



Project Access Medical Scope

General principles for scope of medical services

- Project Access offers services that represent the most commonly needed specialty care.
- Services are provided for conditions that have an immediate need for treatment or management (includes medical, surgical, and some chronic conditions).
- Services are “medically necessary.”
- Project Access is the provider of “last resort” in that services that are accessible for free in other venues should be sought in those settings.
- Project Access services are a “bridge” to care and not a permanent solution.

Specific services that are outside the scope of Project Access

Project Access has a limited scope and does not provide the following services:

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| ■ Behavioral health care | ■ Preventive services, including screening colonoscopy, mammogram, and pap smear, unless they are part of a diagnostic work-up |
| ■ Bariatric surgery | ■ Immunizations and allergy testing |
| ■ Transplants | ■ Flu shots unless medically indicated |
| ■ Ongoing or pre-existing dialysis | ■ Trauma |
| ■ Circumcisions | ■ Conditions for which third party liability payments exist such as MVA or worker's compensation claims |
| ■ Physical therapy (with exceptions), occupational therapy or ongoing nutritional counseling | ■ Hepatitis C |
| ■ Obstetrical care and family planning | ■ TMJ |
| ■ Chronic pain management | ■ Diabetes Type II for glucose control |
| ■ Fibromyalgia | ■ Infertility treatments or sterilizations |
| ■ Limited neurology (no chronic headaches) | ■ Cosmetic surgery |
| ■ Physicals for any reason other than pre-surgery or to enable medical management of an active medical condition | ■ Joint replacements |
| ■ Research and experimental treatments | ■ Any specialty service in which there is not an active provider volunteer base |

Time-limited commitment for services - Project Access is not intended to offer permanent access to care for patients. Patients will be fully informed of this when they enroll.

Project Access Providers have committed to serve patients for defined episodes of care or limited terms of medical management. Providers may opt to continue service to patients beyond the enrollment period – but this is an individual provider decision.

If a patient's approved treatment plan requires them to enroll more than twice they will be required to apply for state medical insurance or disability. The patient must provide Project Access with proof of a denial before they will be enrolled for a third term.

Discontinuation of care – Providers may at times find they are unable to continue to serve a Project Access patient and wish to terminate care prior to the end of the service commitment. The Clark County Project Access program will inform patients and physician/providers in cases of early termination of care.

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