

Infrastructure Development & Insurance Protocols

**UPMC OPHTHALMOLOGY COMMUNITY OUTREACH &
REMOTE ACCESS PROGRAMMING (CORAP)**

January 9, 2025



OUR MISSION

The Community Outreach and Remote Access Initiatives team (CORAP) is committed to delivering high-quality eye care to underserved communities and developing a research-backed sustainable model to do so.

By addressing barriers to care, reducing health disparities, and fostering meaningful partnerships, we aim to create sustainable solutions that improve vision health and empower individuals. Through innovative approaches to remote access and tele-health initiatives with a patient-centered focus, we strive to build a future where equitable access to eye care is a reality for all.

MEET THE TEAM



Program Director **Dr. Jake Waxman**

Evan “Jake” Waxman, MD, PhD, vice chair for education at UPMC Eye Center and professor at the University of Pittsburgh, has directed medical student activities since 1999 and the residency program since 2004. As founder of the Guerrilla Eye Service (GES), Dr. Waxman provides eye care to underserved communities using portable equipment and a dedicated team of students and faculty. His efforts have earned prestigious honors like the Pitt Chancellor’s Award and the Jefferson Award.



Program Manager **Zeila Hobson**

Zeila Hobson brings a rich background in project leadership and UX research to her current role in community outreach. Having established the UX Research department at REEA Global and contributed to large-scale, human-centered UX studies at Meta Reality Labs, she excels at turning complex challenges into actionable solutions. Zeila oversees and spearheads community outreach and remote access initiatives, driving efforts to expand eye care access through mobile clinics and innovative telemedicine programs.



Coordinator **Valeria Villabona-Martinez**

Valeria Villabona-Martinez, MD, a Colombian-trained physician, has built a career at the forefront of ophthalmic research, clinical care, and public health. After contributing to corneal research at the Cole Eye Institute, she now spearheads community outreach efforts at UPMC, managing clinical research, patient care, and public health strategies. Her work focuses on addressing barriers to visual healthcare, reducing blindness, and advancing ophthalmic knowledge through impactful research and publications.



Coordinator **Paula Sepulveda-Beltran**

Paula Sepulveda-Beltran, MD, a Colombian-trained physician, has cultivated a career that integrates ocular surface disease research, clinical care, and community outreach. At Bascom Palmer Eye Institute, she contributed to groundbreaking advancements in infectious keratitis and neuropathic ocular pain. She now leads transformative, community-focused initiatives at UPMC, spearheading programs that eliminate barriers to care, deliver high-quality eye health services, and advance vision health equity for underserved populations.



Technician **Brenda Kirk**

Brenda Kirk has 30 years of experience in the field of Ophthalmology. She currently holds a certification as an Ophthalmic Assistant through the International Joint Commission on Allied Health Personnel in Ophthalmology and acts as the clinical lead for community outreach events, providing compassionate care to patients in need to ensure their prescriptions, images and eyeglasses are immaculately procured.

A G E N D A

- Our Mission
- Meet The Team
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PROJECT UMBRELLAS



Mobile Clinics*

eyeVan

Eye care for older adults and other underserved populations: comprehensive eye exams in assisted living facilities and community centers, supported by student volunteers.

GES

Facilitation of comprehensive eye exams at ~11 FQHC sites supported by staff and student volunteers.

Partnered Clinic Initiatives*

Mobile clinics affiliated with external organizations to bring eye services to underserved and vulnerable populations throughout Pittsburgh.

Mission of Mercy

Annual clinic event held at the David L. Lawrence Convention Center to provide free vision, dental and audiology services to attendees.

Pennsylvania Eye Day

State-wide initiative to provide diabetic retinopathy screenings to at-risk patients.

Remote Access

Remote Screening

Use automated ophthalmic retina cameras to screen for ophthalmic diseases (diabetic retinopathy, glaucoma, macular degeneration) in high-risk patients before symptoms appear.

Eye Care in the Medical Home & Remote Urgent Consultation

Comprehensive eye exams in primary care and community-based ED settings with remote supervision by comprehensive ophthalmologist.

Remote Monitoring

Remote Testing

Use diagnostic devices in satellite practices and outpatient testing centers to monitor disease progression.

Remote Inpatient Consultation

Improve remote supervision for physician assistants (PAs) in inpatient settings.

*Insurance Support

RESEARCH

Student Engagement

- Guerilla Eye Service (GES) Coordination / Catering
- GES Leadership Training Sessions
- GES Debriefs
- Quarterly GES Volunteer Event*
- Research Team Recruitment
- Research Team Meetings
- General Volunteer Recruitment

Research Facilitation

- **Surveys:**
 - Visual health screening
 - PRAPARE (SDOH)
 - No-show
 - Satisfaction
- **Codified Research Databases:**
 - Mission of Mercy
 - Mission of Mercy Imaging Data
 - Follow-up Patient Data
 - Diabetic Retinopathy Screening*
- **IRB Applications:**
 - TopCon Devices
 - Mission of Mercy
 - CORAP Initiatives
- **Patient Metrics & Services Value**

Conferences & Publications

- **Abstracts for Association for Research in Vision and Ophthalmology (ARVO):**
 - Patient and Operator Experience Using an Automated Refractor: Opportunities for Remote Ophthalmology
 - Social Determinants of Health and Insurance Disparities in Eye Care Access: Insights from a 2-Day Community-Based Event
- **Review Article Outlines*:**
 - Bridging the Gap: Advancing Implementation Science in Ophthalmology
 - Advancing Eye Care for Seniors in Living Facilities: Current Challenges & Future Directions
 - Mobile Units in Ophthalmology: Redefining Accessibility & Outreach

*In Progress

INTERNAL INFRASTRUCTURE

Procedural Documents

- Insurance SOP*
- Van Maintenance SOP
- Reimbursements / One Card SOP
- Guerilla Eye Service (GES) Master SOP*
- GES Leadership SOP
- GES Referral Guide*
- Changing Life Through Lenses SOP
- Eyeglass Order Form Guide
- Mission of Mercy (MOM) Master SOP
- MOM Recruitment Guide
- MOM Volunteer Guides
- MOM Eyeglass Pick-Up Day SOP*
- EPIC Scheduling Guide
- Interpreter Scheduling Guide
- EPIC Pool SOP*
- CORAP Role Allocation
- CORAP Ground Rules & Procedures
- Grant Narratives & Deliverables Updates

Workflow Development

- MOM Workflows
- eyeVan Clinic Workflow
- eyeVan Interest Form
- Patient Scheduling Form
- No-Show Follow-Up Survey
- Insurance Workflow Chart & Resources*
- PSR Communications Workflow
- GES File Sharing Workflow
- DRS Imaging File Sharing Workflow*
- DRS Imaging Training Guide(s)*
- FHQC meetings:
- Detailed Project Plans & Timelines for all Project Umbrellas / Sub-Projects*
- Monthly / Quarterly Stakeholder Report(s)
- Presentations:
 - eyeVan Pitch Deck
 - Eye Care for Older Adults
- Active Volunteer Database*

Networking & Partnerships

- COMPASS Community Partner
- Harvard Mobile Health Map
- National Diabetes Prevention Program
- Mission of Mercy 2025
- January 2025 Planning Sessions:
 - Neighborhood Resilience Project
 - Bedford Dwellings
 - Macedonia FACE
 - Thelma Lovett YMCA
 - K.L. Irvis Towers
 - Ebenezer Towers
 - Bellefield Dwellings
 - Renewal Inc
 - Hospice 365 (11 Possible Locations)
 - UPMC Health Plan
 - Billing Codes
 - Target Populations
 - Telehealth Support
 - UPMC Social Impact
 - Hosanna House

*In Progress

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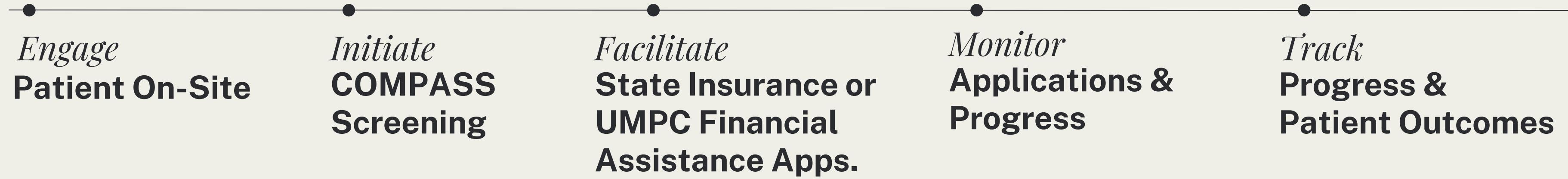
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SCHEDULING & INSURANCE WORKFLOW: HIGH LEVEL



INSURANCE WORKFLOW: HIGH LEVEL

Facilitating Insurance Counseling



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INSURANCE WORKFLOW: STEP 1

Schedule Appointment

- Register patient in EPIC, if needed
- Schedule under relevant specialist
- Note:
 - Referral Source
 - Insurance Status
 - Need for Translator
- Register with MyUPMC portal for reminders
- Share insurance/UPMC FA resources

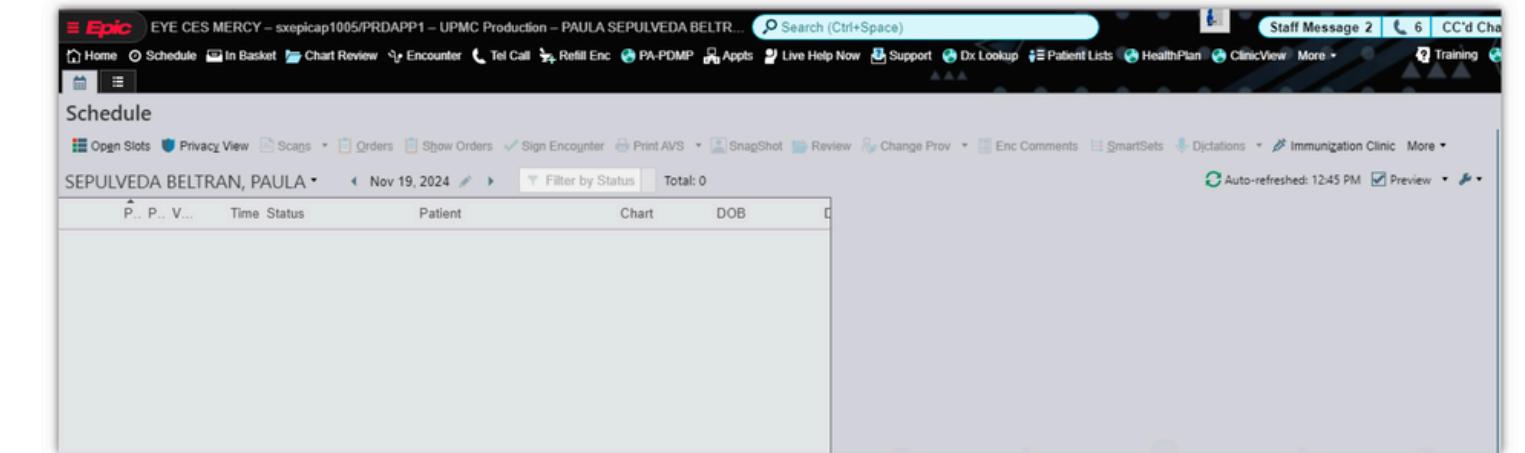
Patients that are not scheduled on-site are contacted by phone and/or e-mail 3 times to facilitate scheduling.

EPIC Cheat-Sheet

SCHEDULING OF PATIENTS

STEP 1: ACCESS EPIC

- Log into EPIC, which will take you to the home page.
- Note: Your template may differ depending on your role, access permissions, and account setup.



Scheduling SOP Preview

INSURANCE WORKFLOW: STEP 2

Update Calendar & Follow-Up Patient List

- Include patient's full name, MRN, date and time of appointment in outlook calendar.
- Add information to weekly PSR list.

Color coding

- Purple: MOM patients
- Green: GES patients
- Red: eyeVan event-related patients
- Light Blue: Uninsured patients

		December 2024								
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
Dec	1	2	3	4	5	6	7			
		10:30 AM Brenda Simpos 12:45 PM Michelle A. Alle	8 AM Agustin Velasco (M) 8 AM Raja Gopal Reddy I	12:30 PM Carl Vansluytm 3:30 PM Ronald W. Harki	1 PM LEONELA SANMAR 1:45 PM ANNA DANGERI	3:15 PM Brenda S. Petros				
	8	10:30 AM James L. Pears	10:15 AM Mario Perez (M)	11 AM Shabana Ahmadi	1:30 PM Gary Carlisle (M)	9 AM CANCELLED: Da				
	9				11:30 AM ROXANNE DILL	3 PM OGINGA SMITH (M)	10 AM Aracely Chub (MF)	+3		
	10									
	11									
	12									
	13									
	14									
	15	10:30 AM Faith R. Fant (N) 12:30 PM Sandra Borelan	2:30 PM Barbara Davis, K	2:30 PM Diahn Walker (N)						
	16	+2								
	17									
	18									
	19									
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	25									
	26									
	27									
	28									
	29									
	30									
	31									
	Jan 1									
	2									
	3									
	4									

Color-Coded CORAP Follow-Up Calendar

INSURANCE WORKFLOW: STEP 3

Relevant Communications

- Request for **translation services**
 - International Patient relations
 - Global Wordsmith
- **FQHC Partners**
- **PSRs:** insurance status / language assistance for patients scheduled the following week.
- **Patients:** confirm appointment and relevant insurance / financial assistance resources, as needed.

January 13-17, 2025											
Date	Time	Name	MRN	Event	Dept	Provider	Insurance	Translator	Comments		
Mon, 1/13/25	11:00 AM	Dierdre Cooper	841144493	MOM	CES Mercy	Dr. Sarah Michelson	Gateway Medicare/Highmark Wholecare Mc Diamond	No			
Tue, 1/14/25	10:45 AM	Jeronimo Zarate	743194703	GES	CES Mercy	Dr. Evan L. Waxman	Uninsured	Yes, translator confirmed Helena K.E (Global Smith Services)	EMA was not extended because they considered their pathologies chronic (information given by birmingham clinic personal, they receive it from the county).PA MA Case worker: Erbrecht (412-209-0168) contacted, did not reply. Contacted her daughter, she said that the insurance was approved until November so we will need to apply to UPMC FA with the bill that will be generated after the visit.		
Wed, 1/15/25	8:00 AM	Jerome White	737338642	MOM	CES Mercy	Dr. Michael Chang	Work Comp/Encova Insurance	No			
	8:15 AM	Alma Valdespino	841584385	GES	Glauc Mercy	Dr. Zachary Nadler	Uninsured	Yes, translator confirmed Roman A. (Global Smith)	Medicaid application filled out on 10/07/24 - Denied. Made 3 phone calls with no response. We will walk her through UPMC FA		

Weekly PSR Update Example

INSURANCE WORKFLOW: STEPS 4 - 7

Counsel Patients

4. Uninsured patients are met on-site on the day of their appointment, as needed

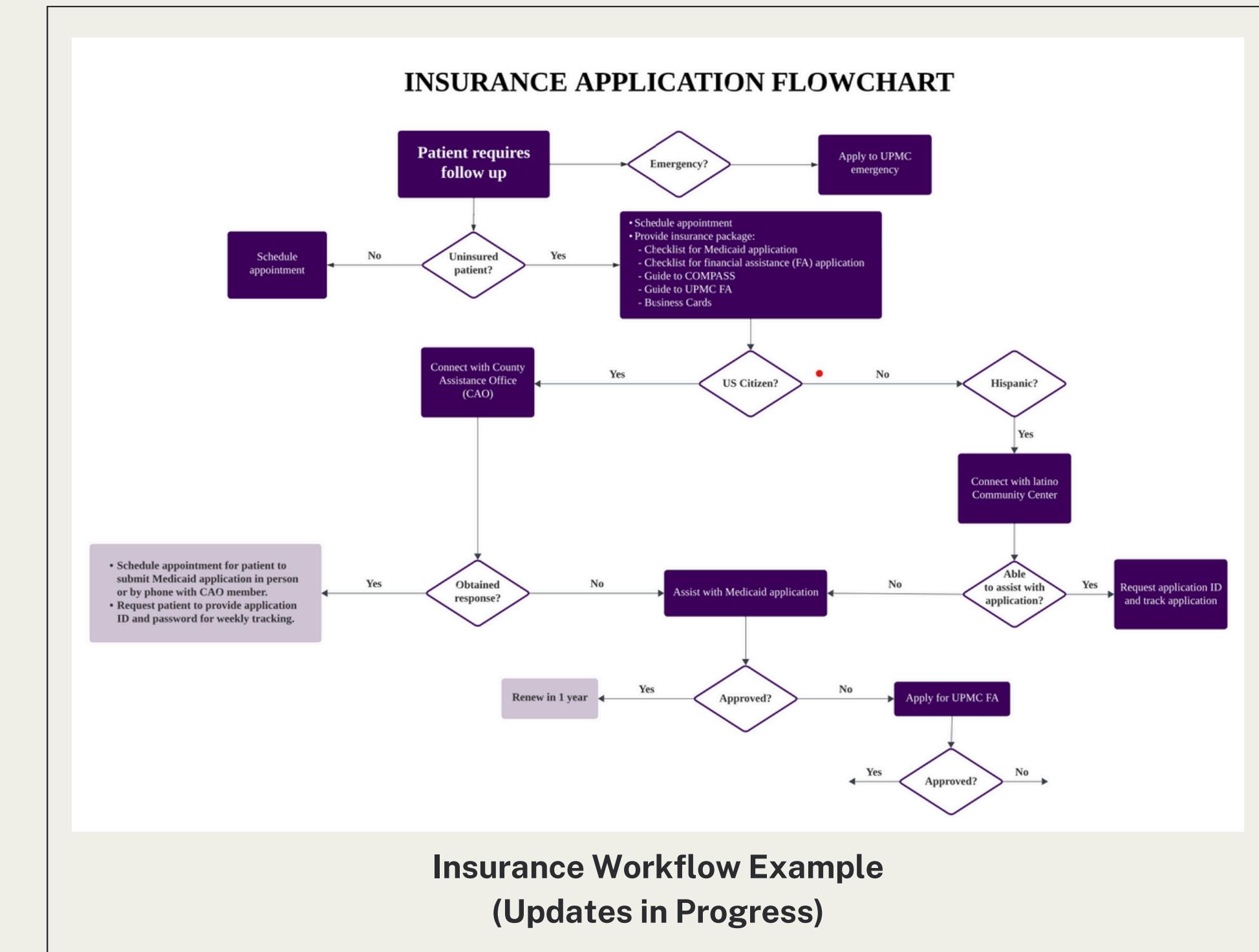
5. Patients complete **COMPASS Screening**

6a. **Pass:** Facilitate Medicaid or Medicare

- Track via COMPASS Community Partner Dashboard

6b. **Fail:** UPMC Financial Assistance

7. Annotate progress: EPIC, Calendars, Excel



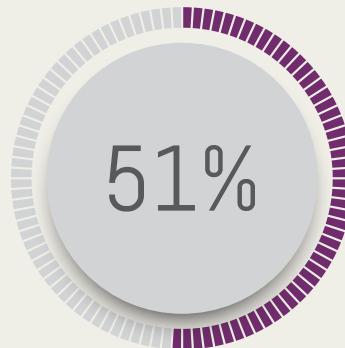
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PATIENT DEMOGRAPHICS

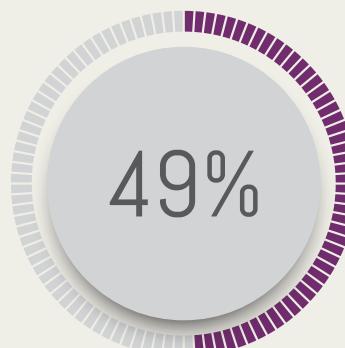
Insurance Type

- **MOM-24:** 462 patients reported their insurance status.



Uninsured

- Motive: Citizenship Status



Insured

- Medicare (108)
- CHIP/Medicaid (90)
- Private insurance (77)
- Other public insurance

- **GES:** Most of the patients are uninsured and/or immigrants (Hispanic, Hindi, Asian, Nepalese, Haitian)

- **eyeVan Events:** Half of the patients were insured under Medicare or other insurance.

Race

- **MOM '24:**
 - White (266) and Black (202).
 - Other: Asian (31), American Indian/Alaska Native (16), more than one race (14) and Pacific Islander (2).
 - Hispanic (104)
- **GES:**
 - Squirrel Hill Health Center & Birmingham Free Clinic
 - Hispanic majority
- **eyeVan:**
 - White (16) and Black (13)
 - Asian (1)

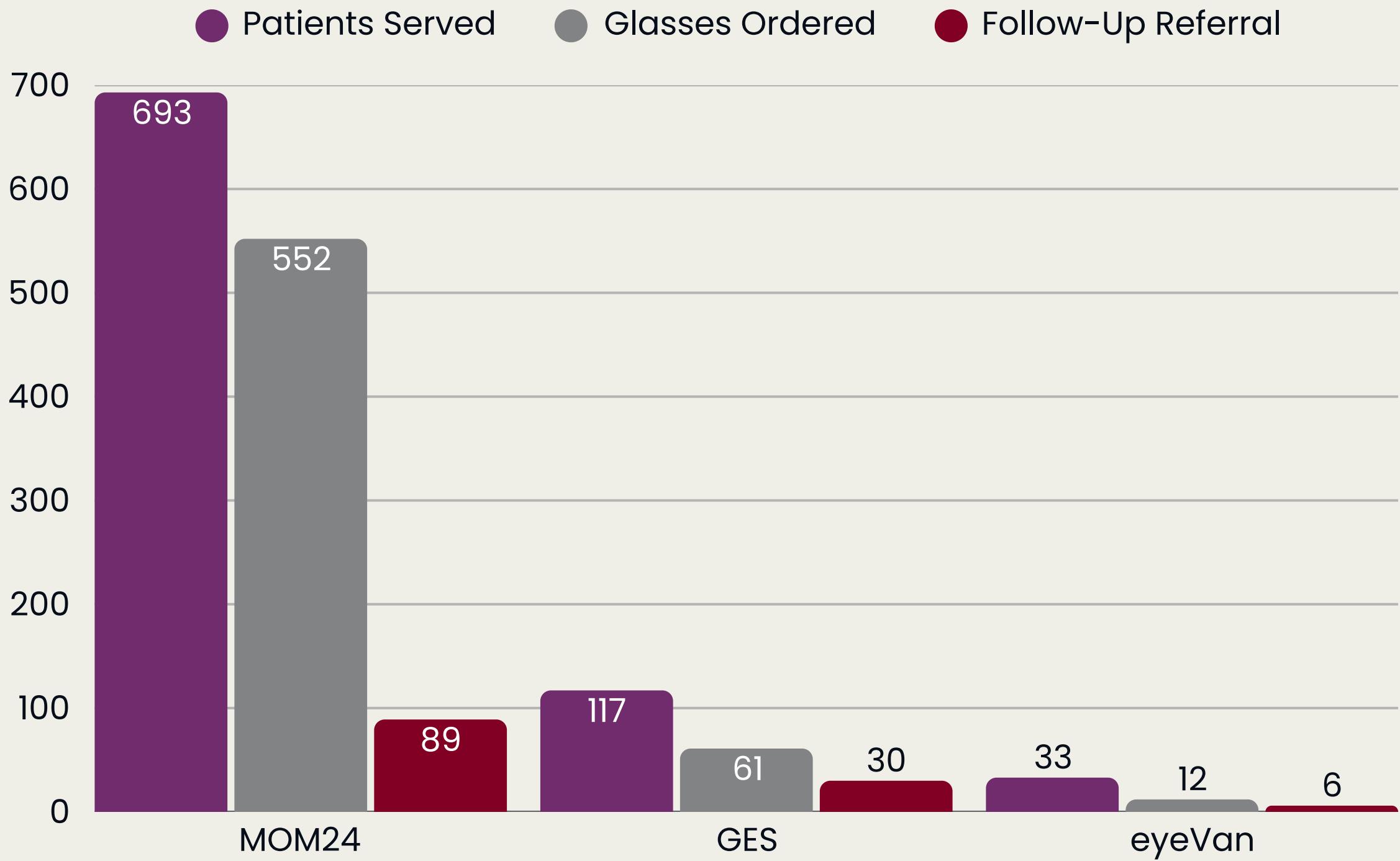
Household Income

- **MOM '24:**
 - Average income: \$28,527
- **eyeVan:**
 - Average income: \$31,296
- **GES:**
 - Low-income



Q4 2024
Stakeholder
Report

PATIENT OUTCOMES: OVERVIEW



843 patients
received eye
services via
CORAP
programming
since Sep. '24



625 pairs of
glasses have
been ordered
via *Changing*
Life Through
Lenses since
Sep. '24

PATIENT OUTCOMES: FOLLOW UPS



88 of 125
Referrals

SEP '24 - JAN '25

~46 of 88
No-Shows

SEP '24 - JAN '25

Follow-Up Appointments

125 patients are scheduled for follow-ups from GES Missions, eyeVan events and Mission of Mercy 2024. As of Jan 10, 88 of these scheduled dates have passed.

Follow-Up Surveys

A brief qualitative survey for no-show patients is in development to inform research on social determinants of care.

PATIENT OUTCOMES: FOLLOW UPS

56+
Insurance Aid
SEP '24 - JAN '25

~25 of 42
2nd Referrals
SEP '24 - JAN '25

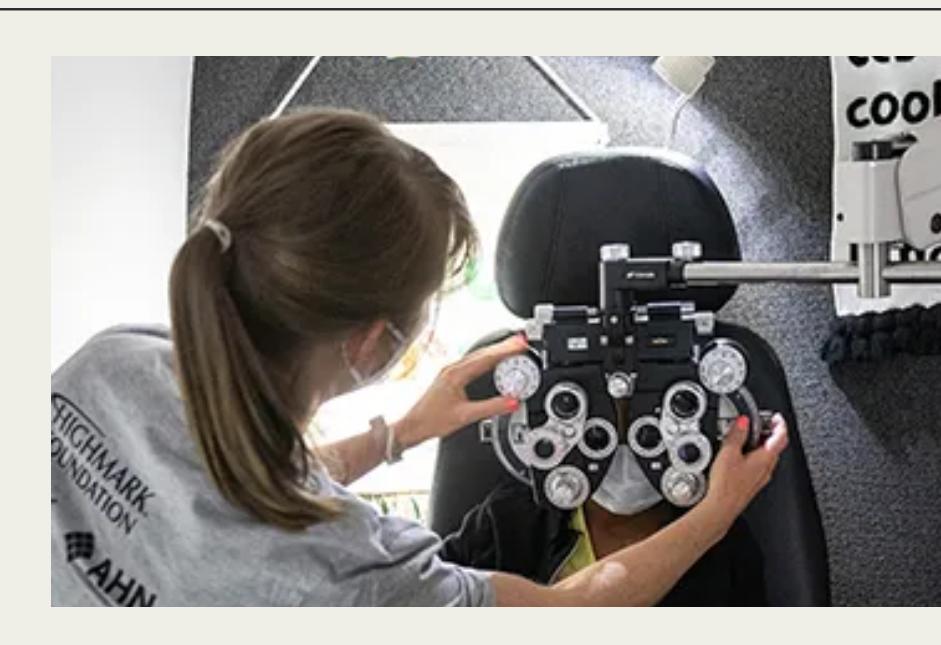
Resource Sharing & Facilitation

Patients who reported lack of insurance were contacted at least 3 times, provided insurance resource packets and were assisted with relevant applications, as needed. Feedback loops were established with FQHC partners that have on-site support available.

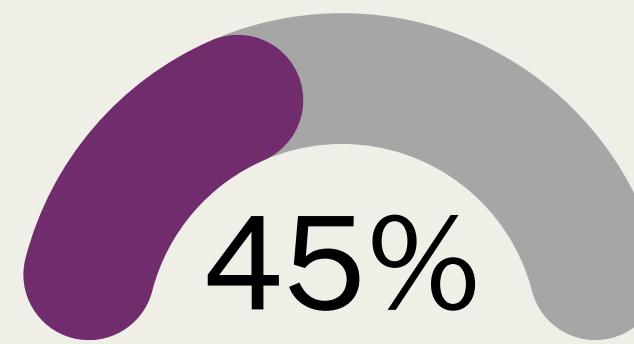


Secondary Follow-Up Appts.

Patients requiring additional appointment(s) and/or continued care.



PATIENT OUTCOMES: FOLLOW UPS



of total referrals (125) required
initiation of insurance counseling



of patients seen (42) required
additional appointments



of past referrals (88) failed to arrive
for their scheduled appointments

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STAKEHOLDER FEEDBACK

We work closely with FQHC social workers and admins to facilitate insurance counseling. Our partners often provide insight on the efficacy of Medicare/Medicaid and UMPC Financial Assistance programs for their patients.

For the purposes of the presentation, we reached out to Birmingham Free Clinic for feedback. Their patients are largely low-income immigrants and their families.

STAKEHOLDER FEEDBACK

“The obstacles for patients that need care are such that this program, while well intentioned, offers very little help.”*



Betsy Schwartz

Professional Staff Nurse, OP
Birmingham Free Clinic

*UPMC Financial Aid

STAKEHOLDER FEEDBACK

Interactions with UPMC Financial Aid

Communications

“It is not uncommon to wait on the phone for 45 minutes to speak with an agent. This is not a reasonable or sustainable process for patients or staff. Secondly, the phone tree is in English. Once the patient is through to a representative, they have to know enough English to be able to ask for an interpreter.”

“UPMC Financial Aid communicates by mail and usually in English. Our patients move residences often or have difficulty accessing their mail... Many patient have limited English language skills so these letters are not helpful.”

STAKEHOLDER FEEDBACK

Interactions with UPMC Financial Aid

Documentation Requirements

“While the Financial Aid application is simple, the accompanying documents required are not easily obtained and the process fails; many of our patients are paid in cash (housecleaners, dishwashers, seasonal workers, roofers, etc.) and don't receive paystubs, don't have social security numbers, and do not have bank accounts, so proving their low income by these standards is nearly impossible.”

“A bill is needed before UPMC Financial Assistance can be applied for and some schedulers at UPMC will not schedule a self-pay patient, so it can be difficult to get an appointment that will generate a bill. This ‘no self-pay-patients’ rule seems to be applied inconsistently...”

STAKEHOLDER FEEDBACK

Immigration Concerns

Collections

“Also, many patients are fearful of being billed because... If the bill goes to collections, this (having debt) can negatively impact their immigration process. This prevents many patients from agreeing to the process, so care is never delivered.”

Medicaid Denial

The requirement for a Medicaid denial to support a UMPC Financial Assistance case “can not only delay care by 30+ days in addition to the 30 days for Financial Aid approval, but for patient in the immigration process a Medicaid denial labels them as a ‘burden to the state’ and can negatively impact their immigration process.” Patients’ immigration lawyers have reportedly advised them not to apply for state coverage during immigration processing.

PATIENT CASE STUDY: KENNY SALAMI

REFERRED FROM BIRMINGHAM CLINIC - AGED 71

October 2023

Patient referred from BC and diagnosed in his first appt at VI with: Advanced open-angle glaucoma, severe stage both eyes and mixed cataracts.

Plan: Latanoprost, referral to Glaucoma Specialist within 1 month to evaluate for combined procedure.

January 2024

Glau/cat evaluation “Latanoprost, add brimonidine bid OU. Schedule CE/PCIOL + ACP 250 ST Sulcus OD then OS. **PT will lose vision OU if unable to proceed with surgery in next 2-3 months. PT is working to establish health insurance coverage ASAP.**

PT Nav. advised him to apply to PA MA as he is applying to Asylum and for an SSN. She advised him to apply with immigration attorney's help

February 2024

PT Nav: “Per patient, the attorney is from Immigration and would not be able to help with this”

“Discussed upcoming procedures and insurance/self-pay.”

May 2024

- BC will apply to UPMC FA for the UPMC FA bill

PATIENT CASE STUDY: KENNY SALAMI

REFERRED FROM BIRMINGHAM CLINIC - AGED 71

October 2024

Patient denied Medicaid due citizenship status, income level and inability to meet documentation deadlines.

November 2024

F/U Appt with Glaucoma:

- Same treatment plan as January '24
- Discussed that **PT will lose vision OU if unable to proceed with surgery in next 2-3 months. Pt is working to establish health insurance coverage ASAP.**

UMPC FA application submitted, status unknown

January 2025

Appointment to generate a bill and re-apply to UPMC FA.

Same treatment plan as January '24

Discussed that **PT will lose vision OU if unable to proceed with surgery in next few months. PT is working to establish health insurance coverage ASAP.**

January 2025

Surgery Scheduler and PSRs notified of PT's insurance status (self-pay).

PT Nav. contacted patient on January 10, 2025 and discussed applying for PA MA in great length.

Patient stated that he now has **a work permit and a Social Security Number and he will work with an attorney to re-apply for PA MA.**

PATIENT CASE STUDY: KENNY SALAMI

Barriers to Care

- Waiting times for paperwork lead to urgent procedures being pushed back multiple times.
- Ever-changing PA MA policies and application requirements.
- General confusion with the process due to the above in addition to fear of financial burden and negative impact on immigration processes.

PATIENT CASE STUDY: MARIA BOY MARTINEZ

REFERRED FROM SQUIRREL HILL HEALTH CENTER - AGED 70

May 2010

Established patient of **15 years**.

Long-term management of:
Mild POAG, OU

- S/p SLT, OU (04/24)
- Stable with Brimonidine BID, OU

11/2024

IOPs at target OU (13/10)

BCVA:

- OD: 20/25 +1
- OS: 20/30 +2

OCT RNFL (11/24), OU borderline

HVF 24-2 (03/24), OU WNL

November 2024

Under GES payor from
01/01/2022 until 11/01/2024

Records show denied Medicaid coverage during that time period

- Did not qualify due to immigration status

Record of coverage through PA MA (2017)

December 2024

Patient sought medical attention for head trauma following a mechanical fall.

- Imaging (CT scan, X-ray) and laboratory tests required
- **Outstanding balance.**

PATIENT CASE STUDY: MARIA BOY MARTINEZ

REFERRED FROM SQUIRREL HILL HEALTH CENTER - AGED 70

November 2024

Per PT Navigator

“Per patient, she does not want to apply for health insurance and stated she does not have a Social Security Number. Per patient, she appreciated everything Dr. Waxman has done for her, but does not want to apply for health insurance or any assistance.”

January 2025

Patient **canceled** upcoming follow-up appointment scheduled for **05/16/2025**.

- Per PT: Concerns about ability to address outstanding balance, does not want to garner more debt.
- Informed that she will receive a call from CORAP team.

Per Kailey DiRenzo (SHHC)

“In the past we tried for EMA, but she did not have anything going on so it was denied. She showed bills she received from UPMC but they seemed to be too low for EMA to cover so I gave her the UPMC Financial Assistance to fill out!”

Currently applying for UPMC FA.

PATIENT CASE STUDY: MARIA BOY MARTINEZ

Barriers to Care

Financial Constraints:

- Fear of increasing existing financial burden and inability to pay.
- Ever-changing PA MA policies and application requirements.

Immigration-Related Concern

- Worry that financial issues may negatively impact immigration process.

Slow Progression of Visual Impairment & Difficulty Differentiating Medications

- Continuous monitoring is essential for this patient due to her history of difficulty administering drops.
- Per chart (04/24), she mistakenly applied artificial tears instead of brimonidine, as both were sitting next to each other.

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OUR 2025 PRIORITIES: PATIENT COVERAGE

- Establish recurring meeting with Patient Navigator for collaboration.
- Continue to support coverage efforts of patients referred from our Mobile Clinics and Partnered Initiatives.
- Refine aid workflows and document how our team and FQHC partners adapt.
- Continue to track patient metrics to analyze and compare patient outcomes.

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QUESTIONS & CONCERNS

- Processes are confusing and intimidating to patients.
- Stakeholders are already overworked.
- Vision-preserving surgeries are not covered by UPMC FA and may not qualify for EMA.
- Waiting times for insurance coverage may affect eye health and needed surgeries.

Thank you.
