

## Carolina Complete Health and Trillium Health Resources: Questions & Answers

- **How many PCP, specialists, and hospitals in CCH network in the Trillium catchment as of today? What is the goal?**

CCH will be working to meet/exceed Network Adequacy Standards set forth by NC DHHS. Network Adequacy criteria can be found in the [RFA, attachment F](#) and as always, subject to change by the Department. To check on whether a provider is in-network, you can reference the Provider Directory: <https://provider-directory.trilliumhealthresources.org/>

- **The cultural makeup of the 500 staff and admin matters, is this addressed? To be connected to every community should reflect the helpers.**

Trillium Health Resource's Cultural Competency Plan and Diversity, Equity, and Inclusion Annual Report can be found at: <https://www.trilliumhealthresources.org/about-us/strategic-planning-outcomes>

- **Will CAP/C, CAP/DA, and dual-eligible clients remain carved out of Managed Care?**

Dual-eligible, CAP/C, and CAP/DA services remain in Medicaid Direct: <https://ncmedicaidplans.gov/learn/nc-medicare-managed-care-health-plans>

- **Will Trillium reimburse at current Trillium rate or NC Medicaid fee schedule?**

Behavioral Health will be the Trillium rates and Trillium will have oversight over Physical Health. Physical Health rates are determined by NC DHHS fee schedules available here: <https://medicaid.ncdhhs.gov/providers/fee-schedules>. Rate floors are the established NC Medicaid Direct (fee-for-service) rate that PHPs are required to reimburse Medicaid providers (no less than 100% of the applicable NC Medicaid Direct rate), unless the PHP and provider mutually agree to an alternative reimbursement arrangement.

- **Would Specialist offices need to make changes to current offices to accommodate any special needs of the severe Tailored Plan Patients?**

Offices should be compliant with ADA specifications.

- **We are not a primary care provider although we do offer sick visits and such. Should we be listed/selected as their provider?**

Medicaid members will select or be assigned to Advanced Medical Homes (AMH). Practices providing primary care as defined by the requirements for participation in the Carolina ACCESS program are eligible for the AMH program. All providers participating in an AMH practice must be enrolled in the state's Medicaid program. All practices must provide primary care services, although they may provide other services as well. (Source: [AMH Provider Manual](#))

- **If you are a specialist and you primarily see TBI pts for EM visits and Botox injections for spasticity - would you bill Medicaid Direct for these services or the Tailored Plan. Trying to determine if our services would qualify as a service that is billable to the Tailored Plans.**

Botox injections for spasticity is a physical health procedure. If the patient is enrolled in a Trillium Tailored Plan, the service will be billed to Carolina Complete Health. If the patient is enrolled in Medicaid Direct, the service will be billed to NC Medicaid.

- **Will Trillium accept Provider Tailored Plan Trainings from another MCO?**

If it is TCM training it will need to follow the [TCM Provider Manual requirements](#). Trainings listed in the TP RFA require approval from NCDHHS, after which they are to be made available to providers. MCOs (Tailored Plans) are working on reciprocity, however some trainings are unique to the MCO region and were individually approved by NCDHHS. We will communicate any updates to this as they are available.

- **Kids currently receiving Therapeutic Foster Care services automatically eligible for Tailored Plan?**

Residential treatment facility services are services that will be offered exclusively by Tailored Plans. Utilization of Medicaid service only available in Behavioral Health I/DD Tailored Plan is a criteria for TP eligibility and enrollment.

Sources: [North Carolina Medicaid Managed Care; Behavioral Health Intellectual/Developmental Disability Tailored Plan Eligibility and Enrollment](#) and [Behavioral Health I/DD Tailored Plan Memo on Eligibility and Enrollment Updates](#)

- **Will letters being sent out be self-explanatory?**

Sample notices for beneficiaries regarding NC Medicaid Managed Care can be found in the NC DHHS County Playbook: <https://medicaid.ncdhhs.gov/counties/county-playbook-medicare-managed-care/beneficiary-notices>

- **Will authorizations be required for PT/OT and SLP in the home setting by licensed therapists for Trillium? If so, please advise whom we contact. Also for billing, who do we contact.**

PT/OT/ST fall under Physical Health services with the Tailored Plan and will be managed by Carolina Complete Health. PA is required prior to treatment and should be submitted to Carolina Complete Health. For in depth information on billing and UM guidelines, please review our PT/OT/ST Q&A document:

[https://network.carolinacompletehealth.com/content/dam/centene/carolinacompletehealth/pdfs/CC\\_H\\_PT-OT-ST\\_FAQ\\_FINAL.pdf](https://network.carolinacompletehealth.com/content/dam/centene/carolinacompletehealth/pdfs/CC_H_PT-OT-ST_FAQ_FINAL.pdf)

- **We still have clients that say they have not received a letter yet within the Trillium area. Have all letters been sent out at this point? If so, what do clients need to do if they have not received one yet?**

Trillium will be sending out letters in October. Clients can call the Enrollment Broker for assistance: 1-833-870-5500

- **If behavioral health providers were not a part of the 2 rounds of TCM for tailored plan, are the providers still able to provide behavioral health services through Trillium?**

Providers who wish to provide Tailored Care Management to Trillium members must be certified by the Department and pass a readiness review with NCQA prior to eligibility to receive a Tailored Care Management contract with Trillium.

Providers who wish to provide behavioral health services to Trillium members must be enrolled and credentialed with NC tracks and qualified to provide the services that they are asking for in their contract. Trillium operates a closed behavioral health network. All requests for joining our behavioral health network will be reviewed based upon current network needs. Any provider requesting to join Trillium's network can email [networkservicessupport@trilliumnc.org](mailto:networkservicessupport@trilliumnc.org)

- **Will CDSA be carved out of Tailored Plan?**

Services provided and billed by CDSAs are covered by NC Medicaid Direct for Medicaid-enrolled children and billed to the State. Please reference the following for more information: Session Law 2017-57, Senate Bill 257, which states, "Services provided and billed by Children's Development Services Agency (CDSA) that are included on the child's Individualized Family Service Plan" are not covered by Medicaid Managed Care.

<https://files.nc.gov/ncdma/NCMT-Provider-FactSheet-Early-Intervention-Services-and-Managed-Care-20210301.pdf>

- **Is a diagnosis of Autism a qualifying condition for Medicaid to automatically assign a patient to a Tailored Plan?**

On Aug. 1, 2022, NC Medicaid began evaluating available data to identify beneficiaries who will be eligible for enrollment in Tailored Plans effective April 1, 2023 based on updated criteria and a new lookback period. This evaluation is known as the Tailored Plan Criteria Review

For more information about the updated enrollment criteria, please see Appendix B - Behavioral Health I/DD Tailored Plan Criteria under "Final Policy Guidance" on the [Medicaid Transformation Policy Papers webpage](#).

Please review additional information at below links:

<https://medicaid.ncdhhs.gov/media/11833/download?attachment>

<https://medicaid.ncdhhs.gov/media/11423/download?attachment>

- **How will members move from standard to tailored plans to ensure continuity of care when enhanced behavioral services are needed that aren't covered by standard plans**

If beneficiaries need to move to Tailored Plans to receive the behavioral health, I/DD or TBI services they need, beneficiaries or their provider may fill out the [Request to Move Form](#). Beneficiaries' needs will be evaluated and if criteria are met, the beneficiary will transition back into NC Medicaid Direct or Tailored Plan based on their specific needs. For beneficiaries with a current need, the provider may complete the Request to Move Provider Form and it will be expedited. If a beneficiary has already completed the Request to Move Provider Form, the provider will not need to complete the form again.

- **Will NEMT include transport home or to a facility after a psych discharge?**

Tailored Plans will provide NEMT for all Medicaid-covered services. Member should contact their Tailored Plan when they need to schedule round-trip transportation to a doctor, pharmacy, or other health care provider.

<https://ncmedicaidombudsman.org/tailored-plans/#hfaq-post-708>

<https://medicaid.ncdhhs.gov/media/11290/download?attachment>

- **What are the timely filing guidelines, and will there be a grace period for billing?**

Timely filing under Tailored Plan for behavioral health and physical health claims will be 180 days except for Pharmacy POS claims, timely filing will be 365 days

- **Are specialists required to transition to the Tailored Plan?**

Physical health providers, including providers across specialties (i.e. physical/occupational/speech therapies) are highly encouraged to join the Tailored Plan networks. Tailored Plans will be providing physical health services to Tailored Plan members. To remain in-network for members eligible for Tailored Plan, physical health providers should contract with Tailored Plans. If you do not have a contract for the Tailored Plan network, you will be considered ‘out-of-network’ and could be subject to reduced reimbursement rates for physical health services.

- **How do physical health providers determine if they need an amendment or new contract to join the Trillium Tailored Plan?**

If a physical health provider is already contracted with Carolina Complete Health for the Standard Plan, they may only need an amendment to their existing contract to include the Tailored Plan(s), which are created as needed for each provider requesting. If you are already part of CCH for the Standard Plan, please reach out to a Network Support Specialist at [NetworkRelations@cch-network.com](mailto:NetworkRelations@cch-network.com). If you are not contracted with CCH for the Standard Plan and are a physical health provider looking to join the Tailored Plan(s), please complete the TP contract request form located: <https://network.carolinacompletehealth.com/join-cchn/tailored-plan-contract-request-form.html>

- **What are the claims submission methods for Tailored Plans?**

View the Trillium Tailored Plan [Quick Reference Guide](#) for details on claims submission. The submission method is dependent on whether the claim is for BH and I/DD claims or Physical Health claims. The split-claims protocol can be viewed in the Trillium Provider Manual and is dependent on diagnosis code.

- **Should we look to contract with the tailored plans that servicing the areas near our clinics?**

Yes, you should consider contracting with the Tailored Plan that serves the county in which you do business, but it is also recommended you look at contracting with all tailored plans as members can always set up temporary residence in other counties.

- **Are the tailored plans based on where the patients reside or where the clinics are set up?**

Tailored Plan service areas are based on the county that manages the beneficiary’s Medicaid case (administrative county). <https://medicaid.ncdhhs.gov/media/11315/open>

- **For BH diagnosis codes that are not covered by Trillium per current LME/MCO dx list, will CCH cover those claims as physical health?**

Behavioral Health providers will follow the Trillium's Tailored Plan Split-claims protocol that has outlined the diagnosis/service split and where providers can bill. The Claims Protocol is available in Trillium's Tailored Plan Provider Manual.

- **Who will we bill for IP Behavioral Health, or when we have patients being treated in a medical bed that also have psych diagnosis and treatment while inpatient?**

Trillium's Split-claims Protocol is available in the Tailored Plan Provider Manual.

- **For providers providing behavioral health under the standard plan and only offering OPT is it mandatory an application be completed for a tailored plan?**

Trillium Tailored Plan operates a closed BH network. Trillium will announce RFPs/RFAs via email and the website. If a BH provider does not currently have a contract with Trillium and would like to provide BH services in the Tailored Plan, please reach out to Trillium. You can also view the most recent information on Requests for Applications on the Trillium:

<https://www.trilliumhealthresources.org/for-providers/request-opportunities>

- **How can we tell if a member is enrolled in are enrolled in the Tailored Plan?**

Tailored Plan members will receive a Tailored Plan member ID card. Mailing begins on February 17, 2023. Providers can continue to use NCTracks to check member eligibility as well.

- **Will this affect how ophthalmologists bill medical services?**

Medical Ophthalmology services will be billed as physical health services under the Tailored Plan and should be submitted using one of the three methods for submitting physical health TP services. Methods are outlined in the CCHN/Trillium training from 1/10/23

[Recording \(January 10, 2023\)](#)

[Slides \(PDF\)](#)

- **Will clients previously under Standard Medicaid plans now be eligible to have enhanced Mental health services such as IIH, CST, and ACTT without having a change to Medicaid direct? Will this now be covered under Trillium and follow their enhanced guidelines?**

View the Enrollment Broker website for details on Tailored Plan covered services

<https://ncmedicaidplans.gov/learn/get-answers/tailored-plan-services>



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