

2017 ANNUAL REPORT





Trillium Health Resources has a simple mission: transforming the lives of people in need by providing them with ready access to quality care. While the statement itself is simple, the steps and effort to achieve this outcome are not.

Each year, Trillium develops annual priorities to help illustrate where our staff targets their efforts. From customer service to supporting evidence-based services to advancing technology, Trillium works internally and with external organizations to meet the needs of the members we serve along with these goals. Some of these examples include:

- Developing a strong and supportive relationship with providers that resulted in our achieving an overall satisfaction rating of 89.8% among our Provider Network.
- Ensuring that members, their families, and community stakeholders have input into Trillium's planning by including responses from 1,702 individuals in the annual Gaps and Needs process, an increase of 64.7% from the prior year.
- Supporting efforts in the opioid epidemic through staff involvement on community groups, funding for naloxone kits, and assistance to peer support services and sober living residences.

Trillium and other managed care organizations face continuous changes. Recurring budget cuts from the state and federal governments and proposed Medicaid reform cause us to adapt and evolve so we can continue to fulfill our contractual and regulatory requirements. In the following pages, you will learn more about how we operate effectively and efficiently to accomplish this.

Trillium partners with a Provider Network, board of directors, community agencies, Consumer and Family Advisory Committees, and government officials and representatives every day. We could not complete any of the work on these pages without them and we thank them for their dedication and collaboration.

A handwritten signature in black ink that reads "Leza Wainwright".

Leza Wainwright
Chief Executive Officer

A handwritten signature in black ink that reads "Dr. Denauvo Robinson".

Dr. Denauvo Robinson
Chair, Governing Board of Directors



OUR MISSION

Transforming the lives
of people in **need** by
providing them with ready
access to quality **care**.

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2017 PRIORITIES

Every Person First, Every Time

Activities that improve our customer services to all customers

Trillium 2020 Vision

Evidence-based services, nontreatment activities, integrated care, and crisis services to enhance overall quality for customers

Advancing Technology

Strengthen the use of technology within Trillium (website enhancements) and with those we serve (assistive technology)

One Community Together

Activities that increase and improve local community relationships while demonstrating Trillium's investment in people living where we serve

Enterprise Integration

Work together to ensure a consistent level of excellence among all departments throughout the organization

TRILLIUM EXECUTIVE TEAM



Leza Wainwright
Chief Executive Officer



Cindy Ehlers
Vice President
Clinical Operations



Joy Futrell
Vice President
Business Operations



Susan Hanson
Vice President
Operations



Dr. Burt Johnson
Chief Medical Officer



Richard Leissner
General Counsel



Mike Lewis
Chief Information Officer



Dr. Michael Smith
Associate Medical
Director

3% Medicaid Reinvestment

Money saved with cost efficiencies that allow Trillium to reinvest in innovative programs and services for the communities we serve

DOLLAR AMOUNT: \$14,138,692

2% Care Coordination

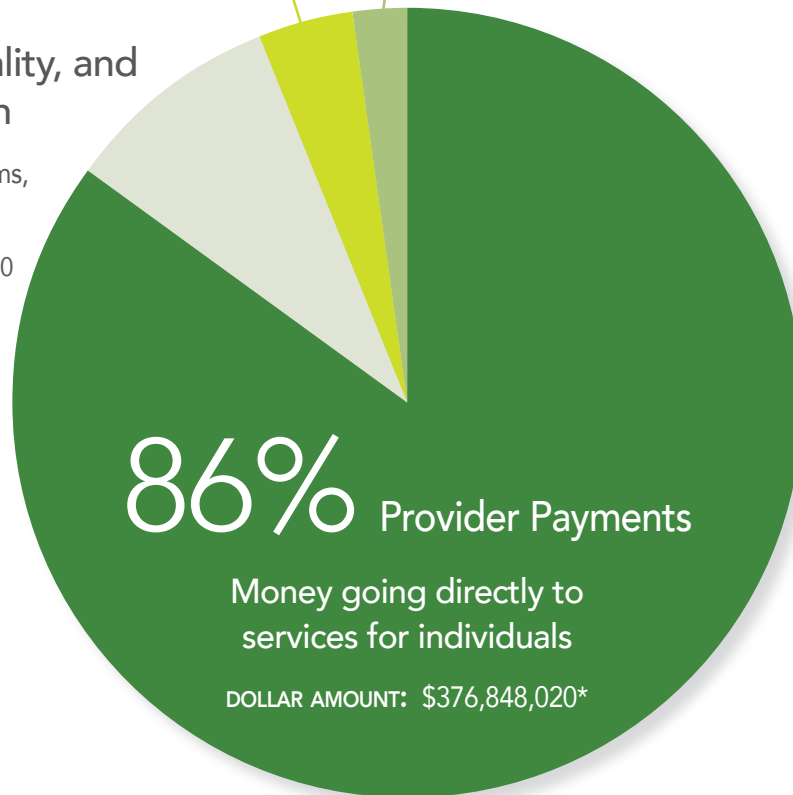
Money going to Trillium staff that work in care coordination and are assigned enrollees to monitor

DOLLAR AMOUNT: \$10,746,417

9% Access, Quality, and Administration

Call Center, QM, Claims, Network, etc.

DOLLAR AMOUNT: \$39,020,730



86% Provider Payments

Money going directly to services for individuals

DOLLAR AMOUNT: \$376,848,020*

*BREAKDOWN OF PROVIDER PAYMENTS

County: \$2,846,344 | State: \$61,208,100 | Medicaid: \$312,793,575



233,282

unduplicated count of Medicaid members in catchment area

150,077

individuals without insurance in catchment area

47,670

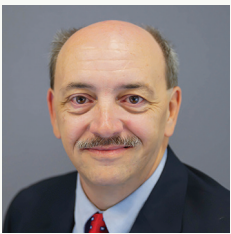
authorization requests (Medicaid and State)

26,485

processed calls through call center

51,053

total individuals served (Medicaid and State/Federal block grant)



NORTHERN REGION

Bland Baker, Regional Director

SYSTEM OF CARE COORDINATORS

Hope Eley—*Bertie, Gates, Hertford, Martin, and Northampton*

Tracey Webster—*Camden, Chowan, Currituck, Pasquotank, and Perquimans*



CENTRAL REGION

Dave Peterson, Regional Director

SYSTEM OF CARE COORDINATORS

Jean Kenefick—*Beaufort, Craven, and Pamlico*

Chinita Vaughn—*Hyde, Tyrrell, and Washington*

Keith Letchworth—*Dare and Pitt*



SOUTHERN REGION

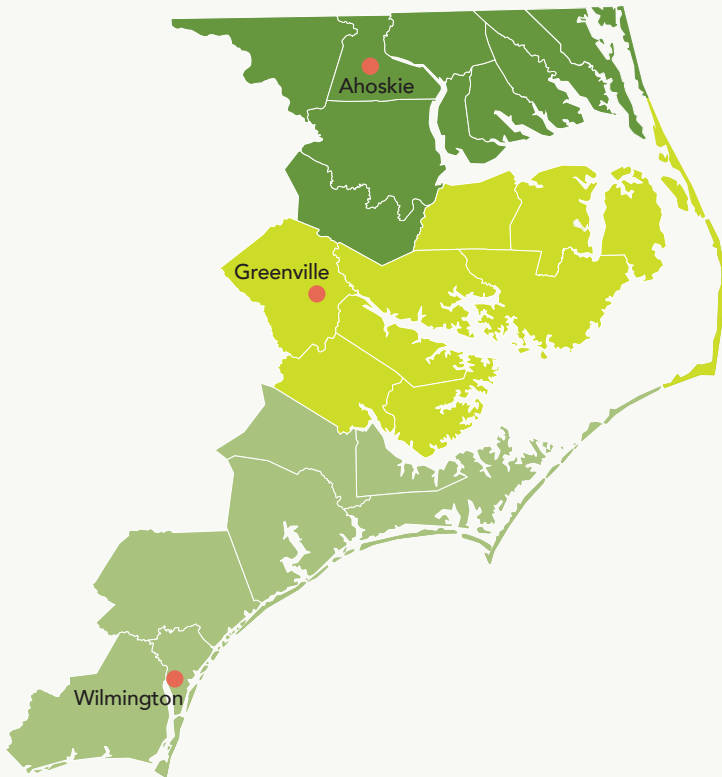
Deanna Campbell, Regional Director*

*Position held until May 19, 2017

SYSTEM OF CARE COORDINATORS

Amy Horgan—*Brunswick, New Hanover, and Pender*

Karen Reaves—*Carteret, Jones, and Onslow*



REGIONAL CONNECTIONS

We Are Part of Your Community.

Although we serve 24 counties, it's important to us to have a local presence and understand the diverse needs of eastern North Carolina. We want to include you in the conversation about what your community needs.

Trillium Health Resources is widely accessible and deeply integrated in our communities to help improve access, reduce administrative burdens on providers, and increase the quality of services. To do this, we have three Regional Offices, each with a Regional Operations Director dedicated to your area.

Each region has a Regional Advisory Board to ensure the local voice is heard on the Trillium Governing Board. Members of each Regional Advisory Board also serve on the Governing Board.

System of Care (SOC)

System of Care is a coordinated network of community services and supports organized to meet the challenges of serving children with mental health issues and their families.

The SOC model is not a program: it is a philosophy of how supports and services should be delivered. This approach recognizes the importance of family, school, and community.

System of Care is based on the following principals:

- Child-focused and family driven
- Individualized, strength-based practices
- Community-based services
- Inter-agency collaboration
- Cultural competence
- Full participation of families in all levels
- Shared responsibility for successful outcomes

It promotes each child's full potential by building on the strengths of the child, family, and community to address physical, emotional, intellectual, cultural, and social needs.

Each county in the Trillium area has a designated System of Care Coordinator. System of Care Coordinators are knowledgeable about their counties and the services and supports available in that particular geographical area.

Consumer and Family Advisory Committees (CFAC)

In keeping with the regional structure, Trillium has three Regional Consumer and Family Advisory Committees. Each committee has equal representation from among the three disability groups: Mental Health, Intellectual/Developmental Disabilities, and Substance Use. CFACs should be self-governing and self-directed, in accordance with G.S. 122C-170 Directives.

Trillium recognizes the valuable insight and experience that CFAC members can contribute to our decision-making process. Representatives from CFAC comprise 25% of our voting governing board members.

The CFAC shall undertake all of the following:

1. Review, comment on, and monitor the implementation of the local business plan.
2. Identify service gaps and underserved populations.
3. Make recommendations regarding the service array and monitor the development of additional services.
4. Review and comment on the area authority or county program budget.
5. Participate in all quality improvement measures and performance indicators.
6. Submit to the State Consumer and Family Advisory Committee findings and recommendations regarding ways to improve the delivery of mental health, developmental disabilities, and substance abuse services.

Transforming Lives Awards sponsored by Trillium Health Resources

Triple "A" Award | Awareness, Advocacy & Assistance

GIVEN TO: OXFORD HOUSE INTERNATIONAL

Recognizes providers that demonstrate exceptional public awareness and/or advocacy functions through prevention, outreach, public awareness, advocacy, and wellness to the community.

Excellence in Implementing Best Practice Award

GIVEN TO: POWER OF U, COASTAL HORIZONS, KIDS FIRST AND EASTERSEALS UCP (all part of the replication site for Child First)

Recognizes providers that demonstrate implementation of evidence-based practices with fidelity to the model to achieve superior outcomes.

Partnering in Action Award

GIVEN TO: NEW HANOVER COUNTY HEALTH DEPARTMENT

Recognizes providers that demonstrate how their organization has collaborated with a private provider or other community partners to improve the services offered in their catchment area.

Enrollee-Directed Supports Award

GIVEN TO: BEAUFORT COUNTY DEVELOPMENTAL CENTER

Recognizes services that directly employ or involve enrollees who are or have been in treatment and that improve care to existing clients.

Exceeding Expectations Award

GIVEN TO: INTEGRATED FAMILY SERVICES

Recognizes provider agencies that perform above and beyond the normal realm of services.

Distinguished Licensed Independent Practitioner Award

GIVEN TO: THOMAS MATES

Recognizes a licensed independent practitioner who fosters therapeutic relationships among enrollees, community partners, and peers while demonstrating integrity and professionalism while providing quality services.

Prestigious Community Affiliate Award

GIVEN TO: BITTY AND BEAU'S COFFEE

Recognizes a nonprovider organization that enhances the lives of individuals with disabilities through programs or activities within their community.

Impact Award

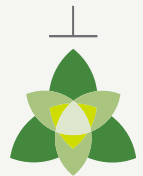
GIVEN TO: OXFORD HOUSE INTERNATIONAL

Recognizes provider agencies that demonstrate the effectiveness of their crisis response system.

Care Integration Award

GIVEN TO: BETTER CONNECTIONS

Recognizes a program or service that is effectively integrating behavioral and health care services for MH/DD/SA enrollees and demonstrating positive outcomes.



TRILLIUM GOVERNING BOARD

The Governing Board collaboratively plans, budgets, and monitors Trillium operations. It is composed of an equal number of members from each Regional Advisory Board. This two-tiered governing structure allows for accountability of services within our communities, a local service model, and local advocacy opportunities for individuals and family members.



Dr. Denauvo Robinson
Chair



David Creech
Vice Chair



Jonathan Ellis



Mary Ann Furniss



Duane Holder



Commissioner
Zack Koonce



Commissioner
Wally Overman



Wayne Petteway



Glenn Simpson



Sheri Slater



Commissioner
Ronnie Smith



Emmie Taylor



Lea Wolf

Care Coordination

Care Coordination is a person-centered, assessment-based interdisciplinary approach to integrating behavioral health services, intellectual/developmental disabilities (IDD) services/supports, primary health care, and natural and community social support services. This function is completed in a cost-effective manner in which an individual's needs

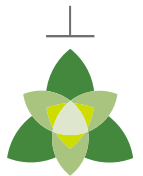
and preferences are assessed, a comprehensive care plan is developed, and services are managed and monitored by a Care Coordinator.

Integrating primary and behavioral health care has become the best approach to care for people with complex health care needs. Integration includes both improving the screening and treatment for behavioral health care needs within primary, acute, and post-acute care settings, as well as improving the medical care of people receiving services in behavioral health care settings. One study of an integrated care model found that individuals with serious mental illness had a decreased rate of mental health hospitalizations (-3.9%) and physical health hospitalizations (-10.3%), versus the comparison group members for the same (+10.1% for mental health and -8.1% for physical hospitalizations)*. Care Coordinators include qualified professionals, licensed clinicians, and peer support specialists.

TRILLIUM + UNCW TO DEVELOP PREDICTIVE ANALYTICS

Trillium partnered with the Department of Mathematics and Statistics at UNC Wilmington to develop a data analytics project for population health. A professor and graduate student in the newly formed M.S. in Data Science degree program will participate on the project. As of Summer 2017, Trillium and UNCW are defining and cleaning the data that will be used in the project. Next, UNCW will begin to analyze the data and develop the algorithms that will be necessary to create the predictive analytic model. Once complete, the model will be able to predict those members who are at highest risk for an untoward outcome or crisis event.

**Connected Care: Improving Outcomes for Adults with Serious Mental Illness, The American Journal of Managed Care*



Ainsley's Angels builds awareness for individuals with special needs through inclusion in all aspects of life. Their Roll with the Wind race series, pictured here, awards medals to both the riders and runners for completing each race.

TRILLIUM INITIATIVES: CHILD FIRST

North Carolina was selected as the first replication site for Child First, assisted by the efforts of Trillium Health Resources. Coastal Horizons, Easterseals UCP, Kids First, and the Power of U are all affiliate agencies in the Trillium catchment area. There are a total of 32 clinical teams serving these Child First programs.

From Child First

Child First helps struggling families build strong, nurturing relationships that heal and protect young children from the devastating impact of trauma and chronic stress. We use a two-generation approach, providing psychotherapy to parents and children together in their homes, and connecting them with the services they need to make healthy child development possible. Research shows that Child First stabilizes families and improves the health and well-being of both parents and children. This proven intervention currently has 15 sites throughout Connecticut and is now replicating in Florida and North Carolina.



Q&A

A mother with a two-year old child that has been working with a clinician through Kids First (one of our partner agencies that offers Child First services) shared her experience.

Q: How has Child First helped you and your child?

A: They helped me be more connected to him. He has been more happy. I can read more of his cues & know what he wants me to do.

Q: What was the best part of the Child First experience for you?

A: Helping me manage my time with him.

Q: What skills have you gained from participating in Child First?

A: Being able to reach him, know what he wants & know what he needs.

Q: What would you like others to know about Child First?

A: That they really need to use y'all.

TARGET POPULATION:	Prenatal through five years old at the onset of services and no exclusion criteria for children as long as they reside in the Trillium geographic area covered by Child First.
REFERRALS:	Community agencies, providers, or parents can all make a referral.
HOME-BASED INTERVENTION:	Clinicians visit families at home in their own environment to help improve access to care and provide a comfortable, familiar site to engage the family.
COMPONENTS:	Engagement, Comprehensive Assessment, Development of Child and Family Plan of Care, Parent-Child Psychotherapeutic Intervention, Enhancement of Executive Functioning (mentoring for the caregivers), Mental Health Consultation in Early Care and Education, and Care Coordination.

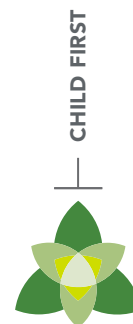


DATA FROM CHILD FIRST:

Children in the Child First Intervention were 42% less likely to have externalizing symptoms (meaning aggressive, defiant, disruptive, or hyperactive behavior) than children in Usual Care at 12-month follow-up, using the Infant-Toddler Social-Emotional Assessment (odds ratio = 4.7, moderate effect size).

Mothers in the Child First Intervention were 64% less likely than mothers in the Usual Care group to report scores in the clinical range for mental health issues at 12-month follow-up, using the Brief Symptom Inventory (odds ratio = 4.0).

The Child First Intervention group had 91% of service needs met at 12-month follow-up, compared with only 33% in Usual Care group (with a large effect size). A mean of 15 services were accessed by Child First families.



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Since inception in 2016, Trillium has served at least one child in each of the 24 counties.

Admissions from 7/1/16 to 6/30/17:

384

children and their families

Number of children actively in treatment as of 5/31/17:

277

(with at least 52 of the children in the 0-3 age range)

Waitlist as of 5/31/17:

81

children

Transitions to Community Living Initiative (TCLI)

The Trillium Transitions to Community Living Initiative department works in collaboration with the North Carolina Department of Health and Human Services and other MCOs across the state to meet the goals specified in the Department of Justice (DOJ) Settlement Agreement. The Transitions to Community Living Initiative staff primarily works to ensure individuals with serious mental illness identified within the DOJ Settlement Agreement are:

- Given choice in determining where they would like to live
- Provided access to supports and services to assist with safe and successful transitions into the community
- Linked to evidence-based, person-centered, recovery-focused, and community-based supports and services

TCLI | July 1, 2016–June 30, 2017

200+

individuals contacted through in-reach at state hospitals agreed to transition to independent housing

63

individuals actually transitioned to independent housing

206

individuals found supported employment

Since the project inception in 2015, Trillium has helped to transition

247 individuals—among the highest of all MCOs in the state.

Housing Services

Trillium believes unless a person has decent, safe, and affordable housing, the likelihood of being successful in treatment is low. We are committed to partnering with communities across eastern North Carolina—municipal and rural—to ensure individuals are linked to the services and supports they need for health, well-being, and quality of life.

To coordinate efforts, avoid duplication, and obtain the best outcomes for people served, Trillium housing staff works closely with community representatives and agencies. In FY 2017, **Trillium provided \$318,598 in funding** to various partners to help increase inventory for individuals in need of housing assistance. As a result, **541 individuals have secured housing** so they can focus on recovery and a successful outcome.

Provider Network

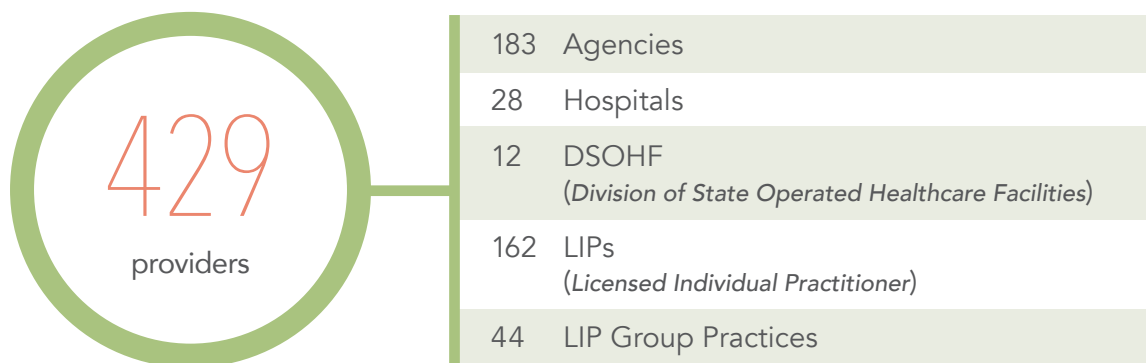
Trillium’s Provider Network helps us fulfill our responsibility in ensuring access to high quality, medically necessary care for the individuals we serve. Trillium recognizes our success in managing these services depends upon the providers in our network.

PREFERRED PROVIDERS: Trillium Health Resources has designated six agencies as Preferred Providers as part of our existing network, providing services throughout 24 counties in eastern North Carolina. To achieve the designation, the providers completed a Request for Application process and implemented new requirements in October 2016.

Integrated Family Services, PORT Human Services, RHA, Access Family Services, Pride in North Carolina, and DREAM Provider Care each maintain multiple offices throughout the Trillium region (with the exception of DREAM, which operates solely in Washington/Beaufort counties). Each agency must allow same day walk-in appointments, utilize Clinical Health Assessments for Teens (CHAT) using Trillium-supplied tablets, provide the Behavioral Health Index-Multimedia Version (BHI-MV) online tool for adults, and complete a Traumatic Brain Injury (TBI) screening tool as needed. More assessment tools may be added as Trillium works towards standardizing practices and screenings for conditions using more evidence-based practices for mental health and substance-use treatment in eastern NC.



As of June 2017, Trillium contracts with 429 providers with more than 700 locations in the catchment area.



Opioid Epidemic

North Carolina received more than \$31 million to address the opioid crisis through the 21st Century Cures Act and the State-Targeted Response to the Opioid Crisis Grant in May 2017. The funds will be divided among the seven Managed Care Organizations (MCOs) in the state, including Trillium. The MCOs will be tasked with increasing access to prevention, treatment and recovery supports, reducing unmet treatment need, and reducing opioid-related overdoses and deaths.

The Substance Abuse and Mental Health Services Administration (SAMHSA) awarded the grant to the North Carolina Department of Health and Human Services. North Carolina will receive \$15,586,724 in the first year. Eighty percent of the funds must target outreach, engagement, treatment, and recovery services.

Trillium has a long history of documenting the under-served substance use disorder population. Trillium's legacy organizations experienced a greater demand for intervention and treatment services than available funding could support as early as 2005.

PREVALENCE OF THE PROBLEM



The Substance Abuse and Mental Health Services Administration (or SAMHSA) estimates that for individuals 18 years old and over, about **4.21% use non-medical pain relieving medications.**



Based on a population of about 1,011,526 individuals in our catchment area, **approximately 42,585 use non-medical pain relieving medications.** Of these, **14,053 are eligible to receive services** through Trillium.

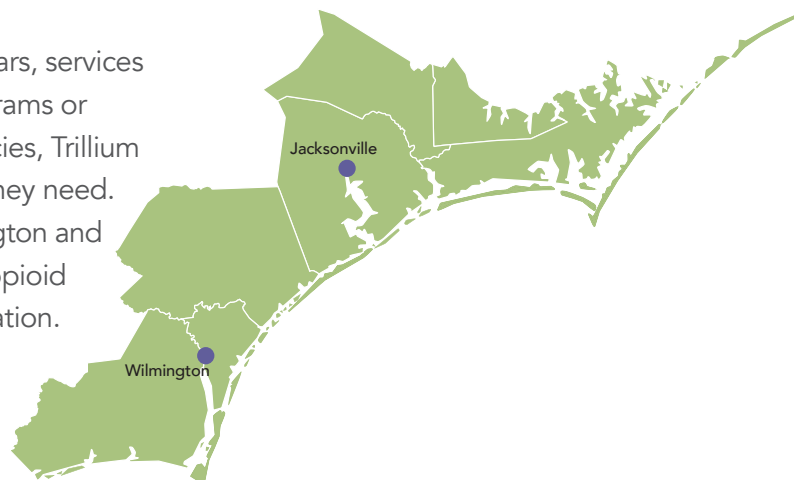


Trillium providers **treated 818 people for opioid dependence** in fiscal year 2016.



Therefore, **over 13,000 are still in need of help.**

Through initiatives funded with reinvestment dollars, services coordinated with contracted providers, and programs or partnerships with community supports and agencies, Trillium has worked to assist individuals access the help they need. Two cities in the Trillium catchment area—Wilmington and Jacksonville—rank among the nation’s worst for opioid abuse.* We are devoted to removing that designation.



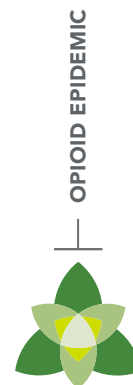
Trillium has determined the following steps are necessary in fighting the opioid epidemic:

- continuum of intervention points
- assessments: both in person with a clinician and online, anonymous assessments
- variety of treatment services
- follow-up care throughout recovery

Many programs exist with support from Trillium that help fulfill these goals:

- Healing Transitions in Raleigh accepts anyone from the Trillium area seeking long-term, peer-led treatment for substance use disorders.
- Wellness Cities in Wilmington, New Bern and Greenville provide peer support services to hundreds in recovery.
- Oxford Houses accommodate more than 60, including women with children, while offering safe, sober-living environments.
- Trillium’s Opioid Treatment Resource Guide was developed by our care coordinator dedicated to pregnant women with substance use disorders.
- Through the NC Harm Reduction Coalition, over \$100,000 worth of naloxone kits purchased by Trillium were shared with first responders. Naloxone is used to reverse the effects of an opioid overdose. So far, over 500 lives were saved this year using these kits.

Trillium welcomes the opportunity to expand our efforts on top of the work we are already undertaking to reverse this devastating epidemic.



*The Opioid Crisis in America’s Workforce, April 2016: <http://ir.castlighthealth.com/investor-relations/press-releases/press-release-details/2016/New-Study-Reveals-32-Percent-of-Total-Opioid-Prescriptions-Are-Being-Abused/default.aspx>

Crisis Intervention Team (CIT) and Mobile Crisis

Crisis Intervention Team training is a jail diversion and de-escalation model of training for law enforcement during which officers gain a better understanding of the needs of individuals with mental illness, substance use disorders, or intellectual/developmental disabilities. Instead, the idea is to divert them to treatment when this can be done at little risk to public safety. While Trillium facilitates the training, it is very much a community collaboration. The training relies on the support and involvement of the local National Alliance of Mental Health (NAMI) chapter, community colleges, provider agencies, hospitals, behavioral health professionals,

and, of course, law enforcement officials.

In 2016, Trillium signed an agreement with the North Carolina Department of Public Safety (NCDPS) to deploy Crisis Intervention Team training statewide to its staff of more than 11,000 correctional employees. Nearly 3,500 correctional officers and staff employed at the 12 state prisons in the NCDPS Coastal Region will complete 40 hours of intensive training coordinated by Trillium and taught at Pitt Community College.



Representatives from the Williamston Police Department, Vidant Company Police, Windsor Police Department, Plymouth Police Department, Washington Police Department, Chowan County Sheriff's Office, Department of Public Safety—Probation and Parole, and Pitt County Detention Center completed CIT training in June 2017.

Trillium has expanded the number of CIT trainers to help meet the increased demand.



MOBILE CRISIS SERVICES:

Trillium embraces North Carolina's Crisis Solutions Initiative to ensure people know where to get help quickly and effectively rather than going to a hospital emergency room when experiencing a behavioral health or intellectual/developmental disability crisis.

Types of emergency/crisis services available in our area include:

- **Mobile Crisis Teams:** RHA and Integrated Family Services contract with Trillium to provide on-site staff trained in crisis prevention and stabilization techniques.
- **Facility-Based Crisis Centers:** An alternative to hospitalization for adults who have mental health and/or substance use challenges or an intellectual/developmental disability and are in crisis.
- **Crisis Intervention Team (CIT) Training Program:** A jail diversion and de-escalation model of training for law enforcement during which officers gain a better understanding of the needs of individuals with mental illness, substance use disorders or intellectual/developmental disabilities.
- **NC START:** A community-based crisis prevention/intervention service for adults 18 and older with Intellectual/ Developmental Disabilities (I/DD).
- **Mental Health First Aid Classes:** An international, evidence-based program designed to improve knowledge and modify attitudes and perceptions about mental health and related issues.
- **Telepsychiatry Technology in Various Provider Sites:** Incorporates modern technology to connect psychiatrists and behavioral health professionals with people living in remote areas.



Mental Health First Aid (MHFA) is a public education program that helps participants identify, understand, and respond to signs of mental illnesses and substance use disorders. Trillium offers frequent training sessions that are open to anyone interested.

YOUTH MENTAL HEALTH FIRST AID

35 586

total trainings people trained

ADULT MENTAL HEALTH FIRST AID

49 784

total training classes people trained

INNOVATION AND QUALITY IMPROVEMENT PROJECTS

Trillium oversees a variety of internal quality improvement projects designed to address identified problems that impact performance or enrollee care. The projects in fiscal year 2016-17 focused on:

- Increasing Outpatient Therapy in children receiving Therapeutic Foster Care services
- Improving the Trillium Health Resources Provider Directory
- Decreasing the upstream Medicaid encounter claims denial rate
- Increasing access to adequate admission, discharge, and transfer data from hospitals in the Trillium service area
- Improving the Overall Provider Satisfaction with Trillium

The results have been positive, including an increased emphasis on the importance of therapeutic foster care children receiving outpatient services; increased access to adequate Admission, Discharge, and Transfer (ADT) data from hospitals within the catchment area, and a decrease in denied Medicaid encounter claims to less than 5%.

Trillium has dedicated one of our annual priorities to “Advancing Technology: Activities which increase the use of technology with the members we serve and within Trillium.” We endeavor to offer modern, innovative technology and equipment to improve the lives of the individuals we serve. In addition, Trillium continues to train staff to utilize predictive analytics, explore new technology to share with members, and in the software used when assessing treatment outcomes of our members.

- Comprehensive Health Assessment for Teens/BHI: This standardized and evidenced-based screening tool that expands 12 domains has proven to increase overall self-disclosure from adolescents (ages 13-18) when entering treatment. Using this innovative technology allows Trillium to yield data to identify trends in adolescents and adults seeking mental health and/or substance use treatment earlier on in the treatment planning process.
- Crisis Chat: Integrated Family Services provides online emotional support, crisis intervention, and suicide prevention services to individuals within the our catchment area. All crisis chat specialists are trained in crisis intervention.
- Assistive Technology: Trillium believes everyone has the right to choose where they want to live, including people with intellectual or developmental disabilities. To assist adults and children who have such disabilities, the Grants for Independence program offers items such as communications devices, adaptive equipment, and security systems.
- AccessPoint: This website offers online, anonymous, evidence-based, self-conducted screenings for: Depression, Bipolar Disorder, Post-Traumatic Stress Disorder, Substance Use Disorder, Alcohol Use Disorder, Generalized Anxiety Disorder, Eating Disorders, and Adolescent Depression.

PERFORMANCE DATA METRICS | July 1, 2016-June 30, 2017

99.9%

of claims processed
within 30 days

99.7%

of authorizations
processed
within 14 days

4.4 seconds

average speed to
answer calls

(Call Center)

100%

of complaints resolved
in 30 days



Transforming Lives



Call 877.685.2415, our Access To Care number, from anywhere, any day, any time.

TrilliumHealthResources.org



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ACCREDITED
Health Network
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ACCREDITED
Health Utilization Management
Expires 03/01/2019



ACCREDITED
Health Call Center
Expires 03/01/2019

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