Carolina ACCESS Teaching Tool

Carolina ACCESS is the **HIGHEST BENEFIT** for Medicaid recipients eligible to be enrolled. By not explaining the program and offering enrollment to eligible applicants and recipients, we are **discouraging** them from getting the most from their Medicaid benefits. Carolina ACCESS is an important part of the eligibility process.  
*Read the following information to educate about the benefits of Carolina ACCESS to all potential enrollees.*

1. Carolina ACCESS is Medicaid's managed care plan. It provides you with a medical home. It gives you:
   - A place for preventive care so little problems will not become big problems; ex. Well check-ups, immunizations, common illnesses
   - A place where your primary care provider (PCP) has your medical history, knows what medical care is best for you, and will help you manage your health care.
   - A doctor to assist you with finding the right specialists and equipment when necessary
   - Access to medical advice 24 hours per day/7 days a week. You no longer have to go to an Emergency Department unless your health and life is in immediate danger. Call either of the two numbers printed on the front of your Medicaid card to receive medical advice.

2. Your medical home may also provide disease management for things like asthma and diabetes. *(Disease management is offered by PCPs in CAII. Check the MP screen in EJS to see if the PCP is CAII or CAI.)* Some offices have a care manager who can:
   - help you with making appointments, arranging transportation, etc.
   - help you understand the treatment that you are getting and the medications that you may have to take
   - help you plan for your own care
   - be a contact for your ongoing medical needs

3. The medical services you will get as a member of Carolina ACCESS are the same as for any recipient of Medicaid. The only difference is that Carolina ACCESS will provide you with additional services that we just talked about.

*(Give the client a Carolina ACCESS Member Handbook, and say to them):*

4. This member handbook gives you a lot of information you need to know about being a member of Carolina ACCESS. It is important that you understand this information.

5. If you think you need to see another doctor, call your medical home first for a referral. This way, you can be sure that you are seen as quickly as possible, and that you are seeing a doctor who will accept your Medicaid. You must have this referral before Medicaid will pay the bill. Remember that if you are over age 20, you can only have 24 visits a year. It is your responsibility to keep a record of your visits so that you don’t go over that number. If you think you need to have more visits, talk with your doctor.

6. There are some specialty services that do not need a referral from your medical home. Those services are listed in your Member Handbook. If you have any doubt about whether or not you need a referral, it is always best to call your medical home first.

*(OVER FOR SAMPLE MEDICAID CARD)*
You can choose your medical home and can change medical homes when necessary. The name of your medical home, their address, daytime telephone number, and after hours telephone number will be listed in the center of the Medicaid card for each person in your family enrolled in Carolina ACCESS.

You **must** call to establish a record with your medical home as soon as possible. The office number is the first number printed on the Medicaid card. If you are already a patient there, but have not been seen recently, you should call them to update your record. If you wait until you are sick to call, you may not be able to be seen as quickly. Use the emergency room only when life or health is in immediate danger (or that of an unborn child, if pregnant).