




Pennsylvania Department of Public Welfare
ACCESS Plus Fast Facts

No.	Question	Answer																																													
1.	What is ACCESS Plus?	ACCESS Plus is a Medical Assistance physical health program within the Fee for Service delivery system that includes an enhanced primary care case management component for the purpose of providing services to eligible MA recipients not enrolled in a voluntary managed care organization in the 42 counties where the physical health HealthChoices mandatory managed care is not operational by the Department of Public Welfare (DPW).																																													
2.	What are the Goals of ACCESS Plus?	<p>The goals of ACCESS Plus include the following:</p> <ul style="list-style-type: none"> • To improve access to primary care and provide a medical home for children and adults • To improve access to health care services for Medical Assistance (MA) Enrollees • To improve the quality of health care to Medical Assistance Enrollees • To stabilize PA’s Medical Assistance spending • To provide access to Disease Management (DM) and care coordination services 																																													
3.	What is the Service Area for ACCESS Plus?	<p>The ACCESS Plus Program operates in 42 counties of northern and central Pennsylvania:</p> <table border="0" style="width: 100%;"> <tr> <td>• Bedford</td> <td>• Clinton</td> <td>• Jefferson</td> <td>• Montour</td> <td>• Tioga</td> </tr> <tr> <td>• Blair</td> <td>• Columbia</td> <td>• Juniata</td> <td>• Northumberland</td> <td>• Union</td> </tr> <tr> <td>• Bradford</td> <td>• Crawford</td> <td>• Lackawanna</td> <td>• Pike</td> <td>• Venango</td> </tr> <tr> <td>• Cambria</td> <td>• Elk</td> <td>• Luzerne</td> <td>• Potter</td> <td>• Warren</td> </tr> <tr> <td>• Cameron</td> <td>• Erie</td> <td>• Lycoming</td> <td>• Schuylkill</td> <td>• Wayne</td> </tr> <tr> <td>• Carbon</td> <td>• Forest</td> <td>• McKean</td> <td>• Snyder</td> <td>• Wyoming</td> </tr> <tr> <td>• Centre</td> <td>• Franklin</td> <td>• Mercer</td> <td>• Somerset</td> <td></td> </tr> <tr> <td>• Clarion</td> <td>• Fulton</td> <td>• Mifflin</td> <td>• Sullivan</td> <td></td> </tr> <tr> <td>• Clearfield</td> <td>• Huntingdon</td> <td>• Monroe</td> <td>• Susquehanna</td> <td></td> </tr> </table>	• Bedford	• Clinton	• Jefferson	• Montour	• Tioga	• Blair	• Columbia	• Juniata	• Northumberland	• Union	• Bradford	• Crawford	• Lackawanna	• Pike	• Venango	• Cambria	• Elk	• Luzerne	• Potter	• Warren	• Cameron	• Erie	• Lycoming	• Schuylkill	• Wayne	• Carbon	• Forest	• McKean	• Snyder	• Wyoming	• Centre	• Franklin	• Mercer	• Somerset		• Clarion	• Fulton	• Mifflin	• Sullivan		• Clearfield	• Huntingdon	• Monroe	• Susquehanna	
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4.	Who is eligible to become enrolled in ACCESS Plus?	<p>Most MA Enrollees are eligible to be enrolled in ACCESS Plus EXCEPT for the following:</p> <ul style="list-style-type: none"> • Enrollees enrolled in a Voluntary Managed Care Program • Enrollees in the LTCCP • Enrollees over the age of 21 who are “dually eligible” (on MA and Medicare) • Enrollees enrolled in the Health Insurance Premium Payment (HIPP) Program 																																													



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		<ul style="list-style-type: none"> • Enrollees who live in a nursing home • Residents of a state institutions
5.	What types of Services are available under ACCESS Plus?	<p>Services available under ACCESS Plus include:</p> <ul style="list-style-type: none"> ➤ Provision of a medical home for children and adults ➤ Increased access to PCPs ➤ PCP directories ➤ PCP referral for specific services including: <ul style="list-style-type: none"> ➤ Personal care (under 21 only) ➤ Physician Services with a specialist (e.g. Cardiologist, Neurologist) ➤ Physical, Occupational and Speech Therapy ➤ Foot doctor (Podiatrist) services ➤ Chiropractic services ➤ Dental Outreach ➤ Enrollment Assistance ➤ Care Coordination ➤ Expanded services including Disease Management and Intense Medical Case Management ➤ Enrollee call center to access services ➤ Recipient outreach and input thru Regional Advisory Committees (RAC)
6.	Who is the Enrollment Broker for ACCESS Plus and what is their role?	<p>ACCESS Plus utilizes Maximus to assist recipients in choosing a PCP and in VMC counties in choosing an insurance plan and PCP. Maximus is also the enrollment broker for the HealthChoices (mandatory Medicaid managed care) regions of the state.</p>
7.	How does ACCESS	<p>ACCESS Plus requires the ACCESS Plus vendor to sign a Letter of Agreement (LOA) with the BH MCOs to ensure that PH/BH</p>

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	<p>Plus Coordinate with BH MCOs?</p>	<p>coordination processes are in place and occurring.</p> <p>If an Enrollee in ACCESS Plus is in need of BH services, they are referred to the BH MCO for evaluation and care.</p> <p>The BH MCOs include:</p> <ul style="list-style-type: none"> ➤ CCBH (Community Care Behavioral Health) ➤ MBH (Magellan Behavioral Health) ➤ VBH (Value Behavioral Health) ➤ CBH (Community Behavioral Health) ➤ CBHNP (Community Behavioral Health Network) <p>Please see the attached HealthChoices Behavioral Health Zones.</p> <div style="text-align: center;">  <p>HC BH Map 102306.doc</p> </div>
8.	<p>What is the role of the ACCESS Plus Vendor in the administration of PCCM and DM services?</p>	<p>APS Healthcare is the ACCESS Plus Vendor as of May 1, 2010.</p> <p><i>PCCM Services:</i></p> <ul style="list-style-type: none"> • The PCCM component of ACCESS Plus is divided into the following components: <ul style="list-style-type: none"> ➤ Care Coordination: Telephonic and field-based activities including: <ul style="list-style-type: none"> - Referring Enrollees to Maximus, the ACCESS Plus enrollment broker, to select a PCP - Reduction of access to care barriers for physical and behavioral health issues among Enrollees - Advocacy for Enrollees and Providers - Provision of care coordination services including scheduling appointments for PCP offices, appointment reminders calls to Enrollees and assistance with scheduling transportation for Enrollees - Meeting quality guidelines for service delivery ➤ Maternity Management: Maternity Management services are provided for both high and low risk pregnancies. Low-risk



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		<p>pregnancies are managed by APS. High-risk pregnancies are managed by DPW's Intense Medical Case Management Unit, except if they are in the Healthy Beginnings Plus (HBP) Program, where they are then managed by the Care Coordinator in the Provider's office.</p> <p>Services include the following:</p> <ul style="list-style-type: none"> - Determining care coordination needs - Providing information and referrals to enrolled Providers - Assisting Providers with care coordination needs - Providing Enrollees with information and referrals to community services - Informing Enrollees that they may receive a post-partum home health visit and provide assistance with visit scheduling <p>Maternity Case Management services are provided to those enrollees identified as a high-risk pregnancy and not enrolled in HBP</p> <p>➤ <u>Intense Medical Case Management:</u> Intense medical case management services are available to ACCESS Plus enrollees who experience a catastrophic event, have complex healthcare needs or are in need of one-on-one support for significant clinically relevant care coordination.</p> <p>➤ <u>Provider Network Services:</u></p> <ul style="list-style-type: none"> - Recruiting and maintaining the ACCESS Plus Provider network - Provision of local field support to provide onsite training and assistance to Providers - Distribution of Panel Rosters which contain information related to services due for each recipient. - Providing answers to questions through the ACCESS Plus Provider Helpline - Implementation of a comprehensive outreach and educational plan to Enrollees, Providers and Agencies <p>DPW and APS field Provider Representatives collaborate to focus on PCP and Specialist education, questions and concerns</p> <p><i>DM Services:</i></p> <ul style="list-style-type: none"> • APS provides Disease Management services for Enrollees with the following conditions: Asthma, Diabetes, Chronic Obstructive Pulmonary Disease, Coronary Artery Disease and Congestive Heart Failure. Beginning July 1, 2010, DPW will expand the number of conditions to 21 conditions: <ul style="list-style-type: none"> ➤ Cardiovascular Disease ➤ Gastrointestinal Disease ➤ Neurological Disorders

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		<ul style="list-style-type: none"> - Coronary Artery Disease - Heart Failure - Hyperlipidemia - Hypertension - Peripheral Vascular Disease - Stroke - Transient Ischemic Attack ➤ Respiratory Disease <ul style="list-style-type: none"> - Asthma - Chronic Obstructive Pulmonary Disease - Cystic Fibrosis • Enrollees participating in the Disease Management Program are stratified into risk categories based on medical utilization, health assessment and history. Targeted education and support is provided by Registered Nurses to empower the participant with self-care skills to better manage their chronic condition. This education is provided telephonically as well as face-to-face with an increased concentration on face-to-face interaction focusing on high-risk members. • In addition to the above, APS provides access to a 24/7 Nurse Triage Line for DM enrollees. Enrollees call a toll-free number with symptoms(s) and /or health questions. A nurse then makes a disposition recommendation based on a structured clinical review. • APS is also responsible for providing education to physicians/office staff regarding DM programs and services and hosts the Regional Advisory Committee Meetings.
9.	What are the Regional Advisory Committee Meetings (RAC)?	<p>The Regional Advisory Committee Meetings are hosted by APS.</p> <p>The mission of the Regional Advisory Committees (RACs) is:</p> <ul style="list-style-type: none"> • 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 consumers and providers to raise issues and concerns about the program, and • To promote the exchange of ideas between ACCESS Plus consumers, providers, and interested public and private sector organizations. <p>RAC meetings are held in each ACCESS Plus Region quarterly (a total of 16 meetings per year) from 11:30 am – 1:30pm EST. The four</p>



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		<p>ACCESS Plus Program Regions are:</p> <ul style="list-style-type: none"> • North West Region • North Central Region • South Central Region • North East Region <p>To learn more about the RAC meetings, please go to the ACCESS Plus website at: www.accessplus.org.</p>
10.	<p>How are outcomes for the Disease Management Program evaluated?</p>	<p>The Disease Management Program is evaluated for success on the basis of clinical, quality and financial outcomes. The program is quality driven and focuses on several measures that mirror HEDIS. In addition, performance measure benchmarking and goal targeting is developed with the assistance of HEDIS data.</p> <p>From a financial perspective, the Disease Management Program implements a Guaranteed Savings model for the Disease Management component, and a financial performance model for the Enhanced Primary Care Case Management Component.</p> <p>The term Guaranteed Savings means the percentage reduction in expected total program costs (including claim costs and premiums paid to APS during the performance period) for the Disease Management (DM) Eligible population as a result of APS's services.</p> <p>Results may subject the Vendor to a financial incentive or penalty for each performance period. The incentive or penalty is based on the deviation of actual savings from the Guaranteed Savings. If the calculation results in a penalty, the Vendor will remit the appropriate percentage of the DM premiums paid to the Vendor during the performance period to the Department. If the calculation results in an incentive for the Vendor, the Department will pay the appropriate percentage of the DM premium paid to the Vendor during the performance period to the Vendor.</p>
11.	<p>What is the Real Time Referral (RTR) Process and what are the Resource Facilitation Team Meetings?</p>	<p>The Real Time Referral (RTR) Process is a process that allows for Enrollee referral between DPW and APS. Referral criteria includes:</p> <ul style="list-style-type: none"> • All Pregnancies (Some cases may be followed by DPW) • Benefit Problems (non-pharmacy): <ul style="list-style-type: none"> ➢ TPL ➢ Co-pays ➢ Deductible ➢ Prior authorization



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		<ul style="list-style-type: none"> ➤ Denied DME benefit ➤ DME: Exception needed • Billing Issues (Enrollee only) • Crisis Call • Emergency Room Visits: More than 4 in a 6 month period • Denials/Appeals • Difficulty finding a Specialist • Domestic Abuse • Hospital Discharges (recent) • Home Visit requests • Inquiries related to transfer to: <ul style="list-style-type: none"> ➤ Nursing Home ➤ Long Term Care ➤ Rehabilitation Facility • Pharmacy <ul style="list-style-type: none"> ➤ TPL ➤ Co-pays ➤ Deductible ➤ Prior authorization ➤ Denied Pharmacy benefit • Problems with MATP • Waiver Programs



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		<ul style="list-style-type: none"> • Special Needs • Cases needing coordination between MA providers <p>The Resource Facilitation Team Meetings are held bi-weekly between DPW and APS. The purpose of the meeting is to review and track the on-going progress and status of Enrollees who have been referred via the RTR Process for additional service needs. The meetings allow for the opportunity to discuss complex cases and brainstorm solutions in a team setting. Medical Directors participate in the meetings as well to offer input/advice on complex cases.</p>
12.	What is the ACCESS Plus P4P Program?	<p>The ACCESS Plus P4P Program is administered by APS as a component of the awarded ACCESS Plus contract. The original P4P Program design centered on increasing provider awareness of the DM programs and providing incentives to providers for their participation and collaboration within the DM programs.</p> <p>Recently, the P4P Program has been significantly enhanced to include clinical incentives for multiple chronic conditions including:</p> <ul style="list-style-type: none"> • Adherence to best practice guidelines for the management of chronic diseases • Inclusion of pediatric measures such as prevention of chronic illness associated with lead toxicity, screening for chronic care issues and development delays and improved coordination of care for children with complex and special needs in the face of chronic disease • Focus on women’s health issues such as: breast and cervical cancer screening and prevention of infertility and Pelvic Inflammatory Disease (PID). <p>In addition to the above clinical incentives, administrative incentives were also added to the new program design and include:</p> <ul style="list-style-type: none"> • Enhanced Provider Access • Extended Provider Office Hours • Registration as a Department of Health Smoking Cessation Counselor • Dental Care in the Perinatal period <p>Incentive payments are distributed to providers by APS. The funds for distribution are provided by DPW to APS on a quarterly basis following the Department’s receipt of the forecasting report which demonstrates APS’s projected P4P activity.</p>
13.	What is the ACCESS Plus QIC?	<p>The ACCESS Plus Quality Improvement Committee (QIC) serves as an operational committee for quality improvement activities. The QIC reviews items including, but not limited to:</p>



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		<ul style="list-style-type: none"> • Clinical performance measure results • Satisfaction survey results • Medical record audit results • Complaints • IDS Activity Reports • IRR report <p>Following review of these types of items, the QIC discusses improvement opportunities and outlines interventions targeted for quality improvement. Findings noted at the QIC are presented at the QMC. The ACCESS Plus Quality Management Program is committed to performing evaluations based on HEDIS technical specifications on an annual basis. Quality improvement initiatives are implemented following analysis of the Department’s annual results.</p> <p>The QIC was implemented in January 2006 and meets ten (10) times per year.</p>
14.	What is the ACCESS Plus QMC?	<p>The ACCESS Plus Quality Management Committee (QMC) has ultimate accountability for the ACCESS Plus Quality Improvement (QI) Program. The functions of the QMC include oversight of the ACCESS Plus Quality Improvement Program, policy approval, guideline approval, review of key clinical quality indicators and oversight of the committees and work groups that report their activities to the QMC.</p> <p>Committee membership is comprised of voting and non-voting members. There are external members that are selected from the provider community, enrollees and associated vendors. Internal participation includes the DPW Medical Directors, the Directors and staff of the major DPW quality-related departments and key APS program staff.</p> <p>The QMC was implemented in mid 2006. The QMC meets quarterly.</p>
15.	What are the hours of operation of the ACCESS Plus Enrollee Helpline?	<p>Monday through Friday 7:00 am to 8:00 pm and Saturday 10:00 am to 2:00 pm. Effective July 1, 2010, the Enrollee Helpline and Nurse Triage line will operate 24 hours a day, 7 days a week.</p>
16.	What is the ACCESS Plus Helpline number for both Enrollees and	<p>ACCESS Plus uses the same Helpline number for both Enrollees and Providers: 1-800-543-7633</p>



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	Providers?	
17.	What is the ACCESS Plus Website?	www.accessplus.org