

To: All Eastpointe and Sandhills and Trillium Providers

From: Cindy Ehlers, Chief Operations Officer

Date: January 8, 2024

Subject: Action Needed for Sandhills Center and Eastpointe Providers, Consolidation Authorization Plans – **update to Consolidation Bulletin 01**, Electronic Visit Verification (EVV), NCDHHS Overview of the LME/MCO Consolidation

ACTION NEEDED FOR SANDHILLS CENTER AND EASTPOINTE PROVIDERS

Providers need to complete the packet of forms **immediately** and take the Provider Direct training to get access to Provider Direct.

Please refer to [Clinical Consolidation Communication #03](#).

Email consolidation.contracting@trilliumnc.org with any questions.

CONSOLIDATION AUTHORIZATION PLANS – UPDATE TO CONSOLIDATION BULLETIN 01

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

Effective February 1, 2024 through May 31, 2024 all services for all members and all providers will not require a prior authorization. This is a change to follow the TOC policy as written. Trillium may extend this based on the launch of Tailored Plan. 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 June 1, 2024.

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- May 31, 2024 time period.

Beginning on June 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 May 31, 2024.

Once, provider contracts are in place, you may start requesting authorizations, but authorizations are not needed to pay claims until June 1, 2024.

Beginning May15, 2024, authorizations must be submitted in (TBS) Trillium Provider Direct to request services with prior approval for effective dates from June 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-May 31st, 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- May 31, 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

Trillium's 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 June 1, 2024 going forward. Services that are not requested by this timeframe will not be backdated.

All questions related to Consolidation Authorization Plans 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.

ELECTRONIC VISIT VERIFICATION (EVV)

Trillium continues to work with our EVV Vendor, HHAeXchange, to transfer the appropriate information and no action is needed at this time by providers. To ensure a smooth transition, we would like to provide you with the below tips related to EVV services and the Consolidation.

-  Claims with Dates of Service (DOS) 1/31/2024 and prior: - No changes – please continue to submit to HHAeXchange with Eastpointe and/or Sandhills as the payer, as you normally would.
-  Claims with DOS 2/1/2024 and forward should be submitted to HHAeXchange with Trillium as the payer.
-  For services that do not require a prior authorization, please be sure your members are linked to your agency prior to scheduling visits or attempting to submit claims.

- For members who are not linked, please submit a ticket to Trillium by sending a secure email to NetworkServicesSupport@TrilliumNC.org and include the member name, date of birth, start of care and the provider site for member placement for DOS 2/1/2024 and after.
- 🌱 Member profiles will show for each agency separately, so you may see the same member for Trillium and Eastpointe or Trillium and Sandhills Center. These are not duplicates as the members need to be linked to each payer.
 - Ensure your sites and service codes are active in your HHAeXchange portal.
 - For additional information on how to activate new sites and service codes, please reference the Job Aides in the HHAeXchange Support Center.
 - For any new sites, please remember to reach out to HHAeXchange Support Center to have the new site linked to the appropriate payer(s).
- 🌱 Please be sure your taxonomy code has been updated in the HHAeXchange portal.
 - For changes to your taxonomy code, please contact HHAeXchange Support by clicking on the Support Center in the HHAeXchange portal.
- 🌱 Job Aides can be found in the Support Center within the HHAeXchange portal. Job Aides are a valuable resource to assist providers in navigating the HHAeXchange portal. Job Aides also address many common questions.
- 🌱 For any issues related directly to the HHAeXchange portal unable to be resolved by utilizing the HHAeXchange Support Center (such as not seeing a site in the portal, login issues, incorrect taxonomy on claim), please submit a ticket to HHAeXchange and be prepared to share that information with the Trillium Provider Support Service Line Representative. The Trillium team will provide close follow-up on the ticket submitted to HHAeXchange until a resolution has been reached.

If you have questions, please contact the Provider Support Service Line at 1-855-250-1539

NCDHHS OVERVIEW OF THE LME/MCO CONSOLIDATION

🌱 [For Member](#)

🌱 [For Providers](#)