

FREQUENTLY ASKED QUESTIONS

1. I have received a Letter of Intent, but what does it mean?

The purpose of the Letter of Intent (LOI) is to introduce Trillium Health Resources (Trillium) as your potential future partner as we move forward with Medicaid Transformation and the building of Trillium's Behavioral Health I/DD Tailored Plan Provider Network. Trillium is preparing to become a Tailored Plan in July 2021. A Tailored Plan will be a comprehensive state Medicaid Health Plan that serves members with moderate to severe behavioral health needs. As a result, Trillium is proactively reaching out to providers who are currently supporting our members through Medicaid State plan services to proactively develop and build our relationships with those providers. The Letter of Intent is non-binding and will not obligate you to sign a contract with Trillium.

Please visit this NCDHHS link for more Medicaid Transformation information:

<https://www.ncdhhs.gov/assistance/medicaid-transformation>

2. Could you explain the advantages of contracting with Trillium?

Trillium is currently a leading managed care organization (LME/MCO) for individuals with substance use, mental illness, and intellectual/developmental disabilities in eastern North Carolina. We partner with agencies and licensed practitioners in our Provider Network to offer services and supports to people who either receive Medicaid services, are uninsured, or are under insured. We also collaborate with local non-profits, other governmental agencies, medical providers, and hospitals to create a holistic person-centered system of total patient care that recognizes all needs of an individual. By partnering with Trillium, providers are able to offer services to our members, thus increasing access to care for members. We are proud to have generated significant savings that we have reinvested in programs and services making a positive, unmistakable difference to the communities and citizens we serve.

3. Will Trillium contract with providers throughout North Carolina?

Yes. In fact, we currently contract with providers throughout the State, in order to ensure our members can access services in their county of Medicaid eligibility, where they live and where they travel.

4. If an agency has additional office locations, are they able to add those to the Letter of Intent? Is page 2 of this form (data sheet) for the entity as a whole or individual practitioners?

Yes, additional provider site locations can be added to the Letter of Intent. Please include the addresses for sites that you would like to contract to provide services for with Trillium. Practitioners can be listed on page 2 or you may attach a clinical roster.

5. Should I complete the LOI if I am already a network provider?

Yes, you would still need to respond to the Letter of Intent to show your intent to contract for *new* services and supports.

6. Will Trillium be paying Medicaid rates or will we need to negotiate rates?

Trillium will discuss rates during contract discussions with a potential provider.

7. We are a DME (durable medical equipment) and IV therapy company, can you tell me how you would be able to use our services?

As a Tailored Plan, Trillium will provide a comprehensive Medicaid Benefit Plan that meets all health related needs of our members. This includes Durable Medical Equipment, as Trillium will need a network of providers to provide DME and other Medicaid State Plan services.

8. For a Family Medical Practice, how does this come into play with Managed Care? We are aware that some Medicaid recipients will not change over to Managed Care.

It is correct that some populations will not transition to Medicaid Managed Care; however, a vast majority of Medicaid recipients will transition over to Medicaid Managed Care. There are only select populations that will not be transitioning to Medicaid Managed Care. As a result, all health plans including Standard and Tailored Plans will need to have a comprehensive provider network to meet all of our members' needs.

- 9.** As EMS/Ambulance providers, we have never billed any claims to Trillium Health Resources and wanted to confirm that under the new NC Medicaid Reform, this will not change. We transport patients that may be covered under the program for behavioral issues but have always billed these claims to NC Medicaid. We understand the transition to PHP in the future but wanted to ensure that this will not include these agencies having to file claims directly to Trillium in the future.

Please visit this link to the NEMT Fact Sheet in the NC Medicaid County Playbook for detailed information about how NEMT will be handled in the future:

- <https://files.nc.gov/ncdma/NCMedicaid-FactSheet-Non-Emergency-Medical-Transportation--NEMT--Final-V3.pdf>

- 10.** Our PSAO handles our 3rd party contracting. Why are we getting this directly; was it offered to PSAOs? If not, why? Will this alter/modify our PSAO agreements?

Providers received these letters because they currently serve at least one Trillium member or a member in our catchment area. Trillium is conducting outreach to develop relationships with the providers who are currently serving our members through Medicaid State Plan services. The Letter of Intent is not a contract, and a PSAO would not come into play until a contract is signed. You are welcome to involve a PSAO as you feel appropriate for your business needs.

- 11.** For question #14, is this a broad question like "Medicaid," "State," etc., or is it requesting more specifically the actual service (or code) like "Group Living," "Individual Supports," etc.? Do you want the services for each site or just the services that are not listed in Provider Direct but should be?

Trillium is requesting that you list the actual services and codes that are provided by you and/or your organization at each site. Codes can be helpful to make sure we clearly understand what services you would like to provide through a contract with Trillium. Please include the addresses for sites where you would like to contract to provide services.

- 12.** If a patient goes to visit a family member outside the coverage area, will they still be covered?

DHHS has not yet established guidelines as it relates to coverage outside of the coverage area. However, it is highly likely that Tailored Plans will be responsible for ensuring services/supports for their members in different locations.

13. Can I also include my outside coverage providers in this network as well?

Yes, they may be included for consideration.

14. Will the scope of this Trillium agreement with the North Carolina Department of Health and Human Services include the provision of specialty home medical equipment?

Trillium (as a Tailored Plan) anticipates that our contract with DHHS will allow us to offer a comprehensive set of services available through the Medicaid State Plan, which we anticipate will include specialty home medical equipment.