



Medicaid changes to affect Trillium

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Trillium Health Resources served almost 54,000 people across eastern North Carolina with mental and other health needs last year — including about 1,700 in Pasquotank County — but that's slated to change, an agency official told Pasquotank commissioners on Monday.

"It's been nothing but change" for Trillium, Northern Regional Director Bland Baker told commissioners during their regular meeting Monday at the county courthouse. Trillium is one of seven local management entities/managed care organizations across the state that oversee mental and behavioral health services, including providing help with substance abuse and intellectual disabilities.

Trillium is poised for great change, including losing most or all of its service population, over the next two years, Baker reported. He explained the N.C. Department of Health and Human Services continues implementing sweeping Medicaid reforms that state lawmakers and Gov. Roy Cooper agreed to about a year ago. Those reforms are being made through Session Law 2018-48, or House Bill 403, and reflect years of efforts to cap and improve Medicaid spending.

"It's a reorganization of the Medicaid program; it's probably the biggest change that we have seen in 40 years," Baker said.

Baker explained that DHHS has awarded contracts to five companies, most of them commercial insurers such as Blue Cross Blue Shield, to begin offering comprehensive Medicaid services — including physical as well as mental and behavioral health — through standard, pre-paid health plans. Those "standard plans" will include many patients now served through Trillium and other local management entities/managed care organizations, he explained.

Published reports also note those contracts are worth about \$6 billion a year, and about 1.6 million North Carolinians will migrate to them. Baker noted that, if Medicaid beneficiaries don't choose a specific standard plan during open enrollment periods, they will be assigned one.

Session Law 2018-48 envisions LME/MCOs continuing as more specialized organizations. They would continue to oversee patients with severe behavioral or intellectual needs, who would be covered under what are known as "tailored plans."

The change means that 70 percent of those patients Trillium now covers will go to standard plans covered by other organizations, Baker estimated.

It's also not guaranteed that Trillium will serve the remaining, tailored-plan patients. Baker said DHHS will ask for proposals to run tailored plans, with proposals due in February 2020. The state agency will award contracts to between five and seven LME/MCOs, he said.

While it's possible Trillium and other organizations might no longer manage any Medicaid patients, Baker said he's optimistic Trillium will win a contract.

Baker also noted state officials are looking to not only cap Medicaid spending, but migrate to a "whole person care model" that will try to streamline care of patients' physical and mental health needs.

That means that insurers will start covering more mental health services, and LME/MCOs will start covering physical health services, he explained.

"Each of us managing these two different plans is going to have a lot to learn as we move forward," Baker said.

Baker also said the managed care organizations will implement their tailored plans in July 2021.