

Clinical Consolidation Communication Bulletin 01

To: All Eastpointe, Sandhills and Trillium Providers
From: Cindy Ehlers, Chief Operations Officer
Date: December 20, 2023
Subject: Consolidation Authorization Plans

This communication provides information around authorization requirements for all Eastpointe, Sandhills, and Trillium providers beginning 2/1/2024 as a result of the consolidation.

On 12/18/2023, Secretary Kody H. Kinsley approved the consolidation agreement between Trillium Health Resources and Eastpointe Human Services, which provide managed care services to North Carolina's Medicaid population. This approval includes the consolidation of Eastpointe and Sandhills Center. There will be a total of 46 counties in the combined region, effective January 1, 2024 that will now be operated by Trillium. For members and providers, the consolidation transition will occur on February 1, 2024.

We understand this change can create anxiety for all stakeholders including members, providers, and community agencies. We want to make the change as easy as possible and transparent for all. To allow for transition to occur without members losing services, and to ensure providers are paid in a timely manner, Trillium will offer transition of care flexibilities for services that require authorization for Eastpointe, Sandhills and Trillium members. Effective February 1, 2024 through April 30th, 2024 all services for all members and all providers will not require a prior authorization. All services provided are subject to a post payment review to assure that medical necessity was met at the time of service delivery and all clinical information must still be completed as required by policy.

TRANSITION OF SERVICES WITH AUTHORIZATIONS

All service authorizations for Medicaid eligible and state funded Eastpointe and Sandhills' members requested prior to February 1, 2024 will be processed by the appropriate LME/MCO. For example, an authorization processed by Eastpointe in January for a year authorization period of January 1, 2024 – January 1, 2025, claims will be filed with Eastpointe for January 1, 2024 through January 31, 2024.

Beginning February 1, 2024 claims will be filed with Trillium you will not need an authorization initially until April 30.

Trillium will initiate a no prior authorization required period to ensure Providers with contracts will be able to file claims dates of service from February 1, 2024 forward with Trillium without authorization for dates of service from February 1, 2024- April 30th, 2024 time period.

Beginning on May 1, 2024, prior authorization in Trillium Business System (TBS) will be required to file a claim for specified services. Trillium's benefit plan can be found on our website and includes information on prior authorizations. This benefit plan will be updated prior to 2/1/2024.

CONCURRENT AUTHORIZATIONS DURING THE SOFT START (NO AUTHORIZATION PERIOD)

All Medicaid and State funded members with concurrent service needs where prior authorization is normally required to continue services may file claims without authorization between February 1, 2024 and April 30, 2024.

Once, provider contracts are in place, you may start requesting authorizations, but authorizations are not needed to pay claims until May1, 2024.

Beginning April 15, 2024, authorizations must be submitted in (TBS) Trillium Provider Direct to request services with prior approval for effective dates from May 1, 2024 going forward. All clinical documents are required according to Clinical Coverage Policies. Services must adhere to the Trillium Benefit plan posted on the Trillium website.

NEW ADMISSIONS DURING THE SOFT START

For claims filed for all new admissions that do not have a prior authorization during the dates February 1, 2024-April 30th, 2024 providers will need to upload a Comprehensive Clinical Assessment and/or Psychological evaluation and PCP, ISP, care plan or service plan that supports dates of services for all services. It is the expectation that all agencies will ensure clinical documents are in place in in Provider Direct medical record to support medical necessity for claims filed for services for new admissions beginning February 1, 2024- April 30, 2024.

NON-COVERED MEDICAID BENEFITS UNDER EPSDT

Any Medicaid service that is a non-covered service currently provided to members through the plan must be requested using the form found on the Trillium website on our [Early and Periodic Screening Diagnosis and Treatment \(EPSDT\)](#). These requests may be received February 1, 2024 and will be reviewed for Medical Necessity. All non-covered services must receive prior authorization.

DIFFERENCES IN EASTPOINTE, SANDHILLS, AND TRILLIUM BENEFIT PLAN

Trilliums benefit plan will be updated to include information around cross walking of services not offered, updated benefits etc. this includes all state, and Medicaid plans. Trillium's benefit plan can be found on our website

AFTER THE INITIAL ONBOARDING OF SERVICES

All services that require prior authorization in the Trillium benefit plan MUST be requested in Provider Direct for dates for service from May 1, 2024 going forward. Services that are not requested by this timeframe will not be backdated.

For more information and to submit questions, please visit our [Consolidation page](#)

All questions related to this Clinical Consolidation Communication can be sent to UM@TrilliumNC.org. Questions will be responded to as quickly as possible. We are working to address other questions and concerns as quickly as possible. Thank you for your patience while we transition.