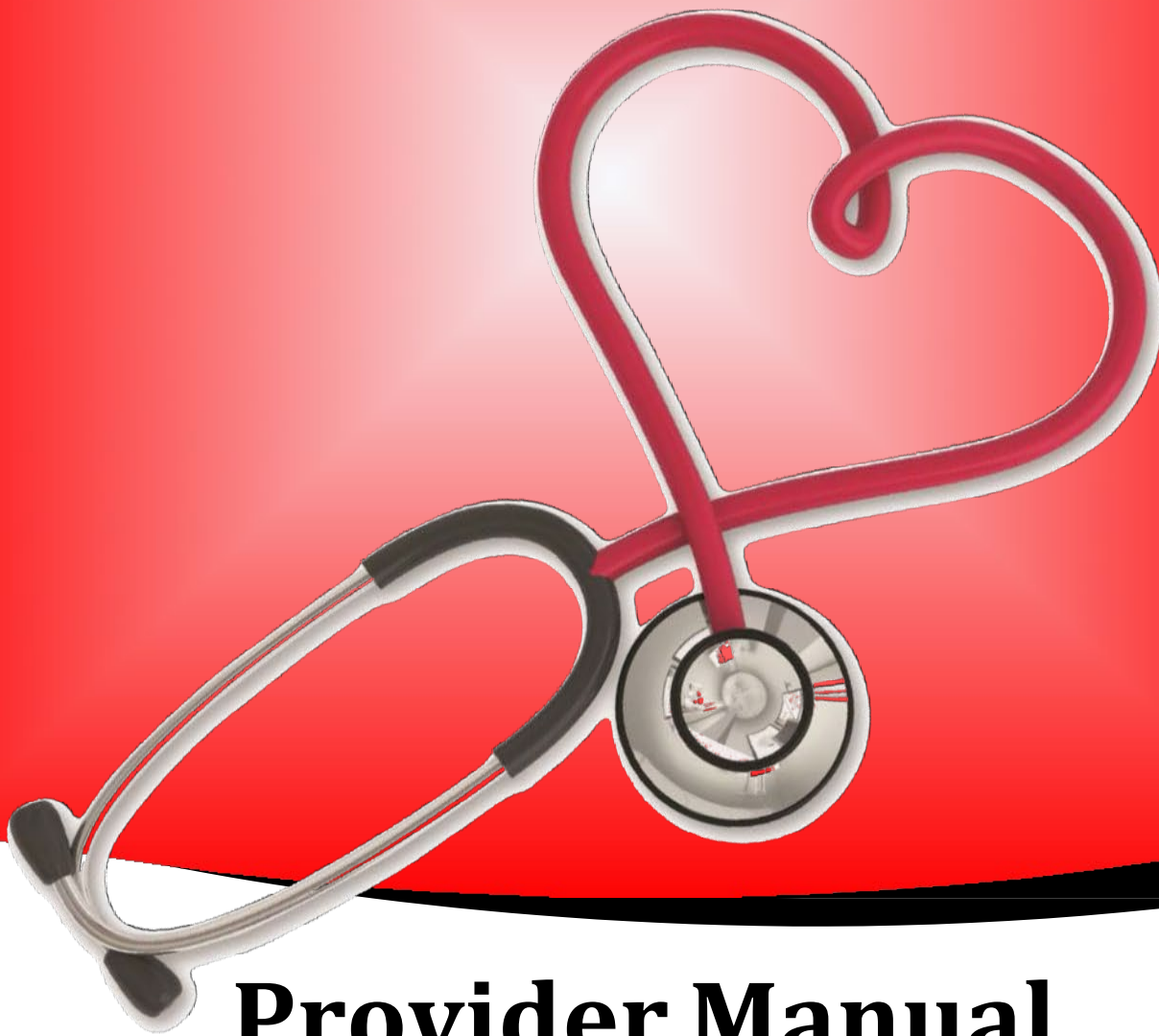


# Access Medical

A Division of Access to Healthcare Network



## Provider Manual

4/1/2019

# Access Medical

A Division of Access to Healthcare Network

## Provider Manual

Thank You for Everything You Do for  
Our Members and Our Community

**Access to Healthcare Network**

**Corporate Office**

4001 S. Virginia St. Ste. F

Reno, NV 89502

**Phone:** 775-284-8989, ext. 512

**Fax:** 775-284-1053

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Table of Contents

- Access to Healthcare Network Overview ..... 2
- Our Mission – A Healthier Nevada ..... 2
- Payer Source Eligibility and Enrollment ..... 2
- Community Resources and Case Management ..... 3
- Care Coordination and Patient Navigation ..... 3
- Communicating with the Medical Discount Program ..... 5
- Current MDP Office Locations ..... 6
- Medical Discount Program ..... 7
- Program Overview ..... 7
- Shared Responsibility ..... 7
- Primary Goal – Improved Health Outcomes ..... 8
- Medical Home Model ..... 8
- Medical Discount Program Providers ..... 8
- Insurance Status ..... 10
- Income Guidelines ..... 10
- Nevada Residency ..... 10
- MDP Membership Fees ..... 11
- MDP Tier Structure ..... 11
- MDP Member ID Card ..... 12
- Example of a Medical Discount Program Member Card ..... 12
- Medical Discount Program Enrollment ..... 12
- Emergency Enrollments ..... 13
- Care Coordination ..... 13
- MDP Fee Schedule ..... 14
- Medical Discount Program Provider Protocols ..... 20

## Access to Healthcare Network Overview

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### OFFICE PROTOCOLS

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#### Our Mission

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#### Payer Source Eligibility and Enrollment

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#### Care Coordination

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#### Socioeconomic Case Management

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## Our Mission – A Healthier Nevada

Access to Healthcare Network (AHN) is a local non-profit dedicated to assisting

individuals and families in our community access the healthcare services and resources they need to become and stay well. This includes access to quality medical care at an affordable price, access to healthy food and nutrition along with the knowledge of how to prepare it, adequate transportation, financial assistance, mental health, stable housing and a social support system that can help them achieve their goals. We believe it is our job to identify barriers our clients have to accessing these resources and find creative solutions to overcoming those barriers.



## Payer Source Eligibility and Enrollment

AHN is essentially a one stop shop for payer source eligibility and enrollment for individuals who either currently do not have a payer source or need assistance transitioning to a different payer source. Through our centralized helpline we can screen clients for a wide range of programs and payer sources that will allow them to access the care they need at price they can afford. These programs and services include:

- Discounted Medical Services (AHN Medical Discount Program)
- Discounted Dental and Vision Services (AHN Dental Plus Program)
- Discounted Ancillary Care Services (AHN Healthy Living Program)
- Health Insurance Enrollment Assistance (Access Health Insurance Services)
- Medicare Enrollment Assistance (SHIP Program)
- Free Breast and Cervical Cancer Screening Services (Women’s Health Connection)
- Free Colon Cancer Screening Services (Nevada Colon Cancer Prevention Program)

## Community Resources and Case Management

We truly believe that the path to health and wellness doesn't begin and end at the door of the doctor's office. We believe that in addition to accessing high quality healthcare an individual needs access to all the other resources that make up a an environment in which they can become and stay well. Resources such as nutritious food, stable and affordable housing, stable and affordable utilities, adequate transportation, clothing, and a social support system they can depend on to help them achieve their goals. This is why we also offer several services that work to address the socioeconomic needs of our members and our community. These programs and services include:

- Case Management for the Elderly and Disabled (Aging and Disability Resource Centers)
- Non-Emergent Medical Transportation (Access Medical Transportation Services)
- Food and Nutrition Programs
- Health Savings/Individual Development Account Programs
- Community Resource Database

## Care Coordination and Patient Navigation

Helping someone gain access to high quality care at an affordable price is usually just the first step on the road to assisting our clients become and stay well. The healthcare and health insurance systems are complex and confusing often times leading people to get lost in the maze and miss out on the care they need when they need it. This is where our team of highly trained care coordinators comes into play.

Most of our programs come are by a personal Healthcare Coordinator our members know by name and can contact for assistance with anything related to their healthcare. Nothing is too big or too small for our Healthcare Coordinators. In general Healthcare Coordinators can help with:

- Healthcare system navigation and coordination
- Health literacy and healthcare system education
- Payer benefit education, coordination and navigation
- Socioeconomic/wrap-around service case management

## Care Management Services

AHN operates several non-clinical care management programs whose purpose is to achieve the triple aim of healthcare: improved health outcomes, increased patient satisfaction and reduced healthcare costs. These programs and services include:

- Hospital Re-Admission Reduction Programs
- Chronic Disease Care Management Programs

#### **Access Medical**

- OB and Pre-Natal Care Management Programs
- Cardiovascular Disease Program

## **Government and Community Partnerships**

AHN has developed several government and community partnerships whose aim is to further our mission of helping individuals and families in our community access the healthcare services and resources they need to become and stay well. These partnerships include:

- The Ryan White Program – Services for HIV/AIDS Patients
- Washoe County Partnership – Services for Low Income Individuals in Washoe County
- Sierra Pediatric Blood and Cancer Consortium – Pediatric Oncology Practice

## **AHN Resource Guide**

To learn more about the eligibility requirements and benefits of these individual programs and how to refer patients for screening you can refer to your AHN resource guide. If you have any questions about any of the programs listed please don't hesitate to give us a call at 775-284-8989 ext. 512.

# Chapter 2

**T**hank you for your generosity! The Access Medical applauds your support for our community and our uninsured working residents. We believe that you will find our program to be rewarding and beneficial to your practice and our community as a whole.

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OVERVIEW OF ACCESS TO  
HEALTHCARE NETWORK

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## **Communicating with Access Medical**

Communicating with MDP

Patient Issues

Management Team

Your satisfaction is key to the ongoing success of our program. Please contact us with your questions and recommendations. You can contact the Access Medical staff through a variety of means.

## **Patient Issues**

### **By Phone**

For patient related questions please call **775-284-8989 ext. 512** to speak with one of our Care Coordinators. They will be able to give you information about:

- How to process a referral for specialty care, diagnostic testing, etc.
- The fee a member should be paying you for a particular service
- AHN billing procedures

### **By Fax**

You can fax all referrals, bills or other communications to our office at **775-284-1053**

### **By Mail**

Please mail all correspondence to the following address

Access to Healthcare Network  
4001 S. Virginia St. Ste. F  
Reno, NV 89502

## Management Team

If you are unable to get the answers you are looking for after speaking with one of our Care Coordinators please do not hesitate to call one of our management team members.

### Assistant Director-Access Medical

Dora Garcia

Phone: 775-284-8989 ext. 811

Email: [dgarcia@accesstohealthcare.org](mailto:dgarcia@accesstohealthcare.org)

### Director-Access Medical

Dena Miguel

Phone: 775-284-8989 ext. 211

Email: [dmiguel@accesstohealthcare.org](mailto:dmiguel@accesstohealthcare.org)

If you still have questions or concerns that have not been addressed fully by our Access Medical Assistant Director or Director please contact our Chief Operating Officer.

### Chief Operating Officer

Trevor Rice

Phone: 775-284-8989 ext. 202

Email: [trevor@accesstohealthcare.org](mailto:trevor@accesstohealthcare.org)

### Provider Relations Manager

Contact the **Provider Relations Manager** for questions regarding current contracted rates or to provide updates related to your practice roster, office address, phone or fax, email or any other significant changes within your practice.

### Provider Relations Manager

*Nick Olmstead: (702)-886-8696 ext. 329; [nolmstead@accesstohealthcare.org](mailto:nolmstead@accesstohealthcare.org)*

## Current Office Locations

### Reno – Corporate Office

Reno Town Mall

4001 S. Virginia Street, Suite F

Reno, NV 89502

### Elko – Satellite Office

405 Idaho Street, Suite 214

Elko, NV 89801

### Las Vegas – Satellite Office

3075 E. Flamingo Rd., Suite 118

Las Vegas, NV 89121



# Access Medical Program

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OFFICE PROTOCOLS

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Program Overview

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Shared Responsibility

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Improved Health Outcomes

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Medical Home Model

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Membership Qualifications

---

Membership Fees

---

Tier Structure

---

Collecting Payment at Time of Service

---

Fee Schedule

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Enrollment

---

Care Coordination

---

Patient Care Funds

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Member ID

## Program Overview

The Access Medical Program is a comprehensive network of hospitals and primary, specialty and ancillary health care providers generously offering their services to the uninsured at a reduced fee.

Access Medical is not health insurance and does not make payment directly to providers; Access Medical members pay the reduced fee at the time services are provided. Access Medical is a non-profit that is registered with the State of Nevada, Division of Insurance.

The network provides uninsured Nevada residents access to professional health care at a reduced rate while providing timely compensation for providers enrolled in the network.

## Shared Responsibility

Through our Shared Responsibility Model, the program offers a comprehensive solution to a complex problem by ensuring everyone has a part to play and that no one group is solely responsible for addressing the issue of the uninsured.

### Providers

Their responsibility in the Access Medical Program is simply to provide their services to our members, uninsured individuals in our community, at a reduced rate in exchange for payment at the time of service.

### Hospitals

As with providers, they also provide their services to our members at a reduced rate in exchange for payment at the time of service.

### Members

In order to maintain eligibility for the Access Medical Program and obtain the discounted rates so graciously offered by our providers our members must take responsibility for a few things:

- Our members are required to pay for their care at the time of service

- Our members are required to cancel an appointment within 24-48 hours
- Our members are required to treat our providers with respect and courtesy at all times
- Our members are encouraged to take responsibility for their health and healthcare

## Primary Goal – Improved Health Outcomes

The primary goal of the Access Medical Program is to provide the means and support for uninsured individuals in our community to access the care and resources they need to become and stay well and avoid having to use the acute care system (emergency room) except when medically necessary.

Through a study done in partnership with a few local hospitals including both Renown and Saint Mary's we have discovered that:

- The ER utilization rate of our membership is about 1/2 the rate of insured individuals and about 2/3 the rate of individuals on Medicaid
- The hospital admission rate of our membership is drastically lower than the typical uninsured population and even rivals that of a traditional insured population

We believe these improvements in health outcomes are due to a combination of the excellent care our members receive from our network of providers along with the support and education they get from our highly skilled team of care coordinators.

## Medical Home Model

The Access Medical Program is designed around the concept of the Medical Home Model. Our goal is to teach our members about the appropriate way to access the healthcare services they need and avoid use of the acute care system whenever possible. To this end we require every Access Medical member to choose a primary physician at the time of their enrollment. We encourage our members through education to establish care with this PCP within 90 days of signing up for the program. At the time of enrollment and throughout their membership in Access Medical Program we take every opportunity to remind our members about:

- The benefits of using primary care and urgent care services before going to an emergency room
- The need to follow the treatment plan developed in conjunction with their physician
- The benefits of accessing preventive care services such as primary care, diagnostic testing, health enhancement services, etc.

## Access Medical Providers

The Access Medical Program is a network of local providers who have graciously offered their services to Access Medical members at a reduced rate in exchange for payment at the time of service. Access medical is a comprehensive network of providers and services that give your uninsured patients access to the care they need at a price they can afford.

The network is composed of primary care physicians, hospitals, specialists, laboratory and other diagnostic services, radiology, prescriptions, dental, and even ancillary services such as dieticians, health enhancement classes and massage therapy.

Our goal is for Access Medical to be a high quality fully portable healthcare benefit for the uninsured of Nevada so that wherever they travel throughout our great state they can get access to the healthcare services they need at a fee they can afford.

### **Access Medical Contracted Hospitals**

Renown Regional Medical Center  
Saint Mary's Regional Medical Center  
Carson Tahoe Regional Healthcare  
Tahoe Forest Hospital  
Banner Churchill Hospital  
Pershing General Hospital  
Humboldt General Hospital  
William Bee Ririe Hospital  
Battle Mountain General Hospital

### **Access Medical Provider List**

For an up-to-date listing of Access Medical providers please visit our website at:  
<http://www.accesstohealthcare.org/> (select the option "Provider List")

# Access Medical Membership Qualifications

Access Medical Program members represent a broad cross-section of the uninsured in our community, including single mothers, part-time employees, the self-employed, small business employees and children. Our goal is to serve the segment of our community who cannot gain access to insurance, whether it's as an individual, through an employer or is government sponsored.

In order to qualify for the Access Medical Program individuals must meet certain criteria.

## Insurance Status

- Access Medical members must be either uninsured or underinsured (insurance carve outs)
- They cannot drop their insurance and come onto Access Medical

## Income Guidelines

- Members must meet our income guidelines
- To qualify, a family must make between 100% and 250% of the Federal Poverty Guidelines
- Access Medical members are separated into two tiers depending upon their income.

<b>AHN Income Guidelines</b>				
Federal Poverty Guidelines				
	<b>Tier One Member</b>		<b>Tier Two Member</b>	
<b>Family Size</b>	<b>100% of the FPL</b>	<b>150% of the FPL</b>	<b>200% of the FPL</b>	<b>250% of the FPL</b>
1	\$12,490	\$18,735	\$24,980	\$30,225
2	\$16,910	\$25,365	\$33,820	\$42,275
3	\$21,330	\$31,995	\$42,660	\$53,325
4	\$25,750	\$38,625	\$51,500	\$64,375
5	\$30,170	\$45,255	\$60,340	\$75,425
6	\$34,590	\$51,885	\$69,180	\$86,475
7	\$39,010	\$58,515	\$78,020	\$97,525
8	\$43,430	\$65,145	\$86,860	\$108,575

## Nevada Residency

- Members must live or work in the State of Nevada (members can live in CA and work in NV)

## Access medical Fees

In order to access our network of providers a member must pay a nominal membership fee. This fee must be paid either monthly or annually.

### Tier 1

Type of Membership	Monthly Fee	Annual Fee
Adult (19+)	\$40	\$400 (2 months free w/annual membership)
Children (under the age of 19)	\$10	\$100

### Tier 2

Type of Membership	Monthly Fee	Annual Fee
Adult	\$45	\$450 (2 months free w/annual membership)
Children (under the age of 19)	\$10	\$100

## Access Medical Tier Structure

Access Medical has a two-tiered fee structure, Tier 1 and Tier 2. Access Medical has negotiated separate fees for Tier 1 and Tier 2 members. The members Tier number is determined by their income.


- Tier 1 members make between 100-199% of the FPL
- Tier 2 members make between 200-250% of the FPL

Member numbers that begin with T01 pay Tier 1 fees and member numbers that begin with T02 pay Tier 2 fees. You can find the member number on the Member Identification Card.

## Access Medical Member ID Card

Access Medical members can be identified by their membership card. Members are given an Access Medical member ID cards at the time of enrollment for presentation at all Provider offices. Members can be denied service if they do not present their membership card. We encourage your office to contact us to verify eligibility at 284-8989, ext. 512.

### Example of a Access Medical Member Card

 <p>PCP: {{CONTACT_CURRENT_PCP_FOR_CONTACT_NAME}} Phone: {{CONTACT_CURRENT_PCP_FOR_CONTACT_PHONE}} Dentist: {{CONTACT_CURRENT_DENTIST_FOR_CONTACT_NAME}} Phone: {{CONTACT_CURRENT_DENTIST_FOR_CONTACT_PHONE}}</p>	<p>Tier 1 Member: {{CONTACT_NAME}} Member Number: T01- {{CONTACT_CLIENT_NUMBER}} Effective Date: {{CONTACT_MDP_EFFECTIVE_DATE}} @ "MMMM d, yyyy")</p>	<p><b>Primary Care Fees</b> Initial Visit: \$70 Follow-Up: \$50 In-Office Procedures: 50% of Medicare</p>	<p><b>Urgent Care Fee</b> Visit: \$85</p>
	<p><b>Customer Service</b> Member: (775) 284-8989 Ext. 511 Provider: (775) 284-8989 ext. 512 Fax: (775) 284-1053 Access Medical Discount Program is a discount program (not insurance). Member pays for care at the time of service.</p>	<p><b>Hospital Fees</b> In-Patient \$500 Per Day /\$5,000 Max ER \$400 Per Visit</p>	<p><b>Specialty Care Fees</b> Initial Visit: \$150 Follow-Up \$75 In-Office Procedures: 50% Of Medicare</p>

## Access Medical Enrollment

Every member must go through a lengthy enrollment process with one of our Enrollment Coordinators before they are able to access services. At the time of enrollment members are taken step by step through a member manual that details AHN policies and guidelines. They will be instructed on how to access care appropriately through the AHN network of providers. Once our members have completed their enrollment and have received their member cards they will be able to access services immediately.

If you have a patient that you believe could benefit from Access to Healthcare Network please have them give our Helpline a call at **1-877-385-2345**

## Emergency Enrollments

If you have a client that needs to receive medical services immediately and you believe qualifies for AHN please give our Helpline a call at **1-877-385-2345** and let them know you have an emergent enrollment and we will do our best to accommodate the needs of you and your patient.

## Care Coordination

Every member who enrolls in the Access Medical Program is assigned a personal care coordinator to ensure smooth and easy communication between members, providers and the Access Medical care coordination office. The Care Coordinator is the person who you will need to go to in regards to the following:

- Referrals and questions regarding available services with the Access Medical network
- Questions regarding the Access Medical fee schedule and what you will need to collect from our members for specific services
- Bills that need to get paid after the time of service
- When you need more Access Medical brochures
- General program questions

You can contact your patient's care coordinator in one of the following ways

**By phone-** 775-284-8989, ext. 512    **By fax-** 775-284-1053

# Access Medical Fee Schedule

Access Medical fee structure was developed through working diligently researching other health access programs around the country and testing proposed fees on focus group of providers. Access Medical has worked very hard to make sure that the fee structure is equitable for providers and affordable for members. These rates are consistent throughout the Access Medical Network of Providers.

## Collecting Payment at the Time of Service - Golden Rule of Access Medical

The Golden Rule of the Access Medical Program is that our members must pay at the time of service for anything that can be paid at the time of service. Our members are informed of this policy at the time of their enrollment and are made aware that if they do not pay for something at the time of service they will be removed from AHN.

## Payment Plans are NOT allowed within Access Medical

Members are instructed at the time of enrollment that it is inappropriate to ask a provider to set up a payment plan for rendered services. They are instructed to communicate with their care coordinator if they are in need of financial help to pay for needed services. If a member asks you to accommodate them through after the fact billing or a payment plan please refer them to their care coordinator.

## Primary Care Fees

Service – Primary Care Provider	Tier 1 Fees	Tier 2 Fees
New patient initial visit	\$70	\$80
Established patient follow- up and hospital rounds exam (pap smear)	\$50	\$55
In-office procedures	\$75	\$80
	50% of Medicare	60% of Medicare

## Specialty Care Fees

Type – Specialty Care Provider	Tier 1 Fees	Tier 2 Fees
Consultation	\$150	\$160
Established patient follow-up and hospital rounds	\$75	\$80
All surgical procedures done in an outpatient surgery center or hospital	75% of current Medicare allowable rates	80% of current Medicare allowable rates



### Urgent Care Fees

Service – Urgent Care	Fees – Tier 1 and Tier 2
Urgent Care	\$85

### Emergency Room Fees

Service – Emergency Services	Fees – Tier 1 and Tier 2
Emergency Room Visit	\$400
Emergency Room Observation	\$400

### Access Medical Discountable ER Visit Guidelines

In order to get the Access Medical discount for an ER visit a member must meet certain criteria:

- Be admitted in-patient
- Be placed into observation
- Be referred to the ER by a physician
- Or arrive at the ER during times when Urgent Care are closed.

### Out-Patient Hospital Fees

Service - Out-Patient Services	Fees – Tier 1 and Tier 2
Out-patient Services (except surgical)	35% of Medicaid
Surgical procedures	75% of Medicaid

### In-Patient Hospital Fees

Service – In-Patient Hospitalization	Fees – Tier 1 and Tier 2
Medical/Surgical In-patient hospital stay	\$500 per day - \$5,000 cap – all inclusive
ICU In-patient hospital stay	\$500 per day - \$5,000 cap – all inclusive

### Out-Patient Laboratory Fees

Service – Out-Patient Laboratory	Fees – Tier 1 and Tier 2
All Internally Processed Lab Tests	Prices Vary
All Reference Lab Tests	Refer to Fee Schedule

### Pregnancy Related/OB Fees

<b>Professional Services</b>	<b>Tier 1 Fees</b>	<b>Tier 2 Fees</b>
<u>Vaginal Delivery</u> To include pre-natal care, delivery, and one (1) post-partum exam	\$1650.00	\$1850.00
<u>Vaginal After C-Section</u> To include pre-natal care, delivery, and one (1) post-partum exam	\$1850.00	\$2100.00
<u>C-Section Delivery</u> To include pre-natal care, and one (1) post-partum exam	\$1850.00	\$2100.00
<b>Hospital Services</b>	<b>Fees – Tier 1 and Tier 2</b>	
Vaginal Delivery Generally entails a one (1) day hospital stay	\$500	
C-Section Delivery Generally entails a three (3) day hospital stay	\$1500	

### Prescription

	<b>Tier 1 and Tier 2</b>
Various Pharmacies within the network	Contracted at cost +\$5.00

### Chemotherapy Fees

<b>Service – Chemotherapy</b>	<b>Fees – Tier 1 and Tier 2</b>
Course of Treatment	\$500 per week - \$5,000 cap

### Radiation Therapy Fees

<b>Service – Radiation Therapy</b>	<b>Fees – Tier 1 and Tier 2</b>
Course of Treatment	\$500 per week - \$5,000 cap

### Dental Services Fees

Dental Clinics		
Type of Visit	Tier 1 Fees	Tier 2 Fees
Initial Exam – X-Rays and Consultation with Dentist	\$35	\$40
Standard Cleaning	\$30	\$35
Basic & Major Dental Services including deeper cleaning procedures	100% of Medicaid Allowable	
Basic & Major Dental Services including deeper cleaning procedures **For individuals 60 years of age and older	100% of Medicaid allowable f	

Private Dentist

Type – Dental	Tier 1 Rates	Tier 2 Rates
D0150 Comprehensive oral Evaluation- new or established patient	\$50	\$60
D0210 Complete film series	\$80	\$90
D1110, D1120 Prophylaxis (Cleaning)	\$70	\$80

### Chiropractic Care Fees

Type – Chiropractic Care Provider	Tier 1 Fees	Tier 2 Fees
New patient initial visit	\$40	\$40
Established patient follow-up	\$25	\$25
X-rays and other in-house imaging	50% of Medicare	60% of Medicare

### Physical Therapy Fees

Outpatient Therapy	Tier 1 Fees	Tier 2 Fees
Outpatient Treatment (hospital based)	35% of Medicaid Allowable	35% of Medicaid allowable
Private Physical Therapy	50% of Medicare allowable	60% of Medicare allowable

## Mental Health Fees

Service – 50 minute session	Tier 1 Fees	Tier 2 Fees
New Patient initial visit (50 minute counseling for individual, family or drug and alcohol)	\$65	\$75

## DME

Service – DME	Fees – Tier 1 and Tier 2
All DME supplies	Cost varies

## Acupuncture Fees

Acupuncture Fees		
Type of Visit	Tier 1 Fees	Tier 2 Fees
Initial Visit	\$65	\$70
Follow-Up	\$45	\$45

## Massage Therapy Fees

Massage Therapy Fees		
Type of Visit	Tier 1 Fees	Tier 2 Fees
60 minute Therapeutic Massage (Swedish or deep tissue)	\$40	\$50
30 minute Therapeutic Massage (Swedish or deep tissue)	\$25	\$30

## Naturopathy Fees

Naturopathy Fees		
Type of Visit	Tier 1 Fees	Tier 2 Fees
Initial Visit	\$60	\$70
Follow-Up Visit	\$40	\$45

## Optometry Fees

Optometry Rates		
Type of Visit	Tier 1 Fees	Tier 2 Fees
Annual Comprehensive Eye Exam Adults	\$40	\$50
Annual Comprehensive Eye Exam Children	\$34	\$40

## Audiology

Audiology	Fees – Tier 1 and Tier 2
Miracle Ear Hearing Aides	Cost varies

## Access Medical Patient Care Funds

Access Medical has partnered with local government entities, foundations and community organizations to develop what we call “patient care funds”. Access Medical Patient Care Funds are used to assist at risk populations by paying for services the member may otherwise not be able to afford. The grant funding can only be used with Access Medical providers and can only be accessed through an Access Medical Care Coordinator. The following is a list of some of our Patient Care Fund programs.

- Susan G. Komen Patient Care Fund – Breast cancer diagnostics and treatment
- Matley Foundation Patient Care Fund – Children with disabilities
- Redfield Foundation Patient Care Fund – General healthcare/Chronic Disease Management
- Dermody Patient Care Fund – For low income children
- Nevada Womens Fund- Treatment of Cervical Cancer
- Marie Crowley Foundation-Assist with mental health

**Funds are subject to availability.**

## Access Medical Program Provider Protocols

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OFFICE PROTOCOLS

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Procedures/Surgeries

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Billing Members

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Referral Process

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- **Office Based Procedures/Surgeries**
- **What’s included in the Office Visit Fee?**
- **Minor office procedures** – AHN asks that any minor procedure be included in the office visit fee.
- **Major office procedures** – Major office procedures are charged along with the initial or established patient office visit fee. In order for the member to pay you the correct amount at each visit you have a couple different options.

### Pricing In-Office Procedure

You can price in-office procedures by accessing the AHN Online Fee Schedule as follows:

- Go to our website: <http://www.accesstohealthcare.org/>
- Select the option “Provider List”
- To price an in office procedure please follow the process below
  - Type in the code in question
  - Define if the visit was with a primary care physician or a specialist
  - Define if the visit was in the office or in the hospital/surgery center
  - Press “look-up” and your price will be given for both a tier 1 and tier 2 client
  - If you do not get a price or you believe the price to be inaccurate please contact our care coordination department at 775-284-8989 ext. 511
- Please **do not** use this fee schedule to price hospital or surgery center based procedures

### Fees Not Included in the Online Fee Schedule

Please be aware that some of the fees associated with your practice may not be found in the online fee schedule. Please consult your MOU for information about these “carve out” rates.

## Billing Access Medical Members

We encourage you to collect all necessary fees from an Access Medical member at the time of service. We understand that sometimes this may not be possible. In cases where a balance is owed after service is rendered please follow these simple steps to get paid the appropriate amount.

1. Price any necessary services with the Access Medical Online Fee Schedule
2. Please fax the amount owed along with a super bill/HICFA to 775-284-1053

Once we receive the HICFA into our office we will begin the process to get you paid. We will contact the member and inform them of the amount due and the timeframe in which it needs to be paid. We will follow up with you to make sure the member followed through on their financial responsibility. Access Medical members have 20 business days from the date we receive the HICFA into our office to pay the amount due in full. If the member does not pay the full amount due by this date they will be permanently removed from our program and the amount due can be reverted back to normal and customary charges and billed directly to the patient.

**Note:** Please do not send a HICFA/super bill to our office if the member paid in full the amount owed at the time of service.

The member has 20 business days after receiving this bill to pay in full.

## Referral Process

All referrals are required to be sent to AHN for processing.

While no pre-authorizations are required for referrals, it is very important that all referrals to specialists, imaging and some ancillary care providers be submitted to the Access Medical Care Coordination Department. There are several reasons we require this:

1. Some of our providers have signed on to see a limited number of Access Medical members per month.  
Referrals must be processed through our office in order to ensure that we adhere to our contracts with these providers.
2. By processing the referral through our office it allows us to help navigate your patient through the healthcare system. This includes helping the member to make an appointment, informing them of their financial responsibility, answering any question the member might have about the needed service, etc.

## Referrals to a Specialist

Please fax all referrals to our *Care Coordination Department* at **775-284-1053** for processing. Access Medical will send the referral to the appropriate provider and then fax this information back to you for your records within 48 business hours of the referral being made.

If a referral needs to be processed ASAP please either include this information on the referral or give us a call and let us know. We will make it a priority to process the referral in the timeframe you need.

Please include any notes you would like the specialist to receive along with the referral. We will ensure this information gets to the specialist.

## Referrals to Radiology

Please fax all referrals to our *Care Coordination Department* at **775-284-1053** for processing. Access Medical will send the referral to the appropriate provider and then fax this information back to you for your records within 48 business of the referral being made.

If a referral needs to be processed ASAP please either include this information on the referral or give us a call and let us know. We will make it a priority to process the referral in the timeframe you need.

Please include any notes you would like the specialist to receive along with the referral. We will ensure this information gets to the specialist.

## Pathology Specimens

*Please do not send specimens to LabCorp as they are not a part of the MDP provider network.*

Please refer our members to the following MDP contracted pathologists only.

*Western Pathology Consultants*  
343 Elm Street, Suite 206  
Reno, NV 89503

*Nevada State Health Laboratory*  
1660 N. Virginia Street  
Reno, NV 89557

If a specimen needs to be sent to an out-of-network provider please contact our Care Coordination Department so that we may try and negotiate a rate with the provider.

For a listing of all Access Medical contracted pathologists across all regions please refer to the MDP provider list which can be found on our website:

<http://www.accesstohealthcare.org/> (select the option "Provider List")



## Laboratory Testing

Please instead refer our members to the following MDP contracted laboratories only.

*Quest Diagnostics*  
1350 Stardust Street, Suite A-4  
Reno, NV 89503  
(800) 433-2750

*Saint Mary's Hospital Laboratory*  
235 West Sixth Street  
Reno, NV 89503  
(775) 770-3194

*Renown Outpatient Laboratory – Main Campus*  
1155 Mill Street  
Reno, NV 89503  
(775) 982-4761

***Please do not draw blood in office unless your Access Medical contract allows for discounted lab work.***

For a listing of all Access Medical contracted labs across all regions please refer to the Access Medical provider list which can be found on our website:

<http://www.accesstohealthcare.org/> (select the option "Provider List")

## Member Compliance - Guidelines

### Payment at the Time of Service

The Golden Rule of the Access Medical Program is that our members must pay at the time of service for anything that can be paid at the time of service. Our members are informed of this policy at the time of their enrollment and are made aware that if they do not pay for something at the time of service they will be removed from AHN.

### Payment Plans

Members are instructed at the time of enrollment that it is inappropriate to ask a provider to set up a payment plan for rendered services. They are instructed to communicate with their care coordinator if they are in need of financial help to pay for needed services. If a member asks you to accommodate them through after the fact billing or a payment plan please refer them to their care coordinator.

### No Call/No Show

We understand that a provider's time is very important and has adopted the following No Call/No Show Policy:

- If an Access Medical member fails to show for an appointment this is considered a No Call/No Show
  - The member can be charged a \$25 No Call/ No Show fee
  - The member will not be able to reschedule until the fee has been paid
  - If the member does not pay this fee they will be removed from the program
- If a member shows for an appointment without their payment this can also considered a No Call/No Show
  - It is entirely the provider's decision of whether or not to see the member or consider a no call/no show
- Two no call/no shows will result in permanent removal from Access Medical

If a member does not show for an appointment please contact our Care Coordination department so we can inform the member about the \$25 no call/no show fee and educate them on the fact that if it happens again they will be removed from the program.

### Late Cancellation

Access Medical members must abide by the following late cancellation policy:

- Access Medical member' must cancel their appointment within 24-48 hours or per the stated policy of the provider
- If they do not cancel their appointment within the appropriate timeframe it is considered a "no call/no show" and subject to the same fee and policies therein

### **In-Appropriate Behavior**

If at any time an Access Medical member behaves in a way that you deem to be inappropriate we ask that you please contact our care coordination department as soon as possible so that we can address the issue. Please be aware that Access Medical members are educated at the time of enrollment as to appropriate behavior with a provider and that repeated or egregious inappropriate behavior can result in removal from the program.