



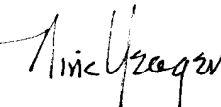
North Carolina  
Department of Health and Human Services  
Division of Medical Assistance  
Director's Office

1985 Umstead Drive – 2517 Mail Service Center · Raleigh, N.C. 27699-2517  
Courier Number 56-20-06

Michael F. Easley, Governor  
Carmen Hooker Odom, Secretary

Nina M. Yeager, Director

**TO:** Directors of the County Departments of Social Services

**FROM:** Nina Yeager 

**SUBJECT:** Expansion of ACCESS II/III

**DATE:** October 21, 2002

I am writing this letter to the directors of the local Departments of Social Services across the state because of your key role in Medicaid's efforts to provide quality medical care for all managed care enrollees. The Division of Medical Assistance has been working jointly with the Office of Rural Health to expand the ACCESS II/III program. Many of the current ACCESS II & III sites are devising plans to expand both within the current counties and to neighboring counties. I would like to encourage you to actively participate in these expansion discussions. Representatives from these two agencies may be contacting your agency in the near future and I would ask you to provide your input in the development of this community care plan in your county.

Since the inception of the Carolina ACCESS program in the early 1990s, the Department of Health and Human Services and the Division of Medical Assistance feel very strongly that this statewide primary care case management program has addressed the access to primary care services issue that so many Medicaid enrollees faced prior to this program. The program has been successful in establishing a primary care provider network across the state and then providing the infrastructure to implement more cost effective and quality health care delivery systems for NC Medicaid enrollees.

Most recently, the legislature and DHHS have recognized the need to have communities work closely with all health care providers locally to build upon Carolina ACCESS to achieve the goals of cost effective and quality health care for the Medicaid program. The ACCESS II & III program has been the avenue whereby we have seen this local health care delivery system operationalized. Over the last four years, there have been demonstration projects across the state working with local providers, hospitals, Departments of Social Services, and health departments to implement disease management and care coordination strategies.

Currently, there are eleven ACCESS II & III demonstration sites across the state and this legislative session has mandated expansion across the state within two years. These demonstration sites have been successful in identifying high cost patients and services and implementing strategies to manage utilization and cost. Management initiatives are currently focused on asthma, diabetes, gastro-enteritis, and high-risk OB patients.

I strongly believe that our collaborative efforts at both the state and local levels can enable us to build upon the successful foundation that Carolina ACCESS has created across the state. I look forward to us continuing to work together as partners in providing quality, cost effective care to the Medicaid patients in North Carolina.