

Trillium Health Resources

Consolidation Plan

Submitted November 15, 2023

Update Submitted December 23, 2023

Update Submitted January 10, 2024

Update Submitted January 22, 2024



Transforming Lives. Building Community Well-Being.

Administrative Responsibilities

APPROACH AND ASSUMPTIONS

Think through what your approach and assumptions would be to implement the administrative responsibilities that the Department will enact.

RESPONSE:

Trillium Health Resources will approach and implement this Consolidation Plan in accordance with Section 9G.7A.(a20) of the SFY24 North Carolina State Budget (S.L. 2023-134). Trillium's Consolidation Plan was developed to further support and maintain a public health system focused on whole person, member care and minimal provider disruption.

As we will explain in later sections, Trillium, as the sole surviving entity as of January 1, 2024, will prioritize this consolidation work, expediting submission of deliverables to the Department needed to facilitate contract amendments and achieve other consolidation goals. Recognizing all that lies ahead, Trillium begins this work with members, providers, stakeholders and employees of our public mental health system top of mind. We understand what the Department has asked of us to stabilize the public system and successfully complete the obligations and operations arising under the Consolidation Plan, and Trillium is prepared to deliver.

Trillium will ensure the following administrative functions are addressed and maintained as follows:

Payment of provider claims for services with a date of service prior to Consolidation Go-Live (i.e. claims run out)

- Prior to Consolidation Go-Live, all LME/MCOs will continue to process their own claims and encounters.
- For Sandhills and Eastpointe claims submitted after consolidation Go-Live that have a date of service prior to consolidation Go-Live, 1/31/24 or prior, providers will continue to submit claims through LME/MCO legacy systems within timely filing and adjustment timeframe restrictions.
- For claims with a date of service on or after 2/1/24, providers will submit their claims to Trillium where the member/recipient will be assigned for coverage.
- Providers are expected to file claims within the timely filing requirements in their contracts; however, the LME/MCOs will work with providers to reduce unnecessary denials during the transition.

Encounter submission for services with a date of service prior to Consolidation Go-Live

- Trillium has been processing encounters for over 10+ years and has successfully integrated with the new DHHS Encounter Processing System (EPS). Trillium has successfully integrated encounters during previous county transitions.
- Providers are expected to file claims within the timely filing requirements in their contracts; however, the LME/MCOs will work with providers to reduce unnecessary denials during the transition.

Submission of Operational reporting and required deliverables

- Trillium will leverage existing infrastructure (i.e. PCDU) to support on-going reporting and submission of required deliverables.

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- Trillium has the resources and experience to begin immediately assessing the current state of each consolidating entity and then develop an efficient and planned response that is built on best practices and proven methodologies.
- Trillium controls, develops, and maintains its Core Business System that is agile and extensible. The significance of this is we do not need a vendor for this work and can accommodate new requirements from the Department in short order.

Resolution of outstanding Help Center and Tech Ops issues

- Trillium has consistently met required timeframes and established metrics for Help Center and Tech Ops tickets, without fail.
- As the controlling entity, Trillium will work closely with NCDHHS to bring outstanding Help Center and Tech Ops tickets from Eastpointe and Sandhills to resolution. Trillium will strive to integrate subject matter experts from both Eastpointe and Sandhills to resolve tickets related to systems and processes no longer in production and continue our success providing timely and thorough responses to address concerns.
- Open fraud/abuse investigations with Sandhills and Eastpointe will continue to be reviewed and closed by the assigned Special Investigations Unit (“SIU”) staff member. If needed, allegations will be reassigned to another investigator within the unit. Allegations received after consolidation will be assigned to reviewers on the consolidated SIU team for follow up. All MCOs have SIU case information stored electronically and can share data to assist with requests from DHB OCPI or MID in a timely manner.

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Member and provider data management (applies to both Medicaid and State-Funded Recipients)

- Through our efficient and effective data governance approach, we have successfully integrated data for several county transitions. We will use that same proven methodology for this data integration. Trillium has rigorous technical integration configuration, implementation, and tracking protocols and controls, to ensure the data shared between systems is accurate and complete, and that all downstream systems and operations run efficiently as a result.
- Trillium will be responsible for all complaint/grievance investigations and utilization appeals that remain “open” with Eastpointe and Sandhills LME/MCOs at the time of consolidation, including any that are routed to Trillium from the Department. For complaints and grievances, Trillium will receive a copy of all case files from the Eastpointe and Sandhills Entities and consolidated staff will continue to work investigations and draft resolution letters within applicable timeliness standards. In a similar vein, Trillium’s Appeals Coordinators will have access to the case files, including clinical documents and the original NABD notice that gave rise to the appeal, which Trillium will use to process the appeal and generate the resolution, notice including notification of additional appeal rights (be they to OAH for Medicaid members or DMH for State-funded recipients) within applicable timeliness standards.
- In addition to our adaptable and scalable Core Business System, Trillium maintains an Informatics Architecture that uses modern data ingestion and cloud-based technologies to conduct necessary analytics on data consumption, integration, and secure data exchange between Trillium internal sources and external data sources.
- Trillium’s IT Department adopts the philosophy of continuous improvement through all aspects of our ecosystem. Trillium has made significant investments ensuring modern frameworks and technologies are instituted. Trillium’s core systems are based on the Microsoft technology stack, such as, Net4 in the web layer, SQL-Server for RDBMS/data layer and AzureDevOps for Agile workflow.

- Trillium's PDM is highly integrated and aligned with the NCDHHS PDM (PEF, PNF). This synchronization occurs via our Core Business Platform (Enterprise Level Microsoft Solution) and daily automation ensuring integrity of Trillium's payment processing.
- The addition of new providers and data to support them should not impact our modern systems and frameworks.

Maintaining ongoing engagement with local consumer and family advisory councils (CFACs)

- Trillium will ensure the ongoing engagement with local consumer and family advisory councils (CFACs) through continued monthly meetings addressing changes related to consolidation.
- Regional Directors and teams on the ground will be available, -at any time, to address questions and concerns during consolidation.
- Ongoing communication on changes via email, calls, face-to-face meetings and texts will be available to ensure CFACs are getting the most recent information and have a chance to give input on these changes as we implement consolidation.

Ensuring the completion of contract closeout activities

- Trillium will ensure a collaborative and coordinated approach to the Contract Closeout process and the execution of new amendments. We will support Eastpointe and Sandhills, ensuring timelines are met. Additionally, upon approval, contract amendments will be executed.

Maintenance of service lines and website

Service Lines

Member & Recipient Service Lines

Trillium's Member & Recipient Line will be utilized as part of the consolidation. Eastpointe and Sandhills Member & Recipient lines will be updated with voice message for 60 calendar days post-consolidation go-live prompting members to call Trillium. Trillium will utilize hold messaging provided by the Department. Trillium confirms Eastpointe and Sandhills will add a closing statement to Sandhills and Eastpointe Call Center calls starting 2 weeks before 2/1/2024, to direct callers to use the new number starting in February, callers will also the option to connection directly to Trillium. Trillium submitted the closed message for review on 1/18/24.

BH Crisis Lines

Trillium's BH Crisis Line will be utilized as part of the consolidation. Eastpointe and Sandhills BH Crisis Lines will be forwarded, with calls flowing directly , to Trillium for 6 months post consolidation go-live. The calls will come directly to Trillium and will not have to route through Sandhills and Eastpointe for forwarding. After 6 months, Trillium will place a voice message for 30 calendar days, then the lines will be closed. Trillium will utilize hold messaging from the Department as provided; however, Trillium does not place BH Crisis Line callers on hold.

Provider Service Line

Trillium's Provider Line will be utilized as part of the consolidation. Eastpointe and Sandhills Provider lines will be directed to Trillium for two months following consolidation go-live to enable quick triage of anticipated claims questions. After 60 calendar days post consolidation go-live, provider lines will be updated with a new IVR message that directs providers to Trillium's provider line for one month before being shut off. Trillium will utilize hold messaging provided by the Department. Trillium has worked with Eastpointe and Sandhills to identify their voice service vendor and will route those lines to the Trillium PSSL. Trillium is implementing this automatic transfer per the department's guidance to enable quick triage of anticipated claims questions.

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Website

Trillium will update its website with information about the consolidation and which counties are being moved to which LME/MCO. After consolidation go-live, the websites of the legacy organizations will be redirected to a simple landing page that only contains information about Consolidation. -Trillium will transition all members to utilize the member portal that is available on Trillium's website. A recorded video is being created to introduce members to Trillium and features that will be available to them including the member portal. This recorded video applies to State Funded Recipients and will be provided to the Department for review.

For six months post-consolidation, the websites will have:

- Information about consolidation and which counties went to which LME/MCOs.
- Where beneficiaries need to go to get care or services.
- How providers can get claims paid and PAs approved, the process for transferring PAs.
- Other FAQs.

Establishing an area board for the Consolidated LME/MCO and working with the Eastpointe and Sandhills LME/MCO area board to dissolve

- Trillium will establish a consolidated Area Board to encompass five Regions to include counties from Eastpointe and Sandhills. Trillium will utilize our successful experience with county mergers/consolidations to ensure Area Board Members and related stakeholder groups are integrated into the process.
- Per our consolidation agreement, there are 22 board members which are comprised of 11 individuals from each of the current Eastpointe and Trillium Boards. This Board structure has been approved by the Secretary in compliance with N.C.G.S. 122C-118.1. Trillium is working with Eastpointe to identify the Eastpointe/Sandhills 11 members as per our conversations. Trillium will edit its current Bylaws to include the new Board makeup for the Trillium Governing board to approve at the 12/28/23 scheduled meeting for an effective date of January 1, 2024. If the members are not received by Trillium from Eastpointe prior to 12/31/23, then the Regional Advisory boards in those regions will appoint the 11 new board members from the new 18 counties in accordance with the Trillium amended bylaws.

Records retention, including review of public records requests

Trillium has successfully obtained and retained medical records from Eastpointe and Sandhills LME/MCOs in connection with previous county realignments, most recently with Halifax, Columbus, Bladen, and Nash Counties, as well as the consolidation between historical CoastalCare and East Carolina Behavioral Health. Trillium utilizes a record retention vendor (Iron Mountain) to store, maintain and destruct medical records in accordance with record retention laws, rules and regulations. Electronic health information is housed on secure servers and within Trillium's Core Business software platform (TBS). In efforts to efficiently and accurately obtain all member health information, the following will occur:

For long-term record retention of member health information stored as **electronic records**, Eastpointe and Sandhills will send the following information by date securely via an SFTP or encrypted hard drive:

1. All documentation for both active and inactive members:

This will include but is not limited to documents, demographic information, insurance information, call and care management notes, diagnoses, discharge summaries, assessments, level of care (LOC), guardianship documentation, denial and appeal letters and transition plans provided in .csv format.

2. For long-term record retention of member health information stored as **paper format**, Eastpointe and Sandhills will submit to records to receiving LME-MCO one of two ways:

OPTION 1:

- The receiving LME-MCO will receive the records in their current hard copy format by Eastpointe delivering the records to the preferred records vendor, Iron Mountain, with index records.

OPTION 2:

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- Eastpointe will scan the contents of the paper records and then deliver the electronic files to the receiving LME-MCO in format listed above with index of records.

Images will be captured using PDF format with a minimum 300 dpi in grayscale or full color when necessary to enhance readability.

Corresponding filename: Naming convention for the pdf's scanned should match the information provided on the .csv.

3. The following list contains field names for indexing and saved as a .csv file:
 - Last name
 - First name
 - Date of Birth
 - Client ID - Medicaid (CNDS)
 - Client ID – Legacy System ID
 - SSN
 - Destruction Date

Public Records Requests

- Public records requests are managed by Trillium's Communications and Marketing Department, in consultation with the Legal Department. Trillium responds to all Public Records Requests as outlined in the North Carolina Public Records Act (NCPRA) which generally dictates written materials and other information created or received by state and local government is the property of the public and gives people a means of enforcing their right to see government records.
- Trillium receives requests by phone, mail, fax, e-mail, or hand-delivery. Requests are processed in a timely manner.

OWNERS(S)

Indicate who will be responsible for implementing the administrative responsibilities.

RESPONSE:

- Trillium Health Resources will be responsible for ensuring administrative functions are maintained throughout the consolidation process.
- The Department should contact Kim Huneycutt, Director Regulatory Affairs, with regard to final decisions or issues arising with respect to administrative activities: Kimberly.huneycutt@trilliumnc.org

ACTION ITEMS AND DESCRIPTIONS

Think through the required action items and describe them in detail.

RESPONSE:

- Trillium will leverage experience successfully managing administrative processes in prior consolidation efforts, and in preparation for the Prepaid Inpatient Health Plan, and Tailored Plan launches. Trillium is positioned to address the various administrative mandates to ensure a streamlined process.

TIMELINE AND LEVEL OF EFFORT

Indicate the timeline and the level of effort required (High, Medium, Low) for implementation.

RESPONSE:

- As the surviving entity, Trillium believes the required level of effort to oversee the Administration Responsibilities for the Consolidation to be achievable within the allotted timeframe. Trillium is confident that the milestones established in the Department's Consolidation Guidance document can be met by the 2/1/24 launch date.

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RISKS AND ISSUES

Think through any potential risks and issues that may impact implementation.

RESPONSE:

- Trillium does not foresee any substantial risks in this area. However, Trillium will need the support of County Managers and Commissioners to appoint County Commissioners and other appointees to the Regional Advisory Board in the new regions, so that they can then appoint members up to the Governing Board. Trillium can make this happen if we have collaboration from the other LME/MCO's to determine the Governing Board Bylaws and Regional Board Bylaws.

Member Reassignment

APPROACH AND ASSUMPTIONS

Think through what your approach and assumptions would be to implement the Member Re-Assignment that the Department will enact.

RESPONSE:

Trillium Health Resources will approach member reassignment with a focus on ensuring there is no member or provider disruption. Trillium accepted reassignment from NC DHHS via the 834 on 12/23/23 to ensure assignments are effective on 2/1/24. Trillium will ensure all Plan Based TCM Reassignments move from Eastpointe and Sandhills to Trillium between 1/10 and 1/17. All Prior TCM provider assignments will be honored from Eastpointe and Sandhills and consolidated MCO. Trillium's goal is to have 100% of the TCM provider network contracted through an expedited process prior to 2/1/24. Trillium will identify members received on the 834 through Medicaid County of eligibility. Trillium will ensure that member assignments are not disrupted during the TCM flexibility period.

The following circumstances could lead to reassignment during the flexibility period:

- Member logs a choice for a different TCM entity.
- Member becomes TCL or Innovations Waiver eligible, and the provider is not designated or certified to serve that population.
- Member's Medicaid eligibility is terminated.
- Member is in an excluded services for specified time period and requires TCM disenrollment.
- Member is in a duplicative service for specified time period requiring inactive assignment to plan.
- Members TCM assignment conflicts with HCBS requirements
- Member changes residential county

Trillium will assume assignments are valid and that members who are receiving excluded or duplicative services have been assigned or not assigned, as appropriate. Trillium will also assume that there will be timely access to the necessary member data to pass the standardized files to providers. Further, Trillium will assume data will be available to validate new exclusions or duplicate services as claims payments are made for dates prior to consolidation and dissolution.

OWNER(S)

Indicate who will be responsible for implementing the Member Re-Assignment.

RESPONSE:

- Trillium Health Resources will be responsible for implementing Member Re-Assignment. Trillium has demonstrated success through graduation from the phased approach and has a strong process in place to address member and provider continuity and conduct quality assurance. While assignment occurs at the entity level, and the staff level who deliver Tailored Care Management, Trillium would strive to keep members with their previous staff member from legacy Eastpointe or Sandhills organizations as well. In previous county

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alignments, Trillium has strived to hire staff, expedite onboarding, and ensured members have continuity during the transition by retaining their known care manager. Trillium's point of contact/responsible party for TCM assignment is Christie Edwards. Contact information is christie.edwards@trilliumnc.org or 252-320-4163.

ACTION ITEMS AND DESCRIPTIONS

Think through the required action items and describe them in detail.

- Trillium will leverage experience from the initial months of Tailored Care Management where we were able to successfully ingest NC DHHS lead assignments.
- Trillium ingested the 834 with bulk assignments for consolidation members on 12/23/23. Trillium is retaining the member assignments received and will facilitate assignments for plan-based care management between 1/10/24-1/17/24.
- Trillium will not reassign any members during the flexibility period but will continue to check at each monthly reassignment run for duplicative services, excluded services or disenrollments to keep the provider's Beneficiary Assignment File accurate.
- Members will be retained in a staging area based on Medicaid County of eligibility and will not pass through the algorithm for reassignment to ensure there is no disruption during the flexibility period.
- Trillium will not make reassignments for members with Out of Network (OON) providers prior to April based on the Transition of Care (TOC) period.
- Beginning in May 2024, Trillium will introduce the members for reassignment if their current provider is not contracted. The code that prohibits reassignment for non-contracted providers has logic that will cause it to become inactive at the end of the prescribed TCM flexibility period. However, Trillium will have 100% of TCM provider contracted by 2/1/24 so this will have no member impact.
- Trillium will make every effort to contract with all Tailored Care Management providers prior to 2/1/24. If Trillium cannot achieve contracting goals, it may be prudent to move forward with the current reassignment process rather than remaining in a flexibility period. Trillium will follow department guidance related to this scenario.
- Trillium began training all plan based and providers who utilized Sandhills and Eastpointe's CM platform to move to Trillium's Care Management platform on 1/3/24. Training will be complete on 1/21/24.
- All provider and plan-based care manager caseloads will be populated to Trillium's Care Management Platform prior to 2/1/24.

TIMELINE AND LEVEL OF EFFORT

Indicate the timeline and the level of effort required (High, Medium, Low) for implementation.

RESPONSE:

- Trillium estimates this is a **medium** to high level of effort, but this work can be completed in two weeks. Trillium will initiate work for this effort on 11/9/23 to ensure there is time to complete testing and quality assurance on all process changes. The estimated time for completion is 11/29 to allow for the Thanksgiving holiday. Trillium received department assignments on 12/23/23 via the 834. Trillium's TCM Engine (Enterprise level Microsoft solution) is maintained through Agile dev-ops and is highly extensible. This platform in support of our business process will enable Trillium to complete this work in two weeks.
- Trillium is retaining the member assignments received and will facilitate assignments for plan-based care management between 1/10/24-1/17/24.
- Trillium will not make reassignments for members with OON providers prior to April based on the TOC period.

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- Trillium began training all plan based and providers who utilized Sandhills and Eastpointe's CM platform to move to Trillium's Care Management platform on 1/3/24. Training will be complete on 1/21/24.
- All provider and plan-based care manager caseloads will be populated to Trillium's Care Management Platform prior to 2/1/24.

RISKS AND ISSUES

Think through any potential risks and issues that may impact implementation.

RESPONSE:

Trillium views the following items as potential risks or issues related to the Member Reassignment process:

- Accepting assignments from plans who have not graduated from the phased or E2E approaches, must make an assumption that assignment is valid.
- The member may not receive service by their assigned provider or if provider isn't serving that population and doesn't raise their hand.
- Monitoring LOC changes and/or NPI termination and suspensions-would need the ability to reassign if the provider's Medicaid is terminated in NC Tracks
- Providers waiting to contract because of the flexibility period.
- Delayed receipt of claims history or lack of timely claims information could cause people to remain assigned who are in excluded or duplicative services. Trillium will have access to legacy systems.
- Claims for dates of service prior to 1/31/24 will be processed in legacy systems, claims with dates of services 2/1/24 and after will be processed in Trillium's claims system. Trillium is educating providers on the importance of timely claims filing.
- Trillium has received the DEEV file from both Eastpointe and Sandhills to ensure that excluded members do not receive TCM assignments.
- All services will be NPA due to TOC flexibilities, Trillium will work with Sandhills and Eastpointe to ensure members in duplicative services are identified and assigned to the plan as required.
- Allowing non-contracting providers to engage in TCM long-term, quality of care would be compromised and there is no mechanism to pass a BA file to a non-contracted entity. All provider contracts will be conveyed to Trillium prior to 2/1/24, therefore this risk has been mitigated.

Provider Contracting

APPROACH AND ASSUMPTIONS

Think through what your approach and assumptions would be to implement the Provider Contracting that the Department will enact.

RESPONSE: Note: Consolidation Activities and Strategies outlined in this section apply to both our Eastpointe and Sandhills Partners

- Trillium utilizes expertise gained during the two LME/MCO organizational consolidations and navigating multiple single county realignments that occurred between 2017 and 2022.
- Trillium is positioned to oversee a robust network of providers in all 46 counties.
- While preparing for Tailored Plan launch and Medicaid Expansion with a priority on continuity of care, Trillium has already built a statewide network and offered contracts to all providers in the prior Eastpointe counties and has initiated outreach to these providers to ensure all contracts are in place by consolidation go-live.

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- Drawing upon its experience and Good Faith Contracting Policy, Trillium is proactively executing provider contracts and loading providers into the claims adjudication and payment system prior to the consolidation go-live. This strategic approach aims to enhance accessibility to services for members and recipients and reduce unnecessary claim denials during and after the transition.
- To mitigate the need for unnecessary reassignments after the TCM Policy flexibility concludes, Trillium's dedicated TCM Provider Unit is focused on ensuring that all TCM providers within the consolidated LME/MCO catchment area are contracted at all locations.
- To simplify and expedite the contracting process, Trillium will implement various methods including streamlining out of network contracting, assigning contracts to the consolidated LME/MCO, and capitalizing on the waiver of provider contract requirements allowed under the PIHP Contract, as amended.
- Trillium is deeply committed to the health and well-being of the members and communities we serve. Our goal is to provide unwavering support to providers throughout this transition.
- Trillium will leverage its enterprise contract management platform to facilitate the timely and accurate execution of contracts. The software enables Trillium to efficiently create, track, e-sign, and store all executed documents, streamlining the contracting process.
- To prevent provider and member abrasion, Trillium will collaborate with Eastpointe and Sandhills LME/MCO to gather all information regarding providers and contracted services before the consolidation go-live, thereby ensuring a smooth transition. If Trillium does not receive any outstanding data that is necessary to effectuate this consolidation plan, Trillium will promptly escalate such issues to the Department. -
- With respect to OON providers, Trillium will load all agreements from Eastpointe and Sandhills LME/MCO into TBS in accordance with our currently published claims process to ensure that these providers are set-up and ready for claims processing.
- The strategies outlined in this section and in the consolidation plan, including strategies related to provider contracting and continuity of care, apply to State-funded provider contracts and recipients.

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OWNER(S)

Indicate who will be responsible for implementing the Provider Contracting.

RESPONSE:

- Trillium's Vice-President of Network Management will lead the Provider Contracting efforts and collaborate with Eastpointe and Sandhills and consolidated LME/MCO to leverage existing provider relationships and expedite a smooth and seamless contracting process and transition for all providers.
- The Department may contact Trillium's Vice-President of Network Management, Khristine Brewington (Khristine.brewington@trilliumnc.org) with any issues or questions around final decisions arising with respect to the administrative actions described herein.

ACTION ITEMS AND DESCRIPTIONS

Think through the required action items and describe them in detail.

RESPONSE:

- Trillium will draw upon our experience from previous expansions due to county realignments to efficiently and effectively contract with providers. Our proven track record demonstrates a history of expeditious county realignments, providing a solid foundation for successful provider contracting. Trillium will ensure that there is no disruption or adverse effect on members or providers.
- Trillium will implement the following action items to streamline and complete provider contracting:

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- Trillium began outreach to all providers located in realigned counties included in the Medicaid Direct network in June of 2023 to ensure all providers have active, fully executed contracts by consolidation go-live. Trillium will cast a wide net to ensure all providers contracted with Eastpointe and Sandhills have an opportunity to fully execute a Trillium Medicaid Direct, Tailored Plan, and State-Funded Contract, if applicable, by consolidation go-live. All providers identified on the Eastpointe Provider Directory of Medicaid Direct have been offered contracts and providers in the Sandhills Provider Directory are currently being outreached to expedite contracting.
- Trillium has begun outreaching providers not already contracted, to commence the contracting process and to begin communicating a method for providers to request a contract with Trillium. Guided by the provider contracting waiver requirements permitted under the PIHP Contract, as amended, Trillium will emphasize leveraging their current contracts and service codes. All contracting efforts will be prioritized to ensure completion by the consolidation go-live date.
- Trillium's Standard Plan partner has completed a preliminary network analysis of the new counties that will be realigned. Assuming the Atrium Health and UNC hospital systems execute Tailored Plan contracts, Trillium would reach 96.20% network adequacy on the physical health side.
- Trillium will issue all providers in good standing with Eastpointe and/or Sandhills the Trillium PIHP Medicaid Direct and BH IDD Tailored Plan contracts, and will ensure that the financial terms of the providers' existing PIHP Medicaid Direct, and BH IDD Tailored Plan Contracts with Eastpointe and Sandhills, including financial terms, are honored.
- Throughout the transition and contracting process, Trillium will offer live informational sessions. These sessions will serve as "Provider Office Hours," and will provide an opportunity for providers to ask questions and to address concerns related to contracting.
- Trillium will conduct a review of existing non-UCR contracts, to ensure ongoing continuity of programs through the dissolution of the legacy provider programs.
- Trillium will implement streamlined processes, including the utilization of Single Case Agreements (SCA) and Out of Network (OON) agreements, to prevent any gaps in services.
- Trillium will work in collaboration with the Eastpointe and Sandhills to compile a comprehensive list of providers receiving DMHDDSUS allocated state funds including Single Stream, Block Grant, CASP, SOR, ADTC, and other applicable grant/initiative funds. This list will encompass both allocated and incurred expenditures related to the counties undergoing transition. This approach will streamline the provider contracting process and ensure the continuity of services and timely reimbursement throughout the consolidation.
- Trillium will collaborate with TCM providers to finalize contracts by the contracting deadline of April 30, 2024, to ensure that members assigned to a provider based TCM entity are not re-assigned. Trillium has a dedicated TCM Consultant Team to ensure providers are on-boarded and that we achieve all data integration requirements. Because Trillium will assume all TCM contracts from Eastpointe and Sandhills LME/MCO, there will be no gap in TCM contracting such that member notification will not be needed. Trillium will be responsible for sending Member Welcome Packets beginning in January 2024 for all transitioning members. TCM Inserts will be sent to those members when their TCM Provider Changes. Welcome packets provide information on accessing services from their current TCM provider and process for exercising member choice.
- Trillium will complete any required TCM provider contracting necessary to address and close network gaps resulting from the redistribution of Eastpointe and Sandhill's LME/MCO counties.
- Trillium will make earnest efforts to contract with all providers serving the newly added counties in good faith.
- Trillium will collaborate with DMHDDSUS and affiliated hospitals to establish amended contracts for Three-way funds encompassing all counties within the consolidated LME/MCO catchment area.

- Trillium will conduct a thorough review of all contracts to assess the inclusion of value-based payment arrangements and/or participation in alternative payment arrangements, aligning with The Health Care Payment Learning & Action Network (HCP-LAN) framework to include state funded providers and recipients.
- Trillium is committed to making every effort to contract with all Tailored Care Management providers before February 1, 2024.
- Trillium's Network Department will work with the applicable business units internally to request a list of all ATEs, community networking, Vehicle- and Home-Modification vendors from Eastpointe and Sandhills LME/MCO to onboard these vendors as Trillium vendors, thereby ensuring for continuity of care.

TIMELINE AND LEVEL OF EFFORT

Indicate the timeline and the level of effort required (High, Medium, Low) for implementation.

RESPONSE:

- Trillium anticipates a **medium** level of effort required for provider contracting, emphasizing the urgency of the timeline and the necessity to have a stable Network to meet member needs. Provider contracting within the consolidated LME/MCO catchment area is already well underway.
- Trillium will contract with all willing providers before February 1, 2024.
- Trillium is attempting to collaborate with Eastpointe and Sandhills to strengthen existing provider relationships, prioritizing the well-being of the individuals we serve and the providers delivering services and working together to load all valued providers in our Trillium system. Where possible Trillium will assign contracts. We are taking all necessary steps to ensure the best possible outcomes for both our members and providers-
- Trillium will utilize SCA/OON Agreements to allow members to continue seeing their providers after the transition period has ended. Trillium maintains a list of all members being served under a SCA or OON Agreement in TBS and will continue to utilize TBS for such tracking.

RISKS AND ISSUES

Think through any potential risks and issues that may impact implementation.

RESPONSE:

Trillium identifies the following as potential risks or issues for Provider Contracting:

- Timely receipt of provider contracting details is crucial. Cooperation and collaboration with other LME/MCOs is necessary to obtain this information and load it promptly to process claims is identified as a potential issue at this point since there has been no cooperation to date.
- Non-UCR/Single Stream-funded contracts with providers will need to remain in place with the legacy entities, until the end of the fiscal year, to assure that providers do not experience any disruptions in funding necessary to continuously serve members, without disruption. These contracts are paid out of the legacy entity allocations as part of the winding down process for run-out dates of service and expenditures before 2/1/24. -
- Trillium has identified risks associated with funding to support what is best for the people we serve and for the providers who deliver the services. This risk is a component of the provider rate assignment through the consolidation. In the best interest of provider stability, Trillium recommends the higher of rate approach for provider rates for Trillium, Sandhills and Eastpointe. To mitigate this risk, Trillium has proactively estimated this cost and looks forward to working with the Department and Mercer to ensure this approach is fully funded through capitation rates.

Transition of Care Flexibilities

APPROACH AND ASSUMPTIONS

Think through what your approach and assumptions would be to implement the Transition of Care flexibilities that the Department will enact.

RESPONSE:

- Trillium Health Resources (Trillium) will approach Transition of Care (TOC) flexibilities in a defined way to ease beneficiary confusion and provider administrative burden. Trillium will implement no prior authorization on all services, aside from PRTF and out-of-state services for children, for the flexibility period. Our guiding principles will be promoting what is best for the members and providers to ensure continuity of care, including the following strategies:

Relax Medical Prior Authorization (PA) Requirements

- Trillium will relax PA requirement according to consolidation guidance for behavioral health and I/DD services for a duration of 120 days ending on 5/31/24, however, if Tailored Plans launch, as scheduled, on 7/1/24, Trillium will relax PA for a period of 240 days beginning 2/1/2024, ending on the next business day, 9/30/24. Trillium's approach to this flexibility will focus on reducing the administrative burden for providers and ensuring continuity of care for members. Trillium's goal is to promote stability for providers and members during this transition to ensure payment for services and remove barriers that prevent broad access to care for members. Trillium acknowledges that Appendix K flexibilities are approved through 2/29/24 and will ensure that all Innovations Waiver members are able to continue to access those flexibilities. Trillium will initiate a no prior authorization for all Medicaid Direct, Innovations, (b)(3) , 1915(i) and State services to ensure Providers with contracts will be able to file claims dates of service from February 1, 2024 forward with Trillium without authorization for dates of service from February 1, 2024- May 31,2024 time period. This may be extended pending the launch date of Tailored Plan.
- In addition, Trillium will honor existing EPSDT services in place for members and will not require providers to submit PAs for covered services. For non-covered services under EPSDT, providers will maintain services in place during the transition and will need to complete the EPSDT request form so Trillium is able to identify EPSDT services, these will not be reviewed for Medical Necessity during the flexibility period.

The following assumptions were made in considering how No Prior Authorization (NPA) flexibilities will be operationalized:

- Trillium will have adequate rates from the Department to support relaxed NPA.
- Members will continue to have a need to access Appendix K flexibilities until 2/29/24.
- It would be disruptive to members and providers to institute PA requirements for 30 days only to discontinued for Tailored Plan launch on 7/1/24.

TCM Flexibilities

- For a duration of 120 days beginning 2/1/2024 and ending 5/31/24, members will be able to continue to see their current Tailored Care Management provider, regardless of contracting status Trillium, for the TOC period. Members who are assigned to a provider based TCM entity will not be reassigned as long as their current TCM provider completes a contract with Trillium by the contracting deadline of 4/30/2024. Beginning in May, Trillium will introduce the members for reassignment if their current provider is not contracted. -Eastpointe and Sandhills contracts will convey to Trillium therefore there should be no reassignment following the TOC period based on contracting.

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- Trillium will submit a TCM Panel Analysis based post-consolidation and provide the Department with any additional information necessary to complete a crosswalk of TCM provider contracting status to analyze gaps between TCM providers contracted with Sandhills and Eastpointe by 12/15/23. Prior to the end of the flexibility period Trillium will request an updated panel submission from their TCM providers to validate capacity for supporting additional members. Trillium will make every effort, including potentially suppressing mailings or updated letters, to reduce confusion if the member is not receiving a new TCM assignment.
- Trillium will leverage experience from the initial months of Tailored Care Management where we were able to successfully ingest NC DHHS lead assignments. Trillium will not reassign any members during the flexibility period but will continue to check at each monthly reassignment run for duplicative services, excluded services or disenrollments to keep the provider's Beneficiary Assignment File accurate. Members will be retained in a staging area based on Medicaid County of eligibility and will not pass through the algorithm for reassignment to ensure there is no disruption during the flexibility period. Beginning in May, Trillium will introduce the members for reassignment if their current provider is not contracted.

The following assumptions were made in considering how TCM updates will be operationalized:

- Trillium will receive member assignments from the department via 834 to ensure TCM provider/member relationships are not disrupted.
- Trillium will be able to complete disenrollments monthly due to loss of Medicaid coverage to maintain accurate Beneficiary Assignment Files for providers.
- NCFASST will carry forward members new TCM assignments into future enrollment span.
- TCM providers who are not contracted with Trillium will lose access to historical claims data, beneficiary assignment and patient risk lists data on 2/1/24 because they will not have established data sharing requirements and connectivity until an agreement is in place. For these TCM providers, Trillium will be allowed pay TCM claims for previously assigned members for a duration of 120 days beginning 2/1/2024 using our current Out of Network process. Trillium will make every effort to contract with the provider.
- Trillium will be allowed to explore alternatives to ensure non-contracted TCM providers can remain engaged in providing TCM services, such as providing an assignment list, ADT feeds or other information if a Business Associate Agreement can be secured.
- Provider-based TCM assignment ratios in the PIHP contract will be applied post consolidation go-live.
- Members receiving care coordination (not TCM) through Sandhills or Eastpointe will continue receiving care coordination from Trillium following consolidation.

Non-Par Providers Paid at Par Rates

- Trillium will apply this flexibility to all BH and/or I/DD services for a duration of 120 days beginning 2/1/2024. Medically necessary services will be reimbursed at the same rate for both in- and out-of-network providers through the end of this period. Trillium has an existing mechanism to pay out of network providers for services rendered. Trillium will pay providers at the existing rate under their prior contract as customary and reasonably appropriate.
- The following assumption was made as it relates to payment on Non-Par Providers at Par Rates:
 - Trillium will receive adequate rates to support payment at the rate of prior contract.

Non-Par Providers Follow In-Network Prior Authorization Rules

- Trillium will not request any additional requirements (i.e., PA and/or referral requirements) for out of network providers to provide services to Sandhills and Eastpointe members. Trillium will apply this flexibility to all BH and/or I/DD providers for a duration of 91 additional days beginning 6/1/2024, Trillium has existing

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infrastructure that allows for out of network providers to provide services and to be paid for those services rendered.

OWNER(S)

Indicate who will be responsible for implementing the Transition of Care flexibilities.

RESPONSE:

- Trillium Health Resources will be responsible for implementing the Transition of Care flexibilities. Trillium has demonstrated success in TOC flexibilities in crossover periods with the Standard Plan and for Medicaid Direct. Trillium has demonstrated the ability to implement flexibilities during previous consolidations, county realignments, natural disasters and COVID. Trillium will leverage this experience to minimize member and provider abrasion during this transition.
- Responsible Trillium Staff include:
TOC flexibility is Cham Trowell (Cham.Trowell@trilliumnc.org)
TOC Warm Hand Off is LaDonna Battle (Ladonna.Battle@trilliumnc.org)

ACTION ITEMS AND DESCRIPTIONS

Think through the required action items and describe them in detail.

RESPONSE:

- Trillium will leverage experience in crossover periods from Standard Plan and Medicaid Direct when implementing Transition of Care flexibilities. The planned action items are described in detail below:
- Notification to providers around no prior authorization needed for any services for 120 days 2/1/24 until 5/31/24 for Eastpointe and Sandhills members. Trillium will issue an updated communication bulletin that clarifies the flexibility period is 120 days.
- Notification to providers on when authorizations will be needed – Providers may start requesting authorizations beginning May 15,2024 for services in June,1 2024.
- IT algorithm enhancement to stage members to stop reassignment from non-contracting providers.
- Utilize existing out of network provider payment processes.

TIMELINE AND LEVEL OF EFFORT

Indicate the timeline and the level of effort required (High, Medium, Low) for implementation.

RESPONSE:

- Trillium timelines and level of effort for action items are noted below.
 - Level of Effort for PA flexibility and non-par payment and non-par in network PA rules required action items are **low** as Trillium has experience in crossover standards and communication of standards to providers.
 - Trillium estimates implementation of TCM flexibilities are a **medium** level of effort, but this work can be completed in two weeks. Trillium will initiate work for this effort on 11/9/23 to ensure there is time to complete testing and quality assurance on all process changes. The estimated time for completion is 11/29 to allow for the Thanksgiving holiday.
 - Trillium received department assignments on 12/23/23-via the 834. Trillium's TCM Engine (Enterprise level Microsoft solution) is maintained through Agile devops and is highly extensible. Agile devops is referencing Trillium's use of an agile methodology using the tool Microsoft's AzureDevOps. This platform in support of our business process will enable Trillium to complete this work in two weeks.

RISKS AND ISSUES

Think through any potential risks and issues that may impact implementation.

RESPONSE:

- Relaxed PA, Non-Par payments at Par Rates, Non-Par in Network PA rules.
- TCM Flexibilities: Accepting assignments from plans who have not graduated from the phased or E2E approaches, must make assumption that assignment is valid.
- The member may not receive service by their assigned provider or if provider isn't serving that population and doesn't raise their hand.
- Monitoring LOC changes and/or NPI termination and suspensions-would need the ability to reassign if the provider's Medicaid is terminated in NC Tracks.
- Providers waiting to contract because of the flexibility period.
- No claims history or lack of timely claims information could cause people to remain assigned who are in excluded or duplicative services.
- Allowing non-contracting providers to engage in TCM long term, quality of care would be compromised, there is no mechanism to pass a BA file to a non-contracted entity.

TOC for High Needs Members Process

APPROACH AND ASSUMPTIONS

Think through what your approach and assumptions would be to perform transition of care for high needs members that the Department will enact.

RESPONSE:

Multidisciplinary Approach to Transition of Care (TOC) for High Needs Members (HNM): Members with complex care needs often require high-frequency, high-touch coordinated services to maintain stability. The transition from one care management system to another can be unsettling for the members and their caregiver support. Trillium's aim is to ensure the disruption for members is minimized during this consolidation and crossover period. As such, based on our long-standing experience and sensitivity to the individualized needs of our members, the following approach and assumptions have been considered:

- Members identified as high needs represent the most vulnerable to service disruption. The aim is to maintain a consistent clinical care workforce to foster continuity of care for the members transitioning into the Consolidated Entity
- Effective TOC begins by ensuring that accurate data transfer of clinical information (service history) is received to support risk stratification for program alignment and care management assignment.
- Timely member assignment to the most appropriate care team and/or specialty care manager experienced in addressing these high need risk classifications is critical to promoting post-transition health stabilization.
- While record reviews provide a comprehensive overview of the member's health profile, verbal debriefing and warm hand-offs are essential for member service delivery with newly assigned care managers or due to complexities requiring multidisciplinary collaborations across integrated health and social supports.
- The care manager's role upon transition is the assessment of current conditions, determining the effectiveness of previous care plan interventions, and evaluating the accessibility to needed resources to support optimal health and wellness for the member.

OWNER(S)

Indicate who will be responsible for performing transition of care for high needs members.

RESPONSE:

- In alignment with the multidisciplinary approach for TOC of High Needs Members, Cham Trowell, Utilization Management Director and LaDonna Battle, EVP Care Management & Population Health Officer, will maintain accountability for transitions across the continuum of care.
 - Cham Trowell Cham.Trowell@trilliumnc.org
 - LaDonna Battle Ladonna.Battle@trilliumnc.org
- Trillium's Clinical Directors or managers will oversee the daily assignment of transitions for all members, including those who are state-funded and those who opt out of, or never engage in, Tailored Care Management.
- Trillium values continuity of care and strives to maintain consistency of care managers and the associated care team whenever possible. However, if the primary care manager is no longer available (e.g. due to termination or job role change) to serve as the primary point of contact another primary care manager will be assigned based

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on the member's needs and according to their regional or county proximity, specialty skillset, experience and/or expertise.

ACTION ITEMS AND DESCRIPTIONS

Think through the required action items and describe them in detail.

- Trillium Information Technology Dept. (IT):
 - Responsible for the inbound data transfer of member information into the Trillium Business systems and clinical medical management.
- Trillium Utilization Management Dept. (UM):
 - Responsible for intake and review of prior authorizations and benefits in accordance with clinical coverage guidelines, the application of continuity of care authorizations and flexibilities, and the initiation of warm hand off coordination with other TOC Consolidating Entity.
- Trillium Human Resource Dept. (HR):
 - Responsible for the transfer and onboarding of the Consolidating Entity staff, reconciling vacancies, and collaborating with Care Management in defining the roster of Care Management staff to receive the TOC membership distribution.
- Trillium Care Management Dept. (TCM):
 - Responsible for Care Management risk stratification and member assignment of primary or specialty care manager for ongoing care management or care coordination services. Responsible for the completion of the warm hand-off process at the member level and provider level from a multi-disciplinary approach to inform ongoing care planning.
- Trillium Health Analytics Team (HAT):
 - Responsible for monitoring clinical effectiveness performance metrics for clinical and quality engagement targets and other outcomes.

TIMELINE AND LEVEL OF EFFORT

Indicate the timeline and the level of effort required (High, Medium, Low) for implementation.

RESPONSE:

- The process of transitioning high-needs members represents a **medium to high** level of effort.
- The timeline for completion of the initial Transition of Care will be completed no later than 2/9/2024.
 - In addition, post-TOC member follow-ups will be conducted no later than 20 business days following the consolidation go-live.

RISKS AND ISSUES

Think through any potential risks and issues that may impact implementation.

RESPONSE:

In accordance with the BCM-041 process, Trillium has established evidence-based practices to support the success and timeliness of engagement with members, member onboarding, as well as building efficiency in the facilitation of care needs for our members. To execute our processes effectively, it will be critical that co-collaborators and dependencies deliver in the following areas:

- The Department will need to provide Trillium with the list of High Needs members based on defined criteria no later than 1/12/2024.
- The membership provided on the High Needs List will need to be restricted to the priority classed of:
 - Members receiving in-home LTSS.
 - Members authorized for transplantation.
 - Members who require complex treatment circumstances or multiple service interventions
 - Members authorized for out-of-state services.

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- Members enrolled in CMARC.
- Members in Foster Care who have been identified as Tailored Plan eligible.
- TCL Participants
- Other high need members or group of members identified by the Department or the Health Plan.
- Innovations Waiver members (validated through SQ process for exceptional support needs or assigned an Individual Budget Tool Level of F or G).
- Staffing commitments and care team transfers will need to be finalized by prior 1/12/2024 to anticipate alignment of TOC membership for the TCM prescribed staffing ratios, programs, and resources.
- Data transfers of history profiles will need to be transacted and available for us with internal risk stratification.
- Member engagement, accessibility, and participation rates must be factored into Departmental expectations for outcome measures.
- Potential for information that is inaccurate or not updated may emerge as a risk.

Benefits Approach

APPROACH AND ASSUMPTIONS

Think through what your approach and assumptions would be to implement the Benefits Approach that the Department will enact.

RESPONSE:

- Trillium will participate in NC DHHS's evaluation of potential service gaps that will arise because of LME/MCO Consolidation.
- Trillium will follow all guidance for transitioning different services from Sandhills and Eastpointe.
- Trillium's approach to implementing the consolidated benefits will be based on the premise of right service, right time, and right amount for the persons we serve now and in the future. Our guiding assumptions include promoting what is best for the people and providers we serve, promotion of whole person care with less disruption for members and providers all the while pushing us towards Tailored Plan.
- Trillium will honor existing EPSDT services in place for members and will not require providers to submit PAs for covered services. For non-covered services under EPSDT, providers will maintain services in place during the transition and will need to submit the EPSDT request form so Trillium is able to identify EPSDT services, these will not be reviewed for Medical Necessity during the flexibility period.

The following is our plan to implement the benefits related to In Lieu of Services (ILOS) Value Add Services (VAS), 1915(i), Home and Community Based Supports (HCBS), State Funded Alternative Service Definitions and admissions and discharges.

In Lieu of Services (ILOS)

The approach to ILOS will be to ensure members do not experience care gaps following consolidation due to the absence of any specific ILOS that may be provided at the member's previous LME/MCO but is not available because of consolidation.

- There is a significant overlap in the ILOS services available between Trillium, Sandhills and Eastpointe.
- Trillium has submitted the ILOS request to add IMD for Mental Health.
- Sandhills does offer In-Home Therapy Services (IHTS) for Children. After a review of utilization, there have been no new admissions to IHTS since April 2023 and prior to that there was very low utilization. Trillium will not add IHTS to the benefit plan at this time. Trillium is confirming that currently, there are no members receiving this service.

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- Trillium has successfully transitioned members during previous county realignments including Halifax, Columbus, Bladen and Nash and through the transition, members were not displaced from services they were actively receiving. The approach with this consolidation would be similar. We do not anticipate any member shall experience a gap in services related to this transition, therefore, appeal rights should not be necessary. However, if for any reason appeal rights are needed as a result of consolidation efforts, Trillium will issue them in accordance with federal and State law.

The following assumptions were made in considering how ILOS transitions will be operationalized:

- Members are actively receiving IHTS in the Sandhills area and who meet EPSDT criteria for continuation. If for any reason EPSDT criteria is not met, appeal rights would be issued.

Value Added Services (VAS)

- As the evaluation is completed, if it is determined that additional VAS that would have been available without dissolution or consolidation would add value for members, the VAS will be submitted via the PCDDU for department review. Trillium will notify the Department of any VAS they will not seek approval to offer. Trillium will notify the Department of any VAS deemed "similar under a different name" for which Trillium does not intend to submit a new VAS request.
- If there are VAS that will be discontinued, Trillium will work with Sandhills and Eastpointe to notify members of the change 30 days prior to discontinuation.
- Both Sandhills and Eastpointe have confirmed they are not offering any VAS under Medicaid Direct, no notification will be needed. Trillium offers a cell phone program, Stay Connected. Any new requests for SafeLink Smartphones will be honored as this is a publicly available resource that members access on their own when provided the website information.

The following assumptions were made in consideration of how VAS transitions will be operationalized:

- Sandhills may not be offering VAS for the Medicaid Direct population, as only Tailored Plan VAS are listed on their website. Any VAS will be shared during the dissolution process to ensure notification and continuity for members.
- If there is a similar offering under a different name, Trillium will not need to submit a new VAS request to the department for review.

1915(i) benefits

- Trillium will utilize the added "county" field to easily identify members who are eligible for 1915(i) services.
- Trillium Health Resources approach will be to prioritize continuity of care for members with 1915(i) benefits includes ensuring continuity of care during consolidation.
- Trillium maintains a robust network of previous B3, now 1915(i) providers.
- Early analysis of Eastpointe and Sandhills networks shows minimal availability of 1915(i) benefits. As result, Trillium will prioritize expansion of 1915(i) provider networks in the legacy Eastpointe and Sandhills areas to ensure that members have broader access to these benefits.

For 1915(i) transitions:

- Sandhills and Eastpointe will continue 1915(i) assessments up until the day of consolidation go-live.
- Sandhills and Eastpointe will share the list of 1915(i) approved members within 30 days prior to consolidation.
- Trillium will utilize the county populated by NC DHHS and Carelon to identify and coordinate with Sandhills and Eastpointe on next steps.

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- After the member moves to the Trillium post consolidation go-live, Trillium's reports will be updated with the new members who have been evaluated for 1915(i) services.

The following assumptions were made in consideration of how these benefits will be operationalized:

- The Department will add "county" field to the 1915(i) approval reports.
- Sandhills and Eastpointe will continue 1915(i) assessments up until the day of consolidation go-live.
- The list of 1915(i) approved members will be shared within 30 days prior to consolidation.
- The Department and Carelon will have the member's county at the time the member is re-aligned to enable coordination with Trillium on next steps.

Home and Community Bases Services (HCBS)

- To ensure that HCBS databases are updated with the appropriate provider affiliations for each LME/MCO catchment area, Trillium will coordinate with the department, along with Sandhills and Eastpointe, to make appropriate updates prior to consolidation go-live. Trillium's approach for members who receive HCBS benefits includes ensuring continuity of care during consolidation.
- Trillium has received information from Sandhills and Eastpointe related to slots in progress. Trillium will ensure these slots in progress are followed through to completion.
- Trillium has received the current Innovations Waiver Waitlist and corresponding clinical documents from both Sandhills and Eastpointe. Trillium is currently in the process of adding these members to Trillium's waitlist to ensure there is one consolidation waitlist and that all dates of waiting are honored.
- Trillium has received SIS evaluation schedules from Eastpointe and Sandhills. Trillium will review all SIS transfers in the system once completed by the state's vendor. Trillium has requested a copy of the most recent SIS evaluation from Eastpointe and Sandhills and began receiving this information on 1/18/24.

The following assumptions were made in consideration of these benefits will be operationalized:

- Trillium will receive a report from the department to assist in determining HCBS sites/providers in the database.
- Sandhills and Eastpointe will confirm the sites for transfer to Trillium.
- Trillium will validate transfers prior to finalizing changes in the system.
- The Department will conduct bulk transfer of records in the HCBS system.

State Funded Alternative Definitions

- To enable continuity of care for recipients, Trillium will evaluate utilization data from Eastpointe and Sandhills LME/MCOs related to State Funded Alternative Definitions/Services to determine continuation.
- Trillium received a timely and accurate list of Alternative Service Definitions (ASD) and approved rates by 12/1/2023. At this time, Sandhills has no approved ASDs and Eastpointe has one ASD. Eastpointe reports that the approved ASD was available for COVID and is no longer offered, as such Trillium will not add Case Support to the state funded benefit plan.

Admissions and Discharges Records Transfer

- Trillium will coordinate with the Department, Eastpointe and Sandhills to ensure awareness of pending and new admissions and discharges. The Department will coordinate with each LME/MCO to make appropriate updates prior to the consolidation go-live date.

- Trillium Health Resources' approach to new admissions and discharges will be to ensure continuity of care for recipients. Trillium confirms this section applies to state-funded service recipients.

The following assumptions were made regarding admissions and discharges:

- Trillium will coordinate with the Department to make appropriate updates prior to the Consolidation Go-Live date.
- The Department will provide the Consolidated LME/MCO and Receiving LME/MCOs with exported Consumer Data Warehouse (CDW-active caseload report from Eastpointe and Sandhills LME/MCO.
- CDW and Healthcare Enterprise Accounts Receivable Transaction System (HEARTS) Systems will be updated with new county alignment effective consolidation go-live.
- The Department will coordinate with Information Technology Division to use CDW discharge data to create Treatment Episode Data Set (TEDS) discharge records for Eastpointe and Sandhills LME/MCO members and CDW admission records for the consolidated LME/MCO and receiving LME/MCO members.

OWNER(S)

Indicate who will be responsible for implementing the Benefits Approach.

- Trillium will take the lead on the implementation of the Benefits Approach.
- Trillium will leverage experience from previous consolidations to ensure member continuity.
- In 2015 Trillium was successfully created from the consolidation of ECBH and CoastalCare, many of the employees involved in that transition remain with the organization today and will utilize their experience with consolidation help to ensure members and recipients do not experience disruption in services.
- The point of contact/responsible party at Trillium for Benefit is Cham Trowell cham.trowell@trilliumnc.org

ACTION ITEMS AND DESCRIPTIONS

Think through the required action items and describe them in detail

RESPONSE:

- Trillium will receive and utilize the reports, lists and data to inform each of these processes.
- Trillium will make updates to the benefit plan and rates in our internal business system as needed.
- Update 1915 (i) eligibility for members received from Sandhills and Eastpointe
- Submit any necessary VAS or ILOS request to the department for review.
- Update website to reflect new benefits, VAS, ILOS or ASD
- Update member materials to reflect new services.

Timeline and Level of Effort

Indicate the timeline and the level of effort required (High, Medium, Low) for implementation.

RESPONSE:

- Trillium estimates the required level of efforts for the Benefits Approach is **medium**. Trillium will begin work immediately upon approval of the consolidation plan and implement each piece as information is shared and data is available. Trillium is confident that the 2/1/24 launch date is achievable.

RISKS AND ISSUES

Think through any potential risks and issues that may impact implementation.

RESPONSE:

Trillium views the following items as potential risks or issues related to the Benefits Approach process:

- To ensure successful transitions, Trillium will need both member and provider data in a timely manner. Delays in receiving necessary information would present a risk to the implementation timeline.

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- Member utilization data will be important in the decision-making process for ILOS, VAS and ASDs. There is no date defined for the receipt of utilization data, only lists of the services.
- In addition to a list of 1915(i) members, Trillium will need information related to the date of approval to ensure annual assessment and evaluations are completed on time.

Claims and Encounters Approach

APPROACH AND ASSUMPTIONS

Think through what your approach and assumptions would be to implement the claims and encounters guidance provided by the Department.

RESPONSE:

Claims

Trillium Health Resources has a proven track record to show that we process claims accurately and pay providers timely as evidenced in our Senate Bill Audit with a 100% timeliness rating and 99.97% Claim Accuracy score. Trillium will ensure that providers are reimbursed for services provided for any member within the counties resulting from consolidation. For claims submitted, Trillium will adhere to the following:

- Prior to the consolidation go-live date, Trillium will continue to process claims on a timely basis to ensure provider reimbursement and to meet prompt payment standards for members covered by Trillium within Trillium Business Systems (TBS).
- For dates of service on or after 2/1/2024, Trillium will continue our ongoing efforts to work with providers to ensure that all claims are processed accurately and timely in accordance with prompt payment standards for members covered by Trillium and work to minimize any disruption to member services. Trillium's efforts include, but are not limited to, resources available on Trillium's website, technical assistance provided, option to submit claim inquiry requests, live representatives to speak with via the Provider Support and Service Line.

To reduce provider complexity, minimize provider claims and billing system disruption, Trillium's approach for claims cut over plan is based on date of service.

- With Trillium's prior experience in multiple consolidations, we have the knowledge to operate Eastpointe and Sandhill's/MCO claims system.
- This supports claims run out for dates of service prior to 2/1/2024 being processed in the Eastpointe and Sandhill's/MCO systems within timely filing and adjustment timeframe restrictions.
- Utilizing existing claims systems for this limited run out period (no claims will enter the system with Date of Service 2/1/2024 or after) will reduce complications for providers (i.e. replacement claims as one example), reduce the risk of providers not getting paid, reduce the risk for duplicate payments, and reduce the risk of disruption of member services.
- Legacy systems will be maintained for 12 months to allow for all claims runout to occur.
- For dates of service on or after 2/1/2024, claims will be processed in Trillium's TBS system.

By applying the Date of Service model to claims runout processing, Trillium will allow providers to maintain their current claims submission protocols and system configurations no matter the prior claims system (Sandhills or Eastpointe)-. The current expectation is that for days 1 to 90, which aligns with current IBNR claims tracking, 90% of the current claims system staff and contractors will continue to do the work they do today. Trillium's staffing

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model is to transition all claims processing and support staff from any other LME to Trillium through the consolidation. In addition, Trillium is actively planning for the retention of key staff to ensure continuity through the transition. Without specific job descriptions or a deep understanding of how the claims system is maintained today, giving a precise number of staff assigned to the legacy systems is not possible. However, because Trillium operated the Alpha system before becoming Trillium in a prior consolidation, we are intimately familiar with the Alpha system. Therefore, we can operate the system with four to six IT staff and additional support from our current DBAs if needed. Beyond 90 days, the number of staff can decrease by one every 60 days until there are three IT staff dedicated to the ongoing lights on upkeep as the number of claims dwindles to zero and the system is maintained to support the 365-day claims filing window that will close on 1/31/2025. For any claim action or appeal that requires an adjustment after the 365 days have concluded, Trillium will manually process utilizing legacy system reporting for validation and ensure that any encounter corrections are submitted accordingly. Historical claims data will be available via warehouses.

For the current Conduent system used by Eastpointe, we have signed a MSA and SOW with the same consulting firm that built the system and intend to keep the current Conduent contract active, or should legal reasons prevent that, we have already started contract discussions with Conduent and will continue system operations through the required 365 day claims filing period. While the system build required nearly 30 contractors, we expect four to six contractors plus up to two DBAs will be required after the 90-day period. The contractors that built the system will maintain the system under the Trillium MSA.

For any claims system we take ownership of, the number of claims processing staff will also remain at 90% for days 1 to 90. Then the staffing will decrease to two to four as the number of claims decreases after the IBNR planned period. Beyond the initial 6 months (180 days), Claims run out should be 99% complete and staff can remain as needed to handle any claim adjustments or retro activity that occurs. As wind down occurs, the internal staff will also be cross-trained in Trillium's claims processing system to support the new consolidated entity.

Claims and rate adjustments will be managed as they are today with refiling and internal rate table changes if needed for retro claims. The four to six IT people plus existing DBA and contractor resources will have the knowledge to make required changes for retro rates. The remaining claims staff will know the correct processes to adjust contract inputs and support the diminishing reprocessing requirements.

- For Medicaid services and to ensure continuity of provider payments and prevent disruption in member services, Trillium will increase the timely filing timeframe to 365 days for providers to submit their claims within TBS.
- Trillium will leverage our current process under Medicaid Direct to ensure that claims received from both Tailored Care Management providers and non-par providers are reimbursed for services regardless of contracting status with Trillium and at the same rate as an in-network providers through the end of the Transition of Care period.
- For State funded claims, Trillium will work with providers to ensure recipients are enrolled in state funds and that any services provided under state funds will be reimbursed timely and according to prompt payment standards if funding is available.
- Legacy systems will remain in place for Call Center agents to assist any providers or members/recipients that call with questions.

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Trillium will use its claims appeals process to act as a backstop for any provider payment issues during the consolidation process.

Encounters

- Trillium’s Encounter team is comprised of experts who have the knowledge and skill set to meet the Department’s requirements for successful integration with the EPS System.
- To extend our current high rate of Encounters submission and approval into the EPS system and to clean up any outstanding Encounters with Dates of Service before 2/1/2024, Trillium will deploy our Encounters team to assist, guide, and train new team members on how to adhere to the process for integrating encounters as outlined by the Department. For Dates of Service 2/1/2024 and later, Trillium will ensure encounters are submitted accurately and timely. Today we are processing encounters through the EPS system in production and continue to maintain a 99%+ approval rate.
- Trillium’s EPS engine is a fully automated solution ensuring efficient and timely encounter processing.
- Trillium’s EPS engine (Enterprise level Microsoft Solution) is maintained through functionally aligned Agile Dev Teams.
- Trillium’s Agile Encounter Team has successfully integrated encounter data during previous county transitions while continuing to meet metrics as outlined by the Department. These skills will be applied to support the new Encounters work.
- State funded claims submitted with dates of service on or after 2/1/2024 for Sandhills and Eastpointe recipients transitioning to Trillium will be submitted to NCTracks by Trillium using Trillium’s ID.
- Medicaid claims submitted with dates of service prior to 2/1/2024 for Sandhills and Eastpointe members will continue to be submitted to EPS by the legacy agency with the Sandhills or Eastpointe Plan ID.
- Tailored Care Management claims with dates of service prior to 2/1/2024 for Sandhills and Eastpointe members will continue to be submitted to EPS and NCTracks by the legacy agency with the Sandhills or Eastpointe Plan ID.
- State funded claims submitted with dates of service prior to 2/1/2024 for Sandhills and Eastpointe recipients will continue to be submitted to NCTracks by the legacy agency with the Sandhills or Eastpointe plan ID.

☐

OWNER(S)

Indicate who will be responsible for implementing the claims and encounters approach.

RESPONSE:

- Sheryl Deal, Claims Director (Sheryl.deal@trilliumnc.org) and Jennifer Cottle, Transitions Systems Manager (Jennifer.cottle@trilliumnc.org) at Trillium Health Resources will be responsible for ensuring the claims and encounter approach is implemented throughout the consolidation process.

ACTION ITEMS AND DESCRIPTIONS

Think through the required action items and describe them in detail.

RESPONSE:

Leveraging Trillium’s historical knowledge and experience gained from prior successful consolidations, Trillium will focus on the following action items prior to consolidation go live to ensure members maintain services and providers receive timely payment for services rendered:

Action Item	Description
Business System Updates	Trillium will update its Business System - TBS to incorporate the updates to the 834, state funded member enrollments, new service information as well as provider information to ensure that claims process accurately and correctly when submitted by providers.

	<p>Trillium will complete the necessary configuration work within the TBS platform (e.g., Provider contracting, Eligibility updates, etc.) and it will be expedited through Trillium’s agile based delivery teams.</p> <p>Trillium does not identify any actions required to support added volume. Our virtualized cloud infrastructure systems are proactively monitored to ensure system scale and throughput, and are run, on average, at 25% utilization rates. System computing and storage can scale with the click of a button.</p>
Claims Department Standard Operating Procedures (SOPs) and Policies and Procedures (P&Ps)	Trillium will publicize its standard operating procedures (SOPs) and policies and procedures (P&Ps) to include any revisions for the additional counties and timeframes for dissolved LME/MCO and consolidated LME/MCO claims as appropriate.
Claims Department Staff Training	Trillium will provide training to new staff in the Claims Department to ensure they are equipped with the knowledge to audit claims and assist providers with questions.
Provider Communications regarding Claims	<p>Trillium will develop and send out provider communications detailing topics such as:</p> <ul style="list-style-type: none"> • The entity the provider will file claims based on date. • How to access appropriate clearinghouses, if applicable • Appropriate address for paper claims • How to access Remittance Advices, 835s, claim status reports, etc. • How to submit a claim inquiry request
HHAeXchange – EVV Vendor	To minimize provider burden, Trillium will work with HHAeXchange for EVV services to ensure appropriate system setup to ensure the providers do not experience any delay in claims payment for services

Encounters:

- For claims with Dates of Service after 2/1/2024, Trillium has successfully integrated with the DHHS EPS System and is currently sending Encounters to the EPS production environment. We will be able to effectively follow further guidance provided by the DHHS EPS team to ensure successful encounter integration with Eastpointe and Sandhills. Trillium has 10+ years of experience processing encounters and will use our current methodology to efficiently process any additional future volume.

For claims with Dates of Service prior to 2/1/2024, the Trillium Encounters team will work with the Department to understand where prior Encounters are failing, develop remedies, build processes, train new team members, and work the outstanding submission backlog down to a level deemed acceptable by the department. Trillium is retaining more than 95% of staff that support the legacy systems. These resources will assist in meeting this deliverable for the duration through systems run-out. This effort will support future audits and ensure the proper alignment between claims, system of record, and Encounters files. Encounter remediation efforts will be adherent to Encounter Data Resubmission Standards at IV.J.3 in the contract.

TIMELINE AND LEVEL OF EFFORT

Indicate the timeline and the level of effort required (High, Medium, Low) for implementation.

RESPONSE:

Claims Processing:

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- Trillium has completed the timeline leading to the Trillium Claims processing system being fully implemented. All necessary analysis and configuration changes with response to benefit plans, member eligibility, provider configuration, and authorizations are being actively managed and will meet the 2/1/2024 deadline.
- Timeline risk is 40% mitigated today with Sandhills providers loaded into test and our Network team performing Quality Analysis. The Eastpointe providers will be loaded into test before 1/15/2024 for Network Quality Analysis. The continued risk once loaded into TBS will be provider training time. The Network and Training teams have launched additional training efforts along with daily provider listening sessions.
- Out-of Network (OON) will follow currently published Trillium claims processes and Trillium is working with both Sandhills and Eastpointe to load any OON contracts into our system as described in the process above.
- To expand on Trillium’s approach to process claims and reimburse providers for claims received with dates of service on or after 2/1/2024, Trillium has paused other initiatives to extent possible to allow maximum-focus on necessary “consolidation” configuration work to meet 2/1/2024. Trillium is utilizing our Agile ALM to facilitate necessary changes. Our revised timing expects system configurations completed, tested and ready before 2/1/2024.
- Trillium’s risk for claims system configuration and testing going beyond 2/1/2024, decreases 20% each day as we receive, validate, and consume data from Sandhills and Eastpointe’s claims systems.
- Trillium will complete timeline leading to Trillium claims processing system being fully implemented.

Encounters:

- Supporting Encounters at the current high success rate of 99% + after 2/1/2024:
- The pre 2/1/2024 Encounters cleanup effort will be high. There are a number of unknowns which require time to learn and understand. Once the Trillium Encounters team understands the problems articulated by the Department, our team will develop and deploy solutions to complete the submissions. The timeline for this work will begin on the day DHHS approves consolidation. If the Department chooses to forego the clean-up of encounters prior to 2/1, the level of effort would be revised to reflect all efforts on encounters post 2/1.

RISKS AND ISSUES

Think through any potential risks and issues that may impact implementation.

<u>Risk and Issues</u>	<u>Description</u>
Updated 834	Trillium will need the updated 834 received from the Department with Medicaid eligibility and member information This risk is now closed. The 834 is live in Trillium’s Business System.
State Eligibility	To reduce provider burden and ensure continuity of member services, Trillium will load State Funded eligibility data received from Eastpointe and Sandhills.
Encounters	For Encounters prior to 2/1/2024, Trillium views the following items as potential risks or issues related to the prior Encounters clean-up: <ul style="list-style-type: none"> • Data quality issues identified in the data received from consolidating entities- • Process gaps identified between consolidating entities- • Access to historical encounter data within the DHHS EPS System for consolidating entities as needed-

Capitation Approach

APPROACH AND ASSUMPTIONS

Think through what your approach and assumptions would be to implement the capitation changes described by the Department.

RESPONSE:

- Trillium is looking forward to working collaboratively with the Department and Mercer on developing actuarially sound rates that will account for the anticipated administrative and clinical costs as well a consideration for contributions to reserves, risk margin and cost of capital. Trillium will support the Department and Mercer in defining the methodology and timing for updating our rates Trillium will support and actively collaborate with the Department and Mercer to finalize capitation rates and reprocess interim payments as needed.

OWNER(S)

Indicate who will be responsible for implementing the capitation changes.

RESPONSE:

- Trillium Health Resources will be responsible for coordinating with the Department and Mercer to finalize capitation rates and reprocessing interim payments as needed. Trillium will actively research all the entity's financial positions via audited financial statements and preliminary financial reporting to the best of our ability. Trillium will also partner with [Eastpointe and Sandhills](#) financial team to ensure fiscal transparency for funding requirements and reviews for our fiduciary responsibility with government funds.

ACTION ITEMS AND DESCRIPTIONS

Think through the required action items and describe them in detail.

RESPONSE:

- Trillium will be responsible for coordinating with the Department and Mercer to finalize capitation rates and reprocessing interim payments as needed.
- Trillium will accept and welcome interim capitation rates.
- Trillium's infrastructure can ingest and process capitation payment reprocessing automatically. The reprocessing of capitation payments would not create any barriers or issues internally.

TIMELINE AND LEVEL OF EFFORT

Indicate the timeline and the level of effort required (High, Medium, Low) for implementation.

RESPONSE:

- Trillium estimates this is a **medium** level of effort, through a high level of collaboration with the Department and Mercer. Trillium has proactively worked towards defining the funding requirements necessary for a successful transition to support the guiding principles. Trillium looks forward to beginning those conversations with Mercer and the Department as schedules allow.

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RISKS AND ISSUES

Think through any potential risks and issues that may impact implementation.

RESPONSE:

- Trillium understands and accepts its responsibilities for all assumed liabilities and receivables resulting from retro-processing and retro-enrollments driven by the consolidation process and Trillium will reference 835 and 820 files determination of settlements. Notwithstanding, Trillium has identified risks associated with the capitation rate setting approach. While these risks exist, Trillium acknowledges such risks and has plans in place for risk avoidance and contingency planning.
 - The timeline of receiving capitation funding to support the transition may impact solvency requirement calculations.
 - Financial risk of previous entity's management financial decisions may impact financial audits.
 - Insufficient funding to support the administrative and clinical costs as well as considerations to reserves, risk margin and cost of capital.

Allocation of State Funds

APPROACH AND ASSUMPTIONS

Think through what your approach and assumptions would be to carry out the allocation of state funds as defined by the Department.

RESPONSE:

- Trillium Health Resources ("Trillium") is poised and ready to receive DMHDDSUS updated allocation letters for annual fiscal year allocations for Single Stream, MHSU Block Grant, Cross Area Service Programs (CASP), State Opioid Response (SOR), Alcohol and Drug Treatment Centers (ADTC), and other applicable grant/initiative funding to be re-allocated to Trillium.
- Trillium will partner with DMHDDSUS and related hospitals to establish amended contracts for Three-way funds. Trillium will update the capitated amount in our business system to ensure the availability of funds do not exceed the allocated State appropriated amount.
- Trillium will receive the Eastpointe and Sandhills LME/MCO identified and reported TBI state funds and SOR grant funds expended up to 45 calendar days prior to consolidation go-live; and again 7 calendar days before consolidation go-live to determine available funds to be re-allocated to Trillium and dispersed to contracted providers. When allocations are received from DMHDDSUS, Trillium has efficient systems in place to distribute TBI state funds and SOR grant funds to providers to ensure continuity of care for recipients and sustainability for providers.
- To ensure a seamless transition in the provision of services and facilitate efficient contract execution, Trillium will collaborate with the Eastpointe and Sandhill's LME/MCO to access provider data, including allocated and incurred expenditures, for the counties undergoing the transition. Trillium will then proceed to contract with the identified State Funded Providers who are contracted to provide Block Grant, county, grant, and other pass-through funding. This approach aims to simplify the provider contracting process and uphold service continuity during the consolidation.

OWNER(S)

Indicate who will be responsible for implementing the allocation of state funds.

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RESPONSE:

- Trillium will be responsible for implementing the allocation of state funds, including execution of contracts with providers and ongoing monitoring. Trillium has demonstrated success through multiple prior county realignments to efficiently allocate and contract with State Funded providers. In all previous county realignments, Trillium has successfully streamlined provider contracting processes to ensure recipients have continuity of services during the transition.

ACTION ITEMS AND DESCRIPTIONS

Think through the required action items and describe them in detail.

RESPONSE:

- Trillium will utilize our expertise from previous county realignments to effectively manage the allocations received and contract with providers for services. Trillium will collaborate with DMHDDSUS and Eastpointe and Sandhills LME/MCO to obtain current accounts of provider information and expenditures for Single Stream, MHSU Block Grant, Cross Area Service Programs (CASP), State Opioid Response (SOR), Alcohol and Drug Treatment Centers (ADTC), and other relevant grant and initiative funding.
- Trillium will work closely with DMHDDSUS to receive updated allocations and ensure that allocation requirements are implemented.
- Trillium will partner and collaborate with providers to fully implement State Funded Contracts and accurately reflect all allocations of State Funds prior to the consolidation go-live. Trillium will provide support and training to providers on State Funded Contracts, which includes acquiring budgets, offering technical assistance, and assigning a designated point of contact for ongoing support.
- Trillium has experience with single audit requirements and has begun actively reviewing prior year financials as available to prepare for the consolidation. Trillium will also work closely with Eastpointe and Sandhills to ensure transfer of records and transfer of knowledge will occur to support the work required for the single audit requirements.

TIMELINE AND LEVEL OF EFFORT

Indicate the timeline and the level of effort required (High, Medium, Low) for implementation.

RESPONSE:

- Trillium assesses that this requires a **medium** level of effort for implementation. Upon receipt of the list of State Funded providers and their respective allocated and incurred expenditures from Eastpointe and Sandhills LME/MCO, Trillium will initiate the process of drafting and preparing the necessary provider contracts within 15 calendar days. Trillium will then complete and extend State Funded provider contracts within 10 calendar days of receipt of final reallocation letters from DMHDDSUS.

RISKS AND ISSUES

Think through any potential risks and issues that may impact implementation.

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RESPONSE:

Trillium views the following items as potential risks or issues related to the Allocation of State Funds:

- Lack of timely submission of State Funded provider list from Eastpointe and Sandhills LME/MCO may cause delay in provider contract execution.
- Delayed receipt of updated allocations from the DMHDDSUS poses a barrier to executing contracts with providers.
- Allocated State funds from Eastpointe and Sandhills LME/MCO are exhausted prior to consolidation go-live date.
- Invalid, incomplete, or inaccurate provider information received from the Eastpointe and Sandhills LME/MCO.
- Financial Audit Risk for financial transactions prior to consolidation and dissolutions. To avoid financial audit risk, Trillium will partner with Eastpointe and Sandhills to ensure knowledge sharing and transfer of records will occur. Trillium is also actively reviewing and monitoring prior year audits and available financials for entities.

Distribution of Net Assets

APPROACH AND ASSUMPTIONS

Think through what your approach and assumptions would be to carry out distribution of net assets as defined by the Department.

RESPONSE:

- Trillium's approach to the distribution of net assets will be one that proceeds timely, transparently and in accordance with State law for the two funding categories, Risk Reserve and Fund balance (all other available funds excluding risk reserve). This approach ensures all parties can meet their contractual obligations as part of consolidation, and that provides for the continued viability of North Carolina's public mental health system.
- Trillium will receive proportional shares of the Eastpointe and Sandhills LME/MCO's Risk Reserves based on SFY2023 Medicaid Service Expenditures attributable to Members from each disengaging county. These funds will be processed within 30 days of the receipt of the Department's Risk Reserve information and transfer of funds notification with Trillium's oversight. Trillium will ensure that distribution of funding allocated to other LME/MCO's through the 3 realigned counties will be transferred to those LME/MCOs within 30 days of the Department's notification and be based on proportional shares of the Eastpointe and Sandhills LME/MCO's Risk Reserves based on SFY2023 Medicaid Service Expenditures to Members from each realigned county.
- In accordance with Section 3.5A of S.L. 2021-62, Trillium will collaborate with the Department and the Eastpointe and Sandhills LME/MCO to capture the funding requirements to carry out the Eastpointe and Sandhills LME/MCO's responsibilities under State law. This will ensure sufficient funds to pay any outstanding liabilities to health care providers, staff-related expenses and other liabilities. Trillium will receive fund balance distributed after liabilities are identified and calculated proportionally using SFY2023 member months (limited to Behavioral Health I/DD Tailored Plan populations) and a rurality adjustment. The rurality adjustment approach will reflect the same methodology used by the Division of Mental Health, Developmental Disabilities and Substance Use Services utilized to make Single Stream Fund allocations. Trillium will also oversee the distribution of the fund balance distributed after liabilities are identified and calculated proportionally using SFY2023 member months (limited to Behavioral Health I/DD Tailored Plan populations) and a rurality adjustment to the other LME/MCO's. Outstanding liabilities have been identified to the best of Trillium's ability based on the information

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received by Trillium from Eastpointe and Sandhills. Trillium is actively working with Eastpointe, Sandhills and the Department to ensure the liabilities are fully accrued, recorded and transparently communicated with all parties. These fund balance transfers will be completed within 30 days of the Department's notification ~~timely~~ and follow the formula developed by the Department of Health and Human Services.

- Trillium will partner with the Eastpointe and Sandhills LME/MCO on an agreement to consolidate and distribute physical assets including real property, improvements, tools, equipment, vehicles, or any other form of tangible resources. These agreements will include the date of ownership or title changes outlined. Trillium will accept and record these assets net at the time of ownership. Assets transferred will be recorded clearly by Trillium in the period assets were distributed manner using the full accrual methodology outline in the financial reporting templates.

OWNER(S)

Indicate who will be responsible for implementing the distribution of net assets.

RESPONSE:

- Trillium will be responsible for collaborating with the Department and the other two LME/MCO's to comply with the requirements of Section 3.5A of S.L. 2021-62 as well as the guidance for the distribution of physical assets outlined in the Consolidating LME/MCO Consolidation Plan.
- For final decisions or issues arising in this portion of the plan, please contact Kellie Baker, VP of Finance and Medical Economics (kellie.bbaker@trilliumnc.org)

ACTION ITEMS AND DESCRIPTIONS

Think through the required action items and describe them in detail.

RESPONSE:

Transfer of Risk Reserve Formula

- Trillium's approach to the distribution of net assets will be one that proceeds timely, transparently and in accordance with the State law for the two funding categories, Risk Reserve and Fund balance (all other available funds excluding risk reserve). This approach, in accordance with state law, ensures all parties can meet their contractual obligations as part of consolidation, and that provides for the continued viability of North Carolina's public mental health system.
- Trillium will receive proportional shares of the Eastpointe and Sandhills LME/MCO's Risk Reserves based on SFY2023 Medicaid Service Expenditures attributable to Members from each disengaging county. These funds will be processed within 30 days of the Department's notification with Trillium's oversight. Trillium will oversee distribution of funding, allocated to other LME/MCO's through the disengaging counties, that will be transferred to them within 30 days of the Department's notification based on the proportional shares of the Eastpointe and Sandhills LME/MCO's Risk Reserves, based on SFY2023 Medicaid Service Expenditures to members from each disengaging county.

Transfer of Fund Balance Formula

- Trillium's approach to the distribution of net assets will be one that proceeds timely, transparently and in accordance with the State law for the two funding categories, Risk Reserve and Fund balance (all other

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available funds excluding risk reserve). This approach, in accordance with state law, ensures all parties can meet their contractual obligations as part of consolidation, and that provides for the continued viability of North Carolina's public mental health system.

- In accordance with Department guidance and state law, Trillium will collaborate with the Department and the Eastpointe and Sandhills LME/MCOs to capture the funding requirements to carry out its responsibilities under State law. This will ensure sufficient funds to pay any outstanding liabilities to health care providers, staff-related expenses, and other liabilities.
- Trillium will receive the fund balance distributed, after liabilities are identified and calculated proportionally, using SFY2023 member months (limited to Behavioral Health I/DD Tailored Plan populations) and a rurality adjustment. The rurality adjustment approach will reflect the same methodology used by the Division of Mental Health, Developmental Disabilities and Substance Use Services utilized to make Single Stream Fund allocations.
- Trillium will also oversee the distribution of the fund balance distributed after liabilities are identified and calculated proportionally using SFY2023 member months (limited to Behavioral Health I/DD Tailored Plan populations) and a rurality adjustment to the other LME/MCO's. These fund balance transfers will be completed in 30 days of the Department's notification, and follow the formula developed by the Department.

Distribution of Physical Assets

- As part of the consolidation effort, Trillium will work in collaboration with the dissolving LME/MCOs and The Department to establish an inventory of all real property, improvements, tools, equipment, vehicles or other form of tangible resources", as reflected in the consolidation agreement (Article II, section 10).
- Taking advantage of lessons learned over the many iterations of consolidation that led to the creation of Trillium, we will oversee any needed activities related to title insurance, deed drafting and recording. As we go about effectuating the distribution of net assets, we will review all commitments within these assets to ensure that continued expenditures for them complies with our fiduciary responsibility with government funds.
- Additionally, Trillium will accept and record these assets net book value—at the time of ownership. Assets transferred will be recorded clearly by Trillium in the period assets were acquired using the full accrual methodology outline in the financial reporting templates.

TIMELINE AND LEVEL OF EFFORT

Indicate the timeline and the level of effort required (High, Medium, Low) for implementation.

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RESPONSE:

- Trillium estimates this is a **medium** level of effort, through a high level of collaboration with the Department, Mercer and the other LME/MCO's. Within a reasonable timeline of the Department's approval of the Consolidation Plan, Trillium will disperse net assets and will effectuate the distribution of all physical asset. Trillium has proactively completed deep dives of available financial information and previous year audits to support the discovery work needed to ensure retention of sufficient funds to pay outstanding liabilities to health care providers, staff-related expenses and other liabilities per Department guidance and state law. Trillium looks forward to partnering with the Department to work towards the formula to disperse net assets through the dissolution and consolidation effort.

RISKS AND ISSUES

Think through any potential risks and issues that may impact implementation.

RESPONSE:

Trillium has identified risks associated with the distribution of net assets approach. While these risks exist, Trillium will acknowledge them and have plan in place for risk avoidance and contingency planning.

- With respect to the transfer of risk reserve, Trillium anticipates very little risk associated with the transfer of these funds. However, the timeline for the transfer of funds for risk reserve may impact LME/MCO's current 15% contractual requirement.
- With respect to the transfer of fund balance, Trillium expects risk related to the development of the formula supporting the retention of sufficient funds to pay any outstanding liabilities to health care providers, staff-related expenses, and other liabilities. Without complete and transparent insight into the historical financial commitments or the status of any entity pending litigation(s), it is very difficult to estimate these liabilities.
- with respect to the distribution of physical assets, Trillium foresees no substantial risks.

Contract Closeout and Amendments**APPROACH AND ASSUMPTIONS**

Think through what your approach and assumptions would be to implement the Contract Closeout and Amendments that the Department will enact.

RESPONSE:

- Trillium will take a collaborative and coordinated approach to the Contract Closeout process and the execution of new amendments, understanding the importance of meeting the consolidation timeframe established by the Department. Trillium will ensure new contract amendments are operationalized upon execution.
- Trillium will support the Eastpointe and Sandhills LME/MCO with the Contract Closeout process, if and as needed.
- Sandhills and Eastpointe will engage auditors and complete separate single audits in accordance with the Single Audit requirements and North Carolina General State Statute 143C-6-22 and 23 entitled "Use of State Funds by Non-State Entities" and Implementation of Required Rules, 09 NCAC 03M .0102 -0802, North Carolina Administrative Code, issued September 2005. In compliance with applicable law, Eastpointe and Sandhills will conduct audits through independent auditors as soon as reasonably possible following

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consolidation and before dissolution. An independent auditor for Sandhills and Eastpointe will assess and determine whether a dissolution audit is in order. For the completion of these audits, the duty of the management representation will be assigned to Eastpointe's board and Sandhill's board for the Management Discussion and Analysis.

In the event that Eastpointe does not provide a full disclosure of liabilities to Trillium on behalf of Eastpointe and Sandhills to propose the reserve amount to be separately retained by Eastpointe and Sandhills before January 1, 2024, Trillium, as the sole surviving entity, will determine, pending Department approval, a reserve amount to be separately maintained by the legacy entities and transfer the remainder to Trillium under the direction of the Department.

OWNER(S)

Indicate who will be responsible for implementing the Contract Closeout and Amendments.

RESPONSE:

- The Department should contact Trillium's Director of Regulatory Affairs, Kim Huneycutt and Josh Garrett, Associate General Counsel, with regard to final decisions or issues arising with respect to the above obligations.
 - Kimberly.huneycutt@trilliumnc.org
 - Josh.garrett@trilliumnc.org
- In addition, Trillium's Legal Department, including Trillium's Director of Regulatory Affairs (who serves as the organization's Waiver Contract Manager), will take the lead on amending Trillium's existing contracts with the Department. Trillium will prioritize this work, just as we have with amendments related to county realignments in the past.
- The dissolving LME/MCOs will take the lead on the Contract Closeout process. But Trillium is able and willing to support the dissolving LME/MCOs with that process, be it operationally or administratively. Trillium has many former Cardinal employees on staff who are familiar with the dissolution process. Trillium may leverage this experience to assist the dissolving LME/MCO as it winds down its operations.

ACTION ITEMS AND DESCRIPTIONS

Think through the required action items and describe them in detail.

RESPONSE:

- Trillium will expedite its ILOS Request submissions, so as not to delay the preparation of Attachment L. Policies, 7. Approved In Lieu of Services.
- Trillium will comply with any request from the Department to help facilitate finalization of the rate setting process.
- Trillium is willing to draft an updated Attachment Q and submit it to the Department for review. This updated Attachment Q will include the three (3) counties from the dissolving LME/MCO that went to other LME/MCOs.
- Trillium will work cross-functionally with internal business units to make all necessary adjustments that result from its revised allocation letters for State-funded services, including amending or updating provider contracts to reflect supported rates and adding State-funded Alternative Service Definitions to our Benefit Plan, as applicable.

TIMELINE AND LEVEL OF EFFORT

Indicate the timeline and the level of effort required (High, Medium, Low) for implementation.

RESPONSE:

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- Trillium will work with the Department to execute all necessary contracts amendments within thirty (30) calendar days of Department approval of the Consolidation Agreement.
- Given the existing process by which Trillium collaborates with the Department on contract amendments, Trillium is of the opinion that this process will require a low level of effort.
- Considering the many functions that the LME/MCOs carry out for NC's public mental health system, Trillium anticipates the level of effort required for the Contract Closeout process to be high.

RISKS AND ISSUES

Think through any potential risks and issues that may impact implementation.

RESPONSE:

- Trillium foresees no substantial risks or issues. Minor risks include potential delays around the work needed to update capitation rates and secure approvals for ILOSs.

Call Center Continuity Plan

APPROACH AND ASSUMPTIONS

Think through what your approach and assumptions would be to implement the Call Center continuity plan that the Department will enact.

RESPONSE:

- The approach for the Call Center will be to utilize the existing services lines operated by Trillium.
- Trillium will offer employment to all staff from Eastpointe and Sandhills legacy call centers to build on the knowledge of local resources and providers.
- Trillium's no wrong door access to care policy will be implemented across the consolidated organization. No wrong door allows members to access services without administrative burden to providers and community stakeholders.
- Trillium will leverage experience from previous county realignments in the legacy Eastpointe area. One such experience, for example, was that providers reported challenges that were created through required calcium appointments because it held time on clinician's calendars and often resulted in no shows. Another lesson learned stemmed from stakeholders sharing their experiences related to having to contact the Call Center to access crisis services in that that increased barriers for emergency responders who needed direct access to Mobile Crisis or Facility Based Crisis Services. Trillium will approach this consolidation with the same approach as we have in the past-- to decrease barriers for providers and stakeholders and increase access to care for members.

Member & Recipient Service Lines

- Trillium's Member & Recipient Service Line will be utilized as a part of the consolidations. Eastpointe and Sandhills Member & Recipient lines will be updated with voice message for 60 calendar days post consolidation go-live prompting members to call Trillium, callers will be offered a prompt at the end of the message that allows direct connection without having to disconnect and call back.
- Trillium will utilize hold messaging provided by the Department after the Consolidation Plan is approved.
- Trillium call center agents will have access to Sandhills/Eastpointe systems and data (including, but not limited to, claims data, NABDs triggering member appeals rights, service denials).

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- Trillium’s Member and Recipient Service Line will receive calls related to appeals. Appeals are managed and processed by Trillium’s appeals team. Additionally, Trillium will accept appeals per our currently approved Appeals process.
- Trillium confirm the Call Center has access to member information needed to log oral appeals, assist with questions, or refer for State Funded Services recipients.
- Trillium will receive any outstanding grievances and supporting information from Eastpointe and Sandhills to ensure timeliness and investigation can be completed. Trillium will maintain timeliness standards for complaint and grievance resolution based on the date the grievance was received by the legacy organization.

BH Crisis Lines

- Trillium’s BH Crisis Line will be utilized as part of the consolidation. Sandhills and Eastpointe’s BH Crisis Lines will be forwarded to Trillium for 6 months post consolidation go-live.
- After 6 months, Trillium will place a voice message up to 30 calendar days, then the line will be closed. Trillium does not place BH Crisis Line callers on hold.

Provider Service Line

- Trillium’s Provider Support Services Line will be utilized as part of the consolidation. Sandhills and Eastpointe’s Provider lines will be directed to Trillium for two months following Consolidation Go-Live to enable quick triage of anticipated claims questions. After 60 calendar days post Consolidation Go-Live, legacy provider lines will be updated with a new IVR message that directs providers to Trillium’s provider line for one month before being shut off. Trillium will utilize hold messaging provided by the Department after the Consolidation Plan is approved.

Scripting

- Trillium will utilize the first round of call center scripting developed by the Department by providing the scripting to all call center agents in the event Trillium receives inquiries regarding the LME/MCO Consolidation. Trillium will utilize the second round of scripting developed by the Department once the Consolidation Agreement has been approved.

Call Center Staffing and Forecasting

- Trillium will evaluate current call volumes for the three call centers and call lines to forecast the call volumes for the merged call center lines. Trillium will utilize “erlang methodology” to predict the staffing needed to handle the call volumes and submit the forecasting and staffing approach to the Department for review.
- Trillium will extend offers to all existing call center staff to ensure there are no gaps in staffing for the Call Center.
- During the first 6-9 months of implementation, Trillium will provide senior clinical staff on all shifts to assure that call center staff have the necessary support to provide the best member and stakeholder experience.

The following assumptions were made as it relates to Call Center Continuity:

- Trillium will receive ownership of Eastpointe and Sandhills legacy SIP lines in order to implement Department guidance and to allow for testing.
- Trillium will be the surviving entity, maintaining current infrastructure and contracts for interpreter services.

OWNER(S)

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Indicate who will be responsible for implementing the Call Center continuity plan.

RESPONSE:

- Trillium will implement all guidance from the Department related to consolidation of services lines.
- Trillium hopes to create additional capacity with offers of employment to legacy Sandhills and Eastpointe staff, who will be queued to take calls on the single remaining phone numbers for each service line. This capacity should decrease the need for overflow staff.
- Trillium does not utilize external overflow call centers and does not anticipate the need to add overflow call centers.
- Trillium will work with all providers to accept direct access to care from members and other providers. Trillium will work with all stakeholders to directly access services like Mobile Crisis, BHUC and FBC without having to go through the LMEMCO.
- The point of contact/responsible party from Trillium is Christie Edwards, contact information is christie.edwards@trilliumnc.org or 252-320-4163.

ACTION ITEMS AND DESCRIPTIONS

Think through the required action items and describe them in detail.

RESPONSE:

- Review Call Center data and complete staffing forecast
- Gain access to SIP lines from Sandhills and Eastpointe
- Transfer lines, record messages, implement scripting as described by guidance.
- Onboard staff from Eastpointe and Sandhills and train on Trillium systems prior to launch
- Complete testing for staff prior to go live
- Share information related to No Wrong Door access with stakeholders and providers.
- Update business continuity plan to address redundant call center locations.

Timeline and Level of Effort

Indicate the timeline and the level of effort required (High, Medium, Low) for implementation.

RESPONSE:

- Trillium estimates the level of effort to be moderate for Call Center continuity. Trillium understands the Call Center is the tip of the spear in a consolidation effort and will ensure staff are ready to accept call for as a consolidated LME/MCO by 2/1/24. Trillium is efficient and experienced in consolidation efforts.

RISKS AND ISSUES

Think through any potential risks and issues that may impact implementation.

RESPONSE:

Trillium perceives the following to be risk to the implementation timeline:

- Any delay in transition of SIP lines to Trillium
- Any lack of access to call center data
- Any potential delays in access to staff for training purposes

Communications and Materials

APPROACH AND ASSUMPTIONS

Think through what your approach and assumptions would be to implement the communications and materials guidance that the Department will enact.

RESPONSE:

Toolkit

- Trillium will utilize the consolidation communication toolkit provided by the Department that includes talking points and additional scripting for consolidation. Trillium will retrieve this toolkit from the PCDU library within 30 calendar days of the Department's approval of the LME/MCO Consolidation Agreement.

Website

- Trillium will update its website with information about the consolidation and which counties are being moved to which LME/MCO. After Consolidation Go-Live, the websites of the legacy organizations will be redirected to a simple landing page that only contains information about Consolidation.
- Both Sandhills and Eastpointe websites have information about consolidation and a link to the Trillium consolidation page. On Feb. 1, both sites will have white pages that include the required information for migrating counties, how members can continue to get services, etc.
- Trillium will transition all members to utilize the member portal that is available on Trillium's website. A recorded video is being created to introduce members to Trillium and features that will be available to them including the member portal.- This video will be provided to the Department for review once it is prepared and ready for submission. Trillium's current member portal webpage includes instructions for members to use and a video, along with instructions to call Member and Recipient Services if they prefer not to use the portal.

For six months post consolidation, the websites will have:

- Information about consolidation and which counties went to which LME/MCOs.
- Where beneficiaries need to go to get care or services.
- How providers can get claims paid and PAs approved, the process for transferring PAs.
- Other FAQs.

Member Communications

- Trillium will be prepared to address member calls, questions and concerns utilizing scripting provided by the Department related to consolidation upon the Enrollment Broker's mailings related to LME/MCO assignment 2-3 weeks prior to consolidation go-live.
- Trillium will send Welcome Packets and TCM inserts (as appropriate), including the PIHP Welcome Letter and Member Handbook, to impacted members by no later than 1/20/2024.
- Trillium will inform members that they will receive a new Medicaid ID card from NC Medicaid with their new LME/MCO listed within 1 week of consolidation go-live and that members can continue to use old Medicaid ID cards until they receive their new card.
- Social media posts and press releases and other public marketing efforts reference state-funded recipients.

Enrollment Broker Updates

- Trillium will collaborate with the Department and the Enrollment Broker as needed to assist with updates to member materials, outreach and community materials, websites, and scripting to reflect changes to LME/MCOs due to consolidation. Trillium will update its provider directory in a timely and accurate manner to ensure that the Enrollment Broker has current information.

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- In addition, printed brochures to be delivered to all current Sandhills and Eastpointe locations to distribute among the 18 new counties. Spanish brochures were included in the order for printed brochures to be delivered

The following assumptions were made as it relates to Communications:

- Trillium, as the surviving entity, will be assume ownership of Eastpointe and Sandhills websites/domain names.
- Trillium will be able to utilize approved Trillium NCMD/PIHP member materials where there are no substantial changes other than a map, list of the counties served or added benefits as a result of consolidation without submission for Department review.

OWNER(S)

Indicate who will be responsible for implementing the communication and materials guidance.

RESPONSE:

- Trillium will take the lead on Member Communications and will collaborate with legacy Eastpointe and Sandhills staff as indicated for local media connections and access to website domains.
- Trillium will leverage experience and lessons learned related to Member Communications from previous consolidations and county realignments.
- Trillium will build upon the positive aspects of Eastpointe and Sandhills relationships with members to ensure that members are well informed so that there are no disruptions in care.
- The responsibility party at Trillium for Materials and Communications is Jennifer Mackethan. Her contact information is Jennifer.Mackethan@trilliumnc.org

ACTION ITEMS AND DESCRIPTIONS

Think through the required action items and describe them in detail.

RESPONSE:

- Utilize consolidation tool to share consolidation information with members, providers and community stakeholders. All staff will have access to the consolidation tool kits and the call center will ensure scripting is available to all call center staff on its knowledge center.
- Use mailing vendor to send welcome packets to transitioning members by January 18, 2024.
- Launch landing page on Trillium website that explains the consolidation, what counties are moving to Trillium, answers questions, where members need to go to get care or services, and how providers can get claims paid, PAs approved, and transfer PAs.
- Redirect Eastpointe and Sandhills websites to consolidation landing page.
- Collaborate with the Department and the Enrollment Broker as needed.

TIMELINE AND LEVEL OF EFFORT

Indicate the timeline and the level of effort required (High, Medium, Low) for implementation.

RESPONSE:

- Reviewing all websites and materials: **medium**, as all edits will have to be made prior to 2/1/24
- Sending new welcome packets: Low, will funnel through current process with external mail vendor once new members are received via 834.
- Launching new webpage: Low, Trillium launched prior to January 1, 2024.. The-Consolidation page is linked from the home page of the Trillium website. Members and providers can access this page with one click.

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- Setting up redirect from expiring webpages: Low, dependent on cooperation from other MCOs. Trillium will notify the department when Sandhills and Eastpointe's websites are redirected to the consolidation landing page.
- Consolidation tool kit roll out: Medium We have a variety of tactics planned for late December through end of February.

RISKS AND ISSUES

Think through any potential risks and issues that may impact implementation.

RESPONSE:

N/A

Provider Communications

APPROACH AND ASSUMPTIONS

Think through what your approach and assumptions would be to implement the provider communications that the Department will enact.

RESPONSE:

- Trillium Health Resources' (Trillium) approach will be to implement our strategic provider communication plan that includes the purpose of the county realignment and processes and guidance needed to ensure the county realignments are successful.
- Trillium's primary goals are to ensure continuity of provider services and payments. In four single county realignments, and the merging of two legacy LMEMCO organizations, Trillium has refined our provider communication strategy, resulting in successful county and organization transitions with minimal disruptions to services.
- Trillium has dedicated Provider Support Agents, Provider Relations and Engagement teams, a Provider Data Management specialty team and escalation processes ready to support providers during this transition period.

OWNER(S)

Indicate who will be responsible for implementing the provider communications.

RESPONSE:

- Trillium will ensure communication with providers is clear and consistent with the Department's guidance and flexibilities.
- Trillium's communication efforts will include Department's guidance on outlining contracting timelines, utilizing single case agreements, establishing Transition of Care (TOC) flexibilities, details on claims processing, authorization processes, and information on waiving provider contract requirements.
- Trillium will utilize Network Communication Bulletins and direct provider outreach via email or phone when necessary to keep providers informed and to provide technical assistance and support.
- Jennifer Mackethan, Communications and Marketing Director jennifer.mackethan@trilliumnc.org

The following assumptions are made as it pertains to provider communications:

- Trillium will be able to access provider data and demographic information from the Eastpointe and Sandhills without delay.

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- The Department will offer flexibilities, to aid in the reduction of provider confusion and any changes or requirements for providers will be immediately posted for review.

ACTION ITEMS AND DESCRIPTIONS

Think through the required action items and describe them in detail.

RESPONSE:

- Trillium will post a consolidation/county realignment page on Trillium’s website that is linked from the home page that will identify the counties joining the new region, including a map that illustrates the changes, and displays the start date of realignment activities. Virtual informational sessions will be available to providers, which will allow them to ask questions and glean information about the realignment process.
- Prior to the consolidation go-live date, Trillium’s network team continues to conduct outreaches to providers by using various communication channels. Our goal is to ensure providers are incorporated into our network with zero to minimal disruption to member care and provider payment. During these outreaches, Trillium collects provider demographics, and instructs providers on how to enroll in our communication system. Trillium has an established Provider Support Service Line where providers can speak to our provider experts to get their questions answered on a range of topics such as but not limited to claims, authorizations, and payment.
- A County Realignment Provider Center will be available for providers on Trillium’s website landing page. The Center contains a list of provider documents that a provider may need in the contracting process. This download center allows quick access to contracting documents.
- Trillium’s Provider Support Service Line staff will be available to resolve concerns and questions with the goal of one touch resolution.
- Providers will have the ability to utilize on-demand, web-based, and self-service help desk to submit their concerns and questions. When providers submit an email into Trillium’s ticket system (NetworkServicesSupport@TrilliumNC.org), the system produces a unique reference number, which allows providers and Trillium staff to track the correspondence and resolution. For quality improvement purposes, the ticket system is monitored to ensure tickets are closed addressed and promptly.
- Trillium will send out communications bulletins, which include but not limited to information on changes in guidance on relaxed medical prior authorizations; Tailored Care Management (TCM) flexibilities; provider contracting, 1915(i) and clinical coverage polices, code changes, and information on training opportunities.
- Trillium’s Provider Manual will serve as an instruction manual for providers, and it addresses important issues such as Provider Responsibilities, Filing Claims, Appeals process (including claims appeals) etc.
- Trillium will make available a “Quick Reference Guide” that contains names of call centers and phone numbers.
- Trillium has established various social media accounts to keep providers and stakeholders up to date on events on realignment activities.
- Trillium has created a Provider Contact Information and Portal webpage dedicated to providing guidance on how Trillium can support providers with their questions and concerns (<https://www.trilliumhealthresources.org/for-providers/provider-contact-information-and-portals>)
- Trillium has launched the *Provider Insider* that highlights community events across the regions, Trillium projects and initiatives, trainings opportunities, and includes new providers that are joining Trillium’s network.

TIMELINE AND LEVEL OF EFFORT

Indicate the timeline and the level of effort required (High, Medium, Low) for implementation.

RESPONSE:

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- The Provider Communication Plan is developed, and provider outreaches have begun; therefore, Trillium estimates this is **low to medium** level of effort. Trillium will expand our communications plan as additional information or guidance is provided by the Department and upon approval of this plan.

RISKS AND ISSUES

Think through any potential risks and issues that may impact implementation.

RESPONSE:

- Lack of provider data, which contains provider demographics and contract information.
- Potential conflicting messages from varying entities requiring uniform messaging.
- To mitigate this risk, Trillium staff have reached out to providers by phone and email to ensure providers are well-connected to Trillium's provider communication platforms.
- Trillium will utilize the knowledge of Sandhill's and Eastpointe's network staff to help bridge these forms of communication with providers.

Monitoring and Reporting for Consolidation Activities

APPROACH AND ASSUMPTIONS

Think through what your approach and assumptions would be to implement monitoring and reporting for consolidation activities that the Department will enact.

RESPONSE:

Trillium has developed a comprehensive and integrated approach to monitoring and reporting. We will use our experience and lessons learned from the preparations for the launch of BH IDD Tailored Plan and the Prepaid Inpatient Health Plan to inform our monitoring and reporting approach for consolidation.

Deployment Monitoring

- Trillium will participate in all Deployment Team Meetings with the Department. Trillium will ensure information is entered timely ahead of meetings and will coordinate with the Department on any needed file transfers/integrations and testing as part of consolidation.

Weekly Status Report Submission

- Trillium will ensure modifications to the Weekly Status Report Template are completed in advance and provide a comprehensive overview of consolidation progress. The slides will include updates on activities underway to support the process and ensure the Department has visibility to work underway.

Staffing Plan Submissions/Consolidated Staffing Reports

- Trillium's Executive and Leadership Teams will connect with the workforce of SH & EP to reassure staff about employment opportunities with Trillium, inform them of our commitment to honor their years of service, PTO and other benefits, and reassure them about the strength and viability of North Carolina's public system and Trillium's eagerness to play a defining role in that system.
- We are considering budget neutral incentives to help with staff retention and will prioritize pay equity and recruiting and retaining a diverse staff that represents the communities of our expanded catchment area.

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- Expedited hiring process to address any turnover that occurs.
- Use our existing contract with a temp agency to fill any short-term needs.
- As with past work/consolidation, Trillium will use its experience with mergers to support staff in pivoting and ad-hoc assignment prioritization.
- Trillium will provide ongoing updates to the Department through regular, accurate and transparent reporting. Reports will reflect progress meeting staffing thresholds to ensure a successful consolidation.

Network Access Analysis Submission

- Trillium, in partnership with the Standard Plan Partner, Carolina Complete Health including Modivcare for NEMT and Engage for vision, has led the process to begin the good faith contracting process with providers who serve the counties that will be added to our catchment area.
- Trillium will submit the PRV034-T-TP Network Data Detail File on 12/4/2023 and an ad hoc submission of the PRV033-M-MD Behavioral Health Service Provider Report on 12/15/2023. Trillium began contracting efforts in potential realigned counties in June of 2023 to ensure a robust network of providers is available for members and recipients across NC.
- Trillium has completed an internal network analysis prior to consolidation to determine any provider recruitment opportunities.

Consolidated Operational Reporting

- Trillium Health Resources will approach monitoring and reporting with a focus on ensuring there is no operational disruption or adverse effect on members or providers. Trillium has the resources and experience to immediately begin assessing the current state of each consolidating entity and then developing an efficient and planned response that is built on best practices and proven methodologies that will greatly reduce the risk of negative impacts and outcomes.
- We can say that with confidence due to Trillium's robust reporting capabilities that permit Trillium to quickly meet the needs of the organization and external stakeholders, including ad-hoc requests from DHHS. We have a strong track record of on-time reporting (e.g., State contractual reporting and DHHS Ops Reports citing that all B-waiver and C-waiver performance measures have been submitted on time with no issues since SFY16 and all DHHS Ops Reports have been submitted on time). Trillium possesses strong processes and interdepartmental relationships allowing Trillium to quickly assess needs for reporting and deliverables, including the identification of new data sources referring to Trillium being one of the first LME-MCOs to develop an active ADT feed from

HealthConnex (2018-2019) as well as successfully creating a data ingestion process for active member's NCIR immunization data.

- Trillium owns, develops, and maintains its own Core Business System that is agile, extensible, and we control it (do not need a vendor), meaning that Trillium can once again accommodate requirements from the Department in short order. The platform also leverages a coupled provider portal that allows data exchanges and information to easily flow between Trillium and its Provider Network.
- Trillium will assume current data and processes regarding reporting between entities are functional and viable and that we will have timely access to the necessary data, both internal and external.
- Trillium will ensure that reporting for NC-TOPPS and DMH LME/MCO performance measures will be appropriately transitioned to handle reporting that covers periods prior to the consolidation. This will be accomplished by maintaining legacy systems for proper reporting runout.

Consolidated inbound Deliverables.

- Once guidance is received from the Department, Trillium is prepared to provide updates and or revised deliverables based on Department feedback. Trillium has demonstrated its ability to meet deliverable deadlines and respond expeditiously to requests for revisions and/or additional information from the Primary reviewers.
- Trillium has consistently met timelines for deliverable submissions and resubmissions and has created tracking systems that will be easily extrapolated to monitor deliverables from Eastpointe and Sandhills.

Assessment/Identification of System Access and Credentials

- Trillium will work closely with the Department to ensure access and credentials to necessary NCDHHS systems are identified and granted as required.

OWNER(S)

Indicate who will be responsible for implementing the monitoring and reporting for consolidation activities.

RESPONSE:

- The Department should contact; Kim Huneycutt, Director of Regulatory Affairs, Chris Penrod, VP of Business Informatics and Jennifer Cottle, Transitions Systems Manager with regard to final decisions or issues arising with respect to the responsibilities outlined in the section.
 - Kimberly.huneycutt@trilliumnc.org
 - Chris.Penrod@trilliumnc.org
 - Jennifer.Cottle@trilliumnc.org
- Trillium Health Resources will be responsible for monitoring and reporting on Consolidation Activities.
- Trillium Health Resources will be responsible for implementing and maintaining the submission of Operational reporting and required deliverables. Trillium has demonstrated success through years of submitting operational reports timely and accurately and has a strong process in place to address continuity of successful reporting with strong data integrity and quality assurance. As shown in previous mergers and county realignments, Trillium would strive to keep legacy Eastpointe and Sandhills staff for continuity of operational reporting.

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ACTION ITEMS AND DESCRIPTIONS

Think through the required action items and describe them in detail.

RESPONSE:

- Trillium will leverage experience from years of operating a highly successful, data driven organization that has consistently shown a high degree of accuracy and timeliness in both external and internal stakeholder reporting. Trillium will immediately begin assessing the state of each consolidating entity's systems, data, and processes to determine gaps in both data and processes. During the evaluation process, Trillium will assess and determine best practice and process for moving forward and implement them quickly and effectively. Trillium has become adept at dissecting processes and identifying data sources, and then transforming them to align so that reporting is consistent, timely and accurate.
- Once needs, systems / platforms, processes, data, and sources have been identified and situated, Trillium will ensure accuracy and integrity are maintained using proven methods of continuous quality monitoring, both programmatically and manually (visual verification). Trillium also maintains strong access controls and back-up practices with significant disaster recovery and version control protocols in place.
- Trillium will leverage existing structures and processes for identifying, prioritizing, developing, deploying, and maintaining all required reporting by the February 1, 2024, deadline using a proven Agile, DevOps methodology that will ensure work is efficient and precise. Business and DHHS will drive the need with appropriate technical and analytical resources applied to meet the demand.

TIMELINE AND LEVEL OF EFFORT

Indicate the timeline and the level of effort required (High, Medium, Low) for implementation.

RESPONSE:

- Trillium estimates this is a medium to high level of effort, but this work can be started immediately upon approval from the Department, making sure we meet the key milestones, deadlines and requirements set forth in the Department's guidance document.
- This will include ensuring that we begin reporting on all members as those members begin formally receiving services from the consolidated entity as well as near real-time reporting on required claims and financial measures starting at consolidation go-live.

RISKS AND ISSUES

Think through any potential risks and issues that may impact implementation.

RESPONSE:

- Trillium views the following items as potential risks or issues related to the monitoring and reporting process:
 - Gaps in data and data sources (systems) are identified in one or more of the consolidating entities.
 - Gaps and misalignments in processes are identified between consolidating entities.
 - Lack or delay of required data (e.g., no claims history or lack of timely claims information)

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- Condition of data in one or more consolidating entities is corrupt, non-usable, or inaccessible due to restrictions on third-party systems / platforms.
- Access to required data on State systems including CLIVE, TCLD, NCTracks, etc.
- Data exchange processes between external stakeholders (e.g., DHHS / State systems, providers, Physical Health vendors, Pharmacy vendors, etc.) and Trillium will need to be added, updated, and/or aligned.