Trillium HEALTH RESOURCES
Transforming Lives. Building Community Well-Being.

Clinical Advisory Committee Meeting Minutes

Date: June 6, 2025

Meeting Called By	Dr. Michael Smith, Chief Medical Officer
Type of Meeting	Web-Ex Meeting 1:00pm – 2:30pm

EXTERNAL ATTENDEES - VOTING MEMBERS/NON-VOTING MEMBERS

	Present	NAME	Present	NAME	Present
Hillary Faulk-Vaughn, MA, LPA, HSP-PA, Chair PAMH Clinical Director **Voting Member**	☒	Robby Adams, MD Vice-Chair Medical Director, Various **Voting Member**	☒	Ann Phelps Wilson, PharmD Clinical Pharmacist, Novant Health NHRMC **Voting Member**	☒
Terri Duncan, PhD Director of Bladen County DHHS **Voting Member**	☐	English Albertson Program Manager, Pride in NC Provider Council President **Voting Member**	☐	Ryan Estes, MBA, LCSW, LCAS, CCS Coastal Horizons, COO **Voting Member**	☐
Natasha Holley, MSW, LCSW, LCAS, CCS Integrated Family Services Clinical Director **Voting Member**	☐	Tracey Simmons-Kornegay, PharmD Public Health Director Duplin County Health Dept **Voting Member**	☐	Sharlena Thomas, LCMHC-S, LCAS, CCS RHA Clinical Director **Voting Member**	☐
Michael Martin, MSW, LCSW ABC Pediatrics **Voting Member**	☐	Ritesh Patel, PharmD PORT Health - Independent Contractor **Voting Member**	☒	Ian Bryan, MD ENC Pediatrics Owner/Director **Voting Member**	☐
Michael Lang, MD Chair of Psychiatry at ECU Health Brody School of Medicine **Voting Member**	☐	Hany Kaoud, MD PORT Health Medical Director **Voting Member**	☐	Carol Gibbs, MD Therapeutic Alternatives (Psychiatrist) **Voting Member**	☐
Johnnie Hamilton, Jr., PhD Clinical Director Dixon Social Interactive Services, Inc. **Voting Member**	☐	Beth Pekarek, MD Medical Director for Daymark (Eastern) **Voting Member**	☒	Robert McHale, MD Medical Director for Monarch **Voting Member**	☐
Laura McRae, MA, LCMHC TFC Senior Director Pinnacle Family Services **Voting Member**	☐	Erin Warlick, LCMHC-S Clinical Director Advantage Behavioral Healthcare, Inc. **Voting Member**	☐		☐
Amy Moore, MSW, LCSW Dixon Social Interactive Services, Inc. (Alternate for Dr. Hamilton) **Voting Member**	☒		☐		☐

INTERNAL TRILLIUM ATTENDEES, PRESENTERS, GUESTS - NON-VOTING MEMBERS

NAME	Present	NAME	Present	NAME	Present

Michael Smith, MD Chief Medical Officer Trillium - **Non-voting Member**	☐	Arthur Flores, MD Deputy Chief Medical Officer Trillium - **Non-voting Member**	☐	Jason Swartz, RPh Pharmacy Director Trillium – **Non-voting Member**	☐
Paul Garcia, MD VP of UM & Benefits (Alternate for Dr. Smith) Trillium - **Non-voting Member**	☒	Khristine Brewington , LCSW VP Network Management Trillium – **Non-voting Member**	☐	Julie Kokocha Director of Network Accountability (Alternate for Khristine) Trillium – **Non-voting Member**	☐
Olive Cyrus, RN, DNP Quality Manager Director Trillium – **Non-voting Member**	☒	LaDonna Battle Executive Vice President of Care Mgmt. & Population Health Trillium – **Non-voting Member**	☒	Amanda Morgan QM Coordinator Trillium – **Non-voting Member**	☐
Benita Hathaway, RN, LCMHC VP Population Health & Care Mgmt. Trillium – **Non-voting Member**	☐	Trudy Paramore Admin Asst – Medical Affairs Trillium – **Non-voting Member**	☐	Cham Trowell, LPA Director of UM BH & IDD Trillium – **Non-voting Member**	☒
Anthony G. Carraway, MD Medical Director Trillium – **Non-voting Member**	☒	Isa Cheren, MD Medical Director Trillium – **Non-voting Member**	☒	Taylor Goodnough, DO Medical Director Trillium – **Non-voting Member**	☒
Venkatalakshmi Doniparthi, MD Medical Director Trillium – **Non-voting Member**	☒	Tracy Snowden-Muller, RPh Administration Pharmacy Dir. Trillium – **Non-voting Member**	☒	Richard Peters, RPh Pharmacy Director Trillium – **Non-voting Member**	☐

AGENDA

1. **Agenda topic: Welcome and Call to Order**
   Presenter(s): Dr. Garcia for Dr. Smith

Discussion	• Dr. Smith had a conflicting appointment and Dr. Garcia will lead today's meeting. • Dr. Garcia called the Clinical Advisory Committee (CAC) Meeting to order.
Conclusions	• There were no questions or concerns identified for follow-up or items recommended for corrective action.

Action Items	**Person(s) Responsible**	**Deadline**
• There were no items identified for follow-up		

2. **Agenda topic: Agenda Review and Approval**
   Presenter(s): Dr. Garcia for Dr. Smith

Discussion	• A quorum was present for today's meeting. • There were no changes to the agenda.
Conclusions	• The agenda for June 6, 2025, was accepted as written.

	• There were no other questions or concerns identified for follow-up or items recommended for corrective action.

Action Items	Person(s) Responsible	Deadline
• There were no items identified for follow-up		

3. **Agenda topic: Follow-up Items**
   Presenter(s): Dr. Garcia for Dr. Smith

Discussion	• Susan – Post December 6, 2024 minutes to SP and forward to Communications to post to Trillium's website. Completed. • Susan – Annual form completion. TBD • Dr. Lang - F/u on ECU Dental School's wait time for appointments and if they have satellite dental offices. Open and moved to August meeting. • **Public Comment:** 1T-2-CT – Special Ophthalmological Services – Emailed to CAC 4/16/25 • **Public Comment:** IT-2-CT – Special Ophthalmological Services Additional Info – Emailed to CAC 4/16/25 • **Public Comment:** 3K-2-CAP/DA – Emailed to CAC 4/29/25 • **Provider Special Announcement:** NC's Improving Health and Promoting Value Policy Paper – Emailed to CAC 4/29/25 • **Provider Special Announcement:** Request for Applications Training Curriculum for TBI – Emailed to CAC 5/6/25 • **Provider Special Announcement:** Development of a Resource Guide for People with TBI – Emailed to CAC 5/6/25
Conclusions	• All open follow-up items will be carried forward to the next meeting until completion. • There were no other questions or concerns identified for follow-up or items recommended for corrective action.

Action Items	Person(s) Responsible	Deadline
• F/u on ECU Dental School's wait time for appointments and if they have satellite dental offices	Dr. Lang	Jun Mtg.

4. **Agenda topic: Meeting Minutes Review and Approval**
   Presenter(s): Dr. Garcia for Dr. Smith

Discussion	• April 4, 2025 minutes were presented.
Conclusions	• April 4, 2025 minutes were approved as written with a motion from Robby and a second from Ian with all members in favor of the motion. • There were no questions or concerns identified for follow-up or items recommended for corrective action.

Action Items	Person(s) Responsible	Deadline
• Post April 4, 2025 minutes to Trillium's SP site & forward to Communications to post to Trillium's Website	Susan	ASAP

5. **Agenda topic: Trillium Updates and Information**
   Presenter(s): Dr. Garcia for Dr. Smith

Discussion	• **Tailored Plan (TP) Update**

Currently, Trillium is in the process of moving from NCQA Interim Health Plan Accreditation to full Health Plan Accreditation. We've submitted over 300 separate documents for this process and staff have been working hard and diligently getting everything ready for the actual evaluation. The on-site file review is scheduled for June 23rd & 24th. Later on, during that same week we will have our EQR review for the state. The next couple of weeks will be very busy here at Trillium. Trillium serves 46 counties for a total population of 3.1 million. That is roughly 51,000 TP members, 163,000 Medicaid Direct members and 287,000 uninsured individuals that we try to follow for our State Plan. Other cohorts served by Trillium from July through December were 80,000, 57,388 were Mental Health members, 15,583 were Substance Use Disorder and 18,537 in the I/DD population. The total spent for services for the six month timeframe was $802,710.029.

- **Trillium Impact Report**
  The Trillium Impact Report was included in the upload of documents. This report includes all of the different activities, programs, and financials as far as what has been spent and gives an idea of what Trillium has done in 2024.
- **MH Parity**
  As of January 1st, we were required to follow guidelines from the federal government as far as removing certain non-quantitative treatment limits and Trillium has completed this. We still have no prior authorization for a vast majority of our services to ensure that we are in line with MH Parity throughout the state.
- **Clinical Pathways Pilot Program**
  Since we did remove a lot of the non-quantitative treatment limits we have released Clinical Pathways that are focusing on Adult MH, Child MH and also Substance Use Disorder. We do have a Pilot Program where we reached out to a few providers and done some training on how the Clinical Pathways work. A lot of the nuances of the pathway itself are things that people do anyway. We want to make sure the diagnosis does meet the DSM 5 trial criteria. The Pilot Program is still in development and there will be updates shared in the future.
- **Children and Family Specialty Plan**
  The Children and Family Specialty Plan is a new single statewide multi Medicaid Managed Care Plan to provide integrated care for our Medicaid enrolled children, youth and families that are currently served by the child welfare system. It operates statewide and makes sure that our members can get access to all the healthcare services they require. Last year in August, DHHS announced that Blue Cross/Blue Shield was awarded the contract to operate this particular plan. This new insurance plan is slated to launch December 1, 2025 and children and families who are eligible for that service would be served by Trillium would then transition to this plan as it is launched. We are trying to make this a smooth transition for our members who are eligible ensuring there are no hiccups or challenges.
- **Play Together Inclusive Playground Grants**
  Playgrounds have been and are being constructed around Trillium's region.

These playgrounds allow children with different types of disabilities the ability to participate. This is one way we are reaching out to our members and communities. Announcements are made for the playground openings in our catchment and all are welcome to attend.

- **Trillium IT Updates**
  Trillium's IT Department will be making updates to our TBS production servers. This will start on July 3rd and end on July 7th. TBS and the Provider Direct Portal will be offline for that scheduled maintenance. This should not impact any other Trillium platforms during that time. A notification will be shared when the systems are restored.
- **Support Intensity Scale Assessment (SIS-A)**
  Beginning July 1st of this year NC Medicaid will transition to a new version of the SIS-A for individuals ages 16 and older at their regularly scheduled time every three year. Children ages 5 to 15 will continue to complete the SIS-C based on their regular assessment schedule. The new SIS-A does allow for more detailed assessment. You may notice some information on the final assessment, but you should not expect this change to support budget as you get it. It will take approximately three years for all eligible individuals to transition the SIS-A second edition.
- **Other Discussion**
  Ryan said that since TP was implemented his agency has been having billing issues. He shared that he has mentioned this before at this meeting and has also addressed this at the state level. Cham is also aware that provider Physician Assistants and MDs taxonomy is automatically connecting to primary care and not behavioral health. This is at a state level taxonomy issue. Christie Edwards has been great in assisting us with this but we've not had success in getting this resolved. The issue with this is when his agency is providing behavioral health versus primary care there is a differential rate. We provide our PAs and MDs a different rate for that specialty and that is not being acknowledged if they are just automatically being captured as a primary care claim. We've been told that this is not a Coastal Horizons issue that it is a network issue and Ryan wanted to know if there has been any resolution. A claim has been submitted to the state so any guidance or updates would be appreciated. Cham responded that this issue stems from the split claims protocol defined by the department. Ryan said he has been told by UM that this is not a Coastal issue, but he has not heard a lot of discussion happening. He said he has spent no less than 20 hours on this with NC TRACKS, with emails and brought it to Secretary Ludlam's attention hoping for results. This issue has been ongoing for 6 months and we're not the only provider being impacted. It's going to take a lot of effort re-adjudicate these claims if it does get resolved and if it doesn't the whole system of behavioral health is predicated upon being able to pay our providers a rate to do behavioral health and not primary care. This could really cripple the system if there's not a rate to sustain providers now doing this. Ryan said they have 25 staff that this is impacting. Larger providers are going to be experiencing this and Ryan's feels that this is something that needs to be a collective call to action. Dr. Garcia asked if Secretary Ludlam

	gave a timeline as far as when this would be addressed or resolved. Ryan stated that this was communicated to Secretary Ludlam about 6 months ago and his response was that this was new to him and he does have staff looking into it. So, there is an open claim with the state, but there wasn't a timeframe given. Ryan said that everyone has really been great trying to find out where this issue stemmed from and why there is such an impact and he feels like people are starting to wrap their hands around this issue, but it's definitely not something that is being discussed. Providers are billing for behavioral health and taxonomy is billing as if they were primary care. There doesn't seem to be an issue with Nurse Practitioners, only PAs and MDs. Cham offered to contact Trillium's Claims Department for some answers. Ryan said he appreciated her assistance, but he has been informed that it is not a Trillium issue. Dr. Smith has not been made aware of this and Dr. Garcia will discuss this with him. If Trillium will advocate for providers on this issue it may get the attention needed for resolution. Dr. Pekarek said that she was not aware of this billing issue. She will ask her Finance Department to find out about reimbursement and determine if Daymark is also having this issue and follow-up with. Ryan.
Conclusions	• There were no questions or concerns identified for follow-up or items recommended for corrective action.

Action Items	**Person(s) Responsible**	**Deadline**
• F/u w/Ryan on any Daymark billing issues of behavioral health claims and taxonomy billing as primary care	Dr. Pekarek	ASAP

6. **Agenda topic: CAC Business**
   Presenter(s): Dr. Garcia, Jason, Vanessa

Discussion	• **Drug Utilization Review (DUR)/Pharmacy & Therapeutic (P&T) Subcommittee– Jason Swartz** The subcommittee met in May. We reviewed clinical criteria for Elevidys which is a new gene therapy for Duchenne Muscular Dystrophy. We reviewed new clinical criteria for Zymfentra which is a fairly new tumor necrosis factor, TNF blocker for moderately or severely active ulcerative colitis or serially active Crohn's Disease. We reviewed our Pro DUR alerts for Q1 2025. Our Pro DUR alerts are , these are the drug utilization alerts pharmacies receive when filling a prescription. The committee discussed and reviewed medication utilization numbers and drug spend for Q1 2025. We presented a profile for GLP 1 utilization including GLP 1s for weight loss as we have seen a significant increase in utilization since the state allowed for the use of these medications for weight loss. It may be a moot point, as currently in the budget bill there is a section added that will disallow Medicaid from using GOP 1s for weight loss effective October 1, 2025. This is if the bill moves out of the house and senate for the governor to sign. There were maybe three or four pharmacies on our list that can administer long acting injectables (LAIs) for psychotropics, but they are just not providing that service partly because of the pay. They receive $10.34, but this isn't just an injection they have to do a lot more when they provide LAIs. There is a study being done by Jerry

Mckee to define a number of what the dollar amount needs to be to be financially viable for pharmacies to perform this task. Dr. Patel agreed that the injection fee is not enough and his group has gone back to our association for North Carolina under the independent pharmacy network and given data to as to what the cost per injectable should be. Medicaid pays $16.00 for the injection fee. It cost $10.00 for the drug and $16.00 for induction. We greatly appreciate the National Average Drug Acquisition Cost (NADAC) as a whole, but on branded drugs the NADAC pricing is usually 1% to 2% off of the actual cost of the drug that we buy. Some pharmacies, especially the smaller ones, end up losing a little bit of money on the drug to begin with. As a patient with multiple medications, it works out because we received $10.00 for each medication. Pharmacies lose $30.00 to $50.00 dollars on long acting injectables and only receiving $16.00 to administer it. PORT Health pharmacists are trained for injectables and we've worked with providers in the area to send more patients if they are not able to get those patients seen in their offices, we don't mind taking care of them. Dr. Garcia, in looking at the spreadsheet, there are only 5 pharmacies listed for this service and he was curious if they are getting enough patients to sustain it. Do they keep someone on staff. Some drugs require monitoring after administering. Dr. Patel said that he shared a presentation on CPSN with CAC several months ago. He suggested developing a workgroup with members of this committee to come up with a model to recruit more pharmacies in our region to do these extra services that our patients may need. Dr. Patel shared that sometimes LEIs are dispensed to patient homes and hopefully the patient brings them to our office on time. Or it goes to the office and the patient doesn't show up. The state of NC Board of Pharmacies are in agreement that we can re-dispense that medication, but what we don't want to do is charge Trillium twice. One patient never received the medication, but it did leave the pharmacy. We have an idea of a larger dispensing fee similar to a restocking fee where a pharmacy would accept that medication back from a provider because the patient never showed up and then have the ability to re-dispense that medication, but not charging insurance for the medication itself just administration, housing and inventory cost that maybe $50 or $60 to help re-dispense medication. It is surprising that the amount of money being wasted unless we find a way to be innovative. A policy needs to be written to empower these pharmacies to do the right thing. Dr. Garcia said this can definitely be an item for future discussion.

- **Quarterly DHB Measures – Vanessa Gibbs**
  Vanessa presented the Quarterly DHB Measures in detail. She shared that now that these were moved to a DHHS Ops report they have pared down some of the measures. There were a couple of measures that had issues. The first one was our Medicaid persons served and Non-Medicaid persons served. Medicaid persons served did increase in the first quarter and this is the quarter being measured as October through December 2024 showing an uptick in Medicaid persons served. There was a decrease shown for Non-Medicaid persons served. The Initiation and Engagement measures are the

	ones that we had we had to do a report revision so the percentage change accuracy is not great, but it did look like we decreased in all of these. Hopefully, after we have a few more quarters under our belt we will have a more accurate idea. Inpatient Average Length of Stay for MH did increased by .02. SU Average Length of Stay decreased by 5.4 days. That is the lowest going back to quarter one of fiscal year 2022. We are not sure why nor are of aware of anything that happened. Obviously, we've had changes in the population we're serving several times over the past years. Inpatient 30 day Re-admissions for MH decreased by 1.44 percentage points and a little less than one percent for SA Re-admissions. Dr. Garcia asked if scenarios where patients are scheduled for discharge, but don't have transportation and are not discharged affects our data. Vanessa responded that it has stayed pretty consistent over the past years at 9 ½ to 10 ½ days for MH at least. • **Annual Review and Approval of Bylaws – Dr. Garcia** The bylaws were included in the meeting documents. Dr. Garcia shared that there were no edits or changes needed. Dr. Pekarek stated she reviewed the bylaws and there were no changes that needed approval.
Conclusions	• The group was in agreement of a general approval of the bylaws as presented. • There were no questions or concerns identified for follow-up or items recommended for corrective action.

Action Items	**Person(s) Responsible**	**Deadline**
• There were no items identified for follow-up		

7. Agenda topic: Open Agenda Discussion
Presenter(s): All Members

Discussion	• There were no open agenda items discussed.
Conclusions	• There were no questions or concerns identified for follow-up or items recommended for corrective action.

• There were no items identified for follow-up		

Next Meeting Date: August 1, 2025
(All meetings convene from 1pm – 2:30pm)

Supporting Document/Attachment for Minutes:
Agenda - Apr 2025
Meeting Minutes – Dec 2024
Trillium Impact Report - 2024
Follow-up Email Regarding NCQA Health Plan Accreditation
Reentry Simulation Flyer – Gates County
Reentry Simulation Flyer – Duplin County
Public Comment – 1T-2-CT – Special Ophthalmological Services
Public Comment – IT-2-CT – Special Ophthalmological Services Additional Info
Public Comment – 3K-2-CAP/DA
Provider Special Announcement – NC's Improving Health and Promoting Value Policy Paper
Provider Special Announcement – Request for Applications Training Curriculum for TBI

Provider Special Announcement – Development of a Resource Guide for People with TBI

Submitted by Susan Massey