



Keeping Families Healthy

ENROLLEE HANDBOOK

1-800-543-7633
www.accessplus.org



If you need help with this Handbook please call the ACCESS Plus toll-free Helpline at **1-800-543-7633**. You can call us 24 hours a day, 7 days a week. There will be someone who can speak with you in your native language.

Enrollees with hearing impairments can use our TTY line at **1-800-654-5984**.

Keeping Families Healthy – Enrollee Handbook

ACCESS PLUS Helpline 1-800-543-7633
(TTY 1-800-654-5984)

Welcome to ACCESS Plus!

As an ACCESS Plus member, you have access to:

- A Nurse Advice Line that you can call 24-hours per day, 7 days per week with health questions
- A Primary Care Provider (PCP) that manages your care and gives referrals to specialty doctors
- Help making appointments
- Management for chronic diseases (like asthma, diabetes, and heart and lung diseases)
- Check-ups for kids, teens and young adults (under age 21)
- A toll-free Helpline, 1-800-543-7633 (TTY 1-800-654-5984)

The services you can get through ACCESS Plus will depend on the benefits package you have through Medical Assistance (MA). You may also have a co-pay for some services.

You can call the ACCESS Plus Helpline at 1-800-543-7633 to find out what services are covered for you and whether or not you will have a co-pay for services.

Your ACCESS Plus PCP may need to refer you to a specialist for a service to be covered by MA. Read this Enrollee Handbook to find out which services need a referral from your PCP.

If you need help with this Handbook please call the ACCESS Plus Helpline at 1-800-543-7633. The Helpline is available 24 hours a day, 7 days a week. Access Plus is administered by the Pennsylvania Department of Public Welfare.

CONTENTS

5 Helpful Words

9 Visiting the Doctor

Picking a PCP	9
Changing Your PCP	10
Getting a New PCP	11
Making an Appointment	12
Visiting Your PCP	13
Specialist Care.....	14
Emergency Care	16
Prior Authorization	17
Your Right to a Second Opinion.....	18
Your Covered Benefits and Limits	19
Benefit Limit Exceptions.....	20
DPW Fair Hearing	23
Co-Payments.....	24

31 Pregnancy, Family Planning and Children’s Health

Care During Pregnancy	31
Healthy Beginnings Plus.....	32
Family Planning Services.....	32
Women, Infants and Children (WIC)	33
Children’s Health – Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	33

Early Intervention Services.....	34
35 Dental, Vision and Prescription Drugs	
Dental Services.....	35
Vision Services	35
Prescription Drug Coverage	36
Prior Authorization for Medications.....	37
38 Special Services	
Disease Management	38
Behavioral Health Services.....	40
HIV/AIDS Services	42
Services for People with Special Needs	42
Advance Directives.....	43
Regional Advisory Committee Meetings.....	44
Transportation.....	45
48 Working with ACCESS Plus	
If You Have a Problem	48
Leaving ACCESS Plus	49
Continuity of Care.....	50
Privacy and Confidentiality	52
Member Rights	53
Member Responsibilities	55
Recipient Restriction (“Lock-In”) Program.....	56
Focus on Quality Improvement.....	57

HELPFUL WORDS

ACCESS Plus – This is the name of the MA physical health care program operating in 42 counties in Pennsylvania which provides services to eligible MA Recipients not enrolled in a voluntary managed care organization (MCO). ACCESS Plus recipients have a Primary Care Provider (PCP) that manages their care and gives referrals to certain specialty providers, and they can get Disease Management services if they qualify.

Advance Directives – also known as living wills, these are written instructions given by individuals specifying what actions should be taken or not taken regarding their health care and treatment in the event that they are no longer able to make their own decisions due to illness or incapacity.

Care Coordination – ACCESS Plus will help you coordinate the medical, social, educational and other services you need to take care of you and your family's health. For example, ACCESS Plus will help you find transportation to your medical appointments.

Co-pay – Short for "co-payment." This is a fee that you may have to pay for some services, like doctor visits and prescription drugs. Your co-pays are determined based on your age and benefits package.

Covered Service – The services you can get under ACCESS Plus depend on your MA benefits package. For example, coverage for prescription drugs, medical equipment and dental services are provided to some persons on MA but not to others. Call the ACCESS Plus

Helpline at **1-800-543-7633** to find out what services are covered for you.

Department of Public Welfare (DPW) – This is the agency that runs the Medical Assistance (MA) Program and oversees the ACCESS Plus program.

Disease Management – Extra services you can get if you have certain chronic diseases (like asthma, diabetes and heart disease) to help you manage your disease and stay as healthy as possible. Extra services may include educational programs about your disease or specialized case management to help coordinate all of your health care needs.

Early and Periodic Screening Diagnosis and Treatment (EPSDT) – Guidelines for medical and dental check-ups and follow-up care for kids, teens and young adults (under age 21).

Helpline – The ACCESS Plus Helpline is available 24-hours per day, 7-days a week. You can call to ask questions, to get help scheduling appointments or to talk about problems you are having related to your medical coverage.

Immunizations – Shots that help prevent sickness like the flu, measles, mumps and chicken pox.

Lab Work – Blood or urine tests used to help find illness.

Medical Home – A term used to describe a team approach to providing health care to individuals and families. A Medical Home refers to a primary health care setting that is family-centered and compassionate and where a partnership develops between the family and their primary health care provider (PCP). Together they can

identify and access all medical and non-medical services needed by the individual and their family to stay as healthy as possible. The Medical Home maintains a centralized, comprehensive record of all health related services delivered to the person and their family to promote continuity of care.

Medically Necessary – This term refers to services, medical equipment or supplies, procedures or levels of care that are necessary for proper treatment or management of an illness, injury or disability. To prove that a service or treatment or medical item is medically necessary, a provider must show that it will, or is reasonably expected to:

- 1) prevent the onset of an illness, condition, injury or disability; or
- 2) reduce or improve the physical, mental or developmental effects of an illness, condition, injury or disability; or
- 3) assist the recipient in achieving or maintaining maximum functional capacity in performing daily activities, taking into account both the functional capacity of the recipient and those functional capacities that are appropriate of recipients of the same age

Practice Guidelines – Guidelines that help your doctor make decisions about prevention, or treatment of a specific health condition.

Preferred Drug List (PDL) – A This is a list of medicines that are covered by the Department of Public Welfare. Those drugs that are determined to be best among a class of drugs based upon their clinical effectiveness, safety and outcomes are designated as “preferred drugs”. The PDL also lists other drugs that are designated as “non-

preferred” drugs. Non-preferred drugs can also be covered for MA recipients if the drug is found to be Medically Necessary and if the recipient receives Prior Authorization from DPW.

Prenatal Care – Care that is given to a pregnant woman the whole time she is pregnant. This care is important for the mother and unborn child’s health.

Primary Care Provider or PCP – A doctor, clinic or other health care professional who handles all of your health care needs like check-ups, shots, blood work and medicine when needed. Your PCP can also answer medical questions, will act as your medical home, and give you referrals to specialty doctors.

Prior Authorization – A process required by DPW before you can get certain medical procedures, treatments or medications. Under prior authorization, DPW reviews a prescription for a health service or medication, along with any related medical records, to decide whether or not it is medically necessary. DPW must determine the service/ medication is medically necessary before it can be paid for under MA.

Referral – When your PCP sends you to a specialist for care.

Specialist – A doctor who practices a special kind of medicine, like an ear, nose and throat doctor, or a heart doctor (cardiologist).

VISITING THE DOCTOR

Picking A PCP

A Primary Care Provider (PCP) manages your care and acts as your medical home to help you maintain your health. Your PCP will give you check-ups and care when you are ill. If needed, your PCP can arrange for you to see a specialist.

There are several kinds of health care providers who may be PCPs:

- Family practice and general practice doctors (who treat adults and children)
- Internal medicine doctors (who only treat adults)
- Pediatricians (who only treat children and teens)
- Certified registered nurse practitioners
- Certified registered nurse midwives
- Physician's assistants
- Physician specialists

The PA Enrollment Services Hotline can help you find a PCP. Call them at **1-800-440-3989**. When you enroll with ACCESS Plus, you will need to pick a PCP. If you do not pick a PCP within 14 days, ACCESS Plus will choose a PCP for you.

If you or a family member has a special need and you want to pick a PCP with that need in mind (for example, a PCP whose office is wheelchair accessible), please call the Enrollment Services Hotline at **1-800-440-3989**.

You can change your PCP at any time by calling the Enrollment Services Hotline.

Whenever you have a medical need, call your PCP. Your PCP will make an appointment for you or will answer your questions.

Your PCP will be available to you by phone 24 hours a day, 7 days a week. Call your PCP's office for instructions about how to contact your PCP when the office is closed. You may also call the Nurse Advice Help line at **1-800-543-7633** (TTY 1-800-654-5984).

Every person in ACCESS Plus will get an ACCESS Plus ID card to be used with their ACCESS/EBT card. The ACCESS Plus ID card lists your PCP's name, address and phone number. Show both your ACCESS Plus card and your ACCESS/EBT card when you go to your PCP for care.

If your ACCESS Plus card is lost, call the ACCESS Plus Helpline at **1-800-543-7633** for replacement. If your ACCESS/EBT card is lost, call your County Assistance Office for replacement.

Changing Your PCP

If you want to change your PCP for any reason, call the Enrollment Services Hotline at **1-800-440-3989**. Enrollment Services staff will give you the names and addresses of other doctors available in your area. A searchable PCP directory is available online at the ACCESS Plus website www.accessplus.org or the Enrollment Services website www.enrollnow.net. You can also ask for a list of Medical Assistance (MA) providers by calling the ACCESS Plus Helpline at **1-800-543-7633**.

When you change your PCP, a new ACCESS Plus ID card will be sent to you. It could take up to a week to get the new ACCESS Plus ID card, but you should be able to start seeing your new PCP the day after you make the change because that's when providers can see your new PCP in the electronic system.

Your PCP may ask you to change to another doctor if:

- You disagree with or refuse to go along with the doctor's treatment plan
- Your doctor feels another doctor could better care for you
- You miss three appointments in a row without calling to cancel or change your appointment

If this happens, ACCESS Plus will contact both you and your PCP to discuss the reason your PCP is asking you to change doctors. ACCESS Plus will send you a written notice before your PCP can stop treating you. If you do not agree with the reason why your PCP is asking you to change to another doctor, you can file a complaint. You will not have to change doctors until the complaint process is finished. For more information, please see page 48.

Getting A New PCP

Sometimes a PCP will stop providing services to MA patients. He/she may decide not to take MA or the ACCESS Plus Card anymore, or the PCP may move. When this happens, you need to pick a new PCP. As soon as ACCESS Plus learns that a PCP is going to stop providing services, we will send a letter to all of the ACCESS Plus Enrollees who go to that doctor. You will be asked to

contact the Enrollment Services Hotline at **1-800-440-3989** so they can help you find a new PCP.

When changing your PCP, you will want to ask your doctor to have your records sent to your new doctor. It is also important that you continue any treatment you are already getting. If you need help getting the care you need, call the ACCESS Plus Helpline at **1-800-543-7633**.

Making An Appointment

If you are having an emergency, you should call your PCP or go to the nearest Emergency Room. Otherwise, when you want to see your PCP you should call to make an appointment. To make an appointment with a PCP, call the phone number printed on your ACCESS Plus ID card and ask for an appointment.

When you call, tell the PCP why you need to see him or her. Your PCP will decide if your need for care is urgent. If it is, your PCP will see you within 24 hours. For a regular check-up, you may have to wait two to three weeks.

If you need help scheduling an appointment, please call the ACCESS Plus Helpline at **1-800-543-7633**. If you need an interpreter, you can call your PCP's office or the ACCESS Plus Helpline for assistance.

If you are going to be late for an appointment or cannot make it, call the PCP's office so you can set a new time or day. It is very important to reschedule any appointments that you cannot keep, because:

- Your health care is a top priority
- If you miss three appointments in a row without notifying the office or rescheduling, your PCP may dismiss you and you would need to find a new PCP

Your PCP does not know how long it will take to see each person. Please be patient if you have to wait. If you feel you have to wait too long at your PCP's office, or if you feel you have to wait too long to get an appointment, you can call the ACCESS Plus Helpline to register your complaint at **1-800-543-7633**.

Some PCP offices allow "walk-in" visits. This means that you can go without an appointment and still be seen. Walk-ins may have to wait longer to see the PCP. If you want to know if your PCP allows walk-ins, ask the office staff.

Visiting Your PCP

It is important that you and all your family members who are on MA go to see your new PCP(s) as soon as possible. Get to know your PCP and let him or her get to know you. This way, if you or a family member gets sick, the PCP will be able to give the best care.

You should see your doctor regularly – not just when you are sick. ACCESS Plus suggests that you see your doctor once a year for a check-up. Here are some things the PCP may do when you visit:

- Check your blood pressure
- Check your blood sugar (for diabetes)
- Provide a breast exam and PAP smear

- Give you information on family planning and sexually transmitted diseases
- Talk with you about substance abuse and mental health
- Do screenings such as rectal exams for older adults, and referrals for mammograms
- Speak with you about quitting smoking, eating healthy and other things important to your health

If you are sick or get hurt, see your PCP as soon as possible. If it is an emergency, call your PCP or go directly to the nearest Emergency Room. If you think you may be pregnant, see your PCP or an OB/GYN right away.

Specialist Care

Your PCP may say you need special medical care. When this happens, your PCP will send you to a specialist. This is called a referral. ACCESS Plus covers health care you get from specialists when:

- The specialist who gives you care is enrolled with MA
- And, your PCP approves care that needs a referral

Not all specialty services need a referral from your PCP to be covered by MA. See below to find out which covered services need a referral from your PCP. If you need help finding a specialist call the ACCESS Plus Helpline at **1-800-543-7633**.

Referrals from your PCP are needed for:

- Physician services with certain kinds of specialists (for example, a cardiologist, or a neurologist)

- Physical therapy, occupational therapy and speech therapy
- Services from a foot doctor (podiatrist)

Remember, the services MA covers depend on your MA benefits package. To find out what services are covered for you, call the ACCESS Plus Helpline at **1-800-543-7633**. Children under 21 get all medically necessary services.

In ACCESS Plus, you do not need a referral for the following services.

- Family planning
- OB/GYN treatment
- Inpatient hospital care
- Nursing home or residential care in a medical facility
- Medical transportation or ambulance
- Diagnostic/laboratory services (like X-rays or blood work)
- Medical services through the school
- Pregnancy related services
- Dental services
- Eye exams
- Prescriptions
- Mental health services
- Medical equipment
- Drug or alcohol treatment
- Hospice
- True emergency services
- Help to stop smoking

Emergency Care

An emergency is a health problem that is life threatening, or one that will seriously affect your health if not treated right away. It can result from an accident or sudden illness, and puts you in danger of death or severe harm.

If you have an emergency, prior approval for care is NOT needed. Call 9-1-1, or go to the nearest emergency room.

Some examples of emergencies are:

- Chest pain
- Poisoning
- A serious accident
- Severe burns
- Damage to your eyes
- Broken bone(s)
- Throwing up blood
- Sudden loss of feeling or not being able to move
- Severe pain in your stomach area
- Fainting or a severe dizzy feeling
- Severe wound or heavy bleeding
- Choking or being unable to breathe properly
- Severe shortness of breath
- Miscarriage (when a pregnant woman loses her baby)
- Strong feeling you might kill yourself or another person

If you are not sure whether you have an emergency, you should call your PCP.

The emergency room will perform an appropriate initial screening examination to determine if an emergency condition exists. If an emergency exists, the hospital

will conduct additional examinations and treatments to stabilize your medical condition.

If you are admitted to the hospital because of an emergency, you should let your PCP know. You should call within two days or as soon as you or your family can call.

Prior Authorization

Sometimes your doctor will need to get “prior authorization” for a service you may need before MA will cover it. This means getting approval from DPW before you get the specific service. Some items and services that need prior authorization are:

- Rental of durable medical equipment (DME) (wheelchairs/hospital beds)
- Purchase of DME
- Orthotics (like back braces, leg braces and arch supports)
- Prosthetics (such as artificial limbs)
- Surgical supplies
- Certain medications (see Prior Authorization for Medications, page 37)
- Some types of hospitalization

In order for the item or service to be approved, DPW has to find that it is “medically necessary.” See page 7 for the definition of medically necessary.

Your PCP or specialist will make the request to DPW for a prior authorization. DPW has 21 days from the date the written request is received to respond.

For medications, DPW will respond to the request within 24 hours if all the information is available to determine

medical necessity. DPW will then let you and the doctor know in writing whether the request is approved or denied. If the request is approved, take the notice to an MA provider to receive the requested service/item. If the prior authorization request is denied, you have 30 days from the date of the notice to file an appeal and request a Fair Hearing. Directions on how to appeal the decision and where to mail your appeal request will be on the back of the decision notice. Also see page 23 for more information on DPW Fair Hearings.

To check on the status of your prior authorization requests, call the toll-free Prior Authorization Hotline at **1-800-537-8862**. Hotline hours are 9:00 a.m. to 4:00 p.m. Monday through Thursday.

When you call the Hotline, you may have to leave a message and someone will call you back within 2-3 business days. You should be ready to give your name, your MA recipient number (found on your ACCESS card), the type of service requested, the date of the request and the prior authorization number if you know it.

If you have an emergency, prior approval for care is NOT needed. Call 9-1-1, or go to the nearest emergency room. If you are not sure whether you have an emergency or not, you should call your PCP or call the ACCESS Plus Nurse Advice Line 24-hours per day, 7-days a week at **1-800-543-7633**.

Your Right To A Second Opinion

If your PCP or specialist recommends that you have non-emergency surgery or treatments, you have the right to get a second opinion from another doctor.

Through a second opinion, you should get the information you need to decide whether or not to have the surgery. The second opinion should also give you information about other treatment alternatives available and the pros and cons of those treatments.

To get a second opinion, you need a referral. Call your PCP or the ACCESS Plus Helpline for a referral at **1-800-543-7633**.

Your Covered Benefits and Limits

As an ACCESS Plus enrollee, your MA benefits are based on your category of MA eligibility which was determined by your caseworker at your local County Assistance Office (CAO). If you have any questions about your MA eligibility, please contact your caseworker at your local CAO. The MA benefits you are entitled to under your MA category are set out in your HealthCare Benefit Package. In addition, ACCESS Plus enrollees (with the exception of pregnant women and enrollees under age 21) have limits on some of their MA covered benefits. If you have questions about your Health Care Benefits package or about benefit limits you can call the ACCESS Plus Helpline **1-800-543-7633**.

Other Important Information about your Benefits

Adult MA recipients – 21 years of age and older. (These limits do not apply to pregnant women, including those in their postpartum period, or recipients who are under 21 years of age). A 'fiscal year' is from July 1 through June 30.

Benefit Limits are as follows:

Physical Health Services

- 1 Inpatient Medical Rehabilitation Hospital admission each fiscal year

Behavioral Health Services

Behavioral Health (BH) services are Mental Health and/or Drug and Alcohol services. They are delivered by the Behavioral Health Managed Care Organization (BH-MCO) in your county of residence. You should contact the BH-MCO operating in your county to get Behavioral Health services. There is no cap or limits on Behavioral Health services provided in the HealthChoices BH program, as long as the enrollee meets the medical necessity criteria. If you have questions about your Health Care Benefits package you can call the ACCESS Plus Helpline at **1-800-543-7633**.

To locate your county BH-MCO, please see Behavioral Health Services-Accessing Mental Health or Drug and Alcohol Services on page 40.

General Assistance (GA) Adult Recipients- 21 years of age and older. (These limits do not apply to pregnant women, including the postpartum period, or those who are under 21 years of age). A 'fiscal year' is from July 1 through June 30.

Benefit Limits are as follows:

Physical Health Services

- 1 Inpatient Medical Hospital admission each fiscal year
- 1 Inpatient Medical Rehabilitation Hospital admission each fiscal year
- Prescription Drugs (if you are eligible for pharmacy services): 6 prescriptions/refills per month

Behavioral Health Services

Behavioral Health (BH) services are Mental Health and/or Drug and Alcohol services. They are delivered by the Behavioral Health Managed Care Organization (BH-MCO) in your county of residence. You should contact the BH-MCO operating in your county to get Behavioral Health services. There is no cap or limits on Behavioral Health services provided in the HealthChoices BH program, as long as the enrollee meets the medical necessity criteria. If you have questions about your Health Care Benefits package you can call the ACCESS Plus Helpline at 1-800-543-7633.

To locate your county BH-MCO, please see Behavioral Health Services—Accessing Mental Health or Drug and Alcohol Services on page 40.

18 Visit Limit

(These limits do not apply to pregnant women, including the postpartum period or if you are under 21 years of age).

ACCESS Plus Enrollees, age 21 and older, are eligible for a total of 18 visits each fiscal year for some services. This 18 visit limit starts again each fiscal year (from July 1 through June 30).

When you go to your healthcare provider, they will check to see how many visits you have used and how many you have left. If you use all 18 visits, you can still go to your Primary Care Provider (PCP), and with a referral from your PCP you can go to certain specialists.

If you are over the 18 visit limit and you need to see a provider such as a podiatrist, an optometrist, or

a chiropractor, you or your provider can ask for an exception. Please see the Benefit Limit Exceptions section of this Handbook below for directions on how to request an exception.

If you have any questions regarding these limits, please call the ACCESS Plus Helpline at **1-800-543-7633**.

Benefit Limit Exceptions

You or your provider can ask DPW to approve services for you beyond the limits. Allowing you to get additional services is called an exception. An exception can be granted if:

- You have a serious chronic illness or other serious health condition and without the additional service your life would be in danger OR
- You have a serious chronic illness or other serious health condition and without the additional service your health will get much worse OR
- You would need more costly services if the exception is not granted OR
- You would have to go to a nursing home or other institution if the exception is not granted

To ask for an Exception:

- You can call the Recipient Hotline at **1-800-537-8862**, OR
- Your provider can call Provider Prior Authorization at **1-800-537-8862** OR
- You or your provider can mail or fax a written request for an exception to:

For Physical Health Services:

Office of Medical Assistance Programs

Fee for Service Programs

Benefit Exception Review

PO Box 8047

Harrisburg, PA 17105

Fax: 1-866-874-7998

For Behavioral Health Services:

Office of Mental Health and

Substance Abuse Services

Benefit Exception Review

P.O. Box 2675

Beechmont Building

Harrisburg, PA 17105

Fax to: 717-772-7964

To decide whether to grant the exception, DPW will need the following information from you or your provider:

- Your name, address, and telephone number
- Your ACCESS Card recipient ID number
- The service for which you are asking for an exception
- The reason you need the exception
- Your provider's name and telephone number

The DPW will tell you in writing within 21 days of getting the exception request if the request is approved or denied.

DPW Fair Hearing

If you disagree with a denial, reduction or termination of a health care service or item by DPW, you may request a Fair Hearing. Your appeal must be in writing. DPW must get your appeal within 30 days of the date of the

notice of decision telling you about the denial, approval of a different service or item, or a decrease in services or items.

If you are already getting services or items that are being reduced, denied or changed, you can have these services or items continue during your appeal. To do this, you must file your appeal to DPW within 10 days from the date on the notice from which you are appealing.

Please read your notice of decision closely. Information on how to appeal any decision that you disagree with is on the back of all notices of decision and includes the following address that you must send your appeal letter to:

Department of Public Welfare
Appeals Section
P.O. Box 8171
Harrisburg, PA 17105

Co-Payments

Most MA recipients, including recipients enrolled in ACCESS Plus, have to pay a small amount for certain MA services. These are called "co-payments."

Your ACCESS Plus provider must accept all payments made by the MA Program for their services as payment in full except for a small co-payment that you may have to pay.

If you have to pay a co-payment for a service, your doctor or other health care provider will tell you what the co-payment is and ask you to pay the co-payment when you get the medical service. Each time you pay a co-payment,

you should ask for a receipt.

If you cannot pay the co-payment at the time you receive the service, the provider cannot refuse to give you the service. However, the provider can still bill you for the co-payment, and you will still owe the provider the amount of the co-payment.

Some MA recipients do not have to pay any co-payments. The following persons do not have to pay any co-payments:

- Persons who are under age 18
- Persons who are pregnant (including the postpartum period, which starts on the day the pregnancy ends and continues until the last day of the month that includes the 60th day after the pregnancy ended)
- Women in the Breast and Cervical Cancer Prevention and Treatment program
- Children who are in foster care or who are eligible for adoption assistance

Some MA services do not have any co-payments.

The following MA services do not have any co-payments:

- Emergency services. Please see page 16 for more information about what is an emergency
- Laboratory services
- The doctor's part of the service if you need an x-ray or certain other medical tests or treatment and a doctor has to read the test or give you the treatment. (There is a co-payment on the "technical" part of the service, which is the actual x-ray, test or treatment.)
- Family planning services and supplies
- Home health agency services
- Psychiatric partial hospitalization program services

- Rental of durable medical equipment
- Certain prescription drugs for certain recipients (see pages 26-28)
- Medical exams which are requested by DPW
- Medical exams through the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) for persons under age 21
- Renal dialysis services
- Blood and blood products
- Oxygen
- Ostomy supplies
- Targeted case management services
- More than one of a series of specific allergy tests provided in a 24-hour period
- Services for which the MA payment to the provider is less than \$2.00

Co-payment Amounts

The amount of the co-payment you have to pay depends on your category of MA benefits and on the service.

Co-payments for General Assistance (GA) MA Recipients MA deductible:

- A \$150 deductible per fiscal year shall be applied to adult GA recipients for the following MA compensable services:
 - Ambulatory surgical center services
 - Inpatient hospital services
 - Outpatient hospital services
- Laboratory and X-ray services are excluded from the deductible requirement

For prescriptions drugs, the co-payment is:

- \$1.00 for each prescription refill of a generic drug or a preferred brand name drug on DPW's Preferred Drug List (PDL).
- \$3.00 for each prescription refill of a brand name drug not listed as preferred on DPW's PDL.

For medical services and items, the co-payment is:

- \$6.00 for each day you are in a hospital, up to \$42.00 for one hospital stay. This includes general hospitals, rehabilitation hospitals, and private psychiatric hospitals
- \$2.00 for each x-ray or other medical test or for treatment by nuclear medicine or radiation therapy
- \$1.00 for each unit of outpatient psychotherapy
- For all other services that have a co-payment, the amount of the co-payment is based on the MA payment to the provider for the service:
 - If the MA payment is \$2.00 through \$10.00, the co-payment is \$1.00
 - If the MA payment is \$10.01 through \$25.00, the co-payment is \$2.00
 - If the MA payment is \$25.01 through \$50.00, the co-payment is \$4.00
 - If the MA payment is \$50.01 or more, the co-payment is \$6.00

Co-payments for MA Recipients

For prescription drugs, the co-payment is:

- \$1.00 for each prescription refill of a generic drug or preferred brand name drug on DPW's Preferred Drug List (PDL) (Please see the Prescription Drug Coverage

section for more information on the PDL.)

- \$3.00 for each prescription refill of a brand name drug not listed as preferred on the DPW's PDL

You do not have to pay a co-payment for drugs used to treat high blood pressure, cancer, diabetes, epilepsy, heart disease, psychosis, glaucoma, Parkinson's disease and AIDS. You can get a copy of the list of specific drugs that do not have a co-payment from your pharmacy or your County Assistance Office. You also do not have to pay a co-payment for drugs and vaccines given to you directly by your doctor.

For medical services and items, the co-payment is:

- \$3.00 for each day you are in a hospital, up to \$21.00 for one hospital stay.
This includes general hospitals, rehabilitation hospitals, and private psychiatric hospitals
- \$1.00 for each x-ray or other medical test or for treatment by nuclear medicine or radiation therapy
- \$.50 for each unit of outpatient psychotherapy service
- For all other services that have a co-payment, the amount of the co-payment is based on the MA payment to the provider for the service:
 - If the MA payment is \$2.00 through \$10.00, the co-payment is \$.50
 - If the MA payment is \$10.01 through \$25.00, the co-payment is \$1.00
 - If the MA payment is \$25.01 through \$50.00, the co-payment is \$2.00
 - If the MA payment is \$50.01 or more, the co-payment is \$3.00

All Enrollees

If you have other medical insurance in addition to MA that covers the service, the co-payment you have to pay can never be more than the amount the provider can bill DPW. For example, if the MA fee for a service is \$52.00, and you have other medical insurance that pays the provider \$50.00, your co-payment can only be \$2.00, even though the normal MA co-payment would be \$3.00.

Limits on co-payment amounts.

You only have to pay a certain amount in co-payments every six months. DPW checks all the bills paid between January and June and between July and December each year to see how much each recipient paid in co-payments.

If you are covered under the GA program and the bills show that you (not including others in your household) paid more than \$180.00 in co-pays between January and June or between July and December, we will send you a check for the amount you paid beyond \$180.00.

If you are covered under the MA program and the bills show that you (not including others in your household) paid more than \$90.00 in co-pays between January and June or between July and December, we will send you a check for the amount you paid beyond \$90.00.

You should get the check a month or two after we review the bills. This check will come from the Harrisburg Office of DPW, not from your County Assistance Office.

If you disagree with the co-payment a provider charges.

If you think that the provider has made a mistake in charging you a co-payment or has charged you too much, talk to the provider. If the provider disagrees with you, and you still believe that the provider is wrong, you

should contact the ACCESS Plus Helpline at 1-800-543-7633. You should still pay the co-payment to the provider until DPW decides if the co-payment charges are correct.

If you have questions about co-payments, call the ACCESS Plus Helpline at 1-800-543-7633.

What happens if I have other insurance?

If you have other medical insurance besides ACCESS Plus, it is very important that you let your MA caseworker at the County Assistance Office (CAO) know that you have other insurance since it will be considered your primary insurance. The insurance information needs to be in your record so your other insurance can be billed before MA is billed. It is also important to let your caseworker know if that insurance ends. If you no longer have insurance but it is still in your record, it may cause future billing problems. When you visit the doctor or pharmacy, be sure to give them both your primary insurance card and your ACCESS Plus card.

What happens if I get a bill?

Some MA services require you to pay a co-pay, but it is important to know that MA providers cannot bill you for any services covered by your ACCESS Card, or for any unpaid balances for covered services that were provided on a date you were eligible for MA coverage. A provider may bill a MA recipient for a noncompensable service or item if the recipient is told before the service is rendered that the program does not cover it. A provider may also bill for services rendered if the recipient is not eligible on the date of service. If you get a bill for a service that you think should be covered, please call the ACCESS Plus Helpline at 1-800-543-7633.

PREGNANCY, FAMILY PLANNING AND CHILDREN'S HEALTH

Care During Pregnancy

The health services that a woman gets from a doctor, nurse or nurse midwife before the birth of a baby are known as "prenatal care." Prenatal care is very important. It is a way of seeing how well the pregnancy is going and if there are any problems. Even if a woman has been pregnant before, prenatal care is important. Getting regular prenatal care throughout your pregnancy and using the same provider for all your prenatal care is best.

If you think you are pregnant and need a pregnancy test, see your PCP or a MA family planning provider. If you are pregnant you can:

- Call or visit your PCP, who will help you find a prenatal care provider
- Visit a MA OB/GYN or nurse midwife on your own
- Visit a MA health center that offers family planning services

The ACCESS Plus Program has a list of OB/GYNs, nurse midwives and family planning centers that take MA. To get a copy of this list, or if you need more help finding an OB/GYN or making an appointment, please call the ACCESS Plus Helpline at 1-800-543-7633.

It is important for you to get care as soon as you think you might be pregnant.

You should also talk with your PCP when you find out you are pregnant. Your PCP may have information about your health that your prenatal care provider needs to know.

Some PCPs can provide your maternity care or help you receive care during your pregnancy. You can ask your doctor's office if they can do this or if you need to choose a separate maternity provider.

Getting regular prenatal care throughout your pregnancy and using the same provider for all your prenatal care is best for you and your baby. It is also important to see your doctor after the baby is born.

It is important that you contact your County Assistance office to let them know that you are pregnant. Pregnant women qualify for a specialized category which can provide you with comprehensive medical coverage while you are pregnant and pregnant women don't pay co-pays.

Healthy Beginnings Plus

Healthy Beginnings Plus (HBP) is Pennsylvania's effort to assist low-income, pregnant women who are eligible for MA to have a healthy pregnancy. HBP significantly expands maternity services for the pregnant enrollee. This program helps you with your emotional needs as well as your physical health.

Pregnant enrollees may choose to be in the HBP program.

For more information regarding the identification of a HBP provider, please call the ACCESS Plus Helpline at **1-800-543-7633**.

Family Planning Services

Depending upon your MA medical benefits, ACCESS Plus may provide family planning services and supplies including counseling and birth control. You can get this care from

your PCP, a MA family planning provider or any doctor or clinic that takes MA. You do not need a referral from your PCP. If you receive birth control from a doctor other than your PCP you should tell your PCP so they can help monitor and avoid possible complication from the medication.

If you need help finding family planning services or a maternity provider, call the ACCESS Plus Helpline at **1-800-543-7633**.

Women, Infants and Children (WIC)

WIC is a special program that helps you and your baby eat well. WIC starts when you are pregnant and can continue until your child is five years old. It is important that babies and young children eat right. This helps them grow up healthy and strong. WIC can teach you about good nutrition and provide you with coupons to help you buy food. For more information about WIC, ask your PCP or call the ACCESS Plus Helpline at **1-800-543-7633** or the WIC program at **1-800-WIC-WINS (1-800-942-9467)**.

Children's Health – Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Children also need to see the doctor regularly. EPSDT is a health care program for children and young adults who are eligible for MA (under 21 years of age).

An EPSDT check-up includes:

- Complete physical exam
- Hearing test
- Vision test
- Developmental screening
- Lab work (blood and urine tests)

- Immunizations (shots that keep kids from getting sick)
- Complete health history and education on staying healthy

Call the ACCESS Plus Helpline at **1-800-543-7633** and we will:

- Schedule an EPSDT check-up
- Help with transportation
- Remind you when the next EPSDT check-up is due

If a problem is found during the EPSDT check-up, your PCP can refer you to a specialist. Children under age 21 may be able to get things like a hearing aid, eyeglasses and braces for teeth covered by MA if they are found to be medically necessary.

Early Intervention Services

The Commonwealth of Pennsylvania has programs and services for babies to school age children who have developmental delays or disabilities. It is best to get involved as soon as you think your child may have a physical or emotional developmental problem. Early intervention may make a difference.

If you have any questions or concerns about your child's development (physical, emotional or other), please talk with your child's PCP about them.

If you want more information about early intervention services or need help getting these services, call the ACCESS Plus Helpline at **1-800-543-7633**.

DENTAL, VISION AND PRESCRIPTION DRUGS

Dental Services

MA covers all medically necessary dental services for enrolled children under age 21. This includes:

- Teeth cleaning
- X-rays
- Cavity fillings
- Crowns
- Orthodontia

Dental benefits for adults depends on your MA benefits package. You can find out whether MA covers dental services for you, and what dental services can be covered, by calling the ACCESS Plus Helpline at **1-800-543-7633**. The ACCESS Plus Helpline can also provide help in finding a dentist or making an appointment. You do not need a referral from your PCP to visit a dentist.

Vision Services

Vision services for adults depends on your MA benefits package. You can find out whether MA covers vision services for you, and what vision services can be covered by calling the ACCESS Plus Helpline at **1-800-543-7633**.

All ACCESS Plus enrolled children who are under age 21 may get eye exams and eyeglasses. You do not need a referral for eye exams. You can make an appointment with any MA vision care provider.

To see an eye specialist (called an ophthalmologist) because of eye disease or eye injury, you will need a referral from your PCP.

If you need help finding an eye doctor, or if you have any questions, please call the ACCESS Plus Helpline at **1-800-543-7633**.

Prescription Drug Coverage

If prescription drugs are covered by your MA benefits package, you can get your prescriptions filled through an MA participating pharmacy.

- Children (under age 21) are covered for all medically necessary prescription drugs
- Adults on MA may or may not have prescription coverage, depending on their benefits package. In addition, some MA recipients must pay a co-pay on their medications and some MA recipients have limits on the number of prescriptions MA will cover

If you want help determining whether or not MA will cover your drugs or whether or not you will have to pay a co-pay, call the ACCESS Plus Helpline at **1-800-543-7633**.

To get your medications, you will need a prescription from your PCP or MA specialist. Many over-the-counter drugs may also be covered as long as you have a prescription. Your benefits package will determine if you have a co-pay for medication. It will also determine the amount and specific type of medication you can get filled. Call the ACCESS Plus Helpline at **1-800-543-7633** if you need help finding a pharmacy or if you have any other questions.

Prior Authorization for Medications

The Preferred Drug List (PDL) is a list of medicines that are covered by the Department of Public Welfare. The medicines that are the most safe and effective are put on the PDL as preferred or “first choice” drugs. The PDL also lists the medicines that are Non-Preferred. The non-preferred drugs can still be covered by the Department after preferred drugs are tried unsuccessfully and the non-preferred drug is found to be medically necessary. Your doctor can call the Department’s Pharmacy Prior Authorization Call Center to request prior authorization for Non-Preferred drugs.

DPW will make a decision regarding prior authorizations for medications within 24 hours of receiving the request if all the information is available to determine medical necessity. If the authorization is approved, your doctor will put the authorization number on the prescription. If the authorization is denied, you have 30 days to file an appeal. Instructions to appeal will be on the back of the notice of decision that you receive.

SPECIAL SERVICES

Disease Management

If you or your child has been diagnosed with one or more of these chronic conditions, you are eligible for “disease management” services:

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure (CHF)
- Coronary Artery Disease (CAD)
- Cystic Fibrosis
- Diabetes
- Gastro Esophageal Reflux Disease (GERD)
- Hepatitis
- High Cholesterol
- High Blood Pressure
- Inflammatory Bowel Disease (IBD)
- Low Back Pain
- Migraine Headaches
- Multiple Sclerosis (MS)
- Peptic Ulcer Disease
- Peripheral Vascular Disease (PVD)
- Rheumatoid Arthritis
- Seizure Disorders
- Stroke
- Systemic Lupus Erythematosus
- Transient Ischemic Attack

Disease management helps you and your PCP manage your disease and keep you as healthy as possible. Enrollees who are eligible for Disease Management services can be identified in one of several ways:

- Through the ACCESS Plus enrollment process;
- Through a referral from their medical provider; or
- By calling the ACCESS Plus Helpline at **1-800-543-7633** and identifying yourself and your condition(s)

If you are eligible for Disease Management, we will mail you information about the Program and the services available. You will be contacted to see if you want to participate in the Program. Your participation in Disease Management is voluntary.

If you agree to participate in Disease Management, ACCESS Plus will work with you to develop an individual care plan based on your needs. These are some of the services you can get through Disease Management:

- Treatment support and follow up to remind you to make and keep medical appointments or to re-fill your prescriptions
- Help coordinating your care if you are hospitalized or if you need to go into a nursing home or rehabilitation facility
- Educational materials/programs to help you understand and manage your disease

Practice guidelines are used in the ACCESS Plus DM Program to help you and your health coach make decisions about your health. You can ask your health coach for a copy of these guidelines.

Call the ACCESS Plus Helpline at 1-800-543-7633 if you want to know more about Disease Management.

Behavioral Health Services – Accessing Mental Health or Drug and Alcohol Services

ACCESS Plus is focused on helping you to stay healthy. Sometimes in order to stay physically healthy you will need help from a behavioral health provider. Every person enrolled in Access PLUS is also enrolled in a behavioral health managed care plan (also called a BH-MCO) that was chosen by your county. If you need mental health treatment or drug & alcohol treatment, you should contact your behavioral health plan. Your BH-MCO should also send you a handbook about accessing mental health and/or drug and alcohol treatment.

This is a list of the BH-MCOs and their phone numbers for each ACCESS Plus county:

Community Behavioral Healthcare Network of PA:

Bedford and Somerset	1-866-773-7891
Blair	1-866-773-7892
Franklin and Fulton	1-866-773-7917
Clinton and Lycoming	1-866-773-7991

Community Care Behavioral Health:

Carbon, Monroe and Pike	1-866-473-5862
Lackawanna, Luzerne, Susquehanna and Wyoming	1-866-668-4696

Bradford, Cameron, Centre, 1-866-878-6046
Clarion, Clearfield, Columbia,
Elk, Forest, Huntingdon,
Jefferson, Juniata, McKean
Mifflin, Montour, Northumberland,
Potter, Schuylkill, Snyder,
Sullivan, Tioga, Union
Warren and Wayne

Value Behavioral Health:

Cambria	1-866-404-4562
Erie	1-866-404-4560
Crawford, Mercer and Venango	1-866-404-4561

For help getting mental health or drug and alcohol services call the ACCESS Plus Helpline at **1-800-543-7633**. If you receive behavioral health services you should tell your PCP. Your PCP must coordinate the care they give you with the care you get from your behavioral health providers. This includes sharing clinical information, providing health records when asked, and being able to talk with your behavioral health providers. You must provide written authorization for information to be shared between your PCP and your behavioral health provider.

HIV/AIDS Services

If you have HIV or AIDS, and you meet the eligibility criteria, you may get help through one or more of the following programs:

- **Targeted Case Management** to help you get medical and social support services
- **The AIDS Waiver Program** to help you stay at home and out of a hospital or nursing home
- **The Special Pharmaceutical Benefits Program** to help pay for specific HIV/AIDS treatment drugs

Please call the ACCESS Plus Helpline at **1-800-543-7633** if you want to know more about these services or if you need help with completing an application for these services.

Services for People with Special Needs

ACCESS Plus has care coordination services available to help you if you or any of your children have special needs. You are considered to have "special needs" if, for example, you:

- Need extensive health care or services
- Need special equipment or services
- Need help with language, communication or transportation to medical care

If you tell us about your special need, a care coordinator will contact you directly to see that your special needs are addressed. These are some of the things our care coordinators can do:

- Help you get Disease Management Services
- Help you contact the Medical Assistance Transportation Program and arrange transportation to your appointments
- Help you contact and arrange for interpreters if you are deaf/hard of hearing, or if you do not speak or understand English
- Help you locate providers who are physically accessible and able to address your special needs.

If you need help with your special needs call the ACCESS Plus Helpline at **1-800-543-7633**.

Services are also available for Enrollees with complex conditions, who are not receiving DM services, through DPW's Intense Medical Case Management Unit (IMCMU). If you feel that you may be in need of these services, call the ACCESS Plus Helpline for assistance.

Advance Directives

You have the right to direct your own medical care decisions even when you can't speak for yourself. You should have an Advance Directive so your doctor will know what you want done or not done if you can't talk or communicate. An example of an Advance Directive is a living will. If you would like more information on Advance Directives, talk to your PCP or call the ACCESS Plus Helpline at **1-800-543-7633**. A downloadable booklet "Understanding Advance Directives for Health Care" which includes forms to complete is located at www.accessplus.org/resources.

Regional Advisory Committee Meetings

The ACCESS Plus Program will host quarterly Regional Advisory Committee (RAC) meetings. Your participation is requested to advise the ACCESS Plus program and provide feedback and recommendations on proposed changes to the program. The mission of the committee is:

- To be the eyes, ears and voice of people served by the ACCESS Plus Program for the Department of Public Welfare
- To provide a place for ACCESS Plus Enrollees and providers to raise issues and concerns about the program
- To promote the exchange of ideas between ACCESS Plus Enrollees, providers and interested public and private sector organizations

Providers, Enrollees and other key people are invited to attend the RAC meetings and to serve on the RAC committee. There are four RAC meetings held quarterly in four separate locations throughout the state; for your convenience, the same agenda items will be discussed in all four regions. Individuals who would like to participate in these meetings but who cannot make it to one of the four meeting locations can join the meeting by conference call. For more information about meeting dates, times and locations, or if you would like to serve as a committee member please check www.accessplus.org or call the ACCESS Plus Helpline at 1-800-543-7633.

Transportation

If it is hard for you to get to your medical appointments, your county's Medical Assistance Transportation Program (MATP) may be able to help you by giving you a ride to your doctor/clinic or by reimbursing you for the costs of your travel to medical appointments and treatment. To see if you qualify, call the office listed below for your county. MATP does not include ambulance service.

If you need help contacting your county's MATP or scheduling transportation with them, or if you want to find out about other transportation options, please call the ACCESS Plus Helpline at 1-800-543-7633. More information is available from the Medical Assistance Transportation Program's website at: <http://matp.pa.gov>.

Medical Assistance Transportation Program (MATP)

County	Telephone number	Toll-free number
Adams	717-337-1345	1-800-830-6473
Allegheny	412-350-4484	1-888-547-6287
Armstrong	724-548-3405	1-800-468-7771
Beaver	724-728-5633	1-800-262-0343
Bedford	814-623-9129	1-800-323-9997
Berks	610-921-2361	1-800-383-2278
Blair	814-946-1235	1-800-245-3282
Bradford	570-888-7330	1-800-242-3484
Bucks	215-794-5554	1-888-795-0740
Butler	724-545-3669	1-866-638-0598
Cambria	814-536-9031	1-888-647-4814
Cameron	866-282-4968	1-866-282-4968
Carbon	570-669-6380	1-800-990-4287
Centre	814-355-6807	1-800-822-2610

County	Telephone number	Toll-free number
Chester	610-594-6930	1-877-873-8415
Clarion	814-226-7012	1-800-672-7116
Clearfield	814-765-1551	1-800-822-2610
Clinton	570-323-7575	1-800-222-2468
Columbia	570-784-8807	1-866-936-6800
Crawford	814-333-7090	1-800-210-6226
Cumberland	717-240-6340	1-800-315-2546
Dauphin	717-232-7009	1-800-309-8905
Delaware	610-490-3960	1-866-450-3766
Elk	866-282-4968	1-866-282-4968
Erie	814-455-3330	Same as Local
Fayette	724-628-7433	1-800-321-7433
Forest	814-927-8266	1-800-222-1706
Franklin	717-264-5225	1-800-548-5600
Fulton	717-485-0931	1-888-329-3276
Greene	724-627-6778	1-877-360-7433
Huntingdon	814-641-6408	1-800-817-3383
Indiana	724-463-3235	1-888-526-6060
Jefferson	814-938-3302	1-800-648-3381
Juniata	717-242-2277	1-800-348-2277
Lackawanna	570-963-6482	Same as Local
Lancaster	717-291-1243	1-800-892-1122
Lawrence	724-652-5588	1-888-252-5104
Lebanon	717-273-9328	Same as Local
Lehigh	610-253-8333	1-888-253-8333
Luzerne	570-288-8420	1-800-679-4135
Lycoming	570-323-7575	1-800-222-2468
McKean	866-282-4968	1-866-282-4968

(...continued from previous page)

County	Telephone number	Toll-free number
Mercer	724-662-6222	1-800-222-8797
Mifflin	717-242-2277	1-800-348-2277
Monroe	570-839-8210	1-888-955-6282
Montgomery	215-542-7433	215-542-7433
Montour	570-271-0833	Same as Local
Northampton	610-253-8333	1-888-253-8333
Northumberland	570-644-4463	1-800-479-2626
Perry	717-567-2490	1-877-800-7433
Philadelphia	267-515-6400	1-877-835-7412
Pike	570-775-5555	1-866-681-4947
Potter	814-544-7315	1-800-800-2560
Schuylkill	570-628-1425	1-888-656-0700
Snyder	570-522-1390	1-877-877-9021
Somerset	814-445-9628	1-800-452-0241
Sullivan	570-888-7330	1-800-242-3484
Susquehanna	570-853-4510	1-800-323-2051
Tioga	570-659-5330	1-800-242-3484
Union	570-522-1390	1-877-877-9021
Venango	814-432-9767	1-877-836-4699
Warren	814-723-1874	1-877-723-9456
Washington	724-223-8747	1-800-331-5058
Wayne	570-253-4280	1-800-662-0780
Westmoreland	724-832-2706	1-800-242-2706
Wyoming	570-288-8420	1-800-679-4135
York	717-845-7553	1-800-632-9063

WORKING WITH ACCESS PLUS

If You Have a Problem...

ACCESS Plus wants you to get the best possible service. When something goes wrong, we want to know.

Step 1

If you have a problem or complaint about your PCP, about Disease Management, about ACCESS Plus, or the service you have received, you can call the ACCESS Plus Helpline at **1-800-543-7633** and tell us about it. You can also put your complaint in writing to us at:

ACCESS Plus
P.O. Box 629
Mechanicsburg, PA 17050

Step 2

We will make a record of your complaint. We will then have someone not involved with the matter you are complaining about review your complaint and try to find a solution. Your satisfaction is important to us.

Step 3

We will send you a written response within 30 days of receiving your complaint. If you are not satisfied with the answer, you may write to:

Department of Public Welfare
ACCESS Plus
P.O. Box 8044
Harrisburg, PA 17105-8044

Someone from DPW will review the matter and follow up with you.

Leaving ACCESS Plus

As long as you live in an ACCESS Plus county, you must be enrolled in ACCESS Plus and get your care through that program unless you fit into one of the groups that is exempt from ACCESS Plus.

MA recipients are exempt from ACCESS Plus if they are:

- Enrolled in a Medical Assistance Voluntary Managed Care Plan
- Over the age of twenty-one (21) and are “dually eligible” (on MA and Medicare)
- Enrolled in the HIPP (Health Insurance Premium Payment) Program
- Living in a nursing home

If you have any questions, call the ACCESS Plus Helpline number at **1-800-543-7633**.

There may be a time when you have to change from ACCESS Plus to another MA Health Plan. This could happen because you move from an ACCESS Plus county to a HealthChoices county where there is mandatory managed care. If this happens, it is important that you continue to receive any care that you are currently getting and to have your medical records sent to your new PCP.

What you can do:

- Tell your ACCESS Plus PCP that you will be moving and that you would like to have your records sent to your new PCP
- Contact the Enrollment Services Hotline at **1-800-440-3989** and select your new Health Plan and PCP

- Once you are enrolled in your new Health Plan, ask your ACCESS Plus PCP to send your records to your new PCP

If you need help getting the care you need, call the ACCESS Plus Helpline at **1-800-543-7633**. The ACCESS Plus helpline staff will work with you and your PCP to make sure you get the care you need.

Once you are in your new Health Plan you can begin to receive services from them.

If you are moving out of State, make sure you tell your new doctor to contact your old PCP to get your records sent to them.

Continuity of Care

If you change from an MA managed care plan to ACCESS Plus, while you are getting treatment from your managed care plan provider, you may be able to continue that treatment for a period of time, without interruptions, while you transition into ACCESS Plus. This is called "Continuity of Care."

Continuity of Care with the same provider:

For all ACCESS Plus enrollees – If you are getting treatment from your MA managed care plan provider and your provider does not participate in ACCESS Plus, you can still continue to get the treatment from that provider, uninterrupted, for up to 60 days after your enrollment in ACCESS Plus. If you still need the treatment after this 60 day period, you will have to get the treatment from your new ACCESS Plus provider.

Continuity of Care for the same services:

Adults (21 years of age and older) – If you are an adult getting treatment when your coverage changes from an MA managed care plan to ACCESS Plus, and your treatment services would normally require “prior authorization” under ACCESS Plus (see page 17 for more information about “prior authorization”), you may continue to get those services for up to 60 days after your enrollment in ACCESS Plus, without getting a new “prior authorization” for the services. If you still need those services after this 60 day period, your ACCESS Plus provider will have to get a new “prior authorization” approved by DPW.

Children (under 21 years of age) – If you are a child in an active course of treatment when you change from an MA managed care plan to ACCESS Plus, and your treatment services would normally require “prior authorization” under ACCESS Plus, you may continue to get those services for as long as they were authorized by the MA managed care plan, without needing to get a new “prior authorization” for the services. If you still need the course of treatment after the MA managed care plan’s authorization ends, your ACCESS Plus provider will have to get a new “prior authorization” approved by DPW.

These “Continuity of Care” rules also apply if you change from ACCESS Plus to an MA managed care plan. Your new MA managed care plan will also give you information about how the “Continuity of Care” will work.

Privacy and Confidentiality

At ACCESS Plus, we are committed to keeping your “protected health information” private. Some examples of protected health information are:

- Your Name (and the names of your children or other household members on MA)
- Your Telephone Number
- Your Address
- Your DPW Recipient Number
- Your Date of Birth
- Your Social Security Number
- Your Admission/Discharge Date
- Your Medical Procedure Code
- Your Diagnostic Code

There are times that ACCESS Plus will need to share your protected health information with other persons who are responsible for your care. Some examples of when we can share information are:

- To help you get medical care
- To arrange payment for your care and services
- For operating ACCESS Plus (such as using the information to remind you about an appointment)
- If we are required by law
- To provide coordination of care with your PH and BH providers

For more information on ACCESS Plus privacy practices, please call the ACCESS Plus Helpline at **1-800-543-7633**.

Member Rights

As a member of ACCESS Plus you have the right to:

- Be treated with respect and regard for your dignity and privacy
- Receive the names, addresses and telephone numbers of PCPs in your service area, to know what languages are spoken by those PCPs, and to know which PCPs are physically accessible
- Know which PCPs are taking new patients and which are not
- Pick a new PCP any time for any reason
- Be able to call your PCP and get help 24 hours a day, 7 days a week
- Know that your medical records and any talks with your PCP are private
- Ask for and get a copy of your medical records from your providers, and ask that they be corrected if necessary
- Have a PCP who will advise or advocate for appropriate care
- Have your PCP explain your treatment, your choices for treatment and any follow-up that is needed in a way that makes sense to you
- Have your PCP coordinate your care with any care you may be getting from behavioral health providers
- Make decisions about the care you get, and that includes saying “no” to any care you don’t want
- Ask questions and have them answered by your PCP

- Receive case management and care coordination and DM services from ACCESS Plus if you need them
- Get help with coordinating your care if you are someone with special needs
- Have a Living Will and/or a Durable Power of Attorney that tells how decisions about your treatment will be made if you cannot decide for yourself
- Tell ACCESS Plus or DPW about any complaints or problems you have with how you are treated by ACCESS Plus or with the care you get. You may write a letter or call to register your complaint
- Appeal in writing any decision to deny, reduce or terminate health care services and have a DPW Fair Hearing
- Exercise your rights without fear of retaliation by your PCP or other health care providers
- Get information in a different language or in a different way at no cost to you. This includes educational materials or documents in your language, relay services, oral interpreters for all non-English languages, or other ways if you are visually or hearing impaired or if you or your family cannot read. The information should also tell you how your PCP will help you get these services
- Be told of any change made by the Department of Public Welfare to the ACCESS Plus Program at least 30 days before the change takes place
- Be told about and be provided documents for any public meeting held by ACCESS Plus that you are eligible to attend at least 30 days prior to the meeting

Member Responsibilities

You have the responsibility to:

- Learn your rights as an ACCESS Plus member
- Carry your ACCESS Plus Member ID card at all times
- Keep all your scheduled appointments and cancel all appointments you cannot keep in advance
- Treat your PCP with respect
- Tell your PCP about your health care needs and about any other health care services you are receiving
- Keep up-to-date on immunizations (shots)
- Contact your PCP first for care that is not an emergency
- Get a referral from your PCP before getting care that requires a referral
- Tell your PCP about other services you access that do not require a referral
- Let your MA case worker know about important changes (such as changes in your name, address, phone number, and income or family size) by calling your local County Assistance Office
- Share important information that is needed by your providers
- Follow the instructions and guidelines given by the professional staff providing covered services
- Get information about ACCESS Plus and covered services
- Choose your provider
- Refuse treatment from providers who are not enrolled with MA

Recipient Restriction (“Lock-In”) Program

Sometimes, people try to get services or drugs that are not medically necessary by going to multiple doctors or pharmacies for the same or similar services/drugs. When this happens, the Department of Public Welfare may choose to put that person in the Recipient Restriction/“Lock-In” Program. When someone is in the “Lock-In” Program they can still get all of the services available through their ACCESS Card, but they are restricted to one doctor, pharmacy, hospital or other MA provider assigned by the Department. MA recipients have the right to appeal the Department’s decision to put them into the “lock-In” program and have a Fair Hearing on the matter.

If you are put into the Recipient Restriction Program, the doctor that the Department chooses to restrict you to will be your ACCESS Plus PCP. You must work directly with the Department of Public Welfare’s Bureau of Program Integrity to find a suitable provider. Instructions to choose or change your provider are included in the letter you receive when you are placed in the “Lock-In” Program.

ACCESS Plus Focus on Quality Improvement

Physician Incentive Plan: ACCESS Plus program will pay providers when they work together with the program to improve patient health. The ACCESS Plus Pay for Performance (P4P) Program is designed to encourage providers and office staff to:

- Actively participate in the ACCESS Plus Disease Management Program
- Deliver high quality care that is consistent with national guidelines
- Demonstrate improvements in the quality of care and services delivered to enrolled beneficiaries over time

Clinical Quality Measures: The ACCESS Plus Quality Improvement program monitors and evaluates services provided to enrollees. It also looks for ways to improve health outcomes. Some examples include:

- Satisfaction surveys
- Evaluate complaints and concerns
- Medical Record Reviews
- Quality Improvement Projects

If you have questions or would like more information on the ACCESS Plus Quality Improvement Initiatives, please call the ACCESS Plus Helpline at **1-800-543-7633**.

We are here to help you!

Please call the toll-free ACCESS Plus Helpline at **1-800-543-7633**. Our phone staff will be happy to help you:

- Access services
- Identify MA providers in your region
- Identify MA providers who are handicapped accessible
- Determine what services are and are not covered by your MA benefits package
- Get disease management services
- If you have any special needs
- Help you contact the Medical Assistance Transportation Program and help arrange transportation to your medical appointments
- Update your contact information
- File a complaint
- Answer your questions

ACCESS Plus Helpline: 1-800-543-7633

TTY Hearing Impaired Service: 1-800-654-5984

www.accessplus.org

ACCESS Plus is administered by:
Commonwealth of Pennsylvania
Department of Public Welfare



1-800-543-7633
www.accessplus.org