Trillium
HEALTH RESOURCES

Network Communication Bulletin #045

To: **All Providers**
From: **Khristine Brewington, VP of Network Management, MS, LPC, LCAS, CCS, CCJP**
Date: **June 24, 2019**
Subject: Victory Junction Information, Provider Direct Notification, IDD Eligibility for State Funded Services, Changes to Health Information Exchange, NC Enrollment Broker Webinar, Credentialing Notification, 2019 Disaster Plan Reminder, Community Support Teams Training

VICTORY JUNCTION INFORMATION

Victory Junction will host Trillium families on October 11-13 and 25-27, and November 1-3, for three weekends of excitement and bonding, in a beautiful setting with medical personnel and trained staff onsite.

The application process is handled by Victory Junction and is available here. Space is limited and applicants must be a child (under the age of 18) diagnosed with IDD and a member with Trillium.

🌿 See the flyer HERE

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HEALTH RESOURCES

VICTORY JUNCTION
Founded for kids in honor of Adam Petty

OCTOBER 11-13 & 25-27, AND NOVEMBER 1-2

Trillium Health Resources is excited to partner with Victory Junction, an inclusive camp located on 84 acres in Randleman, North Carolina, to offer special family weekends for children and their families. Founded by the legendary Petty racing family, Victory Junction enriches the lives of children with serious illnesses by providing life-changing camping experiences that are exciting, fun and empowering, at no cost to children or their families.

Many children do not have the chance to attend traditional camps—Victory Junction allows them to enjoy these activities just like every other child.

Victory Junction will host Trillium families on October 11-13 & 25-27, and November 1-3, 2019 for three weekends of excitement and bonding, in a beautiful setting with medical personnel and trained staff onsite.

The application process is handled by Victory Junction and is available here. Space is limited and applicants must be an adult or child with Intellectual/Developmental Disability, or a child in Therapeutic Foster Care. All applicants must be a member with Trillium. Priority will be given to children under the age of 18.

ATTENTION: ALL PROVIDER DIRECT PROVIDERS

Re: Limiting data entry of service lines to 50 on CMS1500 Professional Claim Submissions

Effective July 25, 2019, Trillium will update the CMS1500 Professional Claim form in Provider Direct to limit the number of service lines that can be entered on one claim to a maximum of 50 service lines. This limitation will be applicable for any CMS1500 Professional claim entered via Provider Direct after July 25, 2019, regardless of the date of service. If you have any questions or concerns please contact your Claims Specialist in the Trillium Claims Department.

I/DD ELIGIBILITY FOR STATE-FUNDED SERVICES

The following guidance is issued as it relates to determining I/DD eligibility for state-funded services:

- In accordance with GS 122C-3 (12a), the individual needs supporting documentation to reflect an I/DD diagnosis prior to the age of 22, unless the disability is caused by a traumatic head injury and is manifested after age 22 in order to be eligible for I/DD state-funded services.

- School records may not suffice as evidence to support that an individual has an I/DD diagnosis, unless the school record includes a diagnosis by a licensed clinician whose scope of practice includes diagnosing I/DD through the use of appropriate psychological testing. Some individuals receive special education services and accommodations for related needs that fall outside of an I/DD diagnosis. While school records may support the determination of deficits in functional limitations, they may not be utilized solely as a method of determining an I/DD diagnosis. The only exception would be in the event there is a psychological assessment completed by a school system that clearly notates an I/DD diagnosis.

- In order to receive services for I/DD, there must be a valid I/DD diagnosis from a licensed clinician whose scope includes diagnosing I/DD through the use of appropriate psychological testing. Psychological assessments/evaluations should note an I/DD diagnosis prior to the age of 22.

- Records from service provider agencies may have language regarding functional limitations; however, functional limitations cannot be used to document an I/DD diagnosis. Treatment from providers is typically based on functional limitations determined during an evaluation or assessment. Psychological assessments/evaluations or an assessment completed by a licensed clinician authorized to diagnose is required to reflect an I/DD diagnosis that can be utilized for eligility requirements.

- Legacy beneficiaries (individuals who actively received state-funded services prior to 2012) will likely be affected by this eligibility criteria. In the event an authorization for a legacy beneficiary lapses, the LME-MCO is able to reauthorize services based on the individual having previously received services. Documentation of this reauthorization should be maintained by the LME-MCO in the beneficiary's record.

- It is recommended that the LME-MCOs communicates with psychologists regarding the information needed on psychological evaluations conducted both before and after the age of 22. Language that documents an I/DD diagnosis being lifelong or occurring before the age of 22 supports the documentation required for individuals with I/DD conditions to receive state-funded services.

CHANGES TO THE HEALTH INFORMATION EXCHANGE ACT SIGNED INTO LAW JUNE 6

On June 6, Governor Cooper signed into law [House Bill 70](), now N.C. Session Law 2019-23. The legislation delays the June 1, 2019, deadline until June 1, 2020.

Additionally, licensed physicians whose primary area of practice is psychiatry now have until June 1, 2021 to connect. Further, SL 2019-23 now exempts certain provider types from the mandatory requirement to connect and send data to the Health Information Exchange network, NC HealthConnex. The following provider types have the option to connect on a **voluntary basis**. However, they are **no longer required to connect**:

- Community-based, long-term services and supports providers, including personal care services, private duty nursing, home health, and hospice care providers.
- Intellectual and developmental disability services and supports providers, such as day supports and supported living providers.
- Community Alternatives Program waiver services (including CAP/DA, CAP/C and Innovations) providers.
- Eye and vision services providers.
- Speech, language, and hearing services providers.
- Occupational and physical therapy providers.
- Durable medical equipment providers.
- Nonemergency medical transportation service providers.

- 🌲 Ambulance (emergency medical transportation service) providers.
- 🌲 Local education agencies and school-based health providers.

For more information, see [FAQs](#) regarding the legislative changes.

NC HEALTHCONNEX AND PATIENT CARE: STORIES FROM THE FIELD

Participants and stakeholders often ask how practices are using NC HealthConnex to improve patient care. Read below for some of the use cases we've heard from across the state.

FEDERALLY QUALIFIED HEALTH CENTERS

Federally Qualified Health Centers (FQHC) are using the NC HealthConnex Clinical Portal when a patient presents after having had an office visit or hospital stay to ensure that ordered testing has been completed, as well as for quality reporting purposes.

One FQHC case manager says: "I use the portal to look up labs, test results, and consult notes from other providers for quality reporting. This data is provided [by our organization] to insurance companies and other agencies. I also use it to see if the patient has changed practices or has seen specialists. It provides an accurate picture of where the patient has been in their health care journey, while saving valuable time and research."

LOCAL HEALTH DEPARTMENTS

One health department reports that they reference the NC HealthConnex Clinical Portal for their obstetric patients to fill in the gaps of patient history and care administered elsewhere. To do this, they search for a patient in the Clinical Portal prior to a patient's appointment to see if the patient has initiated care elsewhere or has had an ultrasound or other diagnostic in an Emergency Department. If they see prenatal lab panels, they may not have to repeat them. If they see a recent ultrasound result, many times they can use this to more accurately date the patient's pregnancy.

The ability of NC HealthConnex to aid in reducing the duplication of testing—particularly routine blood tests and radiology—can result in hundreds of thousands of dollars in obstetrical work cost savings alone.

SKILLED NURSING FACILITIES

Skilled nursing facilities are using NC HealthConnex to view providers' notes from other facilities, acquire hospital discharge information and for medication review. Looking up patient history in the NC HealthConnex Clinical Portal helps them enact providers' specific follow-up plans, such as how long to leave a urinary catheter or intravenous line in for a recently discharged patient, or ensure a patient receives the correctly prescribed medications and dosages.

FEDERAL FUNDING FOR NC HEALTHCONNEX EXTENDED THROUGH SEPTEMBER 2021

On May 21, the Centers for Medicare and Medicaid Services approved North Carolina's Health Information Exchange (HIE) Implementation Advance Planning Document Update (I-APDU), extending a 90 percent federal funding match for requested Medicaid provider onboarding activities and new HIE services development from July 2019 through September 2021.

Part of the Health Information Technology for Economic and Clinical Health (HITECH) Act, this approval will help NC HealthConnex rapidly connect the state and extend valuable, no-cost HIE services to assist with Medicaid transformation and streamlined public health reporting. Specifically, the funding provides for:

- 🌲 Technical and training costs associated with bringing Medicaid-serving facilities, as well as other HIEs and patient data systems containing NC Medicaid beneficiary information, live on NC HealthConnex;
- 🌲 Costs associated with bringing North Carolina's correctional facilities live on NC HealthConnex to improve continuity of care for Medicaid beneficiaries before and after incarceration and rehabilitation;
- 🌲 Enhancements and Medicaid Participant onboarding to NC*Notify event notification services;
- 🌲 Improved and customized continuity of care document presentation for Medicaid-serving, bidirectionally-integrated HIE users;

🌲 Enabling Fast Healthcare Interoperability Resources (FHIR) capability for NC HealthConnex, and testing this functionality and associated use cases with EHRs;

🌲 Development of interfaces with the NC Controlled Substances Reporting System and an HIE-powered orders/results functionality with NC State Laboratory of Public Health; and

🌲 Onboarding facilities to the bidirectional NC Immunization Registry query and automated reporting functionality, and onboarding additional hospitals to automated daily electronic lab reporting to the NC Division of Public Health.

THE NC HEALTHCONNEX TEAM ANSWERS YOUR FREQUENTLY ASKED QUESTIONS

The FAQ section of the NC HIEA website contains answers to several common questions we are asked. Here are some recently updated answers to a few of the questions we receive the most:

1. **What is the difference between a Submission Only and a Full Participation Agreement?**

   The Submission Only Participation Agreement does not include a Business Associate Agreement (BAA), and therefore providers are unable to access the patient longitudinal health record nor can they utilize any services provided by NC HealthConnex.

   Some of these services include NC*Notify, an event notification service, as well as participation in registries to meet Meaningful Use/Promoting Interoperability requirements. Because the Submission Only agreement does not include a BAA, providers should ensure that their electronic health record software (EHR) has the technical capability to separate out and only send data pertaining to health care services paid for with State funds. This data parsing or filtering may come at a cost to participants. Participants with a Submission Only Agreement should consult with legal counsel before sending data not pertaining to health care services paid for with State funds pursuant to the HIE Act (Medicaid, NC State Health Plan, NC Grant Funding, etc.).

   The Full Participation Agreement provides for a Business Associate Relationship between the HIEA and the provider organization. With this agreement, providers may access patients' longitudinal records, utilize all NC HealthConnex services, and send all patient data from their EHRs to support whole person care*. Note: A bidirectional interface, able to bring NC HealthConnex data back into the Participant EHR, is not required with this type of agreement.

   Facilities subject to 42 CFR Part 2 cannot send Part 2 data to NC HealthConnex.

2. **How do Full Participants gain access to the NC HealthConnex Clinical Portal?**

   The Participant Account Administrator (PAA) for your organization is responsible for managing the creation of user accounts. Please contact your PAA to request access to the NC HealthConnex Clinical Portal or a Direct Secure Messaging (DSM) account. If you do not know who your organization's PAA is, please contact the HIEA Help Desk team at HIESupport@sas.com or (919) 531-2700.

3. **Is it possible for our staff and providers to receive training on the NC HealthConnex Clinical Portal?**

   Yes. If you would like in-person or webinar training, please contact the HIEA at HIEA@nc.gov or (919) 754-6912 and our outreach team will work with you to schedule training. Beginning next month, the HIEA will partner with the University of North Carolina Area Health Education Centers (NC AHEC) across the state to administer requested NC HealthConnex training. Updated information on how to request NC HealthConnex training through NC AHEC will be available soon on the NC HIEA website, and shared in a future NC HealthConnex Update.

   For immediate information on how to use the Clinical Portal, please refer to the User Guide.

4. **How do I update our participating entities list?**

   If you need to add or remove a facility from your list of participating entities, please contact the HIEA at HIEA@nc.gov or (919) 754-6912 so we can assist you. It is important to keep your list of participating entities up to date to ensure all facilities remain in compliance.

NC ENROLLMENT BROKER WEBINAR

NC Medicaid is hosting a statewide webinar regarding the NC Enrollment Broker who will be helping with the implementation of Medicaid Managed Care. The webinar is for any who have interest in North Carolina's transformation to managed care, including stakeholders, providers, agencies and vendors.

To register: https://attendee.gotowebinar.com/register/4503072261349860107

Topics that will be covered in the webinar:

- How this transformation will affect the Medicaid population
- How this transformation will affect the Behavioral Health population
- Open enrollment dates
- Responsibilities of the prepaid health plans (PHPs)
- PHP comparison chart
- Role of the enrollment broker (EB)
- Partnership of the PHPs and EB
- Question and answer opportunity

JOIN NC MEDICAID ON TUESDAY, JUNE 25, 2019, 1-2:30 P.M.

CREDENTIALING NOTIFICATION:

Practitioners (Independent and Supplemental) - Beginning July 1, 2019, Trillium Health Resources will only accept the Practitioner Credentialing Application posted on the Trillium webpage. Previous versions of the LIP Application, as well as CAQH applications will not be accepted.

2019 DISASTER PLAN REMINDER

As we get closer to the start of hurricane season and potential flooding disasters, we are sending out this reminder that disaster plans need to be reviewed and updated, staff should be trained, along with development of contingency and communication plans. Please email a copy of your current Disaster plan to Julie Brinson at NetworkMonitoring@TrilliumNC.org no later than June 1, 2019 along with the name and contact number of your agency contact during a disaster.

Our contract with providers requires that you have an adequate disaster plan and training in place in your organization. While it is our desire that no one has to contend with all that a disaster like a hurricane or flood brings, the reality is that eastern North Carolina has had to deal with its fair share of these kinds of disasters. We know from living in this part of North Carolina that the best way to cope when a disaster strikes is preparation. Please connect with your local emergency management services, know your local resources, and stay connected to with Trillium in the event of an emergency.

COMMUNITY SUPPORT TEAMS TRAINING

What is *Keys to Community*? *Keys to Community* is the name given to the regional Summits taking place over the summer of 2019 to kick off the State's new Community Support Team (CST) definition. The Summit hosts—NC Department of Health and Human Services (NC DHHS), Office of the Secretary, Transitions to Community Living Initiative (TCLI) and NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) --will join in a dynamic partnership to present a Summit in each of four, geographic regions.

The NC DHHS Summit partners are a national nonprofit, Boston-based Technical Assistance Collaborative (TAC), and the State's own Institute for Best Practices at the UNC Center of Excellence in Community Mental Health.

These Summits provide an overview of the new CST policy; an update on Transition Management Services (TMS); a review of Psychiatric Rehabilitation and the role of CST in providing this service; and NC DHHS' approach to implementing Permanent Supportive Housing (PSH) in North Carolina.

> Greenville – Monday July 29
> Pitt County Agricultural Center
> 403 Government Circle
> Greenville, NC 27834
> Registration:
> https://www.eventbrite.com/e/keys-to-community-summit-greenville-tickets-63875875463

For more information, please view the flier with agenda HERE.

Any questions about this Communication Bulletin may be sent to the following email: NetworkManagement@TrilliumNC.org. These questions will be answered in a Q&A format and published on Trillium's website.

Trillium offers trainings for providers and also shares about educational events across the region. To learn more, visit our Upcoming Events page. Trillium occasionally announces open enrollment and RFPs for new and existing providers. Visit the RFP | RFA | RFI | Opportunities page for listings.