

To: Medicaid Funded Providers

From: Cham Trowell, Utilization Management Director

Date: March 22, 2023

Subject: Ending of Public Health Emergency and Medicaid Authorizations during crossover to Medicaid Direct

ENDING OF PUBLIC HEALTH EMERGENCY

Trillium has received communication in Special Bulletin – 19 # 265 – still in DRAFT around the ending of the Public Health Emergency. Due to the timeliness, we are sharing with our providers.

The Public Health Emergency (PHE) was extended on March 9th, 2023 until May 11th, 2023 for the Temporary Disaster SPA established for beneficiaries with Medicaid and B3.

The Temporary Disaster flexibilities will remain in place for beneficiaries with Innovations or as established in Appendix K until November 11, 2023.

This is good news for all providers and members who can continue to use the flexibilities until dates as specified.

WHAT YOU NEED TO KNOW:

1. Temporary Disaster Codes CR and GT CR will remain in place until November 11, 2023 for Beneficiaries with Innovations and or as established by Appendix K.
2. Enhanced Rates for Appendix K will remain in place until 6/30/2023 at this time.
3. Temporary Disaster Codes CR and GT CR will remain in place until May 11, 2023 for Beneficiaries with Medicaid and B3.
4. Enhanced rates for Medicaid and B3 associated with COVID-19 will be ending on May 11, 2023
5. All flexibilities in permanent NC Medicaid policy can be found on the [NC Medicaid Program Specific Clinical Coverage Policies page](#)
6. Community-based Mobile Crisis Intervention services will continue to have a 5% rate increase through April 1, 2027, as authorized by section 9813 of the American Rescue Plan Act of 2021. This rate will be added to the HCPCS coded H2011.

7. All in Lieu of (ILOS) services associated with COVID-19 will be ended on May11, 2023.
8. It is the provider's responsibility to monitor rates and time periods to ensure accuracy and make the necessary changes to their billing system

TRANSITION OF SERVICES WITH AUTHORIZATIONS

Trillium has also received DRAFT communication about the Prepaid Inpatient Health Plan or PIHP Policy flexibilities around authorizations at crossover. Crossover has been defined as 4/1/2023 until 6/30/2023. Due to the timeliness, we are sharing with providers.

To ease Beneficiary confusion and Providers administrative burden during crossover to Medicaid Direct and the ending of certain Temporary Disaster flexibilities, the following rules will apply:

WHAT YOU NEED TO KNOW:

1. All Medicaid Behavioral Health/IDD services will be no prior authorization required for 4/1/2023- 6/30/2023. This means treatment authorization requests are not needed for a claim to pay. *You may choose to continue to submit treatment authorization requests (tars) along with clinical information during this timeframe to ease bulk authorizations needed on 7/1/2023. UM team will review what is submitted and approve all. Any issues noted at the time of review will be documented.*
2. All outpatient visits reset on 4/1/2023 to zero.
3. All Non par providers will be paid at the same rate as par providers for the first 90 days - 4/1/2023- 6/30/2023.
4. Non par providers will be offered 90 more days 6/30/2023- 9/30/2023 of no prior authorization needed to offer and provide services.
5. Providers should follow current contractual requirements for timely filing of claims.

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.