

To: All Members, Stakeholders, and Providers
From: Cham Trowell, Utilization Management Director
Date: November 1, 2021
Subject: Halifax County Authorization process

In September 2021, Trillium Health Resources was notified by the Division of Mental Health Developmental Disabilities and Substance Abuse services and the Division of Health Benefits that Halifax County will disengage from Cardinal and join Trillium. The effective date of the change will be **December 1, 2021**. This means that Trillium Health Resources will be managing behavioral health services for Halifax County Medicaid and State funded members with MH/SU/ IDD services.

We understand this change can create anxiety for all stakeholders including members, providers, and community agencies. We want to make the change as easy as possible and transparent for all. To allow for transition to occur without members losing services, and to ensure providers are paid in a timely manner, Trillium will offer extra time to request services that require authorization for Halifax members. This means that from December 1, 2021 through December 31, 2021 all services for Halifax providers will not require a prior authorization. All services provided will be subject to a post payment review to assure that medical necessity was met at the time of service delivery.

Transition of Services with Authorizations

All service authorizations for Medicaid eligible and state funded Halifax County members requested prior to December 1, 2021 will be processed by Cardinal. For example, an authorization processed by Cardinal in November for a year authorization period of November 1, 2021 – November 1, 2022, Claims will be filed with Cardinal for November 2021 dates of service. Claims for December 1, 2021 and forward will be filed with Trillium.

Trillium will work with Providers who are contracted with Trillium for services to Halifax County Medicaid eligible and state funded members beginning December 1, 2021. Trillium will initiate a no prior authorization required period to ensure that member services for Halifax County are not disrupted. Providers with contracts will be able to file claims dates of service from December 1, 2021 forward with Trillium without authorization for dates of service from December 1, 2021-December 31, 2021 time period.

Beginning on January 1, 2022, prior authorization will be required to file a claim for specified services. Trillium's benefit plan can be found on our website and includes information on prior authorizations.

[Trillium Benefits Plans | Service Definitions](#)

Providers may start to key treatment authorization requests in the TBS system and upload clinical information to support medical necessity December 1, 2021 for January 1, 2022 effective dates.

CONCURRENT AUTHORIZATIONS DURING THE SOFT START

All Halifax County Medicaid and State funded members with concurrent service needs where prior authorization is normally required to continue services may file claims without authorization during December 2021. However, the provider must upload a current PCP, ISP or service plan and a comprehensive clinical assessment or psychological evaluation and other supporting documents that covers the services for this timeframe. Beginning December 1, 2021, authorizations may be submitted in TBS to request services with prior approval for effective dates from January 1, 2022 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. All concurrent authorization requests must include a copy of the previous authorization from Cardinal. If the previous authorization is not uploaded, then the request will not be processed. Information on our benefit plan can be found on our website at www.trilliumhealthresources.org.

NEW ADMISSIONS DURING THE SOFT START

For claims filed for all new admissions that do not have a prior authorization by Cardinal during the dates from December 1, 2021-December 31, 2021 providers will need to upload a Comprehensive Clinical Assessment and/or Psychological evaluation and PCP, ISP or service plan that supports dates of services for all enhanced state funded and Medicaid services, Medicaid B3 and/or Innovations funded services for members served. It is the expectation that all agencies will ensure clinical documents are in place in their TBS files to support medical necessity for claims filed for services for new admissions beginning December 1, 2021- December 31, 2021.

NON-COVERED MEDICAID BENEFITS UNDER EPSDT

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

These requests must be received December 1, 2021 and will be reviewed for Medical Necessity. All non-covered services must receive prior authorization.

DIFFERENCE IN CARDINAL AND TRILLIUM BENEFIT PLAN

Any services provided by the Cardinal plan that are only available within the Cardinal plan coverage area must be cross walked to the most appropriate available benefit in the Trillium plan by the provider agency. This includes alternative services, ILOS – In lieu of services, or state funded services.

AFTER THE INITIAL ONBOARDING OF SERVICES

All services that require prior authorization in the Trillium benefit plan **MUST** be requested for dates for service from January 1, 2022 going forward. Services that are not requested by this timeframe will not be backdated.

All questions related to this Clinical Communication Bulletin can be sent to UM@TrilliumNC.org. Questions will be responded to as quickly as possible.