



Prior Authorization and Appeals Guide



TrilliumOHP.com TCHP_ZZ174V3NR Effective 01/01/19

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Authorization Requirements

Trillium Community Health Plan (Trillium)

- Oregon Health Plan (OHP)
- Medicare Advantage (DSNP)

All services are subject to benefit plan coverage, member eligibility and medical necessity, irrespective of whether prior authorization is required. When faxing a request, please attach pertinent medical records, treatment plans, and test results to support the medical appropriateness of the request. Trillium reserves the right to review utilization patterns retrospectively and to address adverse trends with providers.

Referrals to participating specialists – For covered diagnoses, providers are not required to obtain prior authorization. However, the member must still coordinate their care through their primary care physicians (PCPs).

Submit requests to Trillium via the Provider Portal at: provider.trilliumhealthplan.com.

The Trillium Prior Authorization form must be completed in its entirety and include sufficient clinical information or notes to support medical necessity for services that are requested.

To verify if a service requires an authorization, use the Pre-Authorization tool located on the Trillium website in Provider Resources.

https://www.trilliumohp.com/providers/preauth-check/medicaid-pre-auth.html - OHP

https://www.trilliumohp.com/providers/preauth-check/medicare-pre-auth.html - Medicare

Type of Service	Authorization Requirement
Elective procedures or scheduled admissions	Verify authorization requirements using the Pre- auth tool
Observation stays	Notification within 1 business day of admission OHP benefit limit of 48 hours Medicare: Authorization required after 48 hours
Urgent or emergent services or admissions	Notification within 1 business day. Admission request required within 2 business days following admission.
Skilled nursing, inpatient rehab, long-term acute care	Authorization required
Inpatient Behavioral health services	Authorization required
Outpatient Behavioral health services	Verify authorization requirements using the Pre- auth tool
Outpatient services	Verify authorization requirements using the Pre- auth tool
Services rendered in the home	Authorization required
Hospice Care	Authorization required
High- Tech imaging	Verify authorization requirements using the Pre- Auth tool – Managed by NIA, request authorizations at: <u>www.Radmd.com</u>
All out-of-network services	Authorization required

Please refer to the Trillium Pre-Authorization Tool accessible via the Provider Resources page at:

https://www.trilliumohp.com/providers/preauth-check/medicaid-pre-auth.html - OHP

https://www.trilliumohp.com/providers/preauth-check/medicare-pre-auth.html - Medicare

Authorization Contact Information

 Customer Service for: → Provider Status → Member Eligibility and Benefits → Claims 	<u>OHP/Medicaid</u> Phone: 1-877-600-5472 <u>Medicare</u> Phone: 1-844-867-1156
Prior Authorization Requests and Submitting Additional Clinical Information	Fax PA requests and clinical information to: <u>OHP/Medicaid</u> Fax: 1-866-703-0958 <u>Medicare</u> Fax: 1-844-371-7765 For Expedited Medicare requests <u>call</u> 1-844-867-1156
National Imaging Associates, Inc. (NIA) (For advanced imaging requests)	OHP/Medicaid & Medicare: 1-888-879-5922 Online submission: <u>www.Radmd.com</u>
Trillium Behavioral Health (TBH)	OHP/Medicaid Phone:1-877-600-5472 Fax: 1-866-683-5621 Medicare Phone:1-844-867-1156 Fax: 1-866-683-5621

INSTRUCTIONS OHP/MEDICAID PRE AUTHORIZATION LOOK UP TOOL



OHP/Medicaid Pre Authorization Lookup Tool Instructions



 If you select 'Yes' to the question in the blue box or any of the 'Types of Services' questions, the red message will appear

CPT/HCPC Code Examples

Enter the code of the service you would like to check: 97110 Check	Exar <u>requ</u>
Yes 97110 - THERAP PROC 1/> AREAS EA 15 MIN; EXERCISES Pre-authorization required for all providers.	
Enter the code of the service you would like to check: 70110 Check	Exar <u>doe</u> : auth
No Pre-authorization required for all providers.	
Enter the code of the service you would like to check: 72141 Check	Exar
Vendor 72141 - MRI SPINAL CANAL & CONTENTS CERV; WO CONTRAST Authorization required through NIA for these services.	requ throu Asso

Example of a code that requires an authorization

Example of a code that **does not require** an authorization

Example of a code that <u>requires submission</u> through National Imaging Associates (NIA)

INSTRUCTIONS Medicare Advantage Pre Authorization Look Up Tool



1. Open the web page <u>https://www.trilliumohp.com/</u>, hover over 'For Providers' and select 'Pre-Auth Check'



2. Click 'Medicare Pre-Auth'

Adicare Pre-Auth		
DISCLAIMER: All attempts are made to provide the most current information on the Pre-Auth Needed Too this does NOT guarantee payment. Payment of claims is dependent on eligibility, covered benefits, provide correct coding and billing practices. For specific details, please refer to the Medicare Advantage provider m are uncertain that prior authorization is needed, please submit a request for an accurate response.	I. Howe r contra nanual. I	ver, icts, If you
For HMO members, all Out of Network requests require prior authorization except emergency care, urgent Medical Inpatient Services. For non-participating providers, Join Our Network	care, or	Acut
Please Note for Home Health Services Authorization is required per 60 day episode of care. Each ep reviewed for medical necessity and CMS coverage criteria.	iisode w	rill be
Are Services for Hospice, Dialysis, or are services being performed in the Emer Department or Urgent Care Center?	rgency	/
🗆 Yes 🗹 No		
Types of Services	YES	NO
	0	۲
Is the member being admitted to an inpatient facility?	0	۲
Is the member being admitted to an inpatient facility? Are services other than domiciliary visits, lab, radiology, DME, Medical Equipment Supplies, Orthotics or Prosthetics being rendered in the home?	0	
Is the member being admitted to an inpatient facility? Are services other than domiciliary visits, lab, radiology, DME, Medical Equipment Supplies, Orthotics or Prosthetics being rendered in the home? Are anesthesia services being requested for pain management, dental surgery or services in the office rendered by a non-participating provider?	0	•
Is the member being admitted to an inpatient facility? Are services other than domiciliary visits, lab, radiology, DME, Medical Equipment Supplies, Orthotics or Prosthetics being rendered in the home? Are anesthesia services being requested for pain management, dental surgery or services in the office rendered by a non-participating provider?	0	1
Is the member being admitted to an inpatient facility? Are services other than domiciliary visits, lab, radiology, DME, Medical Equipment Supplies, Orthotics or Prosthetics being rendered in the home? Are anesthesia services being requested for pain management, dental surgery or services in the office rendered by a non-participating provider? Enter the code of the service you would like to check:	0	•

 Answer the question in the blue box by checking 'Yes' or 'No'

If you select **'No'**, more questions will appear. Answering **'No'** to all of the questions will then open the CPT/HCPC Code box. Enter a code and click **'Check'** Services for Hospice, Dialysis, or services being performed in the Emergency Department or Urgent Care Center do NOT require prior authorization. Medical necessity will be determined when the claim is received. Before claims are eligible for reimbursement, the services, supplies, or drugs must meet accepted standards of medical practice for the prevention, diagnosis, or treatment of your medical condition.

Yes 🗌 No

- Are Services for Hospice, Dialysis, or are services being performed in the Emergency Department or Urgent Care Center?

 □ Yes ☑ No

 Types of Services
 YES NO

 Is the member being admitted to an inpatient facility?
 ④

 Are services other than domiciliary visits, lab, radiology, DME, Medical Equipment Supplies, Orthotics or ④
 ④

 Are anesthesia services being requested for pain management, dental surgery or services in the office or orendered by a non-participating provider?
 ○

 This service requires prior authorization. Login Here to submit an authorization
 ○
- 4. If you select 'Yes' to the question in the blue box the red message will appear

 If you answer 'Yes' to any of the questions under the blue box you will then receive this red message

CPT/HCPC Code Examples

	•	
J3490		Check
V	J3490 - UNCLASSIFIED DRUGS	
T		

ck:
Check

requires authorization

Example of a code that

Example of a code that is **conditional**

Entor	the code of the convice you would like to check:	
Q2039	the code of the service you would like to check.	Check
NI	Q2039 - INFLUENZA VIRUS VACCINE NOS	
No	No Pre-authorization required for all providers.	

Example of a code that <u>does</u> <u>not require</u> an authorization

Entar the code of the convice you would	
inter the code of the service you would	I like to check:
72141	Check

Example of a code that <u>requires submission</u> through National Imaging Associates (NIA)

	Enter the code of the service you would like to check:	
97810		Check
N	97810 - ACUPUNCT 1/> NDLES W/O E-STIM; INIT 15 MIN 1-1	

Example of a code that is **excluded** by Medicare

Provider Portal Authorization Instructions



- 1) Select AUTHORIZATIONS
- 2) Select CREATE NEW AUTHORIZATIONS

Back to Patient List	
Overview	There are no current authorizations for this patient.
Cost Sharing	
Assessments	Create a New Authorization
Health Record	
Care Plan	
Authorizations	
Coordination of Benefits	
Claims	



3)	Check box if prior authorization	is an
	URGENT REQUEST	

- Select SERVICE TYPE from drop down menu
- Enter REQUESTING PROVIDER last name or NPI number, click TAB
- Enter the ICD-10 PRIMARY DIAGNOSIS code, click TAB
- 7) Click NEXT

		Enter Authoritation
bo	SECICAD NER	1. PROVIDER REQUEST ES
		2. SERVICE LINE
Providen Regulation Service Type Colladient Servic THOMAS Primary Diagnose: J1281: 07H	M ^{III} TN Prove	Nove adding these services into Servicing Provider

- If the SERVICING PROVIDER is the same as the requesting provider, click the box to auto-populate the provider's information
- If the SERVICING PROVIDER is different than the requesting provider, enter the provider's last name or NPI, select TAB
- Click in the START DATE box to select when services should begin
- Click in the END DATE box to select when services should end
- Enter the requested number of UNITS, VISITS, DAYS for services
- 13) Enter the CPT code for the PRIMARY PROCEDURE, select TAB
- Select a PLACE OF SERVICE from the drop down menu. Scroll to the bottom of the screen, click NEXT

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ROMDER REQUEST		3. FINISH UP	
Server Type Comments	MPs Zink	Phone	
THOMAS	Phone	(122) 234-1234	
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ERVICE LINES		(211) 234-1345	
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HOMAS			
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Phone			DVDR.
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- Click the QUESTIONNAIRE icon, and the form will appear on the left side of the screen
- 16) Enter additional information or N/A if appropriate
- 17) Click CLOSE QUESTIONNAIRE

18) Click SUBMIT

Confirmation of Prior Authorization provides confirmation number, member's name, date of birth and **member** ID

Instructions: Inpatient Prior Authorization

Community: Health Plan TRILLIUM INPATIENT AUTHORIZATION Expedited Medicare Req. ests Call: 1-844-867-1556 Fax Other Requests to: (844) 371-756 Medicare (866)-703-0958 Medicare	Fax Numbers
Scandard (beckler enabled) - Ecken mit and matter as experiences mean object in an under a separation of the set of	 All fields marked with an asterisk are required
* INDICATES REQUIRED FIELD Member ID* Last Name, First * (MICD/YY)	 Member's identifying information
Requesting Rovider Name* Fax	Identifying information for the Requesting Provider and contact information for the person filling out the form
SERVICING PROMDER/ FACILITY INFORMATION Same as Requesting Rowider Servicing NN* Servicing Rowider Contact Name Servicing Rowider/Facility Name* Prone* Fax AUTHORIZATION REQUEST Primary Robedure Code Start Date OR/Admission Date* Primary Dagnosis Code (CD-D) Discharge Date (If applicable) otherwise Length of Stay will be based on Medical Necessity Additional Dagnosis Code	Identifying information/contact information for the Facility in which the member is/will be inpatient Details of inpatient stay being requested
Interview Interview Interview Additional Procedure Code (MtCD/WW) (CD W) (CPTH-CPC3) (MtdTar) (MtCD/WW) Additional Diagnosis Code (CPTH-CPC3) (MtdTar) (MtdTar) Additional Procedure Code (DD Namide Area Care 492 Sub Acute 493 Su	Enter the service type that matches the inpatient stay requested Psychiatric admission authorization requests are
ALL REQUIRED HIELDSIM ST BEFILLED IN A SINCOMPLETE FOR SWILL BEFELECTED. CORES OF ALL SUPPORTING CLINFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION. Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered benefit and medically necessary with prior authorization as per Ambetter policy and procedures. Confidentiality: The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1956. If you are not the interded recipient any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.	submitted on the Behavioral Health Inpatient Form found at the website noted below

- 1. Fill out form (form can be found at <u>www.trilliumohp.com</u> > For Providers > Provider Resources)
- 2. Fax completed form and supporting clinical documents (i.e. test results, chart notes, admission/discharge notes, etc.)
 - a. Concurrent requests (used when the member has already been admitted to the Servicing Facility) will receive notification of determination within 24 hours of receipt of request.
 - Requests received without clinical documents necessitate follow up with requesting provider and may take up to 72 hours to receive notification of determination.
 - b. Urgent requests will receive notification of determination within 72 hours of receipt of request.
 - c. Standard requests will receive notification of determination within 14 days of receipt of request.
- The status of an authorization request can be obtained through the Trillium Provider Portal (link to portal can be found at <u>www.trilliumohp.com</u> > For Providers > Provider Resources) or by calling Trillium Provider Services at 541-485-2155

Instructions: Outpatient Prior Authorization (including Skilled Nursing Facility Care)

TRILLIUM OUTPATIENT PRIOR AUTHORIZATION Expedited Medicare Request Call: 1-844-867-1156 Fax Cher Request to (844) 377765 Medicare (866)-703-0958 Medicare (866)-703-0958 Medicare (866)-703-0958 Medicare Request for additional units. Bisting Authorization Units Standard (Bective Admission Requests) - Determination made as especialized states the enviolent sheath condition requires, but no later than 14 calendar days after receipt of request		Fax Numbers
Urgent Medicaid Request - I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 72 hours to avoid complications and unnecessary suffering or severe pain. Convorbid/ Exceptional needs *INDICATES REQUIRED FIELD MEMBER INFORMATION Member ID/Medicaid ID* Last Name, First *		All fields marked with an asterisk are required Member's identifying information
REQUESTING PROVIDER INFORMATION Requesting NR* Requesting TN* Requesting Rovider Outlast Name Requesting Rovider Name* Fix SERMCING PROVIDER / FACILITY INFORMATION Same as Requesting Rovider Samiding NR * Samiding Rovider Outlast Name Servicing Rovider Samiding NR * Samiding Rovider Outlast Name Servicing Rovider Facility Name * Rovie * Rovider Facility Name * Rovie *		Identifying information for the Requesting Provider and contact information for the person filling out the form Identifying information/contact information for the Provider or Facility performing the service/providing the item
AUTHORIZATION REQUEST Primary Procedure Code Additional Rocedure Code Sart Date OR Admission Date Dagnosis Code (DPHOTCS) (Marker) (DPHOTCS) (Marker) Find Date OR Darkarge Date Dagnosis Code Additional Rocedure Code Additional Rocedure Code End Date OR Darkarge Date Total Units/Visits/ Days (DPHOTCS) (Marker) (DPHOTCS) (Marker) (MARKINYI) (DPHOTCS) (Marker) (DPHOTCS) (Marker) Total Units/Visits/ Days (DPHOTCS) (Marker) (DPHOTCS) (Marker) (MARKINYI) (DPHOTCS) (Marker) (DPHOTCS) (Marker) Total Units/Visits/ Days (DPHOTCS) (Marker) (DPHOTCS) (Marker) (MARKINYI) (DPHOTCS) (DPHOTCS) (DPHOTCS) (Marker) (MARKINYI) (DPHOTCS) (DPHOTCS) (DPHOTCS) (DPHOTCS) (DPHOT	->	 Details of what is being requested Enter the service type that matches the service being requested. If none of the listed codes apply, use "794" for Outpatient Services (ShelterCare placement falls under "794"–Outpatient Services)
ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REUERTED. CORRES OF ALL REPORTING CUNICAL INFORMATION ARE REQUIRED. LACK OF CUNICAL INFORMATION WAY RESULT IN DELAYED DETERMINATION. Distainer: An after table in test agaretised payment. Morear must be subject to the meridian more than the accessed health from bendt and metadilyneasaway with prior automations are Provided and proceeds. Confidentiality: The information control with the termination is an one of health and the subject to the form that the information is a control of the form that the information of the information is a control of the information information in the information is an information in the information information in the information information in the information information in the information in the information information in the informatio		,

- 1. Fill out form (form can be found at <u>www.trilliumohp.com</u> > For Providers > Provider Resources)
- 2. Fax completed form and supporting clinical documents (i.e. test results, chart notes, prescription, etc.)
 - a. Urgent requests will receive notification of determination within 72 hours of receipt of request.
 - b. Standard requests will receive notification of determination within 14 days of receipt of request
- The status of an authorization request can be obtained through the Trillium Provider portal (link to portal can be found at <u>www.trilliumohp.com</u> > For Providers > Provider Resources) or by calling Trillium Provider Services at 541-485-2155



Behavioral Health Authorization and Care Management

TRILLIUM BEHAVIORAL HEALTH

Trillium Behavioral Health (TBH) staff can be reached by calling Trillium Community Health Plan at:

Phone: (541) 485-2155 Oregon Health Plan (OHP) Members

Phone: (541) 431-1950 Medicare Members

Choose the **"Provider"** option when prompted and ask to speak to the Behavioral Health Department.

- → For **Authorization** questions, ask for a Utilization Management (UM) Community Service Worker (CSW)
- → For **Care Coordination** questions, ask for a Care Management (CM) Community Service Worker

Be prepared to provide HIPAA verification (i.e. NPI or Tax ID).

PRIOR AUTHORIZATION REQUESTS

Always use the Trillium Pre-Auth Check tool: https://www.trilliumohp.com/providers/preauth-check.html

Behavioral Health providers can submit new and concurrent Prior Authorization (PA) requests one of three ways:

- 1. **Enter** an authorization through the secure <u>Provider Portal</u> and electronically attach clinical documentation.
 - For assistance with portal access and usage, contact Trillium's Provider Relations team at:
 - Phone: (541) 485-2155
- 2. Fax a paper BH PA request form with clinical documentation to TBH, at:
 - Fax: (866) 683-5621
- 3. **Telephone** a TBH CSW to verbally initiate an authorization request
 - Be prepared with CPT codes/units/dates and clinical justification information

Reasons to call TBH for support with Authorizations:

- \rightarrow Inquire if documentation or PA request was received
- \rightarrow Check on the status of a PA request
- \rightarrow Initiate or modify a PA request
- \rightarrow Return a CSW's call to clarify the details of a PA request
- → Return a UM Staff member's call to discuss additional clinical information related to a PA request

For detailed information about authorization processes for each level of care, review TBH Policies and Procedures. Please contact TBH Staff to request copies.

- \rightarrow Outlines specific clinical information needed to accompany PA requests
- \rightarrow Summarizes clinical criteria for authorizations
- \rightarrow States allowed authorization lengths for initial and concurrent requests
- → Outlines internal TBH CM processes

Standard requests are processed within 14 days of receipt of the request. As a general rule, it is good practice to submit preservice requests 14 days prior to scheduling the service to allow for the processing timeline.

CARE MANAGEMENT REQUESTS

For behavioral health care coordination or care management needs, please call a TBH Community Service Worker.

- Reasons to call TBH for support with Care Coordination/Care Management:
 - → Interdisciplinary Care Team Meetings
 - \rightarrow Discharge Planning
 - $\rightarrow\,$ Level of Care Recommendations
 - \rightarrow Individual Care Planning
 - → Discuss Member Needs/Benefits
 - $\rightarrow\,$ Problem-solve Care Gaps and Barriers to Access
 - → Request a List of Contracted Providers
 - → Explanation of Levels of Care Requiring Authorization
 - $\rightarrow\,$ Information Regarding Waitlists and Openings

CLAIMS QUESTIONS

For claims questions or to report claims you believe were denied in error, please call Trillium Community Health Plan at:

Phone: (541) 485-2155 Oregon Health Plan (OHP) Members Phone: (541) 431-1950 Medicare Members

Choose the "**Provider**" option when prompted and ask to speak to someone who can assist you with a provider claims issue. Stay on the phone until you obtain a case number regarding your claims inquiry. Be prepared with: date of service, claim number, CPT code, units billed, and rendering provider information (i.e. NPI, Tax ID).

Trillium Community Health Plan Resources/Website - www.trilliumohp.com

For resources available on the Trillium website, click on For Providers \rightarrow Provider Resources

- \rightarrow Outpatient and Inpatient Prior Authorization Request Forms
- → PA Look-up Tool and LineFinder

INSTRUCTIONS Authorization Request for Inpatient Behavioral Health Services

BEHAVIORAL HEALTH INPATIENT Prior Authorization Fax Form	Fax Number
Standard Request - Determination within 14 calendar days of receiving all necessary information Expedited Request - I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 72 hours to avoid complications and unnecessary suffering or severe pain. Concurrent (All inpatient stays including patients already admitted, ER patients with admit orders and direct admits) - Determination within 24 hours of receipt of all necessary information.	All fields marked with an asterisk are required
MEMBER INFORMATION Member ID* Last Name, First (MMDD/YYY)	Member's identifying information
Requesting PROVIDER INFORMATION Requesting NPI* Requesting Provider Contact Name Requesting Provider Name Phone Fax SERVICING PROVIDER / FACILITY INFORMATION	Identifying information for the Requesting Provider and contact information for the person filling out the form
Servicing Provider/Facility Name Phone Fax	Identifying information or contact information for the Facility in which the member is/will be inpatient
Primary Procedure Code Start Date OR Admission Date Primary Diagnosis Code (cPT(HCPCS) (Modilar) (SECONVY) Additional Procedure Code Discharge Date (if applicable) otherwise Length of Stay will be based on Medical Necessity Additional Diagnosis Code	Details of inpatient stay being requested
Additional Procedure Code (CPT/MCPCS) (Modéer) Additional Procedure Code (CPT/MCPCS) (Modéer) (CPT/MCPCS) (Modéer) Total Lipits (Middar/Dave	Enter the service type that matches the service being requested
ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED. COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION. Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered benefit and medically necessary with prior authorization as per Ambetter policy and procedures. Confidentiality: The information contained in this transmission is confidential and may be protected under the Health insurance Portability and Accountability Act of 1980. If you are not the information rectained in this transmission is confidential and may be protected under the Health insurance Portability and Accountability Act of 1980. If you have received this facismile in error, please notify us immediately Rev. 30 (1920) OR-BH-PAF-1028	

- 1. Fill out form (form can be found at <u>www.trilliumohp.com</u> > For Providers > Provider Resources > Behavioral Health)
- 2. Fax completed form and supporting clinical documents (i.e. chart notes, admission/discharge notes, etc.)
 - a. Concurrent requests (used when the member has already been admitted to the Servicing Facility) will receive notification of determination within 24 hours of receipt of request
 - Requests received without clinical documents necessitates follow up with Requesting Provider and may take up to 72 hours to receive notification of determination
 - b. Urgent requests will receive notification of determination within 72 hours of receipt of request
 - c. Standard requests will receive notification of determination within 14 days of receipt
- The status of an Authorization request can be obtained through the Trillium Provider Portal at <u>www.trilliumohp.com</u> > For Providers > Provider Resources, or by calling Trillium Provider Services at 541-485-2155

INSTRUCTIONS

Authorization Request for Outpatient Behavioral Health Services

BEHAVIORAL HEALTH OUTPATIENT Complete and Fax to: (866)683-5621 PRIOR AUTHORIZATION FAX FORM Ints	Fax Number
Standard Request - Determination within 14 working days of receiving all necessary information Upgent Request - I certify this request is urgent and medically necessary to treat an injury. Illness, or condition (not life threatening) within 72 hours to avoid complications and unrecessary suffering or servere pain. *INDICATES REQUIRED FIELD	All fields marked with an asterisk are required
MEMBER INFORMATION	Member's identifying information
REQUESTING PROVIDER INFORMATION Requesting NPI * Requesting Provider Contact Name Requesting Provider Name * Phone * Fax	Identifying information for the Requesting Provider and contact information for the person filling out the form
Same as Requesting Provider Servicing NPI * Servicing TIN * Servicing Provider Contact Name Servicing Provider/Facility Name Phone Fas AUTHORIZATION REQUEST	 Identifying information or contact information for the Facility in which the member is/will be outpatient
Primary Procedure Code Additional Procedure Code Start Date OR Admission Date Diagnesis Code* [ST(N-DCB) (PrivarCB) (PrivarCB) (PrivarCB) (PrivarCB) Additional Procedure Code Additional Procedure Code End Date OR Discharge Date Total Units/Visits/Days PrivarCB (PrivarCB) (PrivarCB) (PrivarCB) (PrivarCB) (PrivarCB)	Details of outpatient stay being requested
OUTPATIENT SERVICE TYPE (Enter the Service type number in the boxes) Additional Diagnosis Code 270 Psychiatric Evaluations (Enter the Service type number in the boxes) Additional Diagnosis Code 250 Outpatient Therapy (Enter the Service type number in the boxes) Additional Diagnosis Code 185 Community Based Services (Enter the Service type number in the boxes) Additional Diagnosis Code 195 Crisis Psychotherapy (Enter the Service type number in the boxes) Additional Diagnosis Code 160 Electroconvulsive Therapy Additional Diagnosis Code (ED+0) 265 Psych Testing Additional Diagnosis Code (ED+0) (ED+0) (ED+0) Additional Diagnosis Code	Enter the service type that matches the service being requested
ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED. COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION. Bitclainer, As addrivation is not, a guarden of payment. Mether insu be rigidia at the time services are inclined. Services must be a towned Health Tax Binefit and medical measures with pro- addrivations as per Man Joday and provides. Confidentiation, to compare the service and the towned and the service of the services must be a towned the service of the s	

- 1. Fill out form (form can be found at <u>www.trilliumohp.com</u> > For Providers > Provider Resources > Behavioral Health)
- 2. Fax completed form and supporting clinical documents (i.e. chart notes, etc.)
 - a. Urgent requests will receive notification of determination within 72 hours of receipt of request
 - b. Standard requests will receive notification of determination within 14 days of receipt of request
- The status of an authorization request can be obtained through the Trillium Provider Portal (link to portal can be found at <u>www.trilliumohp.com</u> > For Providers > Provider Resources) or by calling Trillium Provider Services at 541-485-2155



Trillium Community Health Plan High-tech Imaging and Supporting Information National Imaging Associates and RadMD

High-tech imaging questions and requests for Trillium Community Health Plan (Trillium) OHP and Medicare members are handled by National Imaging Associates (NIA). NIA manages a user-friendly, real-time tool called RadMD (<u>www.RadMD.com</u>) that provides you with instant access to the high-tech imaging authorization and supporting information you need, in an easily accessible Internet format.

To create a provider account with NIA, go to <u>www.RadMD.com</u> and click on the 'New User' link. If you need assistance in creating your account, there are links in the 'Useful References' on the RadMD homepage.

Once you have created an account and signed in, you will have access to:

- View Request Status
 - Here you can view the status of a previously submitted request
- Clinical Guidelines
 - Here you will find clinical guidelines for the various services NIA reviews for
- Health Plan Specific Educational Docs

Here you can download policies and procedures specific to both ordering providers and imaging facilities. These include quick reference guides and FAQs. You can also view information designed to assist you in using the RadMD Web site to obtain and check authorizations.

WHO DO I CONTACT IF I HAVE QUESTIONS?

For Technical Support with RadMD:

- Email <u>RadMDSupport@MagellanHealth.com</u>
- Or call 1-877-80-RadMD (1-877-807-2363)

For Authorization Questions:

- Trillium OHP: 877-600-5472
 - Select 3 for Provider
 - Select 1 for High-tech imaging
- Trillium Medicare: 844-867-1156
 - Select 2 for Provider
 - Select 2 for High-tech imaging

<u>National Imaging Associates, Inc.¹ (NIA)</u> <u>Authorization Process for Expedited Urgent Requests</u>

NIA has helped hundreds of Trillium Community Health Plan members receive clinically appropriate imaging studies, helping ensure they avoid unnecessary exposure to harmful radiation and making it far less likely that patients will be subjected to "false positive" findings that can jeopardize the safety of the members we're entrusted to serve.

In order for NIA to properly recognize an urgent or emergent situation, we need to be aware of the member's specific clinical situation and the indications described must meet the definition of an urgent or emergent condition. We encourage providers to contact us via telephone (1-888-879-5922) to initiate an expedited prior authorization request. When contacting NIA, please be prepared to provide clinical details that would justify an expedited review:

- Symptoms and their duration
- Physical exam findings
- Treatments or procedures already completed

Expedited/Urgent Review Process

The expedited/urgent review process is intended for the evaluation of a condition that requires prompt medical intervention to prevent additional consequences to the health/wellbeing of the member. Conditions that demonstrate a requirement for prompt medical attention include, but are not limited to:

- Any condition that cannot be postponed for a period of time (24 hours) without risking progression to an emergent condition.
- Any condition that cannot be postponed for a period of time (24 hours) without risking loss of life, limb or risk of permanent disability.
- Any condition that in the opinion of a physician with knowledge of the member's medical condition, would subject the member to severe pain that cannot be adequately managed without the care or treatment that is the subject of the case.

If your office has additional training needs related to any aspect of the outpatient imaging management program for Trillium Community Health Plan members or requires assistance navigating the authorization process, please feel free to contact your NIA Provider Relations Manager:

Kevin Apgar 1-800-450-7281, ext. 65080 kwapgar@magellanhealth.com

¹ National Imaging Associates, Inc. (NIA) is a subsidiary of Magellan Healthcare, Inc.



You will use this User ID to Sign- In to initiate authorizations using RadMD.

6-20 Characters



Complete information

Complete your name, phone number, fax number, company name and job title.

First	Last
Phone	Fax
(xxx) xxx-xxxx	(xxx) xxx-xxxx
Company Name	Job Title

Enter your e-mail address:

Email	•	Confirm Email
example: you@company.com		

Fill out your office address:

Address

example: 123 Main St.			
example: Suite A (optional)			
City	[State]	•	Zip

6 Provide your supervisor information

Name

The manager or superviso This cannot be yourself	r responsible for terminating your access. f.	
Name		
First	Last	
Phone	Email	
(sand) sand sannar	example: boss@company.com	

7 Submit Application

Submit Application

- Submit the request by clicking submit application.
- Once the application is submitted, you will receive an immediate e-mail from RadMD Support confirming receipt of your request.
- You will receive another e-mail within 72 hours with additional instructions which will included your approved Account ID and a link that will allow you to create a passcode.
 - (If you have not received an e-mail within 72 hours, check your junk e-mail for some firewalls may prevent the delivery of this e-mail confirmation)
- Your approved Account ID number and Passcode will allow you to sign into RadMD to initiate authorizations for future requests and/or submit documentation for authorizations or audits.



RadMD[®] for Ordering and Imaging Providers

RadMD[®] Makes Things Easy...for You

RadMD is a user-friendly, real-time tool offered by National Imaging Associates, Inc. (NIA) that provides you with instant access to the high-tech imaging authorization and supporting information you need, in an easily accessible Internet format. Whether submitting imaging exam requests or checking the status of ordered exams, you will find RadMD to be an efficient, easy-to-navigate resource.

Benefits of RadMD Access

Both ordering and imaging providers can access a range of online tools and associated imaging information on the **RadMD.com website**:

- Secure access to protect your data and your patients' personal health information.
- Up-to-the-hour authorization information, including:
 - Date request initiated
 - Date exam approved
 - Authorization validity period
 - Valid billing codes (CPT[®]), and more.
- NIA's evidence-based clinical review criteria, our *Diagnostic Imaging Guidelines*.
- NIA's *Snapshots* provider newsletter.
- Technical support available if you have questions.

Information for Ordering Providers

Plus, ordering physicians can access a number of key tools:

- Straightforward instructions for submitting exam requests, including the ability to submit multiple requests in the same online session.
- Appropriate ICD-10 code lookup.
- Continuous updates on authorization status, which reduces time spent on the phone with NIA.
- Fast authorization decisions available to you online.
- Ease of searching for and selecting convenient imaging facilities.

To get started, go to **RadMD.com**, click the *New User* button and submit a "RadMD Application for New Account." Your RadMD login information should not be shared. This further protects members' personal health information.

Information for Imaging **Providers**

Additionally, imaging facilities benefit from being able to quickly view the approved authorizations for their patients, facilitating prompt service for patients who require imaging procedures.

To get started, go to **RadMD.com**, click the *New User* button and submit a "RadMD Application for New Account."

If you are an Imaging Facility or Hospital that performs radiology exams, an administrator must accept responsibility for creating and managing logins. Your RadMD login information should not be shared.

For Help...

For assistance or technical support, please contact **RadMDSupport@ MagellanHealth.com** or call 1-877-80-RadMD (1-877-807-2363). **RadMD** is available 24/7, except when maintenance is performed once every other week after business hours.

Request an Exam

This Quick Start Guide is a tool to assist ordering physicians and staff in obtaining prior authorizations for imaging procedures quickly and easily via the RadMD website. To start, open your Internet browser and visit RadMD.com. Click *Login* on the right side of the screen. Enter your *Account ID* and *Password*, then click *Login*.

1. Request an Exam

From the main menu under *Request*, click *Request an Exam.*

Menu Options

Request an Exa	m
Request a Radi	ation Treatment Plan
Initiate Pain Ma	inagement Request
Create New Me	dicare FFS Decision Support Record
* Last Name:	* First Name:
* Date of Birth:	
1 1	
t Haalth Dians III	2
[Please Select One]	are the other nearth plans
the second second	
Hamber ID:	

Identify the Patient

Enter the patient's information. Click *Save and Continue*.

2. Identify the Physician

Enter physician search criteria. Click *Search*.

Search Physicians	
First Name:	
Last Name:	
Zip:	
Physician ID:	
NPI:	
	Search

3. Identify the Exam(s)

Select the *Exam(s)* from the list. Click *Add* to choose an exam(s). Click *Save and Continue*.

4. Identify the Place of Service

Enter Search criteria for a provider location. Click Search.

All Available Exams:	Currently Chosen Exams:
Abdomen and Pelvis CT Abdomen and Pelvis CT Angiography Abdomen CT Abdomen CT Abdomen MRA Abdomen MRI	>> Add >> << Remove <<
CPT4 / Keyword Lookup	
Back (Step 2) Save and Continue to Step 4	

Imaging Provider Search		
Search By Provider Name:	medic	
Search By Provider City:		
Search By Provider Zip:		
Search By Provider Zip:	C	

5.	Reason for Request	*ICD-10 Code: Add ICD-10 ICD-10 Code Help			
	Enter at least one ICD-10 code.	*Please provide the reason for this exam(s):			
	Provide a reason in the text box.				
	Answer all of the questions.	*Is the cause of the illness/injury related to a Motor Vehicle Accident? [Please select one] *Is Another Party Financially Responsible for the patient's illness/injury? [Please select one]			
		*Is the cause of the illness/injury related to the Patient's Employment? [Please select one] Date of Service mm/dd/yyyy			
	Click Save and Continue.	Back (Step 4) Save and Continue to Confirmation			
6.	Confirm the Physician's Phone & Fax Numbers Enter any physician callback phone and fax numbers. Click Continue to Final Confirmation.	Confirm the Physician's Phone and Fax Numbers National Imaging Associates may need to contact the ordering physician in regards to this request. If so, what is the best phone number to use?			
		NIA is pleased to offer convenient and user friendly paperless notifications. If you select 'yes' to the question below,			

NIA is pleased to offer convenient and user friendly paperless notifications. If you select 'yes' to the question below, you will receive an email notification to email@magellanhealth.com when the determination for this request is completed. The email will include a quick link to RadMD allowing you to log in and receive the written notification of the request determination. If you prefer to receive a written notification (fax or mail) for this request determination, please select 'no' to the question below.

Back (Step 5) Continue to Final Confirmation



7. Clinical Questions: Clinical Q/A

Answer questions specific to the procedure. Click *Next* after answering each question.

Exam Request: Clinical Q/A: Questions

Is this a request for an Abdomen/Pelvis CT combination?

© Yes © No

Q/A History:



8. Request Complete

Final page confirms the request and displays current status.

Click Start New Exam or Back to Main Menu or Upload Clinical Document.

Status	
Current Status:	Pending
Validity Period:	[Not Applicable]
Tracking Number:	0000000

Status	
Current Status:	Approved
Validity Period:	1/31/2014-4/1/2014
Authorization:	0000000

For pended requests, providers can fax or upload clinical documents to National Imaging Associates, Inc. (NIA)

Faxed clinical information should be accompanied by the OCR fax cover sheet. Files that can be uploaded include:

- Microsoft Word documents (.doc files)
- Image files (.gif, .png, .jpg, .tif, and .tiff files)
- Files must be less than 10 MB in size.

- Adobe Acrobat files (.pdf files)
- Text documents (.txt files)

Questions? Comments? Need help?

Send an email to RadMDSupport@MagellanHealth.com. Or call toll-free 877-80-RADMD (877-807-2363). RadMD is available 24/7, except when maintenance is performed once every other week after business hours.



RadMD New Upload Feature RadMD® Makes Things Easy..for You

National Imaging Associates, Inc. (NIA) has introduced a new feature that allows clinical information to be uploaded directly on RadMD. Utilizing this upload feature on RadMD expedites your request, since the information is automatically attached to the case and forwarded to our clinicians for review. The following is a step-by-step guide that will help you navigate through this new, easy to use feature.

Upload After Completing an Auth Request

When a request is completed and additional clinical information is needed to make a determination, a RadMD user will have the opportunity to use the document upload capability. Figure 1 shows the RadMD page at the end of the request process with the Upload Clinical Document button.

Status		Patient	Physician	
Current Status:	Pending	Name:	Name:	KAREN E JONES
Validity Period:	[Not Applicable]	Subscriber ID:	Provider ID:	891505
Tracking Number:	070117	Date of Birth:		
		Gender:		
Imaging Provider		RadMD.com User	Details	
Name:		Name:	Date of Service	e: 7/27/2016
Phone:		Company:	Auto Accident	: No
Address:		Account ID:	Pend/Reject C	ode: E8
		Job Title:	Out of State:	n/a
Fax:		Email:	Release of Info	Code: Y
Imaging Provider ID:		Address:	Out of Country	/: n/a
			Employment R	Related: No
		Supervisor Name:	Another Party:	No
		Supervisor Email:	Level of Servic	e: Not Urgent
			Exams:	Brain CT
			ICD10:	F45.41
			Reason:	test
Clinical Q/A	unin/hand CT			
This is a request for a c	orain/nead C1.			
None of the above best	describes the reason that	t I have requested this test.		
'None of the above' bes	at describes the reason that	at I have requested this test.		
Back to the Main Men	u Start a New Exam Re	equest Upload Clinical Document		
Back to the Main Men	u Start a New Exam R	equest Upload Clinical Document		

Figure 1 - Upload After Request is Completed

Selecting the Upload Clinical Document button will take the user to the document upload page shown in Figure 2.

Upload Addition This service allows you The document you uplo	nal Clinical Information to upload additional clinical additional clinical additional clinical additional will be attached to the mathematical structure of the	ation I information to National Imaging Associates. equest and become part of the patient's medical record.	
Request Information		Upload Document	
Name: Date of Birth: Exam: Request Date: Referring Physician:	Member, Test KAREN JONES	DOC, JOCX Microsoft Word Document GIF, PNG, JPG, TIF, TIFF Image File PDF Adobe Acrobat PDF File TXT Text Document	
Rendering Provider:	I		Browse

Figure 2 - Clinical Document Upload Screen

From this screen, the user will be able to browse to find a file to upload and then upload the document. If the upload is successful, the page shown below will appear.

Upload Additional Clinical Information		
You have successfully uploaded the following file to National Imaging Associates:		
76078.docx		
Back to Request Details Upload Another Document		

At this point, the user can repeat the process and upload additional documents or return to viewing the details of the auth.

After a document is uploaded, the system will notify the NIA clinical review team and the information provided via the document will be taken into account when making a determination on the auth request.

Upload When Checking Auth Request Status

RadMD users will also have the opportunity to upload documents when they are checking the status of an auth request where additional clinical data is needed before a determination can be made.

Figure 3 shows the RadMD Main Menu and the button available for checking the status of an auth request.



Figure 3 - RadMD Main Menu

- Files that can be uploaded include:
 - Microsoft Word documents (.doc files)
 - Image files (.gif, .png, .jpg, .tif, and .tiff files)
 - Adobe Acrobat files (.pdf files) and
 - Text documents (.txt files)
- Files must be less than 10 MB in size

RadMD users can also get detailed status of their auth requests and e-mails from NIA acknowledging the receipt of faxes and documents. On the auth status page, the user will have to select an auth to see its status and to be able to upload documents (See Figure 4 below).

Patient Name Search	Patient's	s Health Plan ID: E	xam Request ID:	Tracking Num	ber:
Last Name: Patient Healt		Health Plan ID:	Request ID:	Tracking Nun	nber:
Member					
First Name:					
Test					
Reset	ne Search Res	et Health Plan Search	Reset Request	Search Reset	Request Searc
(our search returned 9	Radiology Exams				
four search returned 9 Member Name	Radiology Exams Member ID	Service	Request ID	Call Rec'd	Status
Your search returned 9 Member Name Member, Test	Radiology Exams Member ID	Service 70450 CT Head/Brain	Request ID	Call Rec'd	Status IN REVIEV

Figure 4 - Select an Auth to See Its Status

The button to upload documents with additional clinical information will be available from the auth status page (See Figure 5 below).

Print Fax Coversheet	Upload Clinical Docur	ment			
Member	Δ	Referring Physici	an	Imaging Provider	
Name: Member, T	est	Name:	KAREN JONES	Name:	
Gender:		Phone:			
Date of	1r	Tax ID:		Address:	
Birth:		UPIN:		Phone:	
Member ID:		Specialty:	Internal Medicine	Tax ID:	
fieduli Fiali.					
Case				Radiology	
Case Description:	CT Head/Brain	Request ID:	14094NH	Date of Service:	4/4/2014 Change
Request Date:	04/04/2014 04:50 PM	Status:	In Review	Expedited:	No
Entry Method:	Call Center	Validity Dates:	3/21/2014-4/18/2014	CPT4:	93452 Billable Cod
				CT 1 1 D 1	

Figure 5 - Auth Status Page

Clicking on the Upload Clinical Document button will take the user to the Document Upload page.

For Assistance or Technical Support

Contact RadMDSupport@MagellanHealth.com or call 1-877-80-RadMD (1-877-807-2363). RadMD is available 24/7, except when maintenance is performed once every other week after business hours.





Provider Resources for Pharmacy Authorizations

	Medicare	OHP/Medicaid
Prior Authorization Form	Medicare PA Form Link	OHP PA Form Link
Mail Order Forms: Homescripts CVS Caremark	Homescripts Mail Order Form Link CVS Mail Order Form Link	_
Mail Order Phone: Homescripts CVS Caremark	1-888-239-7690 1-888-624-1139	Postal Prescription Services (PPS) 1-800-552-6694
Mail Order Website	_	Postal Prescription Services (PPS) (Portland, OR)
Acaria Specialty Pharmacy Phone	1-800-511-5144	1-800-511-5144
Acaria Specialty Pharmacy Fax	1-877-541-1503	1-877-541-1503
	Medicare Formulary Link	OHP Formulary Link
How to Link to Formulary	➔ Prescription Drug Benefits and Formulary ➔ Formulary ➔ HMO SNP Formulary	➔ For Providers ➔ Provider Resources ➔ Trillium Formulary (List of Covered Drugs for 2019) – Oregon Health Plan
	Medicare Criteria Link	OHP Criteria Link
How to Link to Criteria	 → Drug and Pharmacy Information → Prior Authorizations, Step Therapy and Quantity Limits 	➔ For Providers ➔ Provider Resources ➔ Clinical & Pharmacy Criteria
Provider PA Questions Phone	1-844-202-6824 (Envolve)	1-877-600-5472 (Trillium)
Physician Administered Medications Look Up Tool	Medicare Lookup Tool	OHP Lookup Tool



Case Management and Care Coordination

The mission of Medical Management is to enhance member health and deliver quality service and cost-effective healthcare through collaboration with members, providers and the community.

The program's scope encompasses all healthcare delivery activities across the continuum of care, including inpatient admissions to hospitals, acute rehabilitation facilities, skilled nursing facilities (SNF), home care services, outpatient care, and office visits.

MEDICAL MANAGEMENT CUSTOMER SUPPORT TEAMS

The Utilization Management, Pharmacy, and Case Management teams are available for providers to contact directly for all questions relating to the Trillium Medical Management Department. This includes questions on pharmacy, utilization management, care coordination, patient transitions, community care services referrals, care plans, or to reach someone specifically from the member's care team.

To access Trillium's Utilization Management, Pharmacy, or Case Management teams, providers and their staff can call Provider Services at (877) 600-5472 and select the appropriate transfer option. Providers can also securely send questions via the provider portal.

The Utilization Management team facilitates (or reviews) the benefits available to the member under the appropriate rules. The focus is on determining whether a service constitutes a covered benefit, whether criteria for coverage have been met, and whether the service is the most cost-effective option among those available. Clinical Specialists with appropriate licensure typically perform this function.

CARE COORDINATION

Trillium's Care Coordination program focuses on member specific needs, utilizing available benefits and supplementing with community resources as needed to assist members overcome barriers to health and achieve outcomes in their personal plan of care. Case Managers work in collaboration with internal and external resources, as well as providers to identify, and then facilitate improvement in, an individual member's health status related to physical and behavioral health needs. Issues of fragility, health literacy, social isolation, and related psychosocial issues that may impact health conditions and healthcare are assessed for impact on the member and the member's ability to engage in managing their health.

Health Risk Assessments (HRA) are completed telephonically, as well as via a paper version that can be mailed to the member. The information gathered from the HRA is used to develop a member-centric care plan and identify potential programs from which the member might benefit.

Care Coordination (continued)

An interdisciplinary approach is taken to meet the diverse needs of our membership by including all healthcare partners and social service agencies. This can be completed by coordination of a team meeting, inviting all parties of the member's care team, including the member himself/herself. Interdisciplinary care team (ICT) meetings improve the development of an effective care plan for the member to ensure their physical and behavioral health needs are met. As a provider, it would be beneficial to attend ICT's when invited, as the provider perspective is important in assessing and developing a proactive plan to assist the member achieve his/her goals. Should you wish to attend a scheduled ICT, but not be available when it is scheduled, please contact the care team to evaluate opportunities to schedule another available opportunity.

Case Management has a variety of specialized coordination programs. Entry into Case Management is optional for the member, so although there may be a referral into the program, the member may choose not to participate. In these cases, coordination directly with the provider could occur.

CARE PLANS

Care Plans are developed with member-specific goals in mind. Members are engaged to assess their health care goals and create actionable outcomes that will improve their overall health. Communication and coordination with the Primary Care Provider (PCP) are integral to success, and care plans are shared with PCP's following ICT meetings, as well as by request.

CASE MANAGEM	CASE MANAGEMENT PROGRAMS				
Chronic Pain	*	Program serves members that have opioid use greater than 3 months, multiple medications for pain, including 2 or more medications in the same class (anti-inflammatories, muscle relaxants, narcotics or non-narcotic medications) pain greater than 4/1-10 pain scale, chronic pain diagnosis by a Provider, medical diagnosis of pain greater than 6 months. Services may include: coordination of care, assessment, provide resources and referrals to physical and behavioral health providers and community stakeholders.			
Complex and Intensive Case Management	*	Serves members with special medical, behavioral and psychosocial needs. Services may include: Complex and Intensive Case Management case management, assessment, coordination of care, transitions of care and interdisciplinary care team which is involved in planning, provision and monitoring of the member's care and services.			
Transplant Program	*	Program serves members who have needs surrounding pre- & post-transplant periods. Services may include education, case management, assessment, resource/referrals for physical and behavioral health needs, coordination with Utilization Management, post-transplant transition of care, and coordination.			
Diabetes Programs	*	Program serves members who are pre-diabetic and diabetic. Services may include diabetes education, case management, assessment, provided resources and referrals to physical health and specialty providers and community stakeholders.			
DSNP	*	Program serves members in Lane County with special medical, behavioral and psychosocial needs. Services include: case management, assessment, coordination of care, transitions of care, complex case management, and interdisciplinary care team which is involved in planning, provision and monitoring of the member's care and services.			
ED Diversion	*	Program provides care coordination for members who have been identified as 3 emergency department visits within a rolling 30 days. Services may include: identification of barriers to primary care, education to members on available resources such as urgent care, NurseWise and access to PCP, coordination of care efforts, assessments, provided resources and referrals to physical and behavioral health providers and community stakeholders.			
Member Connections	*	Program involves face-to-face coordination with members in their space, including home visits. Services could include: location services to outreach members who have not responded to telephonic outreach, need further engagement during transitions of care or other instances in which face-to-face support is needed. This program is specifically referred through case management team and cannot be engaged directly.			

CASE MANAGEMENT PROGRAMS (Continued)				
Foster Care	*	Program serves foster care members ages 0-17. Services include: oversight to ensure that physical, dental and behavioral health appointments are made, coordination of care and resource supports to members and foster families, interface with Department of Human Services (DHS) to address needed services and supports for members and foster families.		
<i>Start Smart for your Baby</i>	*	Program serves currently pregnant and post-partum members. Services may include: case management, assessment, coordination of care, resources and referrals to physical and behavioral health providers and community stakeholders.		
Pediatric Case Management	*	Program serves members from birth to age 18. Services may include: case management, assessment, coordination of care, resources, and referrals to behavioral health providers and community stakeholders. Continuity of care during transition to adult services is also available as needed.		
Transition of Care	*	Programs assists members that are transitioning from one level of care to another level of care by contacting member and their providers to review and address medical, behavioral, and socioeconomic concerns. Services could include: medication reconciliation, coordination of care between providers, member outreach to confirm needs are met.		

The Trillium Member Handbook describes the Care Coordination program and advises members to contact Trillium if they believe they need services.

Providers may refer their Trillium patients to Case Management services by telephone, fax, e-mail, or through the secure Trillium Provider Portal.

Referral Request forms are available on Trillium's Provider Resources webpage at <u>trilliumohp.com/providers/helpful-links</u>

Telephone:	(877) 600-5472 (Toll Free)
	(541) 485-2155 (Local)
Fax:	(844) 805-3991
E-Mail:	Trillium_Medical_CaseMgmt_Referrals@TrilliumCHP.com

Case Management Referral Reque	est 💦 👘 💶
PHONE : 1-877-600-5472	
FAX : 1-844-805-3991	Community Health Plan
EMAIL: Trillium_Medical_CaseMgmt_Referrals@Trilliur	nCHP.com P.O. Box 11740 Eugene, OR 97440-3940
Complete all fields below and fax or e-mail all applic	cable medical records to assist with the
	5)
OHP/Medicare Member ID:	DOB:
Patient's Name:	
Patient's Address:	
Patient's Phone:	OK to leave a message? \Box Yes \Box No
Interpreter Needed? No Yes, what language?	
Referring Physician/Provider Name:	
Clinic/Agency Name:	Phone:
PCP (if different from Referrer):	
Referral Diagnosis:	ICD-10 Code:
How would you like us to assist the patient?	
Form Completed By:	Date:

TCHP_ZZ182NR Effective 11/07/18



Medicare Nurse Advice Line



OHP/Medicaid Nurse Advice Line





APPEALS & GRIEVANCES PROVIDER CONTACT INFORMATION

	OHP/Medicaid		Medicare
Phone Numbers:	541-485-2155 (local) 877-600-5472 (toll free) 877-600-5473 (TTY) 877-367-1332 (Grievance Hotline)	Phone Number:	844-867-1156
Fax:	541-984-5696	Fax:	844-273-2671
Email:	appeals@trilliumchp.com	Email:	DSNPAppealsGrievances@Centene.com
Mailing Addresses:	OHP Trillium CHP ATT: Appeals P.O. Box 11740 Eugene , OR 97440 Trillium Community Health Plan ATT: Grievances P.O. Box 11740 Eugene, OR 97440	Mailing Address:	Medicare Trillium CHP ATT: Appeals/Grievances 7700 Forsyth Blvd Saint Louis, MO 63105

CLAIMS DISPUTES PROVIDER CONTACT INFORMATION

Claims dispute forms can be accessed on Trillium Community Health Plan Website under Provider Resources <u>https://www.trilliumohp.com/providers/helpful-links.html</u>

	OHP/Medicaid	Medicare
Mailing Addresses:	Trillium Community Health Plan ATT: Disputes P.O. Box 5030 Farmington, MO 63640-5030	Trillium Medicare ATT: Disputes, Corrections, Reconsiderations P.O. Box 4000 Farmington, MO 63640-3822