Transforming Lives

Trillium HEALTH RESOURCES

# Frequently Asked Questions 001

To: All Enrollees, Stakeholders, and Providers

From: Cham Trowell, UM Director

Date: December 1, 2015

Subject: Frequently Asked Questions about Benefits

If an individual with Blue Cross Blue Shield (BCBS) meets the criteria for SAIOP, will state funds pay for that service?

- Trillium Health Resources does not use state funds to pay for SAIOP for an individual who has BCBS; please contact BCBS Health Plan for further inquiries regarding coverage for substance use services.

Is it unethical for us to deliver outpatient treatment to an individual with TRICARE who meets the medical necessity for ACTT because he or she is homeless and diagnosed with Bipolar Disorder?

- If the individual has TRICARE, then it is appropriate to provide the services Tricare covers, i.e. outpatient therapy, medication management. If the provider does not have staff on the TRICARE panel, the individual must be referred to a clinician who is paneled with TRICARE so the needs can be adequately addressed.

An individual with Medicare presents requesting Opioid treatment. Is it ok to use state funds for this treatment since Medicare does not cover it?

- No, state funds are not used to supplement Medicare or other third party benefits. There is no dual enrollment in Medicare and state funds, as state funds are not an insurance plan or an entitlement. Individuals with Medicare will need to access services covered under their benefit plan with appropriately credentialed clinicians who are paneled to bill Medicare. Individuals with Medicare are encouraged to apply for Medicaid coverage as a supplement.

If we are serving individuals who have third party insurance, but utilizing state funds, will we have to stop seeing them on March 1, 2016?

- No, providers are being informed in advance so they can discuss payment options with their clients. Providers are encouraged to use this time to have their clinicians paneled with third party insurance companies.

Our agency is unable to bill Blue Cross Blue Shield because we are not on their insurance panel. Can we use state dollars instead since we are paneled with Trillium and it is easier to work with Trillium than get paneled with other third party insurance?

- No, state funds are only for those who do not qualify for Medicaid or have no third party coverage. Credentialing is a process each insurance company uses to ensure clinicians are qualified to serve on their panel. Trillium has no oversight with third party insurance companies. We recommend researching and contacting the insurance companies as soon as possible and to make changes in your agency practice management so that you can serve all payer sources.

TRICARE has limited benefits for Mental Health/Substance Use services; why can't we just keep using state funds to pay for these services? We don't know how to get TRICARE to cover these benefits. Isn't it Trillium's responsibility to pay for these services?

- Trillium has a responsibility to provide funding for services to individuals within our catchment who do not have any insurance options available to them. When an individual has insurance, the provider will need to become familiar with that third party benefit plan. Provider agencies have the option to encourage insurance companies to meet the needs of the people to whom they are providing benefits.

If Trillium doesn't pay for these services with state funds, my company will go out of business. We don't have any staff qualified to bill with Blue Cross, Medicare, TRICARE or any other third party insurance.

- Providers have until March 1, 2016 to transition from utilizing state funds to optimizing third party benefits. This may include hiring additional licensed clinicians and changing practice models.

Insurance companies don't cover benefits for individuals with Intellectual/Developmental Disabilities (I/DD). Does this mean Trillium will no longer fund services for individuals with I/DD who also have third party insurance?

- No, this Clinical Communication Bulletin is specific to Mental Health and Substance Use services. Trillium's Benefit Plan allows individuals with I/DD to access state funded services. State funds are not an entitlement and are only available if the individual meets medical necessity and funds are available. All children and adults with I/DD are encouraged to apply for Social Security and

complete the Disability Determination process as well as a Medicaid application and/to enroll in the Registry of Unmet Needs through the Trillium call center.

It is the practice of several IIH providers to complete assessments and other documentation, submit the TAR for the effective date of the following date and begin seeing the child immediately. The issue is that UM has 14 days to review the TAR and if the client is denied for services, they are unable to bill for the services. Many TARs are taking 10-13 days for review, so that normally totals about 5-10 sessions per child that are non-billable. The reason they start seeing the children prior to authorization is that they feel like if it is deemed clinically appropriate to have IIH, then waiting 13-14 days to begin services is doing an injustice to the children in need of service. Beginning services before authorization, however, not only affects the ability to get paid for services rendered, but it more importantly affects the consistency with the children, as they have known them for 2 weeks and have to transfer them to an outpatient therapist even though they clinically feel that outpatient is not appropriate. What does Trillium expect providers to do? A. Wait for authorization to begin services, or B. Begin services immediately if a clinician deems it appropriate, and risk consumer rapport & non-payment?

- This issue relates to provider agency business decisions and operational processes. The Trillium UM department follows DMA rules related to the timeframes for processing authorization requests.

With a significantly heavier emphasis on clients having a lower level of care before getting IIH, concerns have arisen as to how extreme behaviors & crises can be managed in outpatient. Despite children having severe recent crises, significant risk of out-of-home placement, legal involvement, failing grades/poor behaviors at school, and significant trauma, UM has denied because a child has had little or no outpatient. Before, these children were approved more often due to the extreme behaviors and those behaviors unable to be managed in an outpatient setting. UM has often stated that there is a lack of billable events in outpatient. A. Why the heavy emphasis on outpatient being almost necessary?

- See Clinical Coverage policy- service definitions define entrance criteria. Care Managers at Trillium can only approve services. All denials are completed by Psychiatrists. Trillium has an emphasis on appropriate levels of care for all people that engage in treatment services.

And when an agency feels as though outpatient cannot manage the extreme behaviors despite no lower level of care, how does an agency get the children into the more appropriate service without sending to outpatient, as it is inappropriate?

- This seems to imply that therapists in the outpatient setting are not as equipped as qualified professionals or possibly para professionals in other services to manage behaviors. It may be that therapist in outpatient clinics who find it difficult or challenging to engage youth in the treatment process should consider delivering treatment in other available settings or use models of delivery that support engagement and success for the consumer. There is no requirement that the outpatient treatment be delivered in a traditional office setting. For example, outpatient therapy can be done as a home visiting model and also in groups. There are many evidence based treatments that licensed therapist can do effectively with consumers when traditional modalities don't work. In addition, when services are denied the member has the Due Process rights that are applicable.

  There is increasing concern that, no matter the reviewer, the review period takes significantly longer than agencies are used to. I think the agencies just want an answer as to why it is so different now. It is causing a lag in services that are upsetting parents, DSS, etc.

- Trillium has specific timelines to complete authorizations and we are monitored around these timelines like all managed care organizations. Currently, we are meeting the turnaround timeframe requirement at 99% for the 3000-3500 TARs received each month.

  Despite an increase in denials, agencies are seeing an increase in cases being overturned. One agency claims 8 or 9 cases called for a peer review, but 6 were overturned, and they are waiting on 2 additional cases. The concern is that perhaps UM reviewers need to be aware of expectations so as not to hold up service provision. The providers' stance is that peer review should not overturn that many cases without it being considered a trend, which should trigger training or something for UM reviewers.

  This is exactly why Peer Review is an option. Peer Reviewers concordance rates are monitored. Many times providers give the Peer Reviewers additional information that was either not documented or not adequately addressed at the time of the review by the UM Care manager. It is critical that each request for services includes adequate and appropriate clinical documentation to support the request for services. Every request is unique and should include the clinical evidence necessary including for example, an appropriate clinical assessment, model to be used, rationale for treatment recommendations and adequate person centered plan. It is also important to note that during the period July – November, 2015, Trillium issued a clinical denial on just 2.5% of Medicaid TARs and .9% of

State-funded TARs, so we believe that this question either significantly overstates the concern or is, perhaps, unique to a single agency

Concern about perception that TFC agencies can no longer add homes to their contracts. Are we no longer allowed to add homes even when there is a child specific justification for doing so? We have been submitting child specific requests with justification for a particular home; has something changed?

- The current Trillium policy is that we will add any TFC homes to providers in catchment who are also Intensive Alternative Family Treatment (IAFT) providers, because we want to grow the IAFT capacity. For providers who are not IAFT, we will approve any child-specific request in catchment (both of these for Medicaid only) that includes information on 1) why the child is appropriate for TFC, 2) why the child is appropriate for the proposed home/family, and 3) what evidence-based practice the provider intends to implement in the child's treatment, to ensure that the placement is, in fact, therapeutic, rather than generic foster care. Our goal here is not to limit children's ability to receive TFC, nor to limit provider's ability to provide it, but to ensure that children are receiving the highest quality, most effective services possible. For those placements that occur outside the catchment area, the child-specific requirements should be augmented with an explanation of why placement outside the catchment area has been determined to be appropriate. If the child is receiving care coordination through Trillium, a recommendation from the care coordinator is also required, but we realize that the majority of these types of placement may be for children who are not receiving Trillium care coordination.
- Please submit the following:
  1. Cover letter that details the need for why this child needs the home and detail all efforts that had been tried outside of this request.
  2. Completed site application
  3. Copy of TFC home license.
  4. Copy of the assessment if it was for a child that was newly leveled up
  5. Description of the Evidenced Based Practice to be employed.
  6. Recommendation from Trillium Care Coordinator if involved.

For more information regarding the Trillium Benefit Plan, please see Clinical Communication 001 dated June 12, 2015:
http://www.trilliumhealthresources.org/PageFiles/322/Trillium/001%20ComBulletin_TrilliumBenefitLetter_06-12-15.pdf

Questions regarding this Frequently Asked Question Communication Bulletin may be sent to: UM@trilliumnc.org