

Submitting a Referral

Submitting a Referral for Enrollment

- **Who can I submit a referral for?**
 - o Any resident of the 21-county service area in the Northeast TN/SW Virginia region who is uninsured, low income, and has an urgent/emergent medical need

- **How do I submit a referral?**
 - o Complete the 2020 Referral Request Form provided by Project Access.
 - o Referrals can be submitted by fax: 423-232-6707 or email referrals@projectaccesseasttn.org

- **What is the Referral Criteria?**

At this time, Project Access is only accepting **STAT/ASAP** level referrals.

 - **STAT/ASAP Referral:** Delayed evaluation and treatment would either be life-threatening or cause an otherwise avoidable inpatient hospitalization if not evaluated within the next 1-2 weeks. Examples of a STAT level referral might include (but are not limited to):
 - obstructing ureteral stone
 - hematologic or endocrinologic condition with critical lab values
 - diagnosis of malignant disease process

 - **ROUTINE/When Possible Referral:** condition(s) which could be evaluated within the next 3-4 weeks without being life-threatening or resulting in an otherwise avoidable hospitalization. Examples of a ROUTINE referral might include (but are not limited to):
 - gallstones without evidence of biliary obstruction
 - colonoscopy for evaluation of recent positive fecal occult screening without other symptoms
 - hematologic or endocrinologic condition without critical lab values

- **What happens after I submit a referral?**
 - Once the referral is received, the referral is triaged for urgency and the patient is contacted to complete a pre-screening call. (one - five days)
 - During the pre-screening call, the patient provides an account of their household financial situation. Project Access schedules an Enrollment Appointment with a Care Coordinator and inform the patient of the financial documents they will need to provide in order to determine eligibility. (ten-minute call)
 - During the Enrollment Appointment, the patient's financial, medical and social needs are reviewed, as well as the program expectations. (one-hour appointment)
 - Following the Enrollment Appointment, the Care Coordinator will determine program eligibility (one – three days if all documents are provided; if all documents are not provided, the patient is given an additional two weeks to supply them.)
 - Once enrolled, the patient referral is presented for Case Review to determine available resources and medical scheduling priority.

- **How will I know if the patient is approved and care is being coordinated?**
 - Providers are notified of each step of the patient's referral and medical scheduling process.