

MEMORANDUM OF UNDERSTANDING

BETWEEN

San Diego County Medical Society Foundation (SDCMSF)

AND

CLINIC Name: _____

San Diego County Medical Society Foundation (SDCMSF), located at 5575 Ruffin Road, Suite 250, San Diego, CA 92123 and _____ located at _____ agree to work cooperatively on Project Access San Diego, effective ____ / ____ /2009. Project Access San Diego is a volunteer network of physicians and other healthcare providers that provide coordinated, free healthcare to low-income, uninsured patients with the goal of strengthening the San Diego safety-net system of care.

This MOU establishes and formalizes the relationship between the organizations as it pertains to Project Access San Diego (PASD) and to clarify roles and responsibilities for each organization.

1. SDCMSF will:

- 1.1. Provide training to clinic leadership and staff on PASD;
- 1.2. Provide clinic with all appropriate PASD contacts and contact information;
- 1.3. Accept and process referrals from clinic;
- 1.4. Notify clinic when a successful referral has been made;
- 1.5. Notify clinic within 10 business days when the referral cannot be made;
- 1.6. Assist patients in identifying potential health insurance coverage;
- 1.7. Refer patients to a volunteer physician from the PASD volunteer bank;
- 1.8. Be available via phone, email, and fax to clinic staff to discuss the status of patient referrals
- 1.9. Comply with all relevant rules and regulations associated with HIPAA

2. Clinic will:

- 2.1. PASD recognizes Clinic as the patient's medical home. As such, clinical follow up is the sole responsibility of Clinic;
- 2.2. Designate one key contact for PASD for the organization (see below);
- 2.3. Provide a care-coordination contact for each participating clinic site (see below);
- 2.4. Send at least one representative to the PASD training sessions – to be held on June 17 and June 23;
- 2.5. Ensure that patients meet PASD criteria:
 - 2.5.1 Patient does not currently have any type of health insurance coverage, e.g. CMS, Medi-Care, Medi-Cal, private insurance;
 - 2.5.2 Under 350% of the Federal Poverty Level
 - 2.5.3 Resident of San Diego County
 - 2.5.4 Fully explain patients roles and responsibilities;

2.5.5 Complete the entire PASD Referral Form including, but not limited to: level of urgency and patient signatures;

2.6. Use the PASD Referral Guidelines when referring patients to PASD.

2.7. Comply with all relevant rules and regulations associated with HIPAA.

3. Both agencies agree to the following:

3.1. Modifications to memorandum of understanding will be made by mutual agreement in writing;

3.2. Either party, upon giving thirty (30) days written notice to the other party, may terminate the memorandum of understanding without cause;

Please complete the following requests for information

Organization Name:

Contact for Organization; including phone, email, fax:

Medical Director Name:

Medical Director Contact Information

For each participating clinic site, please complete the following information. If referrals are handled at one central location for your organization, we only need one contact person.

Participating Clinic(s)	Clinic Address	Contact Name for lead care coordination staff person	Contact Phone	Contact Fax	Contact Email

By signing this MOU, both organizations agree to jointly pursue the goals of Project Access and abide by the terms outlined above.

San Diego County Medical Society Foundation

Signature, Date

Title

Health Center

Signature, Date

Title

Please return a signed copy of the MOA to Kitty Bailey at kbailey@sdcms.org or fax: 858-569-1334 by June 19, 2009.