



Network Communication

Bulletin #369

To: All Providers

From: Khristine Brewington, MS, LCMHCS, LCAS, CCS, CCJP
VP of Network Management

Date: September 17, 2024

Subject: Rate Strategy, Hardship Payments, Tickets, Tailored Care Management Lookup, iOptions

Trillium Health Resources (Trillium) would like to thank the providers who have participated in all our Townhall meetings. Trillium has collected provider feedback and questions and addressed them in this bulletin.

NEW

RATE STRATEGY

Trillium has strived to maintain provider rates for services through consolidation. We have been actively seeking funding to support the higher of rates model with the Department but have been unable to obtain the funding to support a model that would streamline rates giving providers the highest rate of the 3 legacy LME/MCO's. Due to the lack of funding, it requires provider rates to be set either at the member level or the site level to ensure we maintain the rates from legacy entities. We understand that provider rates at the member or site level is not ideal and more complicated, but at this time, we are unable to move to one fee schedule for all 3 legacy entities.

HARDSHIP PAYMENTS

Trillium's hardship process supports our providers when they have reached a financial hardship status for various reasons. Trillium's process supports providers from start to finish through the process. A provider may claim a hardship payment via email communication to the Financial Hardship team at TrilliumFinance@TrilliumNC.org due to delays in claims processing or other operational concerns.

 [Provider Hardship payment Request Form](#)

TICKETS

Due to consolidation activities and Tailored Plan launch, Trillium experienced a high volume of provider emails or tickets sent to the Network Services Ticket email address: (NetworkServicesSupport@TrilliumNC.org). Provider tickets that are sent to Trillium are reviewed by a team of subject matter experts and sometimes requires extensive research and cross-functional collaboration between multiple departments. Our goal is to work towards a positive resolution and outcomes for our providers; therefore, there may be a delay in response time.

Trillium encourages behavioral health providers to connect with their Provider Relations and Engagement Coordinators by email and/or by calling our Provider Support Service Line. Trillium is working towards improving our level of customer service and is confident that this new process will provide additional support for your agency. To locate the name of your coordinator, please visit this link to view the alphabetical listing of [Provider Relations Assignment Listing](#).

Trillium continues to monitor our staff's response time to answer provider's questions through various dashboards. Our goal is to continue to adjust and make improvements to our processes which includes our response time in answering provider questions.

Since September 1, network has been responding to tickets within one business day. Our goal is to resolve the issue for providers as quickly as possible. We have closed more than half the tickets in 4 days or less but there are tickets with issues that are more complex and require additional time. Trillium is committed to improving provider experience.

HOW TO LOOK UP TAILORED CARE MANAGEMENT AGENCIES IN NCTRACKS

On June 26, 2024, Trillium facilitated a Tailored Plan Provider Session and reviewed Tailored Care Management. Trillium encourages providers to visit our [Tailored Plan Trillium Training](#) for further guidance and education about this service definition. NCTRACKS has provided a resource to search a Member's Tailored Plan Care Agency. Go to [Home of NCTRACKS](#).

Select **Provider User Guides & Trainings** located on the left side of the webpage; then select **User Guide & Fact Sheet**, and the guide is located under the subheading: Prior Approval. The guide is called: **Recipient Eligibility Verification Participant User Guide**. Please review page 5 in the guide under **2.3.2 Individual Eligibility Response**.

iOPTIONS

TCM ASSIGNMENT FOR 1915i

- ▲ For I option TCM providers need to complete the ISP/Care Plan and 1915i assessment at the same time to expedite 1915i services and avoid disruptions in services.
- ▲ TCM assignments can be verified in NC Tracks.
 - Sign into [NCTRACKS](#)
 - Enter the members Medicaid ID # in the Recipient ID box
 - Enter C-DNDS-ID in the ID type box, then click Find
 - Once the member search results appear, click on the Recipient ID #
 - Click on the Enrollment tab
 - Scroll down and click on the current date range
 - Enrollment Detail box will pop up
 - Click on the Tailored Care Manager NPI numbers in blue to see the assigned TCM.
- ▲ If Trillium is the TCM, the PCP/Provider Request for Care Manager Name or Assignment Referral Form [PCP/Provider Request for Care Manager Name or Assignment Referral Form \(smartsheet.com\)](#) can be submitted to identify the Trillium TCM staff assigned to the member.
- ▲ If Trillium is the TCM but does not have staff assigned yet the clinical support team (CST) will submit the referral for TCM services.
- ▲ CST will alert the referring person that a referral has been submitted.
- ▲ The period from the CST's submission of the referral for TCM to the assignment is 3 to 5 business days.
- ▲ If there is a TCM assigned the CST will contact the referring person and provide the name of the TCM.
- ▲ If there is no TCM assigned the CST will alert the referring person, the referral for TCM was declined.

1915i AUTH

- ▲ When the TCM learns the member has qualified they must then request an auth for 1915i services.

- 🌱 To request an auth for 1915i services TCM will need to upload member's ISP/Care Plan in clinical docs via Provider Direct and submit a 1915i Submission/Auth Request [1915\(i\) Plan Submission/Authorization Request \(smartsheet.com\)](#) to UM.
- 🌱 The request will be processed within UM Processing Timeframes.
- 🌱 Submitters will receive notice via email once the auth is entered.

INPATIENT DISCHARGES

- 🌱 It is important the TCM ensure a timely response for members discharging from inpatient care.
 - 🌱 For members that qualify for TCM, the TCM provider may complete and submit an interim plan of care to Trillium.
 - 🌱 TCM must then complete the full Care Plan/ISP within 60 days of eligibility determination for 1915i services.
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