME ELIGIBILTY CHART - 2026

	2026 Federal Poverty Level (%) PASD Income Limits									
Household Size	**100%**	**138%**	**150%**	**200%**	**213%**	**250%**	**266%**	**300%**	**322%**	**Max Monthly 322%**
1	$15,650	$21,597	$23,475	$31,300	$33,335	$39,125	$41,629	$46,950	$50,393	$4,203
2	$21,150	$29,187	$31,725	$42,300	$45,050	$52,875	$56,259	$63,450	$68,103	$5,677
3	$26,650	$36,777	$39,975	$53,300	$56,765	$66,625	$70,889	$79,950	$85,813	$7,152
4	$32,150	$44,367	$48,225	$64,300	$68,480	$80,375	$85,519	$96,450	$103,523	$8,630
5	$37,650	$51,957	$56,475	$75,300	$80,195	$94,125	$100,149	$112,950	$121,233	$10,105
6	$43,150	$59,547	$64,725	$86,300	$91,910	$107,875	$114,779	$129,450	$138,943	$11,580
7	$48,650	$67,137	$72,975	$97,300	$103,625	$121,625	$129,409	$145,950	$159,653	$13,058
8	$54,150	$74,727	$81,225	$108,300	$115,340	$135,375	$144,039	$162,450	$174,363	$14,532
add'l add	$5,500	$7,590	$8,250	$11,000	$11,715	$13,750	$14,630	$16,500	$17,710	$1,478
	POTENTIALLY MEDI-CAL		**PASD ELIGIBLE UP TO 322%**							

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Questions? Call PASD Care Managers at (858)300-2779

Referral Guidelines

- 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)
  - Diagnostic Tests
  - Ultrasound or CT scan documents presence of gallstone

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Referral Guidelines (Continued)

- The following medical notes are required for **ALL** referrals:
  - Last three office consults relevant to dx (if applicable)
  - Related labs
  - Related imaging and diagnostic reports
  - Relevant emergency room, hospital and consultant reports (if applicable)

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Patient Referral Form

- The referral form is available on our website **www.championsforhealth.org**
- Patient Referral Form to be **completed** and **signed** by referring physician

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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:

- ☐ Brain aneurysm clip
- ☐ CKD
- ☐ Diabetes
- ☐ Dialysis
- ☐ Metal foreign body in eye
- ☐ Implanted electrical devices
- ☐ Iodine allergy
- ☐ Pacemaker
- ☐ Renal disease

☐ With Contrast ☐ Oral ☐ IV

*Must include BUN_____ Creatine _____ (levels within the last 90 day period)

☐ Without Contrast

Reason for Consultation:

- ☐ Diagnosis Only
- ☐ Diagnosis & Treatment Plan Only
- ☐ Diagnosis and treatment then further care with primary care provider

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: _____

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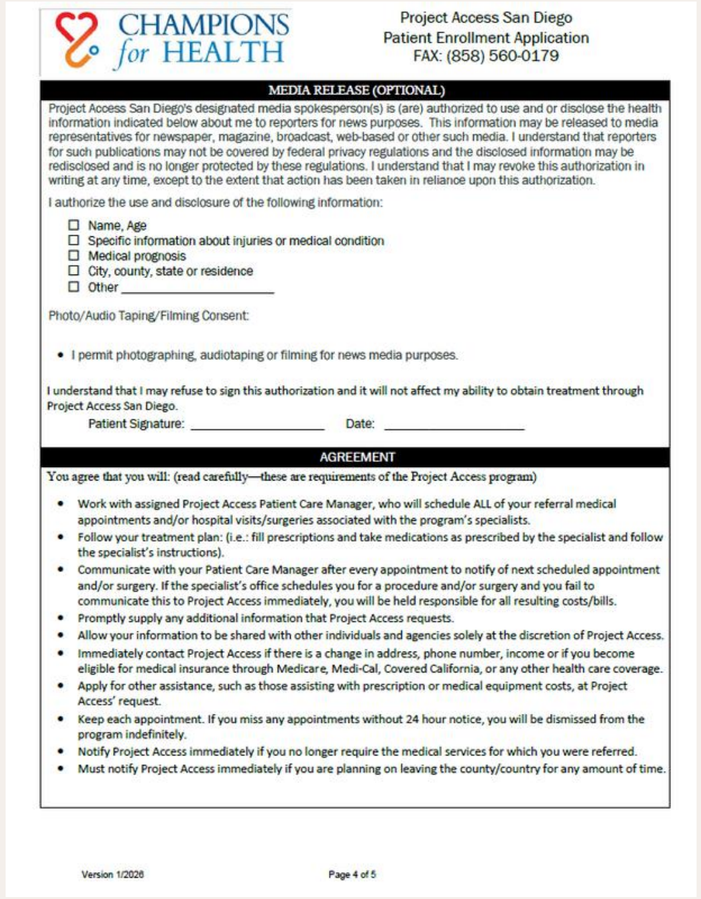
Patient Application



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Project Access San Diego
Patient Enrollment Application
FAX: (858) 560-0179

MEDIA RELEASE (OPTIONAL)

Project Access San Diego's designated media spokesperson(s) is (are) authorized to use and or disclose the health information indicated below about me to reporters for news purposes. This information may be released to media representatives for newspaper, magazine, broadcast, web-based or other such media. I understand that reporters for such publications may not be covered by federal privacy regulations and the disclosed information may be redisclosed and is no longer protected by these regulations. I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance upon this authorization.

I authorize the use and disclosure of the following information:

- ☐ Name, Age
- ☐ Specific information about injuries or medical condition
- ☐ Medical prognosis
- ☐ City, county, state or residence
- ☐ Other _____

Photo/Audio Taping/Filming Consent:

- I permit photographing, audiotaping or filming for news media purposes.

I understand that I may refuse to sign this authorization and it will not affect my ability to obtain treatment through Project Access San Diego.

Patient Signature: _____ Date: _____

AGREEMENT

You agree that you will: (read carefully—these are requirements of the Project Access program)

- Work with assigned Project Access Patient Care Manager, who will schedule ALL of your referral medical appointments and/or hospital visits/surgeries associated with the program's specialists.
- Follow your treatment plan: (i.e.: fill prescriptions and take medications as prescribed by the specialist and follow the specialist's instructions).
- Communicate with your Patient Care Manager after every appointment to notify of next scheduled appointment and/or surgery. If the specialist's office schedules you for a procedure and/or surgery and you fail to communicate this to Project Access immediately, you will be held responsible for all resulting costs/bills.
- Promptly supply any additional information that Project Access requests.
- Allow your information to be shared with other individuals and agencies solely at the discretion of Project Access.
- Immediately contact Project Access if there is a change in address, phone number, income or if you become eligible for medical insurance through Medicare, Medi-Cal, Covered California, or any other health care coverage.
- Apply for other assistance, such as those assisting with prescription or medical equipment costs, at Project Access' request.
- Keep each appointment. If you miss any appointments without 24 hour notice, you will be dismissed from the program indefinitely.
- Notify Project Access immediately if you no longer require the medical services for which you were referred.
- Must notify Project Access immediately if you are planning on leaving the county/country for any amount of time.

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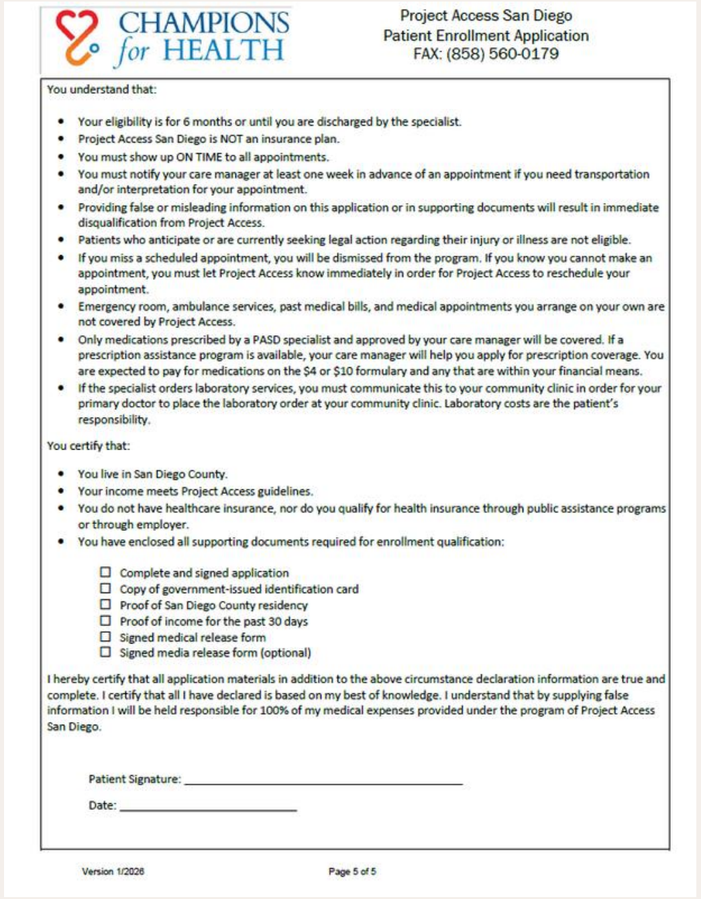
- Patient must sign the application and agree to the following conditions
  - Patients who miss an appointment will be expelled from the program & will be ineligible to reapply.
  - Applications without signatures will be considered incomplete and will not be processed.



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Project Access San Diego
Patient Enrollment Application
FAX: (858) 560-0179

You understand that:

- Your eligibility is for 6 months or until you are discharged by the specialist.
- Project Access San Diego is NOT an insurance plan.
- You must show up ON TIME to all appointments.
- You must notify your care manager at least one week in advance of an appointment if you need transportation and/or interpretation for your appointment.
- Providing false or misleading information on this application or in supporting documents will result in immediate disqualification from Project Access.
- Patients who anticipate or are currently seeking legal action regarding their injury or illness are not eligible.
- If you miss a scheduled appointment, you will be dismissed from the program. If you know you cannot make an appointment, you must let Project Access know immediately in order for Project Access to reschedule your appointment.
- Emergency room, ambulance services, past medical bills, and medical appointments you arrange on your own are not covered by Project Access.
- Only medications prescribed by a PASD specialist and approved by your care manager will be covered. If a prescription assistance program is available, your care manager will help you apply for prescription coverage. You are expected to pay for medications on the $4 or $10 formulary and any that are within your financial means.
- If the specialist orders laboratory services, you must communicate this to your community clinic in order for your primary doctor to place the laboratory order at your community clinic. Laboratory costs are the patient's responsibility.

You certify that:

- You live in San Diego County.
- Your income meets Project Access guidelines.
- You do not have healthcare insurance, nor do you qualify for health insurance through public assistance programs or through employer.
- You have enclosed all supporting documents required for enrollment qualification:

  - ☐ Complete and signed application
  - ☐ Copy of government-issued identification card
  - ☐ Proof of San Diego County residency
  - ☐ Proof of income for the past 30 days
  - ☐ Signed medical release form
  - ☐ Signed media release form (optional)

I hereby certify that all application materials in addition to the above circumstance declaration information are true and complete. I certify that all I have declared is based on my best of knowledge. I understand that by supplying false information I will be held responsible for 100% of my medical expenses provided under the program of Project Access San Diego.

Patient Signature: _____

Date: _____

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Application Packet Checklist

- **The following items must be submitted to PASD for consideration:**
  - Complete and signed patient enrollment form - (5 pages)
  - Copy of picture I.D
  - Proof of living in San Diego County (bills/statements) – ONLY IF ADDRESS IS DIFFERENT THAN WHAT IS ON THEIR ID
  - Proof of income
  - 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.**

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Referral Communication

- Patient referrals are received on a secure, dedicated fax line at PASD **(858) 560-0179**.
  - You can call or email to confirm we received it

- PASD care manager reviews application and supporting documents for completeness.
  - If a referral is sent back as pending because it is missing something please make sure to re-fax the complete referral again, not just what was missing.

- 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.
  - **Notice of Action (NOA)** is sent to the fax on the PASD referral form, please ensure that the fax number you provide is the accurate.
  - **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.

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Referral Communication (Continued)

- 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 theprogram.

- PASD care manager will schedule all appointments and will do reminder calls to the patient.
  - **Only appointments scheduled by PASD will be covered by the program.**

- Scheduling an appointment may take a few days to a few weeks depending on resources and specialties available for that month.

- You can always contact us for an update on scheduling but notes will be sent after patient is graduated.

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Common Delays in Referral Process

- Referral is set to pending and missing document is faxed on it's own
- PASD referral page does not have provider signature
  - Ok if on clinic referral form
- Missing relevant notes, imaging, and/or labs
- Accurate contact information for clinic and patient.
- Missing signature of PCP on imaging referrals

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Questions?

- With all the Medi-Cal and Medi-Care changes is your clinic changing any of the procedures that might affect the referral process?
- Are you still checking for Medi-Cal eligibility and referring patients to enrollment specialists?
- Are you anticipating an increase in referrals to PASD?
- What challenges are you and your team facing when working with PASD and the referral process?
- How can PASD be of help/support?

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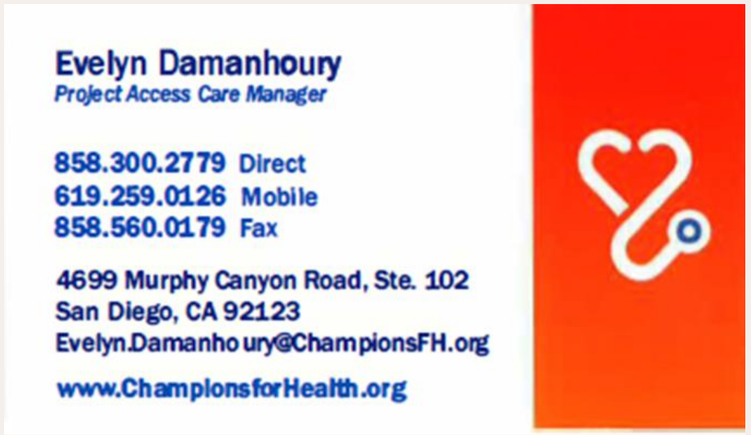
Contact Us



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