



Provider Health Network

The Provider Health Network (PHN) FAQs for Physicians

Who is eligible for the PHN?

The Provider Health Network is open to any resident within the Harris County Region, i.e. Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery and Waller Counties--U.S. citizenship is not required. The patient cannot have health insurance of any kind. The program also excludes people currently covered by Medicaid, Medicare, CHIP or VA benefits. People with an income greater than 150% of the Federal Poverty Level are not eligible for the PHN.

Household Size	150% Federal Poverty Level
1	\$16,245
2	\$21,855
3	\$27,465
4	\$33,075
5	\$38,685
6	\$44,295
7	\$49,905
8	\$55,515
9	\$66,735
10	\$77,955

How long can patients be in the program?

A patient's eligibility expires six months from the day of enrollment. Up to a month before that date, a patient can contact the PHN Navigator to request an extension. The Care Coordination Manager will contact the treating PHN physician to evaluate the need to continue the patient's care in the program. Extensions will be given when eligibility and need have been established. The treating physician's office contact will be notified if the extension is approved or denied.

What if I have a patient who qualifies for The Provider Health Network but is not in the program?

Complete the Referral Request Form and **fax** it to the Provider Health Network office at 713.785.3077 (Harris County) OR 281.494.0183 (Fort Bend).

Do patients pay for services?

We are asking patients to pay a small co-pay for prescriptions accessed through the PHN.

What about lab or radiological services?

If you are able to provide these services in your office, please consider donating them to the Provider Health Network. Otherwise, complete the Referral Request Form and **fax** it to the PHN offices at 713.785.3077 (*Harris County*) OR 281.494.0183 (*Fort Bend*).

What if a patient needs services that I don't provide?

Complete the Referral Request Form and **fax** it to the Provider Health Network offices at 713.785.3077 (*Harris County*) OR 281.494.0183 (*Fort Bend*). If you have any questions, please contact the PHN Patient Care Coordinators at 713.783.4616, Ext. 229 (*Harris County*) OR 281-302-5746 (*Fort Bend*).

What about pharmacy needs?

The PHN Care Coordination Team will help the patient access resources available from the primary care setting because many of our member clinics have on-site pharmacies that can manage the prescription needs at a very low cost to the patient. If the medication is not available, the patient will be able to access the PHN Pharmacy benefit. However, if your office or clinic has access to samples, we request and encourage you to use that option.

The PHN pharmacy benefits are limited and accessed as an option of last resort. All prescriptions are to be reviewed and approved by the Patient Care Coordination Manager. There is a small co-pay for prescriptions for patients 19 years of age and older. If you prescribe a medication for long-term use, the PHN staff will work with the patient to enroll in a Pharmacy Assistance Program to get their needed medicines at low or no cost.

The Prescription Network is the PHN pharmacy manager. Through the Prescription Network, patients will be able to fill prescriptions through most retail pharmacies (i.e. CVS, Walgreens) in the Harris County region.

What is standard procedure for an ER visit or admittance?

The Provider Health Network does not cover ER visits. If a patient has an emergency or needs to be admitted to the hospital after normal business hours, the patient should go to the nearest ER and the hospital will provide treatment by following its normal charity care procedure.

What happens at the end of my pledge to my Provider Health Network patient?

If you decide to no longer participate in the PHN or to no longer see a patient, you can notify the Provider Health Network Patient Care Coordinator and a new volunteer physician will be located for the patient. We encourage you to give the patient a copy of their medical records to take to their health home and to the next volunteer physician. If the patient's eligibility expires, you may continue to see the patient as your patient, but they will no longer receive PHN benefits. If you decide to discharge the PHN patient, follow the standard protocol for discharging a patient from your practice.

What are the malpractice implications of volunteering?

Three laws protect physicians in volunteer capacities: 1) the Texas "Charitable Immunity and Liability Act," 2) the federal "Good Samaritan Law," and 3) the federal "Volunteer Protection Act of 1997."

The Texas Charitable Immunity and Liability Act, a doctrine designed to encourage volunteerism, provides immunity from civil liability for physician volunteers who provide non-emergency medical services. Immunity relies on the following criteria:

- Work is for a nonprofit organization and the physician is not being compensated.
- The physician acts in good faith within the scope of his or her license.
- The patient has provided written consent.
- The organization has a liability insurance coverage of at least \$500,000 for each person, \$1,000,000 for each single occurrence for death or bodily injury, and \$100,000 for each single occurrence for injury to or destruction of property.

The Good Samaritan Law provides immunity from civil liability to physicians who provide uncompensated emergency care when the need arises as long as:

- Their actions are in good faith.
- They are not compensated.
- Their actions did not cause the emergency.
- They are not the admitting physician or associated physician with treating the patient.

The Volunteer Protection Act of 1997 protects volunteers from liability abuses in order to promote the interests of nonprofit organizations.