

# Uninsured impact to the community:

## Uninsured:

51,646 live in Upper East Tennessee without health insurance

24,819 people living below 138% FPL do not have health insurance in Upper East Tennessee

Approximately 90,410 people are living below the federal poverty level in Upper East Tennessee

Tennessee has higher rates of chronic disease (diabetes, cardiovascular disease, and hypertension) and chronic disease-related mortality than the national average.

## Cost to the Community:

The excess burden of chronic disease has cost Tennessee nearly \$5.3 billion in 2015 in direct medical care, lost productivity, & premature death.

*Data pulled from the 2017 American Community Survey and The Sycamore Institute*

Through our program we have seen so much success.

- Over 75 million dollars in donated care
- Have 500 participating providers
- Average 350 enrolled patients in our program
- 200 new patient referrals arrive each month

## Contact Us:

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AMPA is a non-profit program which coordinates the donated care efforts of local physicians, medical service providers, and hospitals to the uninsured population of our community.

# Community Guide

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## What we do:

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**Coordinate:** specialty care, testing, lab work, surgeries, and treatment

**Connect:** to community resources for non-medical needs

**Educate:** navigating the healthcare system, basic wellness, and self-care

### Mission

To provide Meaningful Access to Healthcare for the residents of the Appalachian Highlands.

### Vision

Project Access envisions a community in which all individuals have access to a coordinated, comprehensive system of healthcare.



## How to enroll:

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### Qualifications:

- No access to Affordable Health Insurance
- A resident of the 21- County region of NETN or SWVA
- Income at or below 225% FPL
- Urgent or Emergent Medical Needs

### To get enrolled:

Ask your participating provider to submit a referral, if your provider does not participate ask them to contact our office for more information.

### Provider Participation:

- Request the Participation Plan, determine how many uninsured patients you are willing to see, and fax the form to us.
- Complete a Referral Form for any of your self-pay, uninsured patients.
- Anticipate updates from us as we determine eligibility.
- All SCC patients will be issued a Project Access Identification Card.
- Send HCFA 1500 or UB-92 claim forms for any charges which will be written off.

## During enrollment:

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### Pre-Enrollment:

- After receiving a referral, a screening call is conducted with the patient to check for pre-eligibility.
- An eligibility appointment will then be scheduled with a Care Coordinator to review program expectations and medical needs.
- Patient Services program conducts needs assessments and provides community resources as appropriate.

### Upon Enrollment

- Care Coordinators work with the patient and their providers to develop a Care Plan.
- Care Coordination (appointment scheduling) is completed by the Medical Scheduling team, keeping the patient and provider in the loop.
- Patient Services will partner with Patients to develop a Resource Plan for social service needs.
- The Patient will be an active participant in their healthcare and social service navigation.