Trillium HEALTH RESOURCES

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Clinical Communication Bulletin 66

From: Cindy Ehlers, Chief Operations Officer

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Subject: Tailored Plan Launch Flexibilities Extended for TP Medicaid and Medicaid Direct

TAILORED PLAN LAUNCH FLEXIBILITIES EXTENDED FOR TP MEDICAID AND MEDICAID DIRECT

This communication provides information around authorization requirements during the extension of the Tailored Plan launch Flexibilities.

The North Carolina Department of Health and Human Services (NCDHHS) launched Behavioral Health and I/DD Tailored Plans on July 1, 2024. Tailored Plans are designed to service the complex needs of individuals with significant behavioral health disorders, I/DD, and Traumatic Brain Injuries (TBI). Tailored Plans will also serve uninsured individuals that receive state-funded services, regardless of their diagnosis, along with those remaining in NC Medicaid Direct. Beneficiaries covered by the Trillium Tailored Plan will continue to receive behavioral health, I/DD, TBI and physical health care. The Trillium Tailored Plan will also cover pharmacy and other services for Members in the plan.

To continue to allow for implementation of the Tailored Plan to occur without members losing services, and to ensure providers are paid in a timely manner, Trillium will extend the transition of care flexibilities for services that require authorization. The Tailored Plan Launch flexibilities will be extended through 1/31/2025. All services provided are subject to a post payment review to assure that medical necessity was met at the time of service delivery and all clinical information must still be completed as required by policy. All required documentation per the Clinical Coverage Policy and the Trillium Benefit Plan is expected to be uploaded in Provider Direct.

Transition of Services with Authorizations

Trillium will initiate a no prior authorization required period to ensure Providers with contracts will be able to file claims for dates of service from July 1, 2024 through January 31, 2025 without authorization.

Beginning on February 1, 2025, prior authorization must be submitted in Trillium Business System (TBS) Provider Direct for behavioral health and physical health using the appropriate portals. Trillium's benefit plan can be found on our website and includes information on prior authorizations.

Concurrent authorizations during the soft start (no authorization period)

All Medicaid members with concurrent service needs where prior authorization is normally required to continue services may file claims without authorization between July 1, 2024 and January 31, 2025.

Beginning in January of 2025, providers can begin submitting service authorization requests for dates of service beginning February 1, 2025. Effective February 1, 2025 authorizations must be submitted in (TBS) Trillium Provider Direct behavioral health or physical health portal to request services with prior approval for effective dates from February 1, 2025 going forward. All clinical documents are required according to Clinical Coverage Policies. Services must adhere to the Trillium Benefit plan posted on the Trillium website.

New Admissions during the soft start

For claims filed for all new admissions that do not have a prior authorization during the dates of July 1, 2024-January 31, 2025 providers will need to upload a Comprehensive Clinical Assessment and/or Psychological evaluation and PCP, ISP, care plan or service plan that supports dates of services for all services. It is the expectation that all agencies will ensure clinical documents are in place in Provider Direct medical record to support medical necessity for claims filed for services for new admissions beginning July 1, 2024-January 31, 2025.

Non-Covered Medicaid Benefits under EPSDT

Any Medicaid service that is a non-covered service currently provided to members through the plan must be requested using the form found on the Trillium website on our Early and Periodic Screening Diagnosis and Treatment (EPSDT).

These requests will be reviewed for Medical Necessity. All non -covered services must receive prior authorization.

After the Extension of Transition of Care Flexibilities

All services that require prior authorization in the Trillium benefit plan MUST be requested in Provider Direct for dates for service from February 1, 2025 going forward. Services that are not requested by this timeframe will not be backdated.

Thank you for your attention to this communication. All questions related to this Clinical Communication Bulletin can be sent to UM@TrilliumNC.org. Questions will be responded to as quickly as possible. We are working to address other questions and concerns as quickly as possible. Thank you for your patience while we transition to a Tailored.