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

Clinical Advisory Committee Meeting Minutes

Date December 6, 2024

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, Chair PAMH Clinical Director **Voting Member**	☐	Dr. Robby Adams, MD Vice-Chair Medical Director, Various **Voting Member**	☐	Ann Phelps Wilson Clinical Pharmacist, Novant Health NHRMC **Voting Member**	☒
Dr. Terri Duncan, PhD Director of Bladen County DHHS **Voting Member**	☐	English Albertson Primary Health Choice, CSO Provider Council President **Voting Member**	☐	Ryan Estes Coastal Horizons, COO **Voting Member**	☒
Natasha Holley Integrated Family Services Clinical Director **Voting Member**	☒	Tracey Simmons-Kornegay Public Health Director Duplin County Health Dept **Voting Member**	☐	Sharlena Thomas RHA Clinical Director **Voting Member**	☐
Michael Martin ABC Pediatrics **Voting Member**	☐	Dr. Ritesh Patel, PharmD PORT Health - Independent Contractor **Voting Member**	☐	Dr. Ian Bryan, MD ENC Pediatrics Owner/Director **Voting Member**	☒
Dr. Michael Lang, PhD Chair of Psychiatry at ECU Health Brody School of Medicine **Voting Member**	☐	Dr. Hany Kaoud, MD PORT Health Medical Director **Voting Member**	☐	Dr. Carol Gibbs Therapeutic Alternatives (Psychiatrist) **Voting Member**	☐
Dr. Johnnie Hamilton Clinical Director Dixon Social Interactive Services, Inc. **Voting Member**	☐	Dr. Beth Pekarek Medical Director for Daymark (Eastern) **Voting Member**	☒	Dr. Robert McHale Medical Director for Monarch **Voting Member**	☒
Laura McRae TFC Senior Director Pinnacle Family Services **Voting Member**	☐	Erin Warlick Clinical Director Advantage Behavioral Healthcare, Inc. **Voting Member**	☐		☐
Amy Moore 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
Dr. Michael Smith Chief Medical Officer Trillium - **Non-voting Member**	☒	Dr. Arthur Flores Deputy Chief Medical Officer Trillium - **Non-voting Member**	☒	Jason Swartz Pharmacy Director Trillium – **Non-voting Member**	☐

Dr. Paul Garcia VP of UM & Benefits (Alternate for Dr. Smith) Trillium - **Non-voting Member**	☒	Khristine Brewington VP Network Management Trillium – **Non-voting Member**	☐	Julie Kokocha Director of Network Accountability (Alternate for Khristine) Trillium – **Non-voting Member**	☒
Dr. Olive Cyrus Quality Manager Director Trillium – **Non-voting Member**	☒	Dr. LaDonna Battle Executive Vice President of Care Mgmt. & Population Health Trillium – **Non-voting Member**	☒	Amanda Morgan QM Coordinator Trillium – **Non-voting Member**	☐
Benita Hathaway VP Population Health & Care Mgmt. Trillium – **Non-voting Member**	☐	Trudy Paramore Admin Asst – Medical Affairs Trillium – **Non-voting Member**	☒	Cham Trowell Director of UM BH & IDD Trillium – **Non-voting Member**	☒
Dr. Anthony G. Carraway Medical Director Trillium – **Non-voting Member**	☒	Dr. Isa Cheren Medical Director Trillium – **Non-voting Member**	☒	Dr. Taylor Goodnough Medical Director Trillium – **Non-voting Member**	☐
Dr. Venkatalakshmi Doniparthi Medical Director Trillium – **Non-voting Member**	☒	Tracy Snowden-Muller Administration Pharmacy Dir. Trillium – **Non-voting Member**	☒	Richard Peters Pharmacy Director Trillium – **Non-voting Member**	☒
Fonda Gonzales VP of Quality Management Trillium – **Guest – Non-voting**	☒				

AGENDA

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

Discussion	• Dr. Smith 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. Michael Smith

Discussion	• A quorum was present for today's meeting. • Dr. Garcia and Cham were moved up on the agenda and will present after the approval of the minutes.
Conclusions	• The agenda for December 6, 2024, was approved with the modified change above with a motion from Dr. Bryan and a second from Natasha with all members in favor. • 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. Michael Smith

Discussion	• Dr. Smith - F/u on Trillium's intent to adjust rates for SAIOP and SACOT for State and uninsured. Completed. Dr. Smith shared Medicaid rates did increase related to opioid dosing. The question was asked if we are planning to increase our State Funds (rates) for this and at this point we are not given the cap we have on State Funds. • Dr. Lang - F/u on ECU Dental School's wait time for appointments and if they have satellite dental offices. Open and moved to February meeting. • Susan – Post August 2, 2024 minutes to Trillium's SP site & forward to Communications to post to Trillium's Website. Completed. • Jason - Email list of pharmacies participating in conducting injections to CAC members. Open and moved to February meeting. • **Public Comment:** 10A Outpatient Specialist Therapies - Emailed to CAC 11/15/24. • **Public Comment:** 10B Independent Practitioners - Emailed to CAC 11/15/24.
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	Feb Mtg.
• Email list of pharmacies participating in conducting injections to CAC members	Jason	Feb Mtg.

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

Discussion	• October 4, 2024 minutes were presented for review and approval.
Conclusions	• October 4, 2024 minutes were approved as written with a motion by Dr. Bryan and a second by Ann with all members in favor. • There were no questions or concerns identified for follow-up or items recommended for corrective action.

Action Items	Person(s) Responsible	Deadline
• Post October 4, 2024 minutes to Trillium's SP site & forward to Communications to post to Trillium's Website	Susan	ASAP

5. Agenda topic: Performance Improvement Projects (PIP) Review
Presenter(s): Amanda Morgan

Discussion	• There is currently no data collected to present for the newly implemented PIPs.
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		

6. Agenda topic: Trillium Updates and Information
Presenter(s): Dr. Michael Smith

Discussion	• **Tailored Plan (TP) Update** Dr. Smith stated that this is month five of Trillium's TP operation. Trillium is doing very well, but there are still some areas that are challenging. Our members have been able to keep their providers other than extremely rare cases. We have 98% of our physical health network and continue seeking more providers for our physical health realm. We have RFPs out in each of our expansion counties (the 18 counties we've joined) for school based therapy. There are still some struggles one being transportation. Modivcare is our non-emergency medical transportation (NEMT) vendor and are also a vendor of our Standard Plan (SP) partner. Medicaid transportation has always been a struggle for NC and other states when Medicaid plans have changed for roll out. This past July we had around 900 members that we were not sure had transportation to their appointments. Fifty Trillium staff from different departments worked together making phone calls to ensure transportation was available and our members could make their appointments. Our Teams are in every county giving presentations to our stakeholders throughout the different areas. CFAC now has 5 regions with 5 advisory teams and we ensure that we receive feedback from each of these. The biggest issue gathered is access to care. We are gathering information, discussing it internally and trying to address each issue as they come up. Re-entry into Medicaid from our incarcerated population is a popular subject across the state and country. We are holding re-entry simulations in a lot of our communities as training to let people know what it feels like to be released from a facility, jail or prison. Dr. Smith encouraged everyone to attend a simulation training if offered in their area. They are meaningful and show some of the hardships and difficulties for this population to move back into society. Many individuals in this population have MH issues, SU issues and some I/DD issues and they take these struggles with them. A lot of this population have physical health issues and getting linked to primary care and specialty care is a huge task. Trillium has a pilot project called the T-Star Program that has been received favorably and is under Dr. Battle's direction. The state is expanding these re-entry programs even more. We have different staff from Trillium presenting on this project and others nationally and a presentation at our state i2i meeting scheduled for next week. A lot of good things are happening along with some struggles, but Trillium continues moving forward. • **Staffing Updates** Dr. Smith stated we are a growing plan and always need staff. We are recruiting Care Managers and Network area staff. If members have people they can refer to us (not to take away from their agency) we have needs to fill.
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		

7. **Agenda topic: CAC Business**
   Presenter(s): Dr. Garcia, Fonda, Jason, Cham

Discussion	• **Drug Utilization Review (DUR)/Pharmacy & Therapeutic (P&T) Subcommittee– Dr. Smith for Jason Swartz** The DUR/P&T Committee met on November 21, 2024. There is a state criteria for Lyfgenia (a new gene therapy for Sickle Cell) and this was reviewed. The state had asked for comments about this medication and no comments from Trillium were sent back to the state. The cost of Lyfgenia is 3.1 million. This medication is very expensive and the state is looking at ways to manage the cost. Most have heard of GLP1-DDP (weight loss medications) and the state has put in an edit implemented by PerformRx to stop duplications of therapies so there is no clinical indication to use a DDP4and a GLP1 medication simultaneously. We thought that the number of members using duplicate therapies was higher than it actually was, but our team has been outreaching to those members. The Drug Utilization Review Report for Quarter 2 was presented. This information was from our PBM (company that assists us in managing our pharmacy benefits). One focus item is long acting injectables and ensuring they are used appropriately. Sometimes members do not show up for the administration of their medication and will skip their injection or there is wasted medication. Our team is dedicated to finding ways to minimize this. Dr. Smith said on day 1 of our TP medication claims had to be filled and they were. Our team was very active on point of sale claims. When people go the pharmacy, you pay for your medicine and the claim is submitted and this works the same for our members as of July 1, 2024. There was a lot of work behind the scenes to make this happen and to prevent gaps in medication. Some gaps did occur and were addressed very quickly. The next meeting is scheduled for December 19, 2024. • **UM Parity – Dr. Garcia, Cham** Dr. Garcia shared that he has transitioned to a different role with Trillium. His new title is Vice President of UM & Benefits and Cham is the UM Director of BH & I/DD. There are changes coming on January 1, 2025 in regard to Mental Health (MH) Parity. Certain Non-Qualitative Treatment Limits (NQTLs) will not have to move from Clinical Coverage Policy (CCP) except for what UM has been working on as far as Inpatient, PRTF and Residential. We are in the process of developing different NQTLs as we progress. Dr. Garcia wanted everyone to be aware as providers have been to stakeholder meetings and have asked questions regarding different benefits that are available. Cham shared there are about 18 services affected with these NQTLs on the MH and SU side only. More information on this is coming out January 1, 2025. **Discussion** Ryan stated he thinks he understands the concept of NQTLs, but would like more information regarding a service that would be impacted. Cham responded NQTLs affect the MH and SU services and takes away the

quantitative and qualitative treatment limitations for most adult benefits and some child benefits. For example, ACTT services would not need prior authorization nor would it need concurrent authorization. The services that will remain needing authorization currently are inpatient, residential services, PRTF and day treatment at the concurrent level. So, it takes away the need for prior authorization or concurrent and also takes away limitations based on hours of services and limits of services. Another good example is ITS services which is a 1915-I service and it has a hard limit of 240 units and the NQTL will remove that limit going forward. Ryan shared historically his agency was bound to maybe 16 appointments for adults for Medicaid and now there would be no limits. Cham responded that Ryan is correct, no limits. Ryan asked if that was for Medicaid and uninsured or just Medicaid. Just Medicaid, TP Medicaid and Medicaid Direct Medicaid. For uninsured there is a limited amount of money and it has to be managed differently. Natasha asked when this will be implemented. Cham responded that this is supposed to start January 1, 2025. We have to get our NQTLs finalized and approved and back to the department by December 20, 2024 and we are almost finished. This will make it easier on providers and stakeholders with less need for authorizations and/or concurrent authorizations. Cham stated there have been some stakeholder meetings addressing this and if more are being scheduled she will make Natasha aware. Dr. Smith said this will be a huge change for Trillium's UM Department and our provider network.

- **NCQA Updates – Fonda**

  Fonda shared an update on our Full Health Plan Accreditation Survey. Since September we have engaged in some file reviews to ensure that we are adequately prepared for that part of this process. There are file reviews that would be linked to our UM denials and appeals and also our Population Health Management Program that includes our Complex Care Management members. We are continuing to make sure that adequate measures are taken to ensure everything is in place in those areas. We have completed and continue to update on a limited basis our associated polices and procedures. For our Interim Survey that was the majority of materials we submitted and had NCQA to review and indicate that we were in compliance. As we have initiated and activated those procedures we have identified areas that we needed to edit and are continuing this process. On November 1, 2024 our look back period started and this means as of November 1, 2025 we should be operating as if we are a Health Plan. Most of the materials that we will provide as evidence will come from our look back period which runs from November 1, 2024 through our submission date in May 2025. We are actively working on our data that is required for NCQA evidence. There are lots and lots of reports to show that we are operating under Health Plan criteria and there are multiple teams and work groups engaged in gathering the data and ensuring that we have data workflows and processes in place to maintain this as we move forward in our Health Plan Survey journey. The goal is to have all those reports completed in a March/April timeframe so that we have plenty of time to annotate them for our submission to NCQA in May 2025. Fonda stated for the most part there is not much this committee will experience

	related to our Health Plan journey. There may be some tweaks to processes and procedures but will be internally. It is not anticipated that any changes made would impact this committee as a whole. We continue to monitor ourselves as we move towards our May 2025 submission date and as reports are completed and finalized we are conducting a gap analysis . Over the past weeks we have made some minimal progress on accomplishing the goal of getting everything completed on time and within compliance.
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		

8. 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: February 7, 2025
(All meetings convene from 1pm – 2:30pm)

Supporting Document/Attachment for Minutes:
Agenda Dec 2024
Meeting Minutes – Oct 2024
Public Comment: 10A Outpatient Specialist Therapies
Public Comment – 10B Independent Practitioners

Submitted by Susan Massey