

Questions & Answers

- 1. I'm being told that our current patients that have Medicaid will only be provided current transportation until the end of June. What happens then? Is it different transportation for Tailored Plan, Trillium Medicaid, and PPO?**

If an individual has appointments on July 1 or after, they would need to contact Trillium to schedule appointments – no need to wait. This is for Tailored Plan Members. For those in Medicaid Direct, they would continue to use DSS Transportation. If you are unsure, contact us for help.

- 2. With PerformRX, do the members need to have a particular pharmacy that is linked to Trillium, or are they able to use their current pharmacy?**

The goal is to ensure continuity of care. Trillium reviewed pharmacies used by members ahead of launch. We conducted outreach to get these pharmacies in our network. Members can look for pharmacy in our Provider Directory. If your pharmacy is not in the network, you can contact us and we will reach out to them.

- 3. If we have problems with a prescription, do we need to call Trillium?**

Trillium will manage your pharmacy benefits if you are moving to the Tailored Plan on July 1. If the problem is with the actual prescription, you would still contact your physician.

- 4. With PerformRX, do the members need to have a particular pharmacy that is linked to Trillium, or are they able to use their current pharmacy?**

The goal is to ensure continuity of care. Trillium reviewed pharmacies used by members ahead of launch. We conducted outreach to get these pharmacies in our network. Members can look for pharmacy in our Provider Directory. If your pharmacy is not in the network, you can contact us and we will reach out to them.

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5. If we have problems with a prescription, do we need to call Trillium?

Trillium will manage your pharmacy benefits if you are moving to the Tailored Plan on July 1. If the problem is with the actual prescription, you would still contact your physician. Most of the time, if you have issues at the pharmacy, we will be working with the pharmacy to address this. We may need a Prior Authorization at some point and may not fill a prescription without it. Most issues are resolved between the pharmacist and provider. Trillium is always here to help you navigate issues. Our Member & Recipient Services Line is available and there are no barriers to treatment.

6. Does everyone who receives intensive services (SAIOP/SACOT) need to switch to the Tailored Plan? What about those who need transportation? I'm being told that some members will not qualify for intensive services and/or transportation.

There are certain services only available in the Tailored Plan and NC Medicaid Direct (PIHP). Certain people are carved out. Many of the Substance Use Disorder services are covered in the Tailored Plan and Standard Plan. Regardless of the plan, individuals should not have barriers to getting to appointments..

7. The Trillium site handbook says there are copays. The mailed handbook refers to an "insert" regarding copay, no insert included. NC Medicaid was unable to confirm or deny.

There are no changes in copays from today. There are some services that require a \$4 copay while Behavioral Health, Innovations Waiver services do not require a copay

8. So, no copays for Tailored Plan medical care services?

The copay has changed from \$3 to \$4. The handbook has been updated. Whatever the copay is today will continue to be the copay – no new copays.

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9. For Transportation reimbursement, will there be an app?

Modivcare, the transportation provider, does have an app for reimbursement. Members are encouraged to contact Modivcare to set up rides.

10. Does the Tailored Plan trump Medicare? Previously, for people with Medicaid and Medicare, Medicare will be billed first then Medicaid would take on the remainder. If a person has Medicare, Medicaid Tailored Plan and Innovations Waiver, will the doctors' offices still use Medicare first or go straight to Tailored Plan?

For people who have both Medicare and Medicaid, nothing changes. Medicare will remain the payer of first choice.

11. Q: Will Trillium care management work with in-house primary care managers, and how can we locate those folks to collaborate?

There are concerns about working as a team. We want to avoid duplicating work. We are still working out details with the PCPS – the way the practices function. Care Management vs. TCM. New process for all. Reminded that there are agencies provided TCM too – not just Trillium who may be working with the PCP. As a PCP, they should be able to see who the TCM is in NCTracks. There is a link on the website to help link directly with the care manager. Trillium is working with AHEC to identify areas of concern. We are developing training specific to PCPs.

12. My family member's PCP is not signing on to the Tailored Plan so they were assigned a PCP. On calling the office, they were informed that they did not provide primary care services, they are an OB/GYN provider. What do we do now?

We are aware of this situation and are disappointed. If you have concerns about PCP assignment, you can reach out to us. OB/GYNs do "count" as a PCP.

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- 13. Would you kindly leave a phone number through which someone can reach you on the phone tomorrow or any other time?**

Contact Member & Recipient Services – 1-877-685-2415

- 14. What's the difference between a Tailored Plan and the Innovations Waiver?**

The Innovations Waiver is a type of waiver that waives Medicaid eligibility to ensure they receive Medicaid. Services and supports are provided in the community rather than institutions – supporting individuals to remain in the community. Innovations Waiver services link to the individual's plan and services such as equipment/supplies not covered by regular Medicaid. Family members to be paid to support their loved ones. For those individuals on the waitlist – as we receive slots, we fill them. If you have an Innovations Waiver slot, you are automatically in the Tailored Plan. The Tailored Plan covers all of the benefits such as pharmacy/DME/physical health – entire insurance plan. If you have not received the Innovations Waiver, you can receive the Medicaid benefit including i-benefits. Waitlists exist because there has not been adequate funding to support all of the individuals in the state.

- 15. I am still unclear about the difference between “care coordination” and “care management.” Please explain.**

Care coordination is what we have been doing for the last decade. If services are needed, care coordination links people to services. It involves linking with minimal follow-up, is not ongoing. Providers should be offering the support/care. Care management is much more intensive/engaged in all aspects of care. Linking to PCP/working with PCP to ensure they are informed. Working with Care Team. As needs arise, the entire team works to address the needs. It is more robust. It addresses health concern. The care manager will be the conduit to ensure necessary services and supports are there.

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- 16.** We are dual eligible and have the Innovations Waiver, but our current doctor was not contracted by May 15, so we have a different PCP on our Tailored Plan card. Our current PCP has just contracted but is not showing up in the system. What's the best way to change our Tailored Plan card back to our original PCP? Also, do PCPs/hospitals have to be contracted with standard Medicaid and the Tailored Plan?

Please contact Member and Recipient Services to request that your PCP be updated. You will automatically be issued and updated Medicaid ID card when your PCP is updated. If the provider just contracted, it does take 10 business days for the contract to work its way through all of the systems to be present.

- 17.** I have Medicaid A and B, as well as Medicare B. I am having difficulty finding a dentist that accepts any of them. Would you kindly recommend any dental care provider in Winston-Salem or Kernersville that accepts any of those?

Dental is not covered under the Tailored Plan. A dental directory is not available. We do not cover Forsyth County. We will contact you with Partners to ensure you are linked.

- 18.** What does it mean if a provider is listed on a practice's website as being contracted with Trillium through CCH?

CCH is Carolina Complete Health. It is our Standard Plan partner. We are leveraging their physical health network – looked at specialty care/reviewed providers being seen by our members. If you do not see your practice listed, you can contact us to let us know. We are adding to the network CCH already has in place.

- 19.** What, if any, changes should PDN recipients expect moving into the Tailored Plan? Will the care manager be the point of contact? Can you explain the authorization process?

The PCP is the first contact and the care manager will be working with the practice. The PCP will request authorization. You should not experience any changes.

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- 20. Who is supposed to let us know about these meetings? Our case manager did not tell us about this meeting. We had to find out about it through our FMS.**

We have been communicating information in a lot of different ways. We certainly want our care managers to provide the information. Use links Jennifer is providing to sign up for information.

[Sign up for emails](#)

Social Media:

 [Facebook](#)

 [LinkedIn](#)

 [Instagram](#)

- 21. Cindy shared that UNC was contracting with Trillium however none of the actual providers show up in the Trillium Provider Directory.**

You will not see individual doctors within UNC. They are listed by agency. You can go ahead and schedule appointments with UNC and with Duke. We want to make this as smooth as possible. If you do not see your physical health practice in our Provider Directory, email:

Khristine.Brewington@TrilliumNC.org

- 22. Duke is signing on to the Tailored Plan?**

They are not signed yet. We will continue to work with them. They are a Medicaid provider in the state. We will be working with them using Out of Network agreements.

- 23. Will out of state providers be paid as out of network? Example...my son goes to Johns Hopkins in Baltimore.**

For services unavailable in North Carolina, services out of state are an option. No disruption of care is the goal.

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- 24. For adults that need therapy, will there be an increase of providers accepting those over age 21? Also, recreation and music where specialized modifications would need to be made for community participation**

The Tailored Plan does not change clinical policy – we recognize some CCPs are restrictive. CFAC has brought to our attention the need to work on policy changes. Specifically services to be made available to those on Innovations Waivers – in need of specialized therapies. We will continue advocating for this.

- 25. For those receiving services, such as incontinent services, should the care manager coordinate service or continue getting them through the current provider? Do I need to work with the Pharmacy line?**

Work with your care manager to ensure they know what is needed. Ensure that your care manager knows about equipment/supplies. This should be transitioned automatically – behind the scenes.

- 26. Motivcare did not know the mileage allowance. Has that been determined?**

Motivcare has to obtain prior authorization for trips greater than 75 miles one way.

- 27. For PCP it was discussed that there is an extension to continue using the doctor, but is there anything someone needs to do to continue using regular doctors while Trillium tries to get a contract? Is there specific paperwork to complete?**

If a provider is not in our network, you can continue seeing them through Sept. 30, 2024. After that we will put in place an out-of-network agreement. Members can ask their providers to contract with us – the provider can contact us directly. Will be able to take tip sheet to doctors' appointments. DHHS has provided instruction to docs to not disrupt care.

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- 28. How far ahead do we need to contact Motivcare or care manager for prior authorization for extended mileage?**

Two days in advance, and no more than 30 days. We encourage you to contact Motivcare sooner than later if you have a complicated arrangement. Motivcare does the authorization – nothing for the member to do.

- 29. We did not send in request to keep our doctor. We received our packet and our doctor has changed.**

Contact Trillium and we can make the change. It will require a change to your Medicaid card. You should receive a wallet-sized card. Be on the lookout for a Trillium envelope.

- 30. Who do we reach out to so specialists can request to join the Trillium Tailored Plan?**

Email Khristine.Brewington@TrilliumNC.org, or call the Member and Recipient Services line at 1-877-685-2415.