

Carolina Complete Health and Trillium Health Resources: Questions & Answers

- **How many PCP, specialists, and hospitals in CCH network in the Trillium catchment as of today? What is the goal?**

CCH will be working to meet/exceed Network Adequacy Standards set forth by NC DHHS. Network Adequacy criteria can be found in the [RFA, attachment F](#) and as always, subject to change by the Department. To check on whether a provider is in-network, you can reference the Provider Directory: <https://www.carolinacompletehealth.com/members/medicaid/find-a-doctor.html>

- **The cultural makeup of the 500 staff and admin matters, is this addressed? To be connected to every community should reflect the helpers.**

Trillium Health Resource's Cultural Competency Plan and Diversity, Equity, and Inclusion Annual Report can be found at: <https://www.trilliumhealthresources.org/about-us/strategic-planning-outcomes>

- **Will CAP/C, CAP/DA, and dual-eligible clients remain carved out of Managed Care?**

Dual-eligible, CAP/C, and CAP/DA services remain in Medicaid Direct: <https://ncmedicaidplans.gov/learn/nc-medicaid-managed-care-health-plans>

- **Will Trillium reimburse at current Trillium rate or NC Medicaid fee schedule?**

Behavioral Health will be the Trillium rates and Trillium will have oversight over Physical Health. Physical Health rates are determined by NC DHHS fee schedules available here: <https://medicaid.ncdhhs.gov/providers/fee-schedules>. Rate floors are the established NC Medicaid Direct (fee-for-service) rate that PHPs are required to reimburse Medicaid providers (no less than 100% of the applicable NC Medicaid Direct rate), unless the PHP and provider mutually agree to an alternative reimbursement arrangement.

- **Would Specialist offices need to make changes to current offices to accommodate any special needs of the severe Tailored Plan Patients?**

Offices should be compliant with ADA specifications.

- **We are not a primary care provider although we do offer sick visits and such. Should we be listed/selected as their provider?**

Medicaid members will select or be assigned to Advanced Medical Homes (AMH). Practices providing primary care as defined by the requirements for participation in the Carolina ACCESS program are eligible for the AMH program. All providers participating in an AMH practice must be enrolled in the state's Medicaid program. All practices must provide primary care services, although they may provide other services as well. (Source: [AMH Provider Manual](#))

- **If you are a specialist and you primarily see TBI pts for EM visits and Botox injections for spasticity - would you bill Medicaid Direct for these services or the Tailored Plan. Trying to determine if our services would qualify as a service that is billable to the Tailored Plans.**

Botox injections for spasticity is a physical health procedure. If the patient is enrolled in a Trillium Tailored Plan, the service will be billed to Carolina Complete Health. If the patient is enrolled in Medicaid Direct, the service will be billed to NC Medicaid.

- **Will Trillium accept Provider Tailored Plan Trainings from another MCO?**

If it is TCM training it will need to follow the TCM Provider Manual requirements. Trainings listed in the TP RFA require approval from NCDHHS, after which they are to be made available to providers. MCOs (Tailored Plans) are working on reciprocity, however some trainings are unique to the MCO region and were individually approved by NCDHHS. We will communicate any updates to this as they are available.

- **Kids currently receiving Therapeutic Foster Care services automatically eligible for Tailored Plan?**

Residential treatment facility services are services that will be offered exclusively by Tailored Plans. Utilization of Medicaid service only available in Behavioral Health I/DD Tailored Plan is a criteria for TP eligibility and enrollment.

Sources: [North Carolina Medicaid Managed Care; Behavioral Health Intellectual/Developmental Disability Tailored Plan Eligibility and Enrollment](#) and [Behavioral Health I/DD Tailored Plan Memo on Eligibility and Enrollment Updates](#)

- **Will letters being sent out be self-explanatory?**

Sample notices for beneficiaries regarding NC Medicaid Managed Care can be found in the NC DHHS County Playbook: <https://medicaid.ncdhhs.gov/counties/county-playbook-medicare-managed-care/beneficiary-notices>

- **Will authorizations be required for PT/OT and SLP in the home setting by licensed therapists for Trillium? If so, please advise whom we contact. Also for billing, who do we contact.**

PT/OT/ST fall under Physical Health services with the Tailored Plan and will be managed by Carolina Complete Health. PA is required prior to treatment and should be submitted to Carolina Complete

Health. For in depth information on billing and UM guidelines, please review our PT/OT/ST Q&A document:

https://network.carolinacompletehealth.com/content/dam/centene/carolinacompletehealth/pdfs/CC_H_PT-OT-ST_FAQ_FINAL.pdf

- **We still have clients that say they have not received a letter yet within the Trillium area. Have all letters been sent out at this point? If so, what do clients need to do if they have not received one yet?**

Trillium will be sending out letters in October. Clients can call the Enrollment Broker for assistance: 1-833-870-5500

- **If behavioral health providers were not a part of the 2 rounds of TCM for tailored plan, are the providers still able to provide behavioral health services through Trillium?**

Providers who wish to provide Tailored Care Management to Trillium members must be certified by the Department and pass a readiness review with NCQA prior to eligibility to receive a Tailored Care Management contract with Trillium.

Providers who wish to provide behavioral health services to Trillium members must be enrolled and credentialed with NC tracks and qualified to provide the services that they are asking for in their contract. Trillium operates a closed behavioral health network. All requests for joining our behavioral health network will be reviewed based upon current network needs. Any provider requesting to join Trillium's network can email networkservicesupport@trilliumnc.org

- **Will CDSA be carved out of Tailored Plan?**

Services provided and billed by CDSAs are covered by NC Medicaid Direct for Medicaid-enrolled children and billed to the State. Please reference the following for more information: Session Law 2017-57, Senate Bill 257, which states, "Services provided and billed by Children's Development Services Agency (CDSA) that are included on the child's Individualized Family Service Plan" are not covered by Medicaid Managed Care.

<https://files.nc.gov/ncdma/NCMT-Provider-FactSheet-Early-Intervention-Services-and-Managed-Care-20210301.pdf>

Disclaimer: Information is valid as of date of publication. This document will not be updated if new information is published. Please refer to recent communications from Trillium and/or NCDHHS on future updates or program changes.

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