



To: All Providers
From: Khristine Brewington, VP of Network Management, MS, LPC, LCAS, CCS, CCJP
Date: September 20, 2019
Subject: Hurricane Dorian Response & Recovery Announcements, Remittance Advice – Credit Memo Explanation, Senate Bill 630, September 2019 Medicaid Bulletin information, NC TOPPS Update, GPRA Core Client Outcome Measures for Discretionary Services Programs, Victory Junction Information, ATLAS-Quality Management Tool for Addiction Treatment Centers.

HURRICANE DORIAN RESPONSE ANNOUNCEMENT

While most of the Trillium Health Resources catchment area escaped without extensive damage caused by Hurricane Dorian, we understand that some of our members and their families along with providers were negatively impacted by the storm. Trillium would like to support our members and families to be linked with the supports available in their communities and surrounding areas.

To communicate the needs of members and families, please call our 24-Hour Access to Care Line at 1-877-685-2415.

NC MEDICAID HURRICANE DORIAN RESPONSE & RECOVERY

The state recently published [Joint Communication Bulletin #337](#) that details flexibilities intended for NC Innovations Waiver beneficiaries impacted by the hurricane either directly or due to their staff being impacted and unable to provide services. They are not intended to be utilized by every waiver beneficiary. They are intended to be utilized only as long as needed and not further than December 3, 2019 unless the Department extends this end date in the waiver. **Please call Trillium with any questions related to these waivers.**

REMITTANCE ADVICE – CREDIT MEMO EXPLANATION

Trillium Health Resources would like to provide additional clarification around claim recoupments and credit memos under the “Cr Memo Amount” column on the Remittance Advice (RA).

When an approved claim is replaced or voided, the previously approved amount will be recouped from the provider and a credit memo will be generated.

When a claim is recouped, the funds for the recouped claim may reduce the provider’s payment amount on the following check write. The recouped claim will be listed with a claim type “22” and will show a negative claim amount in the Cr Memo Amount column on the RA.

The amount under the Cr Memo Amount column will be applied to other approved services on the RA. Therefore, the provider’s direct deposit will be reduced by the total of the Cr Memo Amount column.

Approved claims are displayed with a claim type "1". Claims with a positive dollar amount located in the Cr Memo Amount column identify where the credit memo was applied. For claim type "1", the credit memo amount plus the paid amount equals the total reimbursement for that claim.

For additional information, please reference the RA Companion Guide posted on the Trillium website at www.trilliumhealthresources.org.

If you have any questions or concerns please contact your Claims Specialist.

SENATE BILL 630

In an effort to keep providers informed regarding Senate Bill 630, the state continues their work on revising the process associated with becoming a First Commitment Waiver Examiner. Trillium anticipates that the new process along with the training and exam schedule will be released sometime at the end of September to the first part of October. Once these dates are confirmed, Trillium will send additional communication to keep our provider community informed.

SEPTEMBER 2019 MEDICAID BULLETIN INFORMATION

RECENT CHANGES TO STATE HEALTH INFORMATION EXCHANGE, NC HEALTHCONNEX

North Carolina's state-designated health information exchange, NC HealthConnex, helps to bridge the gap between distinct electronic health record systems and health care networks to support whole-patient care.

The North Carolina Health Information Exchange Authority (NC HIEA) is the agency managing NC HealthConnex.

How the law has changed:

- The newest legislation now extends the deadline of June 1, 2019, for health care providers who receive any state funds for the provision of health care services (e.g. Medicaid, NC Health Choice, State Health Plan, etc.) to **June 1, 2020** to connect to the system.
- Licensed physicians whose primary area of practice is psychiatry now have until **June 1, 2021** to connect.
- 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.
- If I am no longer required to connect, may I still choose to participate with NC HealthConnex?
- ▲ Yes, providers may voluntarily choose to submit data to NC HealthConnex or they can access patient data in the clinical portal and utilize the NC HealthConnex value-added features.
 - ▲ Voluntary providers **must** sign a full participation agreement (submissions only) if they want to participate and can only be signed by providers who are required to connect and submit data to NC HealthConnex.
- If you are no longer required to connect, but have already submitted a full participation agreement:
- ▲ You have the option to continue your relationship as an NC HealthConnex participant.
 - ▲ You may choose to still submit data to NC HealthConnex, or you may simply receive access to the clinical portal and other value-added services.
 - ▲ No action is necessary at this time if you plan to become a full participant of NC HealthConnex.
 - ▲ If you do not want to submit data to NC HealthConnex or access patient data, you can terminate your agreement. Please send an email to HIEA@nc.gov if you do not want the NC HIEA to process your participation agreement or if you would like to terminate it.

NC'S TRANSITION TO MEDICAID MANAGED CARE: THE CROSSOVER COMMUNICATION SERIES

In August 2019, NC Medicaid launched a time-limited, time-sensitive informational series:

▲ **NC's Transition to Medicaid Managed Care: The Crossover Communication Series.**

Through this series, NC Medicaid provides guidance and resources to assist providers in ensuring beneficiary service continuity during the crossover period.

Opportunities to Learn About Crossover-Related Activities and Processes Webinar	Date	Notes
<i>NC's Transition to Managed Care: The Crossover Series</i>	This seminar was held Sept. 5 and it will be available as a recording here .	This session provides general crossover guidance, with a focus on identifying beneficiary managed care detail and guidance on submitting prior authorization requests during the crossover period.
<i>NC's Transition to Managed Care: The Crossover Series</i>	This seminar was held Sept. 19 and it will be available as a recording here .	This session will be a continuation of the session above that occurred on Sept. 5, 2019, providing a brief review of topics previously covered and additional guidance for supporting beneficiaries through the transition to NC Medicaid Managed Care.

DHHS PROVIDER RESOURCES FOR TRANSITION TO MEDICAID MANAGED CARE

The Department of Health and Human Services (DHHS) recently launched an online "[Provider Playbook](#)" as part of its commitment to ensure providers have **resources** to help Medicaid beneficiaries' transition smoothly to Medicaid Managed Care. This new Provider Playbook is a collection of information and tools specifically tailored to providers.

The first resources shared include:

1. [Fact Sheet #1 Medicaid Transformation: Overview](#) What will change for Medicaid beneficiaries, what providers can expect with Medicaid Managed Care, and how providers can partner with the Department to support beneficiaries during the transition.
2. [Fact Sheet #2 Medicaid Transformation: Beneficiary Enrollment & Timelines](#) How health plans are either selected or assigned to beneficiaries and when enrollment opportunities occur.
3. [Overview of the Beneficiary Enrollment Experience in NC Medicaid Managed Care for Medicaid Providers](#) A detailed look at what beneficiaries will experience over the next few months as they transition to Medicaid Managed Care. In addition to details on Fact Sheet topics, it includes information on recertification, appeals and grievances, Behavioral Health I/DD Tailored Plans and transition of care.






NC TOPPS UPDATE

This is a reminder that effective October 1, 2019, NC TOPPS assessments are required for individuals receiving Transition Management Services-Tenancy Support Team (TMS-TST).

GPRA CORE CLIENT OUTCOME MEASURES FOR DISCRETIONARY SERVICES PROGRAMS

All providers receiving State Opioid Response (SOR) funding are required to complete the Government Performance and Results Act (GPRA) Core Client Outcome Measures for Discretionary Services Programs tool as required by Substance Abuse and Mental Health Services Administration (SAMHSA).

Any individual receiving new substance use specific treatment service and who is eligible for the Adult Substance Opioid Use Disorder (ASOUD) Benefit Plan is required to be assessed using this tool. Additional information will be available within the next several weeks, but here are the highlights:

-  The GPRA only applies to new clients; i.e., anyone admitted (or readmitted) as of **October 1, 2019**.
-  Any person who receives services funded by the SOR grant must be administered the GPRA. This includes unit cost reimbursement (UCR) and non-UCR, treatment and recovery supports.
-  The GPRA is administered at intake (baseline), six months and discharge.
-  The six-month interview can be conducted anywhere during the client's fifth, sixth or seventh month of treatment.
-  The GPRA questions cannot be changed and must be asked verbatim, or as written. A staff person must administer the GPRA face-to-face.

- 🌱 Programs are responsible for creating a client ID for this tool (this should be Trillium Health Resources assigned CI number) – names and other demographic information are not recorded, but programs must keep track of these client IDs to submit the six-month and discharge interviews. Social security numbers, date of birth, etc., should not be used for the client ID.
- 🌱 Funding is set aside to reimburse providers for the administration of the GPRA at \$50 per administration.
- 🌱 DHHS has set up a service account for providers to submit GPRAs directly to them at sor.gpras@dhhs.nc.gov.
- 🌱 The GPRA contains sensitive information so providers should send their GPRAs encrypted, which will require them to provide DHHS with a password. Passwords should be emailed directly to dede.severino@dhhs.nc.gov or brenda.g.davis@dhhs.nc.gov only, or the passwords can be given over the phone to Brenda Davis at 1-919-733-4670.

THE ASOUD CRITERIA ARE OUTLINED BELOW:

- 🌱 Adults who are ages 18 and older with a primary opioid use disorder covered under ASOUD in the Benefit Plan Diagnosis Array **AND** who would benefit from assessment, initiation, engagement, treatment, continuity of treatment services, and/or supports for relapse prevention and recovery stability, **AND** who meet one of the following criteria: the individual is new to opioid treatment or the individual is not currently in treatment for Opioid Use Disorder.

The GPRA Assessment Tool can be found [here](#), along with the [instruction guide](#), and [FAQ](#) .

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](#)



Trillium
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.

ATLAS - QUALITY MANAGEMENT TOOL FOR ADDICTION TREATMENT CENTERS

Shatterproof, a national non-profit, is developing ATLAS “to help people find high-quality addiction treatment and support providers in driving continuous quality improvement with an aim at improved patient outcomes.”

Information about the participating treatment facility’s use of evidenced-based practices, standardized quality data on the services available, and feedback on the services reported by other patients will be available to patients via the ATLAS website/app.

Here is the timeline of upcoming events/dates:

- 🌱 In mid-October, NC addiction treatment facilities will be invited to participate in a **treatment facility survey**, which will be open until mid-December.
- 🌱 ATLAS will also include measures calculated from **commercial and public insurance claims**. We are working with multiple payers to aggregate this data.
- 🌱 The final ATLAS data source is a **patient experience survey**. Shatterproof will be working with providers and recovery advocates to inform the most effective method of distribution for this tool in North Carolina.
- 🌱 *Organizations that are interested in participating* in the coming weeks will receive information on how they can help to shape the rollout of ATLAS in North Carolina.

KEY OPPORTUNITIES INCLUDE:

- 🌱 **Regular ‘provider roundtables’** hosted across the state. These meetings will serve as an opportunity for providers to receive updates and offer input on the development and implementation of ATLAS and will be held regionally across the state. We are targeting the second week of September for our first opportunity.
- 🌱 **A North Carolina Stakeholder Advisory Committee** will also convene in the coming months. This committee will consist of key stakeholders, including policymakers and recovery advocates, and serve as a nucleus for input, strategy, and information in North Carolina.
- 🌱 **Questions or Feedback to Offer?** Contact your State Engagement Director

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.