Physicians Reach Out:

Empowering Individuals with Limited Resources to Establish and Maintain Good Health

2014 Patient Guidebook
Welcome to Physicians Reach Out

Physicians Reach Out is a private, non-profit program that provides medical services to eligible, uninsured residents of Mecklenburg County. We partner with local hospital systems and medical providers to give you access to medical care.

The guidelines contained in this Patient Guidebook are important rules that must be followed by all patients involved in Physicians Reach Out (PRO). Failure to comply with the information in this guidebook may result in dismissal from our program.

All of our services are provided through the generous support of our volunteer medical professionals. Our services are limited and subject to the availability of our providers. However, we will do our best to help you through your time of need.

Thank you for the opportunity to serve you, and welcome to Care Ring’s Physicians Reach Out!
Important Terms

- **Network**: A network is a healthcare system. You will be assigned to either the Carolinas Healthcare System network or the Novant (Presbyterian) Healthcare network. You must stay within your assigned network for all medical treatment.

- **Primary Care Provider (PCP)**: This is the doctor, clinic, or nurse listed on your PRO ID card. This medical professional will provide general medical care and will refer you to a specialist doctor if needed.

- **Inpatient Care**: Inpatient care occurs when you receive services at a hospital and stay overnight.

- **Outpatient Care**: Outpatient care occurs when you have a procedure performed at a hospital or outpatient surgery center, and are allowed to go home after the service. An example of outpatient care is minor surgery.

- **Diagnostics**: A tool used for the analysis or detection of diseases or other medical conditions. Examples of diagnostic tests are MRI scans, X-rays, CT scans, colonoscopies, endoscopes, mammograms, etc.

- **Lab Work**: Lab work is performed on samples (of urine, blood, etc.) taken by your doctor. These samples are then sent to laboratories for testing.

- **Pathology**: Your doctor may use pathology to determine what is causing a sickness. This may involve lab work or other tests.

- **Specialist**: Medical specialists study a specific branch of medicine. Examples of specialists include heart doctors (cardiologists), female doctors (gynecologists), and kidney doctors (nephrologists).

- **Rehabilitation**: A treatment plan that aims to restore skills that were lost through illness or injury. This could include physical or occupational therapy.

- **Long-Term Treatments**: Treatments that span a period of time. These treatments are typically scheduled on a weekly basis. An example of long-term treatment is ongoing radiation or chemotherapy treatment for cancer patients, or dialysis for kidney disease.

- **No-Show**: A no-show occurs when you do not go to a scheduled doctor’s appointment, or when you do not cancel an appointment with 24 hour's notice.
Getting Started

Your Physicians Reach Out (PRO) benefits begin as soon as you receive notification of approval. The bottom portion of your Approval Notification letter is your PRO ID card. As soon as you receive your card, please verify that your name and date of birth is correct. If they are not, please notify a member of the PRO staff immediately.

Your PRO ID card has important information about your enrollment in PRO. On the left portion of the card you will see your name, ID number, plan code, and enrollment dates. On the right portion of the card, you will see your Primary Care Provider (PCP), their office location, and your hospital system. The bottom portion of your card explains your particular plan, including fees due for particular services.

Your assigned PCP name, address, and telephone number are listed on your card. You may contact your PCP as soon as you receive your card to schedule an appointment. Many clinics have waiting periods for new patient appointments, so it is important that you call as soon as possible to establish yourself in your new medical home. Please do not walk into your PCP’s office without an appointment, even if you are sick. You must always make an appointment before seeing your PCP.

Please detach your PRO ID card and keep it in a safe place. You are required to show your PRO ID card at every medical appointment. If you lose your card, there will be a fee for replacement.
Your plan code and fees for services may differ from this sample card.
Requesting an Interpreter

If you do not speak fluent English or are deaf/hard-of-hearing, PRO can provide an interpreter for your doctor’s appointments. In order for PRO to provide you with an interpreter, you must call PRO at least five (5) business days before your appointment and tell us the language needed and complete appointment information. If you change or cancel your appointment, you must call PRO as soon as possible so that we can inform the interpreter service. Your doctor is not obligated to see you if you arrive for an appointment without an interpreter. This counts as a missed appointment.

In most circumstances, we ask that family members or friends not translate during medical appointments. It is important that all information is communicated clearly and trained medical interpreters are best suited for this purpose.

How to Obtain a Specialty Referral

When your PCP has advised you to see a specialist, he or she will send a Referral Form to the Physicians Reach Out office. If the specialist is available through PRO, we will coordinate the first appointment between you and the specialty office. You can arrange any follow-up visits directly with the specialty office. Please note that there is a waiting list for all specialty appointments (see page 14). We are unable to provide emergency or STAT referrals to any specialty. You may reference the Specialty Wait Times list at the end of this packet for estimated wait time information.

A patient coordinator will notify you by phone about the appointment, providing the specialist’s name, practice name, address, date, and time of your appointment. If you go to any specialist appointment without PRO making your first appointment, you may be responsible for the charges.

If you cannot make a scheduled appointment, you must call to reschedule or cancel a minimum of 24 hours in advance. Failure to call and reschedule at least 24 hours in advance will result in a No-Show. After
two (2) no-shows for any medical appointment, you will be dismissed from Physicians Reach Out.

If your PCP refers you directly to a specialist, you must contact Physicians Reach Out before going to the appointment to ensure that you are covered.

The Renewal Process

You must renew your benefits with PRO every year. You will be required to pay a **non-refundable** $25 renewal fee per family. Your ID card shows your enrollment expiration date, which is the date that your benefits with PRO end. All renewal materials must be received by PRO by this date in order to continue receiving medical care. A renewal packet will be mailed to the address on file approximately 60 days before your expiration date. All renewal materials are also available on our website, [www.careringnc.org](http://www.careringnc.org). However, if you do not receive the renewal packet, it is your responsibility to contact PRO to learn how you can renew your benefits. Failure to renew on time will result in dismissal from the PRO program and from your medical provider(s). You will not be eligible to reapply to PRO until three (3) months after your card has expired.

Patient Responsibilities

**By enrolling in Physicians Reach Out (PRO), you agree to:**

1. Present Physicians Reach Out ID card each time a physician is seen.
2. Call your assigned Physicians Reach Out provider for all questions about your care.
3. Keep each doctor’s appointment. If you miss two or more appointments in 12 months, without letting the doctor’s office know at least 24 hours before the appointment, you may be dismissed from the program.
4. Follow your treatment plan. For example, you should fill prescribed medications and take as directed.
5. Pay all required fees or make payment arrangements with the provider in advance of treatment.
6. Use the assigned doctor and hospital system indicated on your card. You cannot change a doctor or hospital without permission from Physicians Reach Out.
7. Promptly supply any information requested by assigned physicians or Physicians Reach Out.
8. Report all income and health information accurately and completely.
9. Allow your Physicians Reach Out physician(s) to share your medical information with Physicians Reach Out. When medically necessary, you will be given a separate consent form to sign about your medical information.
10. Remain aware of the expiration date of eligibility in the program. Apply for renewal before expiration date. Medical services provided by any physician will not be covered through Physicians Reach Out program if patient card is expired.
11. If a medical practice dismisses you from their care for anything other than medical reasons, you will automatically be dismissed from PRO.
12. If you require one, it is your responsibility to have an interpreter present when you are calling PRO.
13. If you become eligible for or covered by Medicare, Medicaid, private insurance, other health insurance, or medical benefits, you must immediately contact Physicians Reach Out.
14. Apply for Medicaid or other assistance if Physicians Reach Out asks you to.
15. Contact Physicians Reach Out immediately with any changes in address, phone number, or number of family members.
16. Illegal behaviors and the use of illegal substances are NOT permitted and will result in immediate dismissal from PRO.

Patient Code of Conduct

- Treat all doctors and staff with respect and kindness. Remember, physicians and practices are volunteering their services and we always want to show them that we appreciate their service.
- Any yelling or other rude behavior may result in immediate dismissal from the Physicians Reach Out program.
- If you have a complaint, you should first call a member of the Physicians Reach Out staff.
Avoiding Charges

In order to avoid being charged for services, there are a few things you should keep in mind:

1. Physicians Reach Out is only able to cover medical services received in Mecklenburg County and with providers who work with our program.
2. You must stay within your assigned hospital network. Physicians Reach Out cannot cover medical services that were received at out-of-network hospitals or facilities.
3. Lab work or diagnostic testing should be completed at in-network facilities. You must ask your provider or nurse to send samples or schedule appointments with in-network facilities. Please note: we do not work with LabCorp. If your lab work is done by LabCorp, you will be responsible for 100% of the charges. Lab work completed at in-network facilities (including Solstas labs) will still be subject to a copay.
4. Initial appointments with specialists must be scheduled by PRO. If they are not, you may not be covered.
5. If you have a non-life threatening emergency and feel that you may need to go to the emergency room, call your PCP office first, or call the 24/7 Nurse Care line that corresponds to your assigned hospital network.

Novant (Presbyterian): 704-414-5410
Carolinas: 704-512-7839

Handling Bills

If you receive a bill, **DO NOT IGNORE IT!** Please follow these steps:

1. Contact the provider sending you the bill. Have your Physicians Reach Out card with you.
2. Ask the provider’s office to explain what the charges are for.
3. If you still believe that you do not owe the bill, explain that you are a member of Physicians Reach Out, why you believe the bill is incorrect, and ask the provider
to resubmit the claim to NBA (their website can be found at the bottom of your PRO card).

4. Write down the name and phone number of the person who is helping you, as well as the date and time that you spoke with them about your bill.

5. Wait at least 30 days to allow the new claim to be processed.

6. If after 30 days you continue to receive the incorrect bill, please contact a member of the Physicians Reach Out staff. Have all of the above information with you when you call.

7. Allow 5 business days for a member of the PRO staff to return your call. Multiple messages about the same issue will slow down our response time.

You must try the above steps on your own before Physicians Reach Out can assist you.

Understanding the Emergency Room

If you go to the emergency room, you will receive a bill. The copay for the emergency room listed on your card covers the facility fee only. This means that you will be charged for the physician’s fees, any lab work or imaging completed, and any other services or materials that are associated with use of the emergency room. You are responsible for any bill for emergency services.

If you are not experiencing a life-threatening emergency, you must contact your primary care provider’s office or use one of the 24/7 nurse advice lines to determine if you should go to the emergency room. All provider office have an after-hours call service should you need to call after business hours.

If you do need to use emergency room services, please notify Physicians Reach Out when you are discharged; in most cases, we are able to coordinate follow-up care for you. Be sure to have your ER discharge papers with you when you call.

Please note, Urgent Care centers are not covered by PRO either.
Prescription Medications

During your orientation meeting, you were given information about NCMedAssist, a program that provides patients with access to free or reduced cost prescription medication. You are encouraged to enroll in their program as soon as you have a prescription from your doctor.

Please note: Physicians Reach Out and NCMedAssist are not the same program, and enrollment in one does not guarantee enrollment in the other. Additionally, we do not share information between agencies. You are responsible for ensuring that you have all the materials for enrollment in NCMedAssist, for patient privacy reasons, we cannot send them material from our office. NCMedAssist only provides brand-name medication to PRO patients, they are not able to provide generic medications to PRO patients. If you have questions about NCMedAssist, you may contact their office at 704-536-1790, or visit their website: www.medassist.org.

At your orientation meeting, you were also given information about the WellCard, a discount card that can be used for a variety of medical services, including prescription drug assistance, and dental and vision services. If you have questions about the WellCard program, you may visit their website at www.wellcardhealth.com, or call the number listed on the pamphlet.
Frequently Asked Questions

1. When will I receive my card?

In general, PRO ID cards will be received on the day you enroll in the program. However, in some cases, you may be mailed your card. You should receive your card within five (5) business days.

2. Once I have received my card, how do I schedule an appointment to see my primary care provider?

Call the assigned primary care provider’s phone number on your card.

3. How do I see a specialist?

All specialty referrals must come from your assigned PCP. You must contact your PCP and request a specialty form be sent to our office. Once the specialty referral has been received in our office, a PRO staff member will schedule an appointment. Please note that all specialties have a waiting list, and we are unable to expedite or provide emergency referrals. If you need specialty care before it can be provided through Physicians Reach Out, you can schedule an appointment with a specialist at your own cost.

4. How do I request an interpreter for an appointment?

Call a member of the PRO staff at least five (5) business days prior to your appointment.

5. My card is about to expire, what do I do now?

PRO mails renewal applications sixty (60) days prior to your enrollment expiration date. You can also download an application from our website, www.careringnc.org. You are responsible for returning your application, a non-refundable $25 application fee, and all supporting documents to our office by the final date of your enrollment period.

6. Where do I go for lab tests?

Lab tests should be done in labs that are affiliated with your assigned hospital system. DO NOT use LabCorp.
7. Do I have to pay a fee for diagnostic testing? (e.g. lab work, x-rays, MRIs, etc.)

Yes, you will be responsible for the Diagnostic copay for any diagnostic testing, including lab work.

8. What if I cannot keep my appointment?

If you cannot keep your appointment, notify the provider's office a minimum of twenty-four (24) hours in advance. Failure to notify a doctor's office will result in a no-show being counted against you. If you have more than two (2) no-shows in twelve (12) months, you may be disenrolled from the Physicians Reach Out program.

9. What do I do when I receive a medical bill?

If you receive a medical bill, follow the steps on page 8.
**PHYSICIANS REACH OUT**

**AVAILABILITY & ESTIMATED WAIT TIMES FOR SPECIALTY REFERRALS**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Estimated Wait time</th>
<th>Services Not Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy/Asthma</td>
<td>1 month</td>
<td></td>
</tr>
<tr>
<td>Cardiology</td>
<td>2 months</td>
<td></td>
</tr>
<tr>
<td>Colon/Rectal Surgery</td>
<td>1 month</td>
<td></td>
</tr>
<tr>
<td>General Dentistry</td>
<td>7 months (Even emergency)</td>
<td>Cosmetic Dentistry, Periodontics</td>
</tr>
<tr>
<td>Oral &amp; Maxillofacial Dentistry</td>
<td>12 months</td>
<td>Orthodontics</td>
</tr>
<tr>
<td>Pediatric Dentistry</td>
<td>No Wait</td>
<td></td>
</tr>
<tr>
<td>Dermatology</td>
<td>2 months</td>
<td>Pathologies are not covered</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>1 month</td>
<td></td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>CMC 3 months/ Novant 1 month</td>
<td></td>
</tr>
<tr>
<td>Gastroenterology/Pediatric</td>
<td>1 month</td>
<td></td>
</tr>
<tr>
<td>Gynecology</td>
<td>2 months</td>
<td>Obstetrics/Family Planning not covered/Fertility treatment not covered/IUD device not covered</td>
</tr>
<tr>
<td>Gynecological Oncology</td>
<td>No wait (Novant only)</td>
<td>No provider available through CMC</td>
</tr>
<tr>
<td>Hematology/Oncology</td>
<td>No wait</td>
<td></td>
</tr>
<tr>
<td>Nephrology</td>
<td>1 month</td>
<td></td>
</tr>
<tr>
<td>Neurology</td>
<td>CMC – 2 months/ Novant - 6 months (Novant temporarily closed to new referrals)</td>
<td></td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>1 month</td>
<td></td>
</tr>
<tr>
<td>Ophthalmology &amp; Diabetic Eye Exam</td>
<td>12 months (Temporarily closed to new referrals)</td>
<td>Routine eye exams not covered/Eye glasses/Contacts not covered</td>
</tr>
<tr>
<td>Orthopedics (all sub specialties)</td>
<td>1.5 months</td>
<td>Durable Medical Equipment not covered/ Home Health Services not covered</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>9 months (Temporarily closed to new referrals)</td>
<td>Hearing Aids not covered</td>
</tr>
<tr>
<td>Pain Management</td>
<td>Not Available</td>
<td></td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>CMC 6 months (referral needed)/ Novant PCP office can schedule directly with Novant Physical Therapy</td>
<td>Home Health Services not covered</td>
</tr>
<tr>
<td>Podiatry</td>
<td>12 months (Temporarily closed to new referrals)</td>
<td>Durable Medical Equipment not covered</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Not Available</td>
<td>Refer patient to Cardinal Innovations</td>
</tr>
<tr>
<td>Pulmonary</td>
<td>3 months</td>
<td></td>
</tr>
<tr>
<td>Rheumatology</td>
<td>1 month (CMC only)</td>
<td>No provider available through Novant</td>
</tr>
<tr>
<td>Sleep Medicine</td>
<td>3 months</td>
<td>CPAP machine not covered</td>
</tr>
<tr>
<td>Surgery-General</td>
<td>12 months (Temporarily closed to new referrals)</td>
<td>Home Health services not covered</td>
</tr>
<tr>
<td>Surgery-Breast</td>
<td>1 month</td>
<td></td>
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<tr>
<td>Surgery-Vascular</td>
<td>1 month</td>
<td></td>
</tr>
<tr>
<td>Urology</td>
<td>3 months</td>
<td></td>
</tr>
<tr>
<td>Wound Care</td>
<td>Not Available</td>
<td></td>
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</tbody>
</table>

* Specialty availability is also subject to individual practice wait times and provider availability
* Please note these wait times are estimates and can vary at any time without notice
* Wait times are also subject to special individual circumstances determined on a case by case basis

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