



Provider Agreement to Participate

Medical Access Program (MAP) Demonstration Project
100% Access Healthcare Initiative

(To be completed by registered provider)

We are asking healthcare and social service providers to participate in a new community demonstration project that aims to organize healthcare (including mental health and dental care) and social services for uninsured Lane County residents. MAP will first screen patients to confirm they cannot afford commercial insurance, are not eligible for government-sponsored programs (OHP, FHIAP, Medicare) and do not currently receive for healthcare services from a Lane County safety net clinic.

For the MAP pilot, physicians and health service providers are being asked to:

- (1) Donate medical care with support from other healthcare and social services;
- (2) Submit a zero-balance due "claim" through a web-based portal, or via fax, for services rendered so MAP can quantify the value of care provided to MAP enrollees;
- (3) Complete a Charitable Immunity Waiver registration and submit registration to the State Board of Medical Examiners (optional).

About the Medical Access Program (MAP)

- Is NOT an insurance program:
- Coordinates primary care, specialty care, mental health, dental care, social service and ancillary care.
- Patients will present a MAP Card in place of an insurance card to receive services.
- Patients will not be charged for basic primary care services, nor be subject to a participation fee in the pilot stage.
- Nominal fees may be incurred for a subset of additional services (e.g., some medications, mental health visits).
- The MAP Office will coordinate services that are beyond the scope of primary care (i.e., specialty care, mental health, ancillary services, dental care, and social service providers).
- All MAP clients will be required to work with a MAP Care Coordinator.
- MAP will be supported by a web-based technology system that will provide the infrastructure in which volunteer and low-cost care can be delivered in a timely, effective and well-organized manner.
- The demonstration project is 6 months of enrollment per each client.
- A total of 100 clients will be enrolled during the demonstration project. Client care will be equitably distributed across provider sites/groups.

AGREEMENT TO PARTICIPATE

I, the undersigned, choose to participate in the Medical Access Program (MAP). I understand that this is a volunteer program. I can choose to stop participation at any time by submitting the *Change of Participation Status Form*. I understand that if I choose to stop participating, the MAP office will have 14 days to secure a new healthcare or social service provider for MAP clients that are assigned to me. During the 14 days, I will continue to provide services within the scope of my routine practice.

Signature _____ Date _____

Printed Name: _____

Title: _____ Facility Name _____

Contact Person for MAP: _____ Phone: _____

Submit by mail or fax to:

MAP Registration
c/o Health Policy Research NW
1800 Millrace Drive
Eugene, OR 97403

Fax: (541) 984-5691
Phone: (541) 431-1900

You can also register online at: www.mapcard.org

For MAP Office Use Only

Provider list updated on: _____ MAP Staff Initials: _____