Transforming Lives.
Building Community Well-Being.

Trillium HEALTH RESOURCES

Tailored Plan Provider Sessions

Claims Department

ACCREDITED NCQA HEALTH PLAN

Tailored Plan Provider (recorded & accessible)

June Sessions

June 6 – Claims – Provider Session (3:30pm-4:30pm)

June 11 – Network Management – Provider Session (5:30pm-6:30pm)

June 20 – Utilization Management – Provider Session (3:30pm-4:30pm)

June 26 – Tailored Care Management – Provider Session (2pm-3pm)

Transforming Lives.
Building Community Well-Being.

Trillium HEALTH RESOURCES

Question & Answer Chat

and

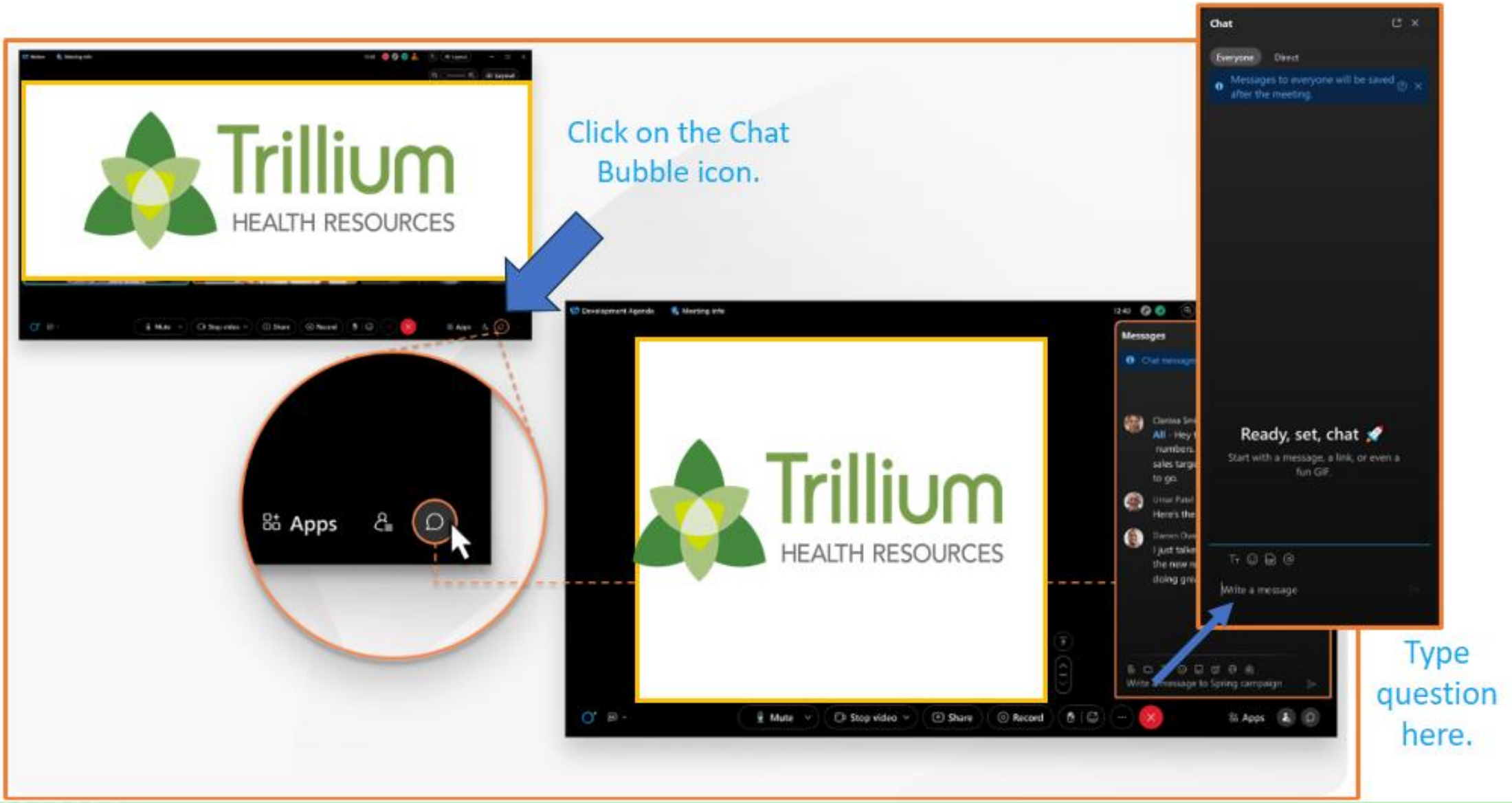
Live Discussion

Q&A via the chat box throughout the meeting and allotted time for Q&A at the end of the presentation.

Submit your question during the meeting. We will have Subject Matter Experts responding in the chat to questions throughout the meeting.

If there are questions that require more research, we will review them and provide the answer in the Frequently Asked Questions Document (FAQ) that is posted on our website.

Accessing the Chat feature in WebEx.



Trillium HEALTH RESOURCES

Objectives

01 Claims Submission Protocol

02 Submitting a Claims Related Issue for Review

03 Behavioral Health Claim Submissions via Portal

04 Physical Health Claim Submissions via Portal

05 Claims Related Resources

Claims Submission Protocol

Claims Submission Protocol

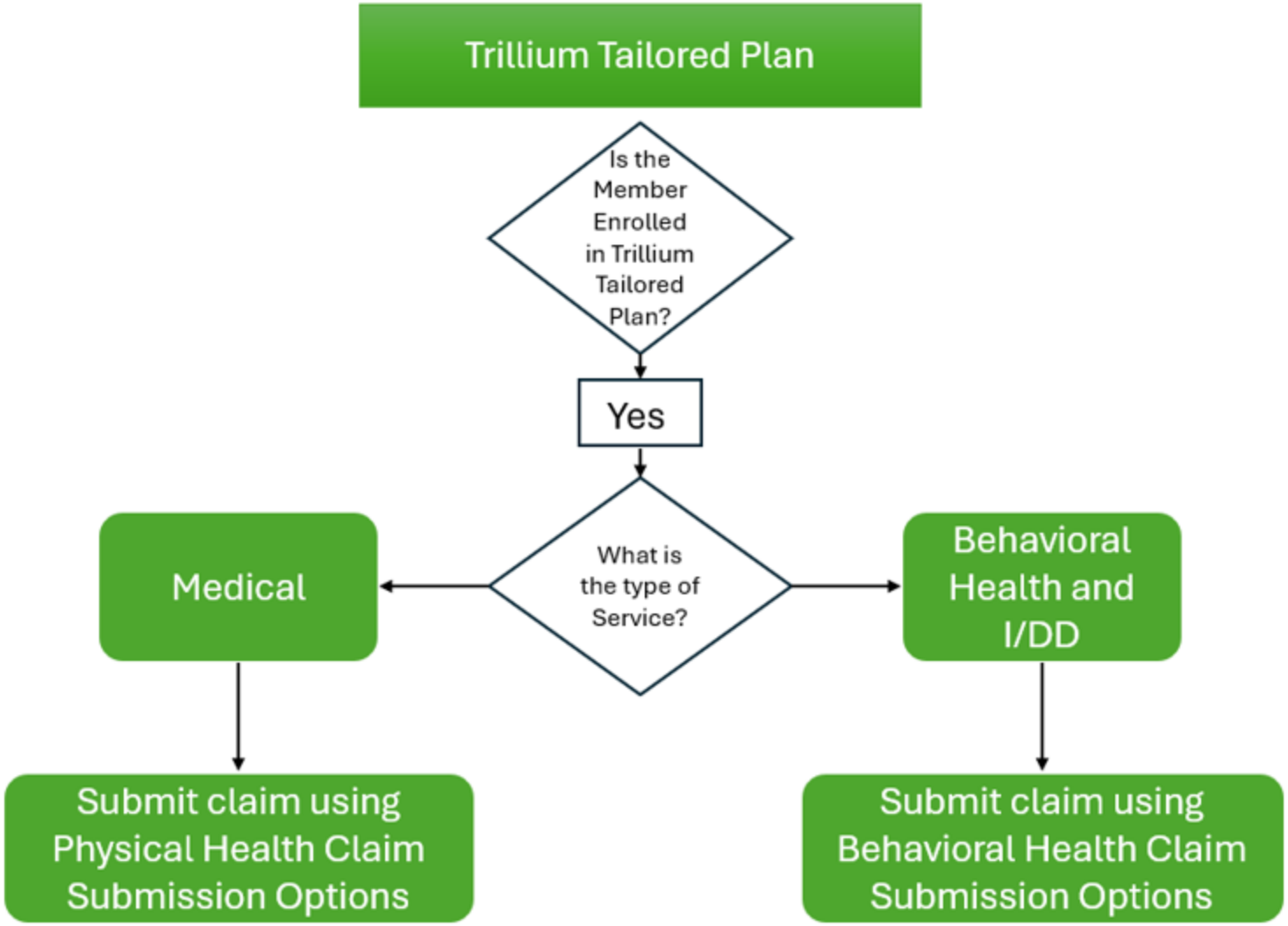
- Trillium's claims submission protocol is built around the existing framework of Medicaid Direct to help simplify the claims submission process for our providers.
- If a provider bills Medicaid Direct today for physical health, they will submit that claim to our partner, Carolina Complete Health, for Trillium's Tailored Plan covered members.
- If the provider is currently billing Trillium for behavioral health, they will continue to submit claims to Trillium.

Trillium's Claims Submission Protocol is available on our website and can be found linked below:

Medicaid Direct & Tailored Plan Claims Submission Protocol

CLAIM SUBMISSION TABLE		
Claims Submission Options	**Behavioral Health Claims**	**Physical Health Claims**
Direct Data Entry	Trillium's Provider Direct Portal	Trillium's Tailored Plan Physical Health Portal
Clearinghouse/SFTP	Behavioral Health claims can be submitted using one of two clearinghouses: Change Healthcare The SSI Group	Physical Health claims can be submitted through Availity
Payor ID	Change Healthcare: 56089 The SSI Group: 43071	68069
Paper Claims	Trillium Health Resources PO Box 240909 Apple Valley, MN 55124	Carolina Complete Health Attn: Claims PO Box 8003 Farmington, MO 63640-8003
Claims Submission Errors	Behavioral Health claims submitted to Physical Health processing system: **EX1e – Deny: Please submit to Trillium for processing**	Physical Health claims submitted to Behavioral Health processing system: **1377 – Please submit to Carolina Complete Health for processing**

Trillium HEALTH RESOURCES


Trillium Tailored Plan
Is the Member Enrolled in Trillium Tailored Plan?
Yes
What is the type of Service?
Medical
Behavioral Health and I/DD
Submit claim using Physical Health Claim Submission Options
Submit claim using Behavioral Health Claim Submission Options

Hospital Inpatient Charges

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

- The Claims Submission Protocol also includes a breakdown of where claims should be submitted for Hospital Inpatient services depending on taxonomy code, DRG, and whether those providers are a DPU/Non-DPU.
- DPU providers will submit their Physical Health claims to Carolina Complete Health (Physical Health)
- DPU providers will submit their Behavioral Health claims to Trillium Health Resources (Behavioral Health)
- Non-DPU providers submitting both Physical Health and Behavioral Health services on a single claim will submit their claims to Carolina Complete Health (Physical Health)

PCP's, Pediatricians, Family Practices, General Practitioners

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

- For Tailored Plan services, primary care physicians, pediatricians, family practices, general practitioners submitting both Physical Health and Behavioral Health services on a single claim will use the Physical Health Claim Options outlined in the Claims Submission Table referenced on the previous slide.

Pharmacy & EVV Claim Submissions

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

- Pharmacy Point of Sale claim submission is through PerformRx:
  - Electronic Claim submissions using NCPDP HIPAA- approved format with Rx BIN Number 019595 and PCN - PRX10811

- Additional details regarding PerformRx can be found on their website at the link below:
  https://www.performrx.com/who-we-help/providers/provider-resources.aspx

- Services subject to Electronic Visit Verification can be submitted through HHAeXchange :
  - Direct Data portal entry through HHA
  - EDI Submission through HHA SFTP

- Additional details on the HHAeXchange portal and EDI submission can be found directly on their website at the below link
  https://www.hhaexchange.com/info-hub/north-carolina-php

Submitting a Claims Related Issue for Review

Claim Related Issues

Providers can submit a claim related issue for review by either:

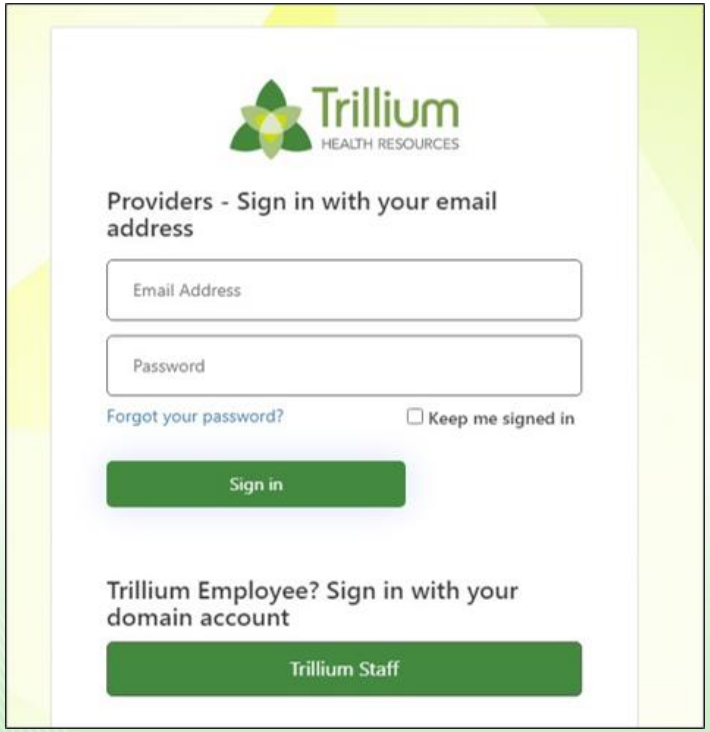
- Submitting a ticket to ClaimsSupport@trilliumnc.org
- Calling the PSSL at 855-250-1539

Behavioral Health Claim Submissions via Portal

Transforming Lives.
Building Community Well-Being.

Trillium HEALTH RESOURCES

Overview of Behavioral Health/IDD Claims via Portal



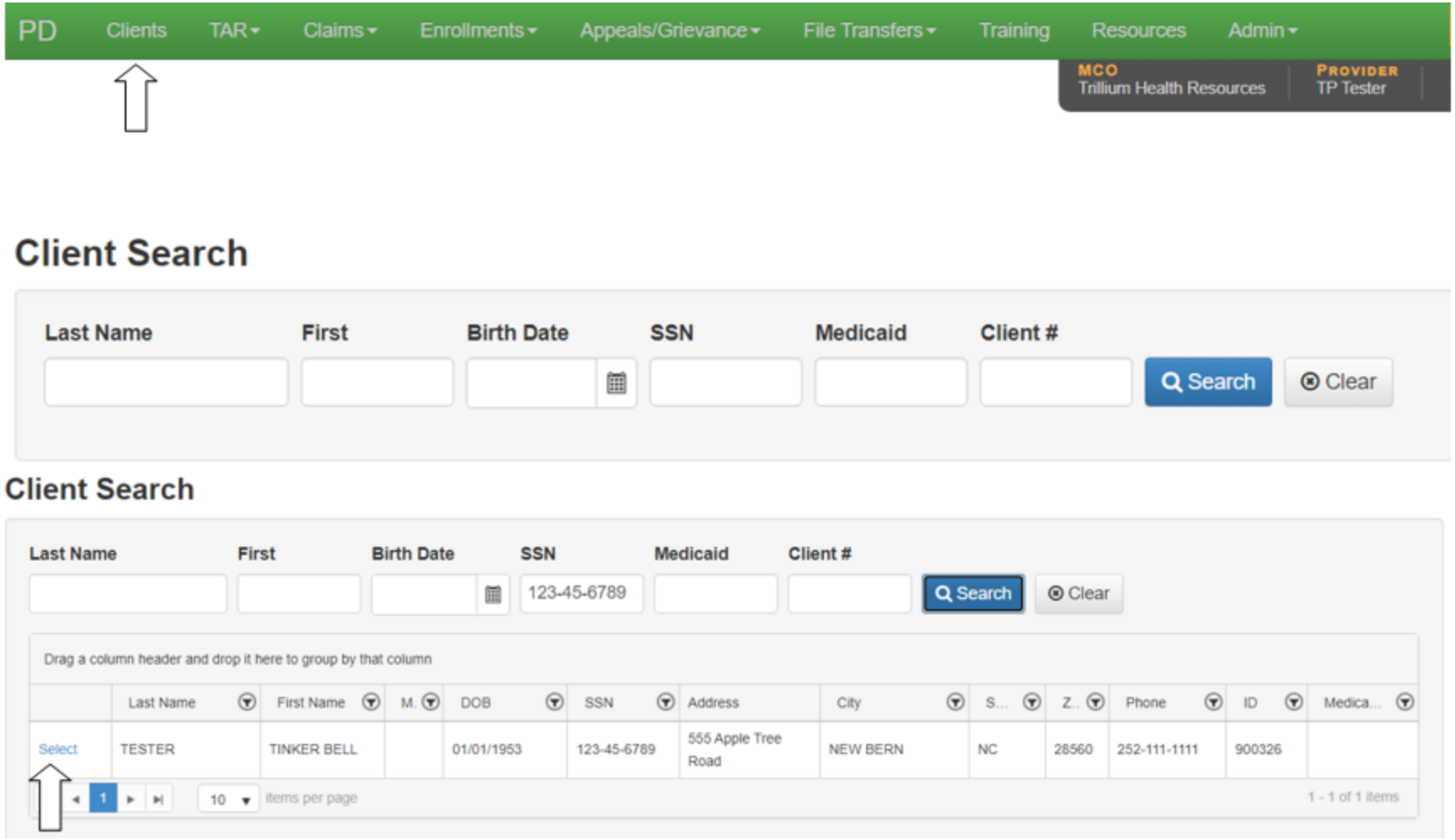
Secure Behavioral Health / I/DD Portal

- Details on submitting claims into the Provider Direct platform via direct data entry can be found in the My Learning Campus Trainings listed below:
  - Provider Direct 3.0 CMS 1500 Claims Training
  - Provider Direct 3.0 UB04
- Claims submitted via direct data entry are very similar to the standard paper claim forms sections
- Details on submitting 837 claims into the Provider Direct platform via SFTP can be found in the My Learning Campus Trainings listed below:
  - Provider Direct 3.0 File Transfers Training

Searching a client

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

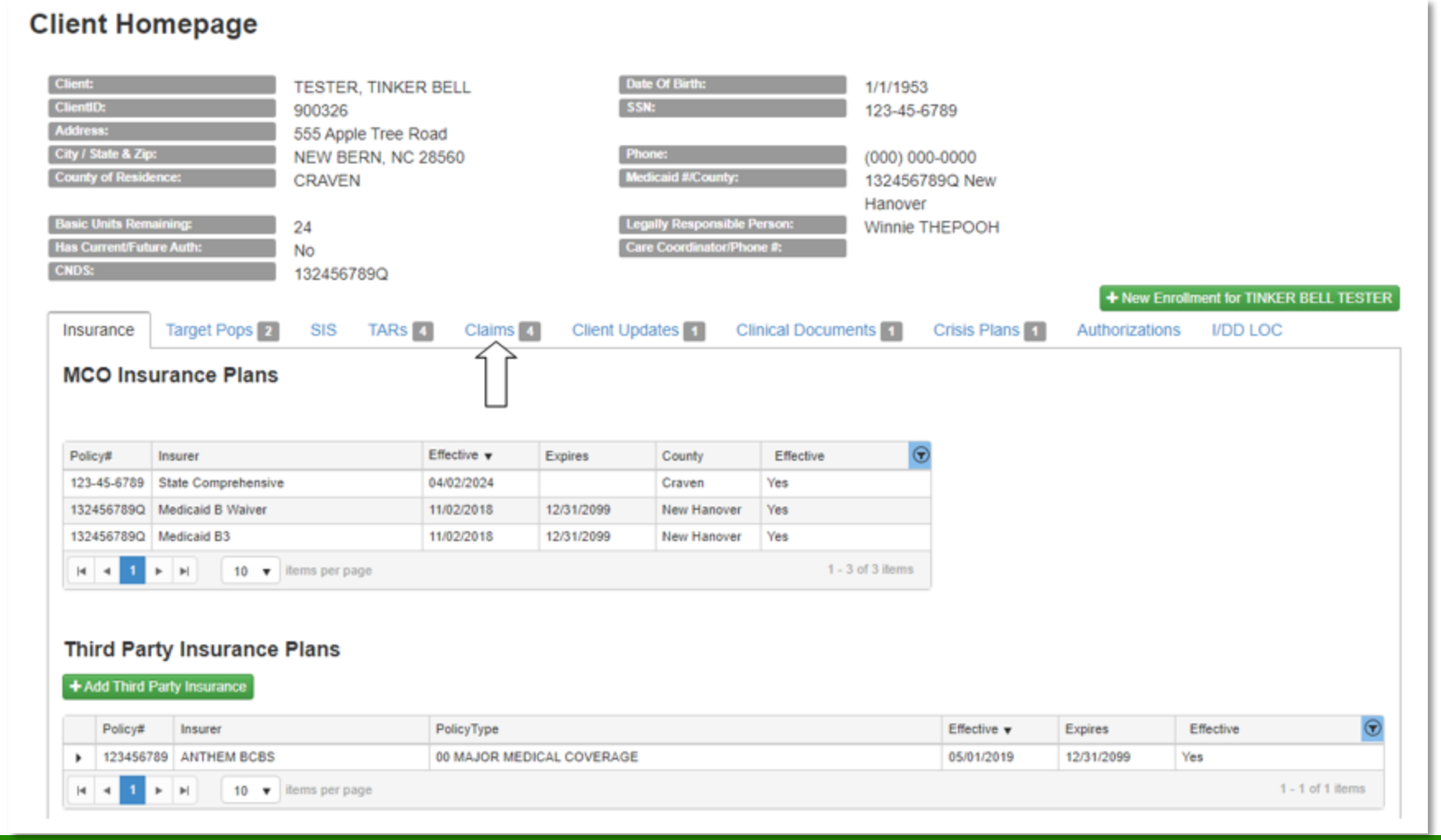
- Minimum search requirements are by:
  - SSN alone
  - Last Name and Client ID
  - Medicaid # and Last Name
  - First Name and DOB combined



Client Homepage

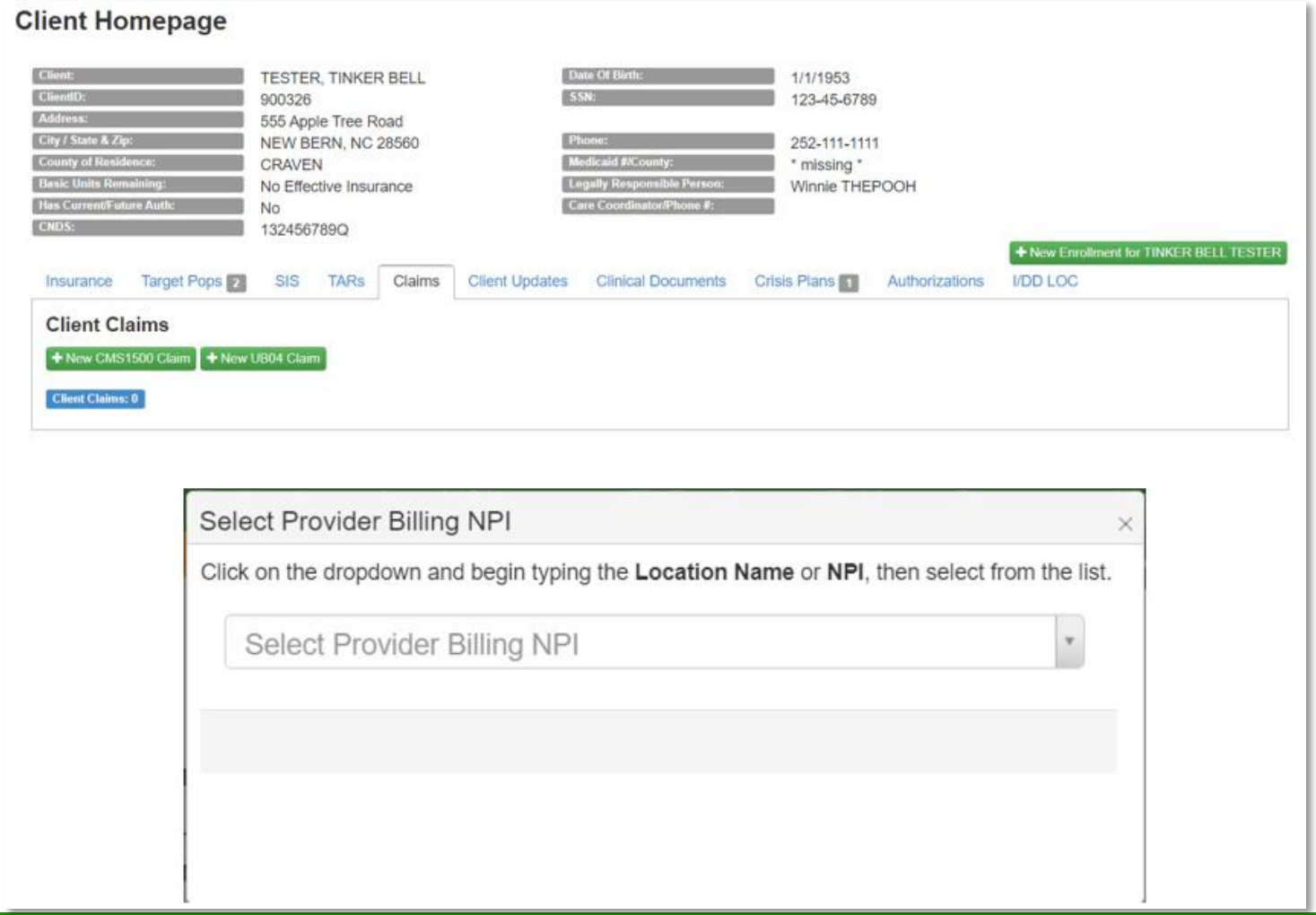
Trillium HEALTH RESOURCES
Transforming Lives. Building Community Well-Being.

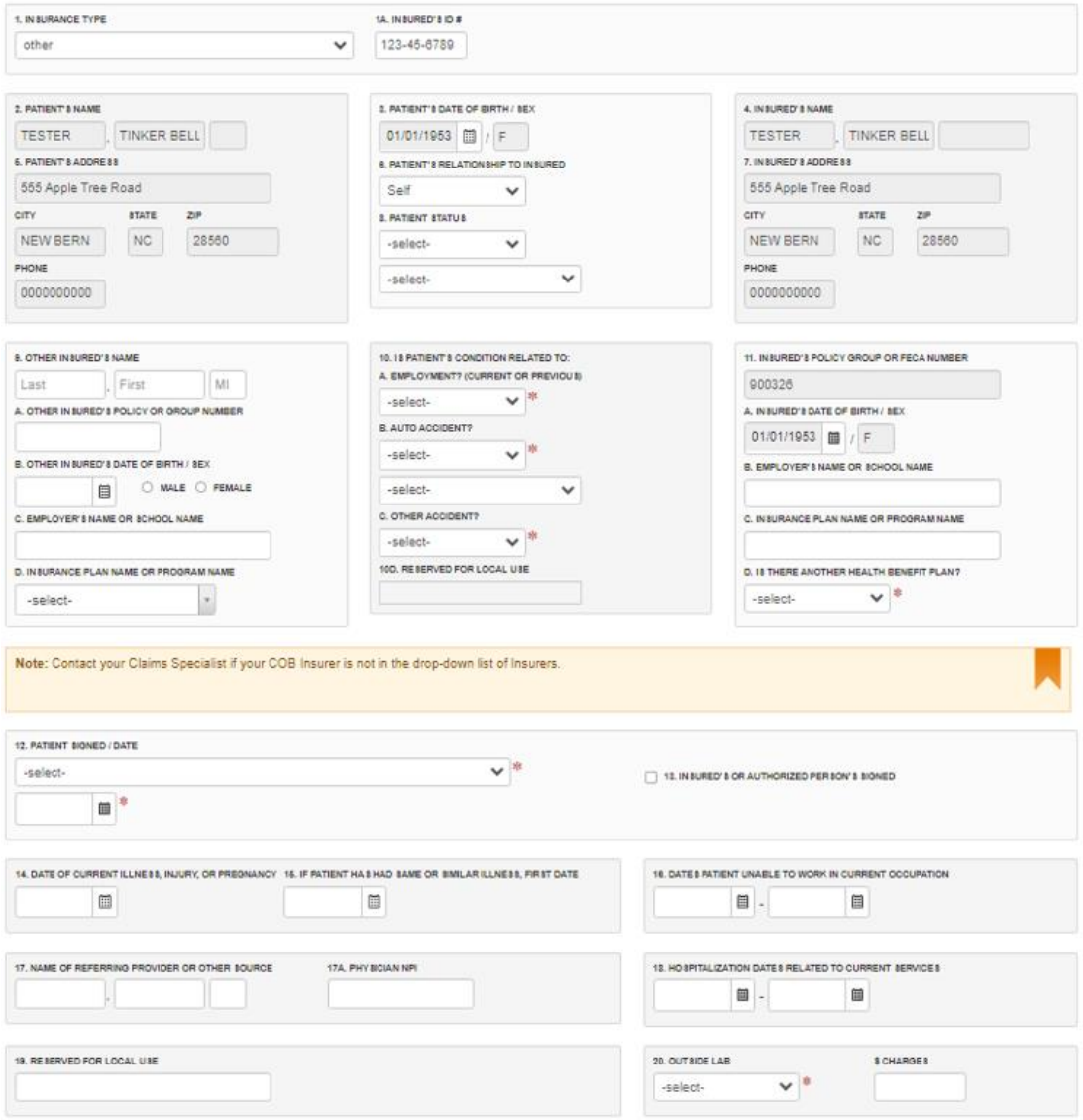
- Under the client's homepage you will be able to review the clients:
  - Eligibility
  - Available target pops
  - Authorizations
  - Claims

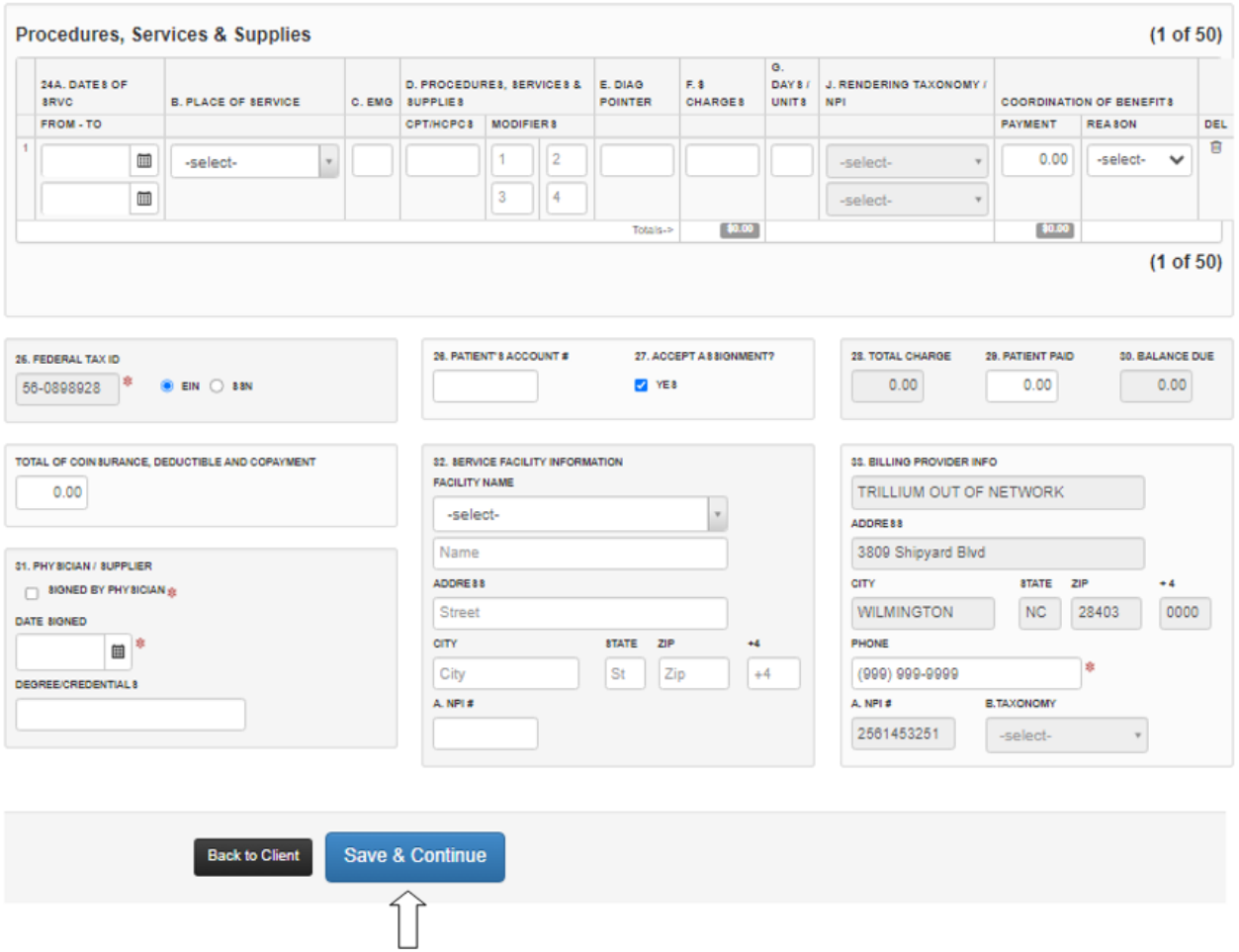


Submitting a claim

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

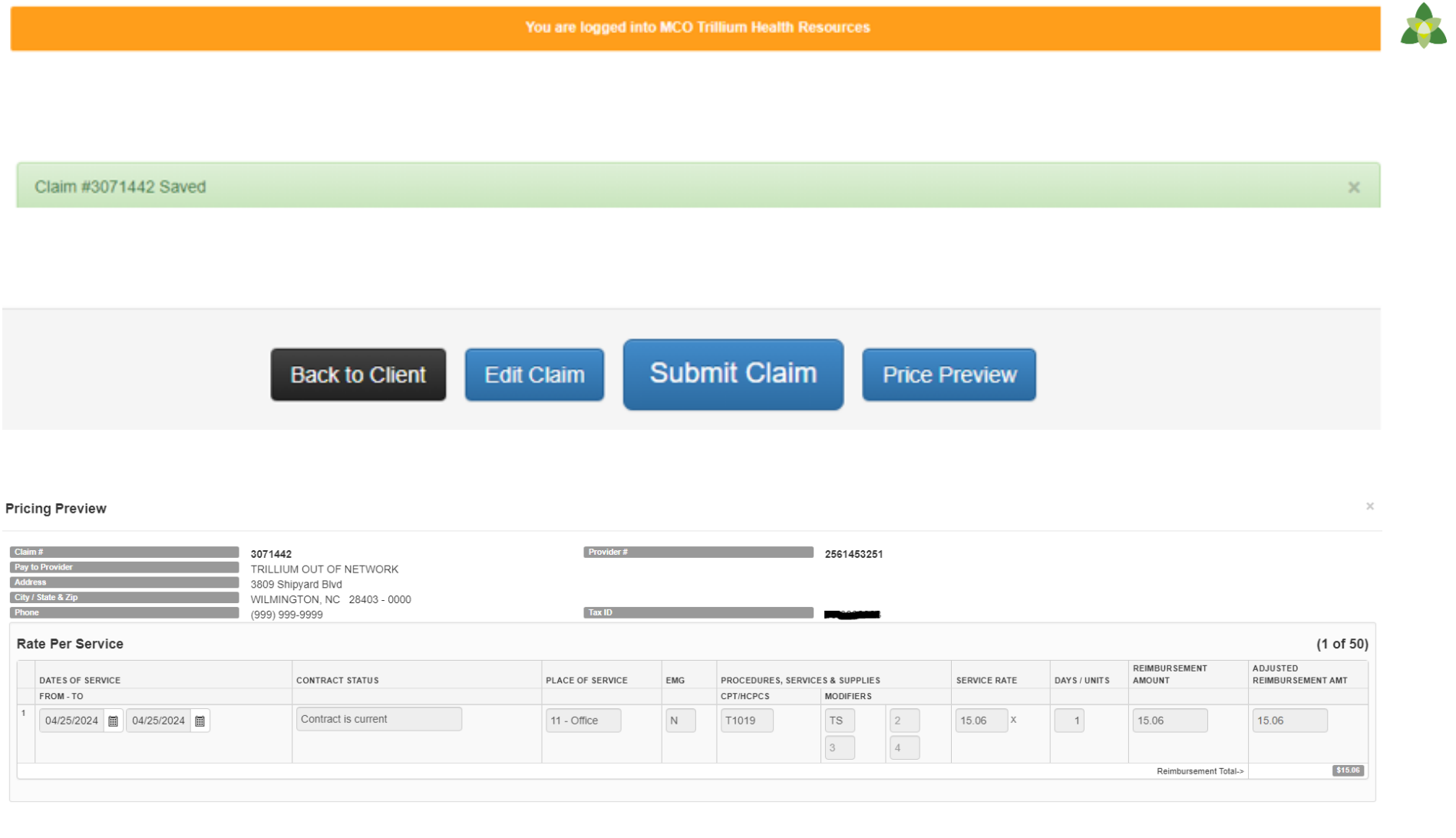



1. INSURANCE TYPE
other
1A. INSURED'S ID #
123-45-6789
2. PATIENT'S NAME
TESTER , TINKER BELL
5. PATIENT'S ADDRESS
555 Apple Tree Road
CITY
NEW BERN
STATE
NC
ZIP
28560
PHONE
0000000000
3. PATIENT'S DATE OF BIRTH / SEX
01/01/1953 / F
6. PATIENT'S RELATIONSHIP TO INSURED
Self
7. PATIENT STATUS
-select-
-select-
4. INSURED'S NAME
TESTER , TINKER BELL
7. INSURED'S ADDRESS
555 Apple Tree Road
CITY
NEW BERN
STATE
NC
ZIP
28560
PHONE
0000000000
9. OTHER INSURED'S NAME
Last , First MI
A. OTHER INSURED'S POLICY OR GROUP NUMBER
B. OTHER INSURED'S DATE OF BIRTH / SEX
MALE FEMALE
C. EMPLOYER'S NAME OR SCHOOL NAME
D. INSURANCE PLAN NAME OR PROGRAM NAME
-select-
10. IS PATIENT'S CONDITION RELATED TO:
A. EMPLOYMENT? (CURRENT OR PREVIOUS)
-select-
B. AUTO ACCIDENT?
-select-
C. OTHER ACCIDENT?
-select-
10D. RESERVED FOR LOCAL USE
11. INSURED'S POLICY GROUP OR FECA NUMBER
900326
A. INSURED'S DATE OF BIRTH / SEX
01/01/1953 / F
B. EMPLOYER'S NAME OR SCHOOL NAME
C. INSURANCE PLAN NAME OR PROGRAM NAME
D. IS THERE ANOTHER HEALTH BENEFIT PLAN?
-select-
Note: Contact your Claims Specialist if your COB Insurer is not in the drop-down list of Insurers.
12. PATIENT SIGNED / DATE
-select-
13. INSURED'S OR AUTHORIZED PERSON'S SIGNED
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY
15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, FIRST DATE
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE
17A. PHYSICIAN NPI
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
19. RESERVED FOR LOCAL USE
20. OUTSIDE LAB
-select-
$ CHARGES


Procedures, Services & Supplies
(1 of 50)
24A. DATE(S) OF SRVC
FROM - TO
B. PLACE OF SERVICE
C. EMG
D. PROCEDURES, SERVICES & SUPPLIES
CPT/HCPCS
MODIFIER
E. DIAG POINTER
F. $ CHARGES
G. DAYS / UNITS
J. RENDERING TAXONOMY / NPI
COORDINATION OF BENEFITS
PAYMENT
REASON
DEL
1
-select-
1
2
3
4
0.00
-select-
-select-
-select-
Totals->
$0.00
$0.00
(1 of 50)
25. FEDERAL TAX ID
56-0898928
EIN SSN
26. PATIENT'S ACCOUNT #
27. ACCEPT ASSIGNMENT?
YES
28. TOTAL CHARGE
0.00
29. PATIENT PAID
0.00
30. BALANCE DUE
0.00
TOTAL OF COINSURANCE, DEDUCTIBLE AND COPAYMENT
0.00
31. PHYSICIAN / SUPPLIER
SIGNED BY PHYSICIAN
DATE SIGNED
DEGREE/CREDENTIALS
32. SERVICE FACILITY INFORMATION
FACILITY NAME
-select-
Name
ADDRESS
Street
CITY
City
STATE
St
ZIP
Zip
+4
+4
A. NPI #
33. BILLING PROVIDER INFO
TRILLIUM OUT OF NETWORK
ADDRESS
3809 Shipyard Blvd
CITY
WILMINGTON
STATE
NC
ZIP
28403
+4
0000
PHONE
(999) 999-9999
A. NPI #
2561453251
B. TAXONOMY
-select-
Back to Client
Save & Continue

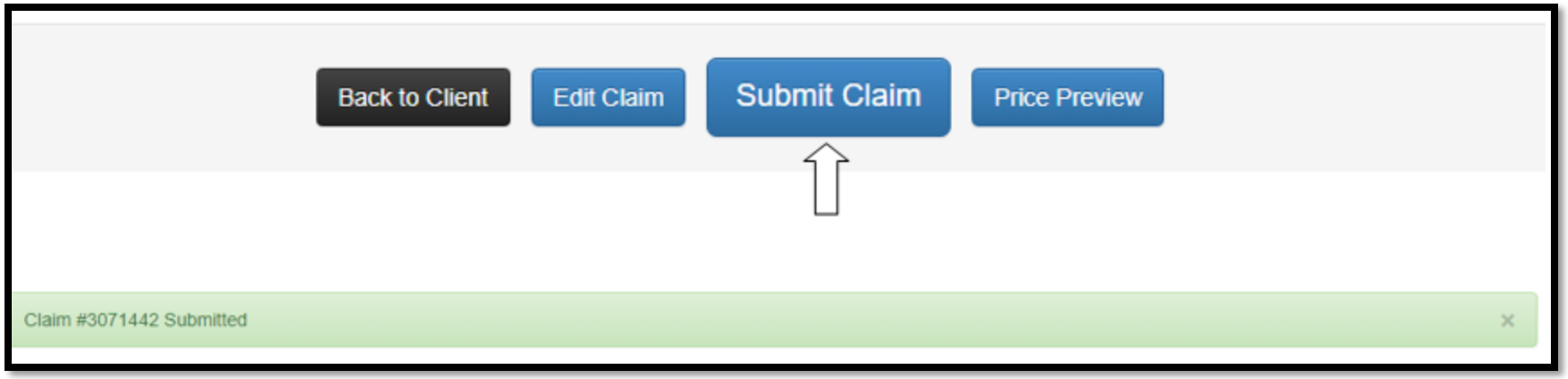
Reimbursement Calculator:

- Available for CMS 1500 claims submitted via direct data entry
- Payment information is built from the member, clinician, contract, rate, etc.
- Anticipated preview does not guarantee payment as the claim will still need to run through all system edits



Once a final review of the claim and pricing preview is completed, the provider can complete the submission process by selecting the Submit Claim button

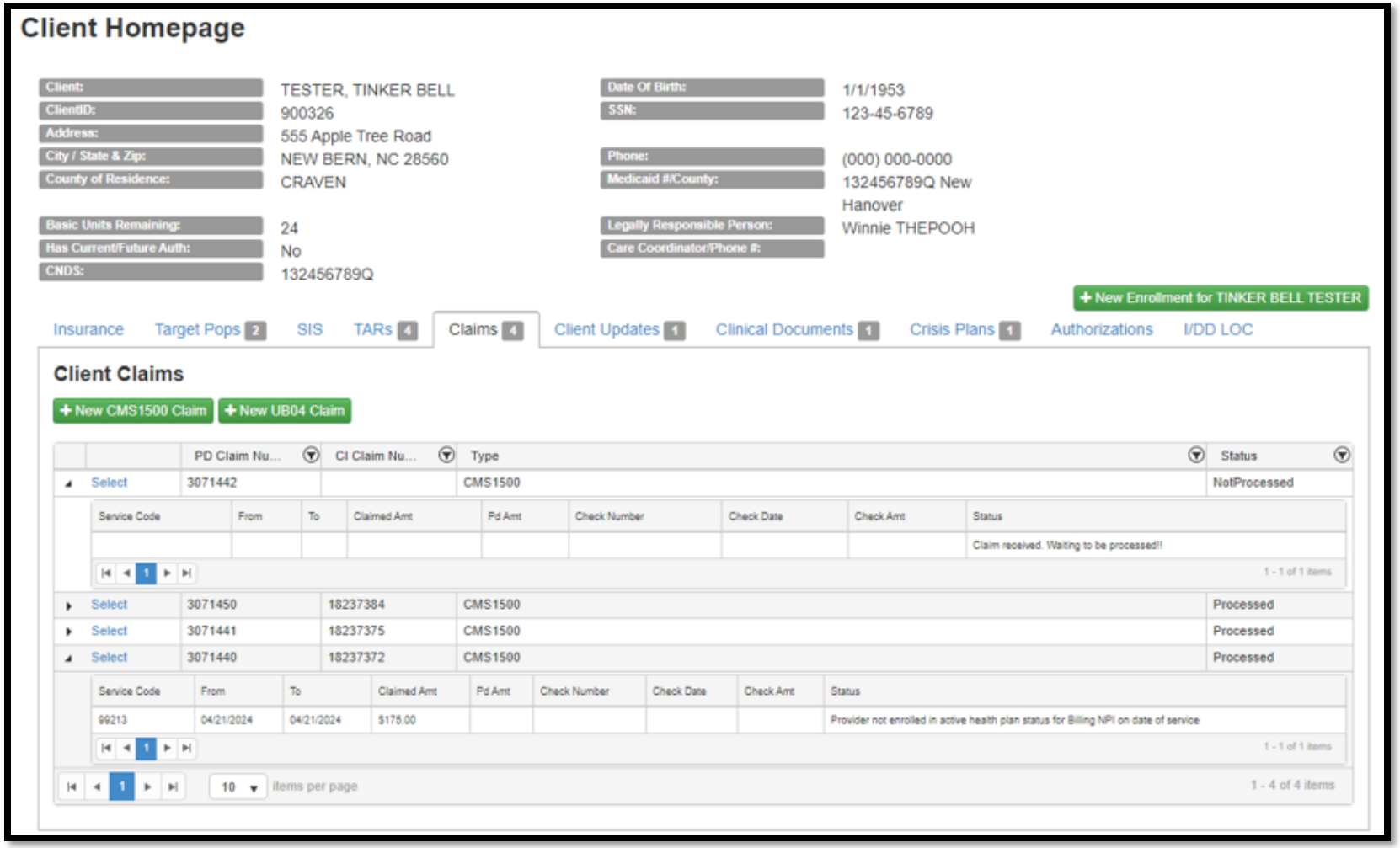
Claims are adjudicated nightly, and the claims status will be available for the provider to review the next day.

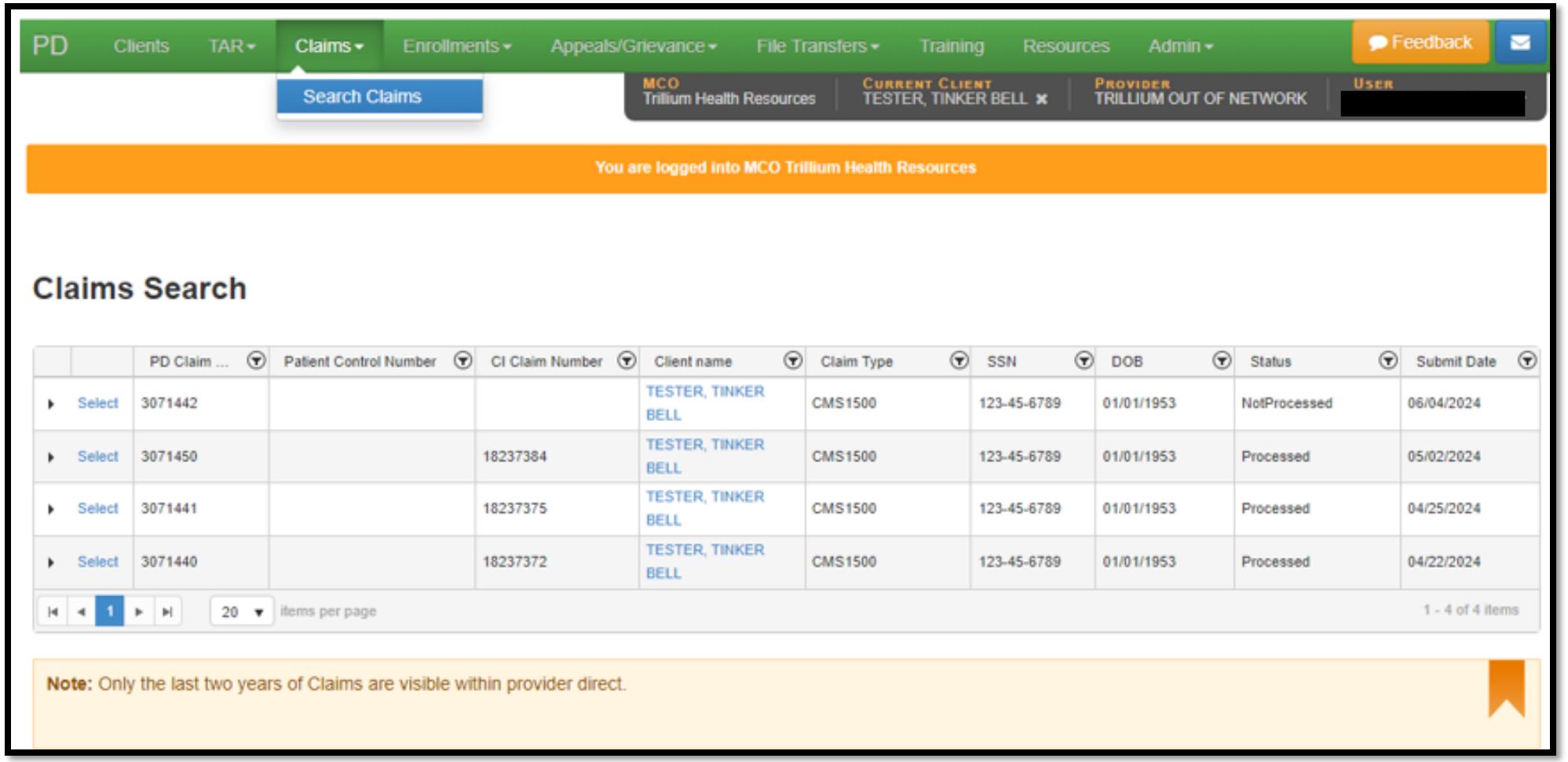


Reviewing the claims status

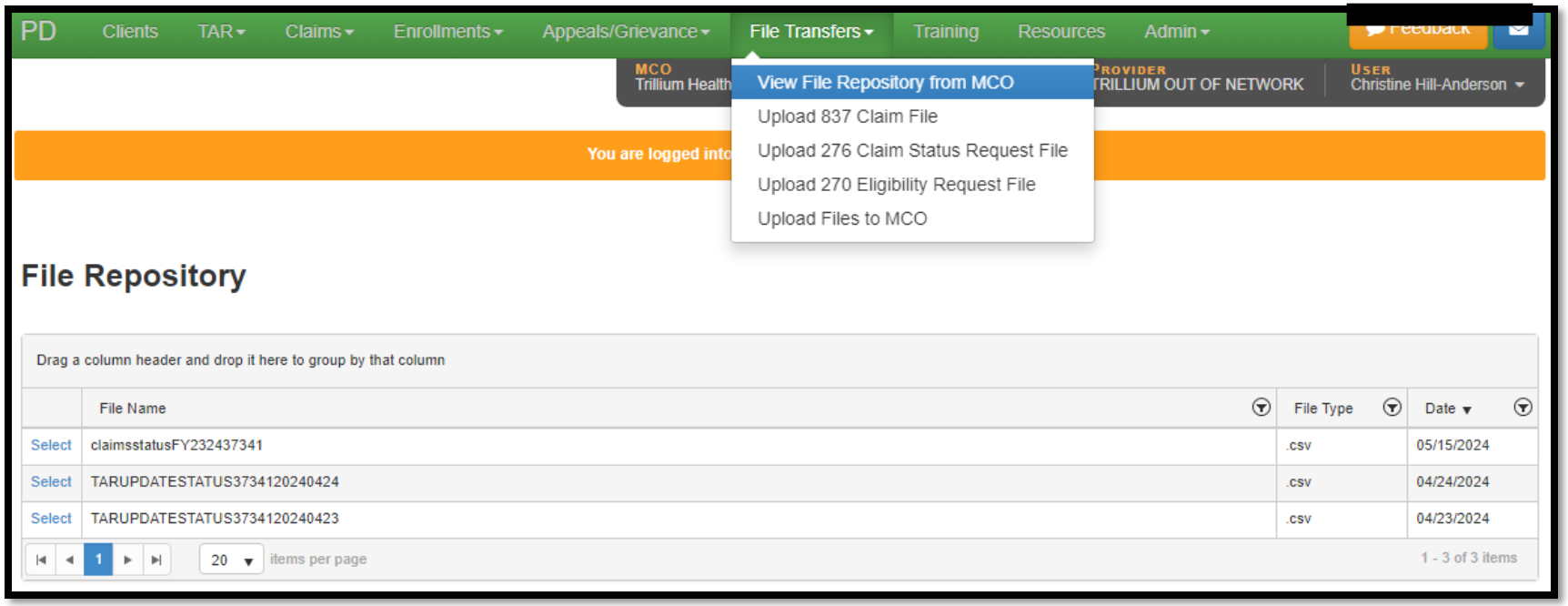
The Claims Status for claims submitted within the last 2 years can be reviewed on the:

- Client homepage
- Provider Claims Search page
- Via the Claims Status Report




PD
Clients
TAR
Claims
Enrollments
Appeals/Grievance
File Transfers
Training
Resources
Admin
Feedback
Search Claims
MCO
Trillium Health Resources
Current Client
TESTER, TINKER BELL
Provider
TRILLIUM OUT OF NETWORK
User
You are logged into MCO Trillium Health Resources
Claims Search
PD Claim ...
Patient Control Number
CI Claim Number
Client name
Claim Type
SSN
DOB
Status
Submit Date
Select 3071442 TESTER, TINKER BELL CMS1500 123-45-6789 01/01/1953 NotProcessed 06/04/2024
Select 3071450 18237384 TESTER, TINKER BELL CMS1500 123-45-6789 01/01/1953 Processed 05/02/2024
Select 3071441 18237375 TESTER, TINKER BELL CMS1500 123-45-6789 01/01/1953 Processed 04/25/2024
Select 3071440 18237372 TESTER, TINKER BELL CMS1500 123-45-6789 01/01/1953 Processed 04/22/2024
1
20
items per page
1 - 4 of 4 items
Note: Only the last two years of Claims are visible within provider direct.

File Transfers Tab



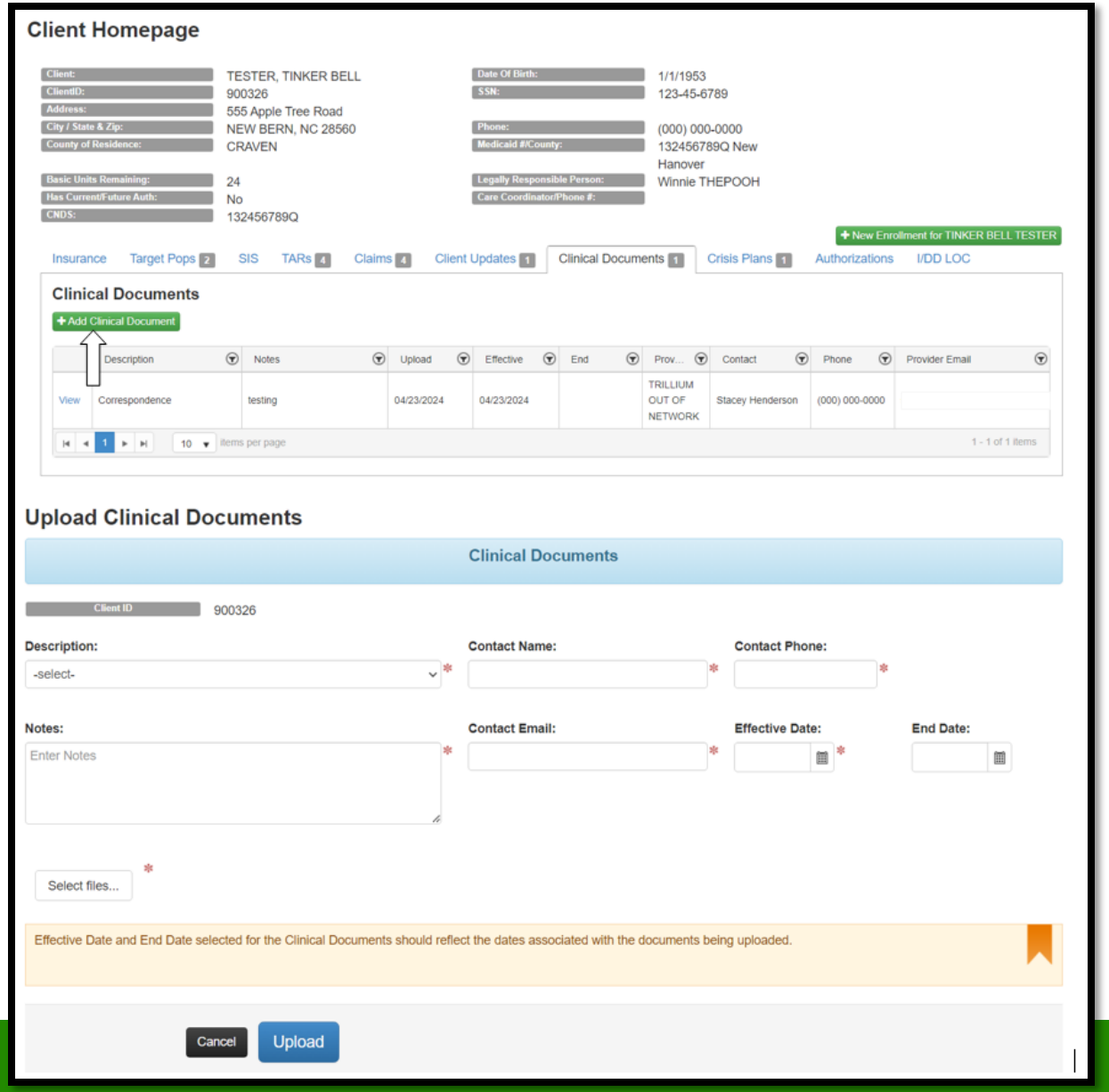
Providers with an SFTP set up can submit 837 files directly through Provider Direct.

- File names will need to be unique
- Sender/Submitter ID number will need to reflect the Trillium issued Provider ID
- Zip code submitted will need to be 9 digits
- 3rd Party billers submitting claims for multiple providers will require a separate SFTP set up

Attaching Third Party Correspondence

Third Party Correspondence is included but not limited to:

- Explanation of Payments (EOP)
- Explanation of Benefits (EOB)
- Explanation of Direct Deposit (EODD)
- Claims Correspondence Documents



Behavioral Health Claim Related Resources

Taxonomy Code on Claim Submission Fact Sheet

https://www.trilliumhealthresources.org/sites/default/files/docs/Provider-documents/Claims/Trillium-Taxonomy-Claim-Submission-Factsheet.pdf

Replacement and Voided Claims Guide

https://www.trilliumhealthresources.org/sites/default/files/docs/Provider-documents/Claims/Trillium_Replacement_and_Voided_Claims_Process.pdf

Prompt Payment Tipsheet

https://www.trilliumhealthresources.org/sites/default/files/docs/Provider-documents/Claims/Trillium-Prompt-Payment-Tip-Sheet.pdf

Tailored Care Management Billing Guide

https://www.trilliumhealthresources.org/sites/default/files/docs/TCM-For-Providers/Trillium-TCM-Billing-Guide-for-Providers.pdf

Additional My Learning Campus Trainings:

- Submitting a Claim training

Claims Submission Protocol

https://www.trilliumhealthresources.org/sites/default/files/docs/Provider-documents/Claims/Trillium-Medicaid-Direct-Tailored-Plan-Claims-Submission-Protocol.pdf

Transforming Lives.
Building Community Well-Being.

Trillium HEALTH RESOURCES

Carolina Complete Health – Claims Training

Jesse Hardin - Director - Communications and Program Implementation

ACCREDITED NCQA HEALTH PLAN

Physical Health Portal

Physical Health Secure Provider Portal

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

Using the "Trillium Physical Health Portal" is one way to submit physical health claims and authorizations to Carolina Complete Health for processing.

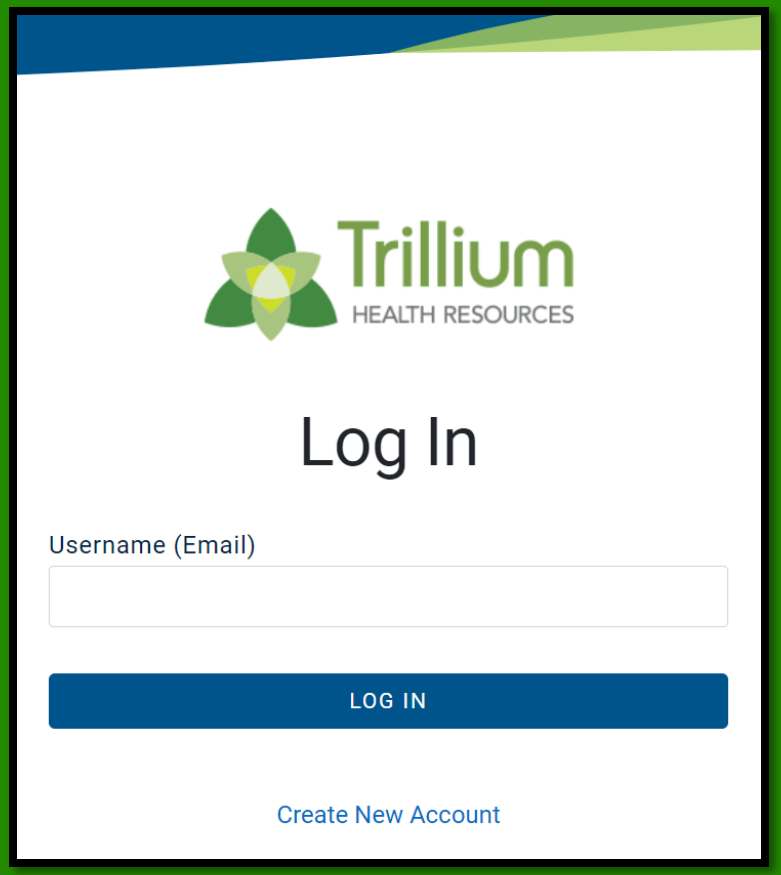
Secure Provider Portal Functions:

- Claims submissions
- Prior authorizations
  - …and more!

Secure Physical Health Portal address:
https://provider.trilliumhealthresources.org/

Note: Providers should not use the Carolina Complete Health Standard Plan portal to submit Tailored Plan claims.

Physical Health Portal Registration



Secure Portal address: https://provider.trilliumhealthresources.org/

1. **Assign Portal Account Manager:** To access the Trillium Physical Health Portal, in-network contracted providers must identify one individual who will serve as the Portal Account Manager. The Account Manager will be responsible for managing all other users for that provider organization.

2. **Create an account:** Visit provider.trilliumhealthresources.org to create a new account associated with your email address.

3. **Verify email:** Verify your email address by entering the one-time code sent by EntryKeyID.

4. **Register TIN:** Under the 'Success!' message, click continue to enter the Tax ID for the contracted entity, business phone and fax. Click 'Submit.'

5. **Email Provider Engagement:** After registering, email your assigned Provider Engagement Administrator or ProviderEngagement@cch-network.com to request verification of your portal registration request and assignment as Portal Account Manager. Carolina Complete Health is responsible for setting up the first Account Manager account. Afterward, the Account Manager is responsible for user management.

What is an Account Manager?

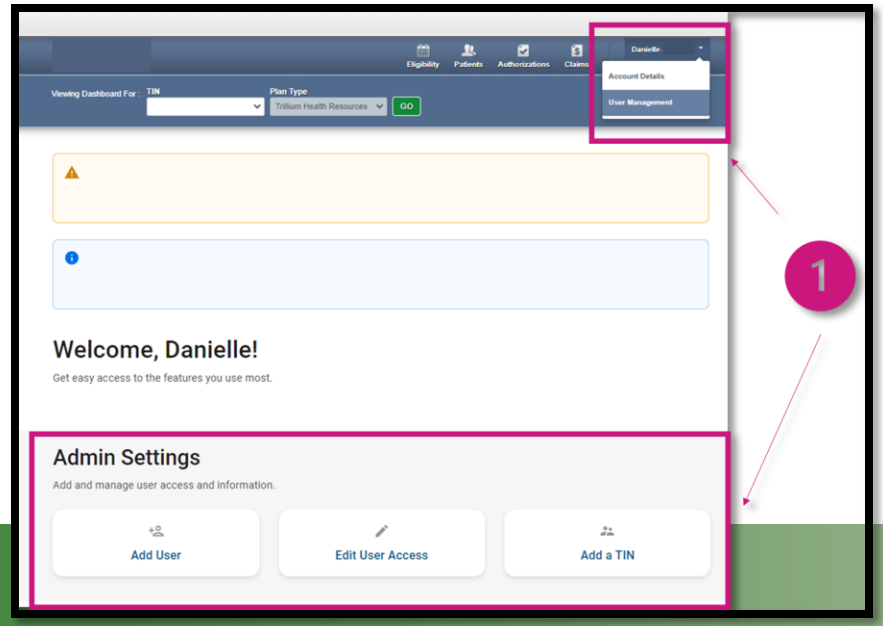
Trillium HEALTH RESOURCES
Transforming Lives. Building Community Well-Being.

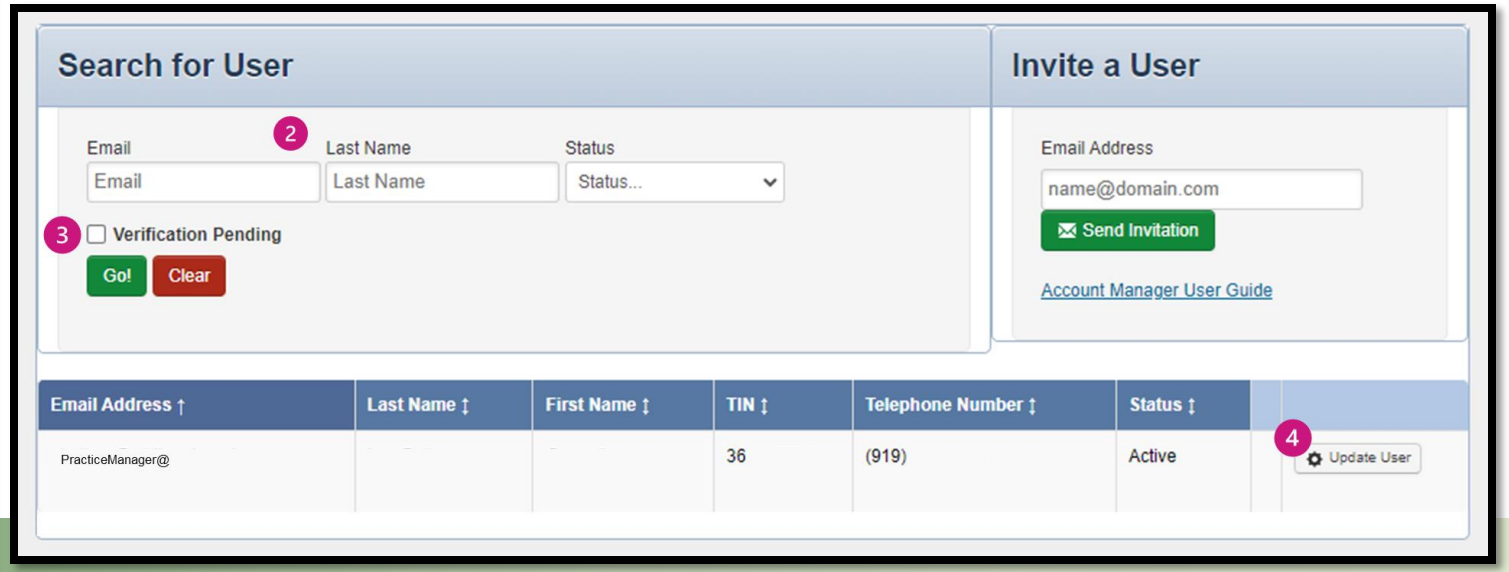
- Account Manager is a role within the Secure Portal that is assigned to the **primary contact within your practice. This is chosen at the discretion of the organization.**
- The purpose of this role is to help us maintain the safety and integrity of patient data.
- The Account Manager is responsible for day-to-day support of all Secure Portal user accounts that are registered under the same Tax Identification Number (TIN). These responsibilities include:
  - Approving access for new Secure Portal users
  - Assigning permissions for users based on their job responsibilities
  - Regularly adjusting the permissions of users whose roles may have changed
- Terminating users who no longer work at the practice

Accessing Account Manager Tasks

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

1) Click the User Management dropdown in the upper right-hand corner or use Admin Settings from the home screen to complete Account Manager actions.
2) Search for a specific user by entering their name and email address, or view a list of all users in your practice.
3) For new user accounts that need to be verified, select the Verification Pending box, click the Verify Account button, and follow instructions on the back page.
4) To view and edit details of existing accounts, click the Update User button and follow instructions on the back page

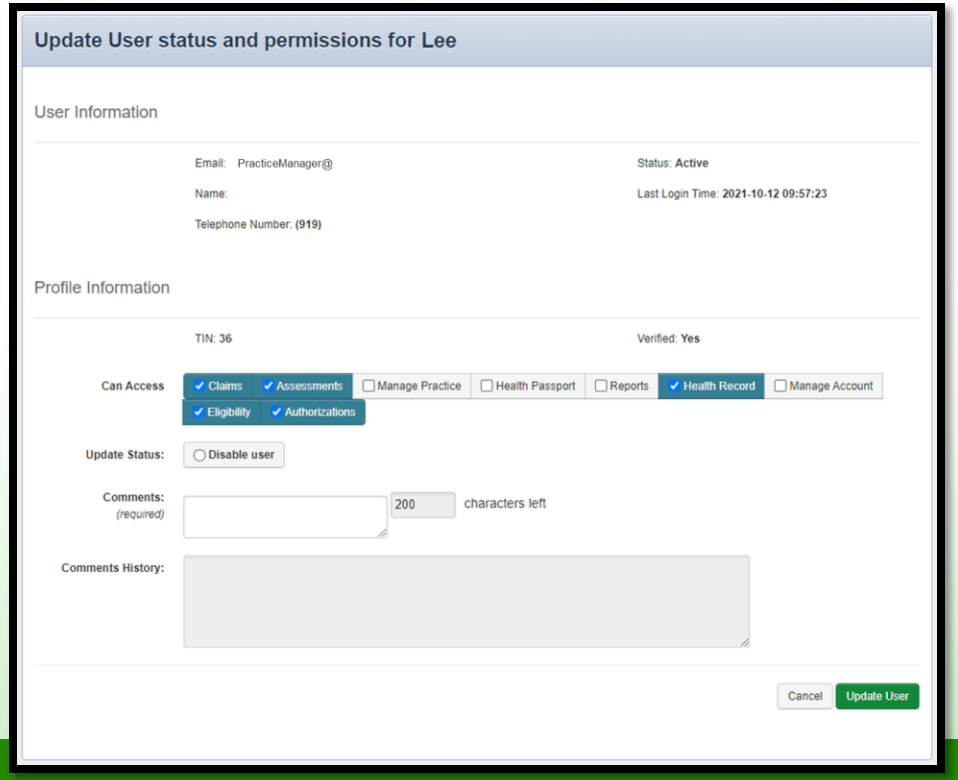




Account Manager Tasks

1. **Enabling and Disabling Users**
   - Account Managers will receive an email when a user from their practice creates a new user account. The Account Manager will click Enable User to grant access to the user.
   - If a user leaves the practice or no longer needs access to the Secure Portal information for that specific TIN, the Account Manager will click Disable User.

2. **Selecting/modifying access levels for users**
   - Account Managers are responsible for selecting and managing the appropriate access for each user in their practice.
   - Access levels include:
     - Health Records: View a patient's health records for number and type of visits, medications, Immunizations and labs, care gaps, etc.
     - Claims: View and submit claims.
     - Manage Account: Enable, disable, modify permissions for a specific TIN, and invite users to set up an account.
     - Eligibility: View and check eligibility for a specific patient.
     - Assessments: Complete or view a Health Risk Assessment (HRA) or Notification of Pregnancy (NOP) for a patient.
     - Authorizations: View and submit authorizations.



Portal Training Tip Sheets

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

- Secure portal slide guide
- How to Create an Account and Register with the Secure Provider Portal
- Portal Account Manager Tips
- Checking Member Eligibility and Health Record
- Submitting a Claim
- Submitting Reproductive Health Consent Forms via Secure Provider Portal

Physical Health Claims Submission Methods

Physical Health Claim Submission

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

Method	Physical Health Provider Claims Submission
Electronic	Trillium Physical Health Portal provider.trilliumhealthresources.org
Paper	Trillium Health Resources PO Box 8003 Farmington, MO 63640-8003
Clearinghouse/ SFTP	Provider's Clearinghouse connection to Availity for Claims processing.
Payor ID	68069

These methods will get the physical health claim to CCH for processing.

Timely Filing and Claims Payment

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

- Contracted providers have 365 calendar days from the date of service (Professional) or date of discharge (Hospital).
- Non-contracted providers have 180 calendar days from the date of service (Professional) or date of discharge (Hospital).
- Trillium physical health claims payments are issued weekly. Check run is Wednesday with payment issued the following business day.

Provider Payments

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

- Clean claims will be resolved (finalized paid or denied) 95% within 15 calendar days and 99% within 30 calendar days following receipt of the claim.
- Check run for Trillium Physical Health claims payments will occur weekly on Wednesdays.
- For more information, please view CCH's Billing Manual.

Electronic Funds Transfer

- Payspan is an innovative web-based solution for Electronic Funds Transfers (EFTs) and Electronic Remittance Advices (ERAs). By using Payspan, you can speed up the processing and payment of your claims.
- Payspan: A Faster, Easier Way to Get Paid (PDF)
- **To contact Payspan:** They can be reached via phone 877-331-7154, Option 1 or email Providersupport@payspanhealth.com

Electronic Funds Transfer

Payspan:
A Faster, Easier
Way to Get Paid

carolina complete health

Carolina Complete Health offers Payspan, a free solution that helps Providers transition into electronic payments and automatic reconciliation.

Improve cash flow by getting payments faster

Maintain control over bank accounts by routing EFTs to the bank account(s) of your choice

Eliminate re-keying of remittance data by choosing how you want to receive remittance details

Settle claims electronically through Electronic Fund Transfers (EFTs) and Electronic Remittance Advices (ERAs)

Match payments to advices quickly and easily re-associate payments with claims

Create custom reports including ACH summary reports, monthly summary reports, and payment reports sorted by date

Manage multiple payers, including any payers that are using Payspan to settle claims

Questions?

1-833-552-3876

Provider Relations can help

Please keep this information for when it's time to set up our Payspan account. At this time, you can visit payspanhealth.com and click Register.

You may need your National Provider Identifier (NPI) and Provider Tax ID Number (TIN) or Employer Identification Number (EIN).

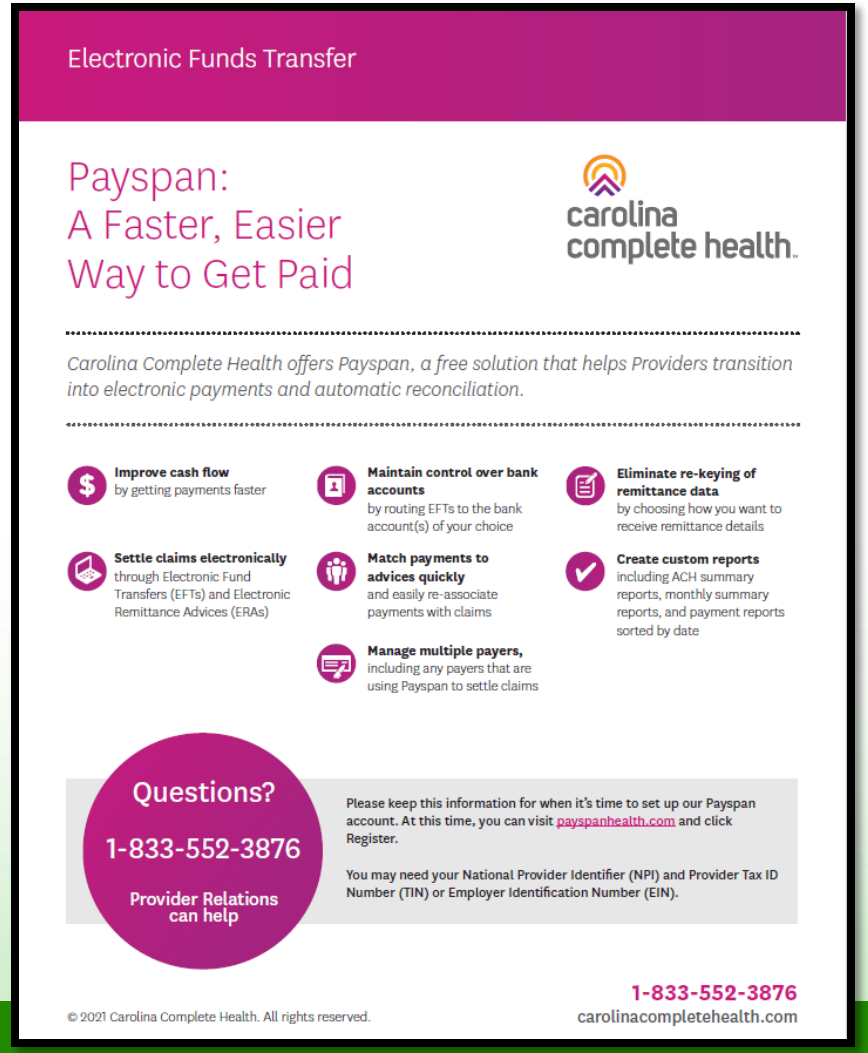
© 2021 Carolina Complete Health. All rights reserved.

1-833-552-3876
carolinacompletehealth.com

Electronic Funds Transfer

- Payspan hosts monthly provider training sessions. Webinar Wednesday sessions are open to any provider and payer representative who would like to learn more about the provider experience on the payspanhealth.com portals.
- What does the webinar cover? How to:
  - Register with Payspan (new user)
  - Add additional registration codes to an existing Payspan account
  - Navigate through the Payspan web portal
  - View a payment
  - Find a remit
  - Access 835s
  - Change bank account information
  - Add new users
- All Payspan webinars are hosted on the Fuze webinar application. Participants should join 10 minutes early to complete any required setup, which may include the Fuze app download. For more information about the monthly Provider Portal Webinar contact - providersupport@payspanhealth.com

  - **Jun 19, 2024,** 01:30 PM Eastern Time: Register
  - **Jul 17, 2024,** 01:30 PM Eastern Time: Register
  - **Aug 14, 2024,** 01:30 PM Eastern Time: Register



Example Claims Scenarios

Primary Care Claim Examples

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

Example Scenario:
Child presents for an EPSDT Well Child Check, and the PCP also manages ADHD diagnoses.

Service Line CPT Code	Service Line Primary Diagnoses Code
99393	Z00129
99401	F909
99213	F909
92551	Z00129

Today, these claim scenarios are billed to Medicaid Direct, and **July 1, 2024, they will be processed by Carolina Complete Health for Trillium Tailored Plan.**

Example Scenario:
Adult member sees their PCP for ADHD management and has a cough. The PCP runs a COVID test during the visit.

Service Line CPT Code	Service Line Primary Diagnoses Code
99214	F909
87636	R051

FQHCs and RHCs

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

- Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) billing behavioral health as part of the core services identified in NC Medicaid Policy 1D-4 will continue billing these as core services filed in the same way regardless of rendering provider type.
- FQHC/RHC are considered medical providers and core services billed with the encounter code, whether for PH or BH, can be submitted to CCH for processing.
- For Trillium Tailored Plan members, this means Carolina Complete Health will process the claims and they are to be submitted using the physical health claim submission methods outlined here.

Durable Medical Equipment (DME)

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

- **DME is considered a Physical Health benefit.**
- DME claims and authorizations are processed by Carolina Complete Health using the submission methods shared on previous slide.
- Refer to the Durable Medical Equipment Fee Schedule for the rates associated with the equipment, supplies and services.
- Additionally, the clinical coverage policies listed can be references for information regarding benefit limitations and additional billing information.
- Clinical Coverage Policies: https://network.carolinacompletehealth.com/resources/clinical-policies.html
  - Physical Rehabilitation Equipment and Supplies, 5A-1
  - Respiratory Equipment and Supplies, 5A-2
  - Nursing Equipment and Supplies, 5A-3
  - Orthotics and Prosthetics, 5B

Specialized Therapies

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

- Speech, Occupational, and Physical therapies are considered physical health services for Tailored Plan.
- ST/OT/PT claims and authorizations are processed/reviewed by Carolina Complete Health.
- For Trillium Tailored Plan, please use claims and auth submission methods outlined in this training.
- ST/OT/PT Provider Frequently Asked Questions Guide

Vision Services through Centene Vision, (Formerly Envolve)

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

- **Please note,** medical ophthalmology services are considered physical health services and use physical health claim and authorization methods
- Optometrists should contract and submit claims through Centene Vision

Envolve Vision Provider Web Portal	• https://www.envolvevision.com/logon
	• Eye Health Manager (available 24/7)
	  • Verify member eligibility and benefits
	  • File claims and review claim status
	  • Use audit tools
	  • Download, research, and reprint EOPs

Envolve Vision Paper Claims	• Envolve Vision, Attn: Claims PO Box 7548 Rocky Mount, NC 27804
Envolve Electronic Claim Submission	• Change HealthCare Payer ID#56190
Envolve Customer Services	• 1-833-224-0516

HHAeXchange

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

- Physical health PCS and HHCS providers are subject to Electronic Visit Verification (EVV) Requirements
- PCS Hard Launch Guidelines effective July 1, 2024:
  - All providers are expected to be fully compliant with EVV requirements
  - EVV data must be validated prior to claims adjudication
  - Claims without the required EVV criteria will deny.
- HHCS Soft Launch Guidelines effective July 1, 2024:
  - HHCS providers are encouraged to submit EVV visit information to HHAeXchange through the duration of the soft launch period to ensure all systems are operating as intended for a successful hard launch.
  - If you experience challenges with claim submission through HHAeXchange during soft launch, you can submit claims outside of HHA while working collaboratively with Trillium and HHA to resolve any barriers.

For more information, visit:
https://network.carolinacompletehealth.com/resources/home-health-and-personal-care-services.html

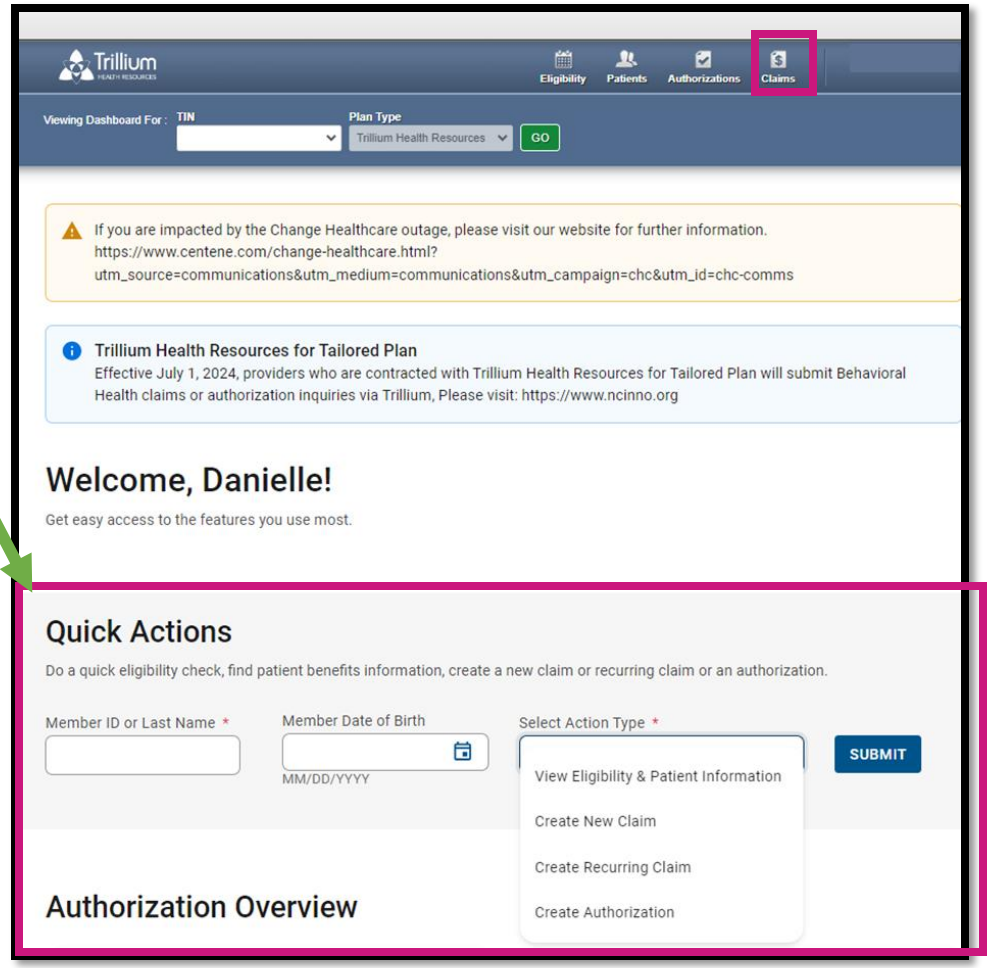
Physical Health Claim Submission

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

- To create a claim, click the “Claims” button at the top of the screen or use Quick Actions from the Home Screen.

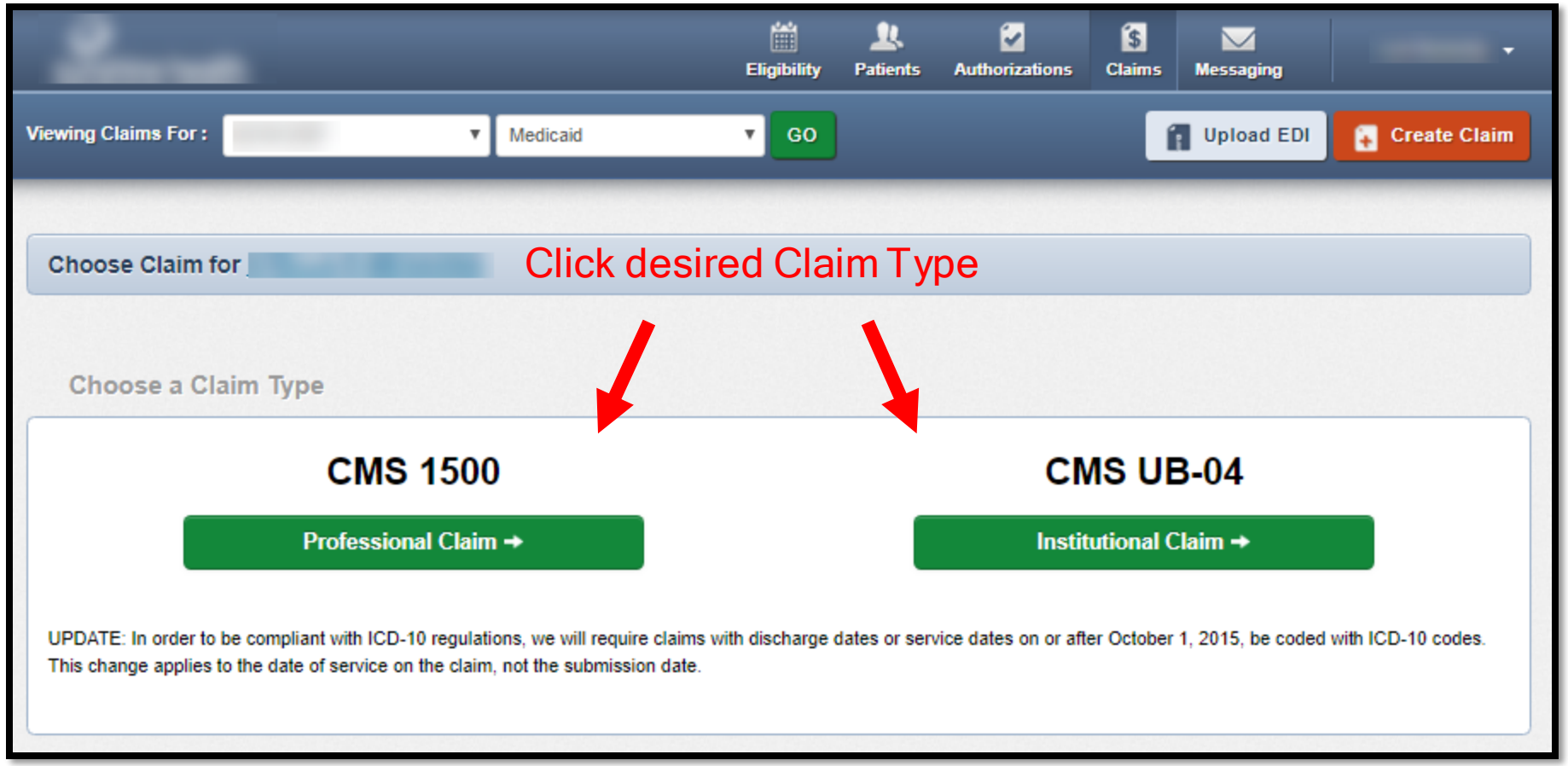
To begin an individual web claim:

1. Click **Claims**
2. Click **Create Claim**
3. Enter **Member ID or Last Name**
4. Enter Member’s **Birthdate**
5. Click **Find**



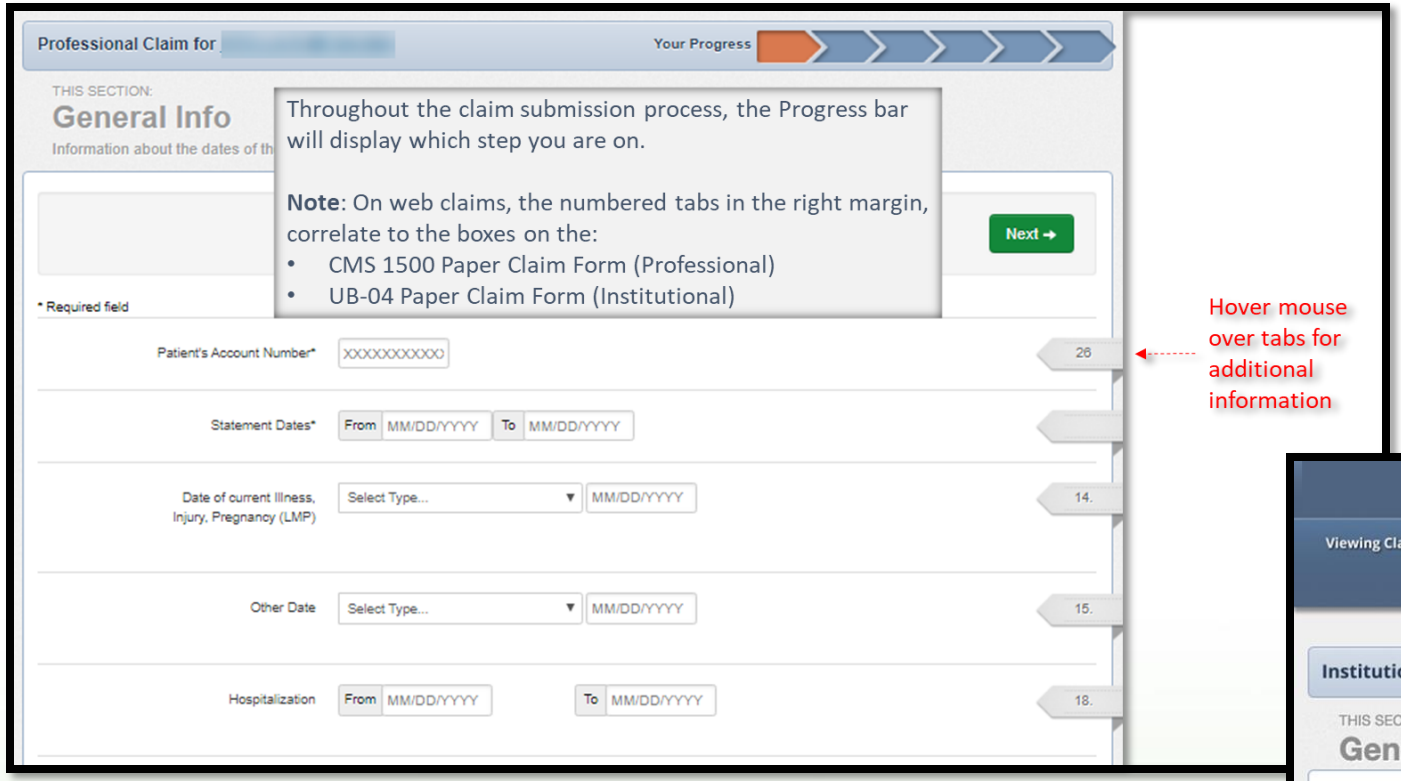
Create Claim - Claim Type Selection

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



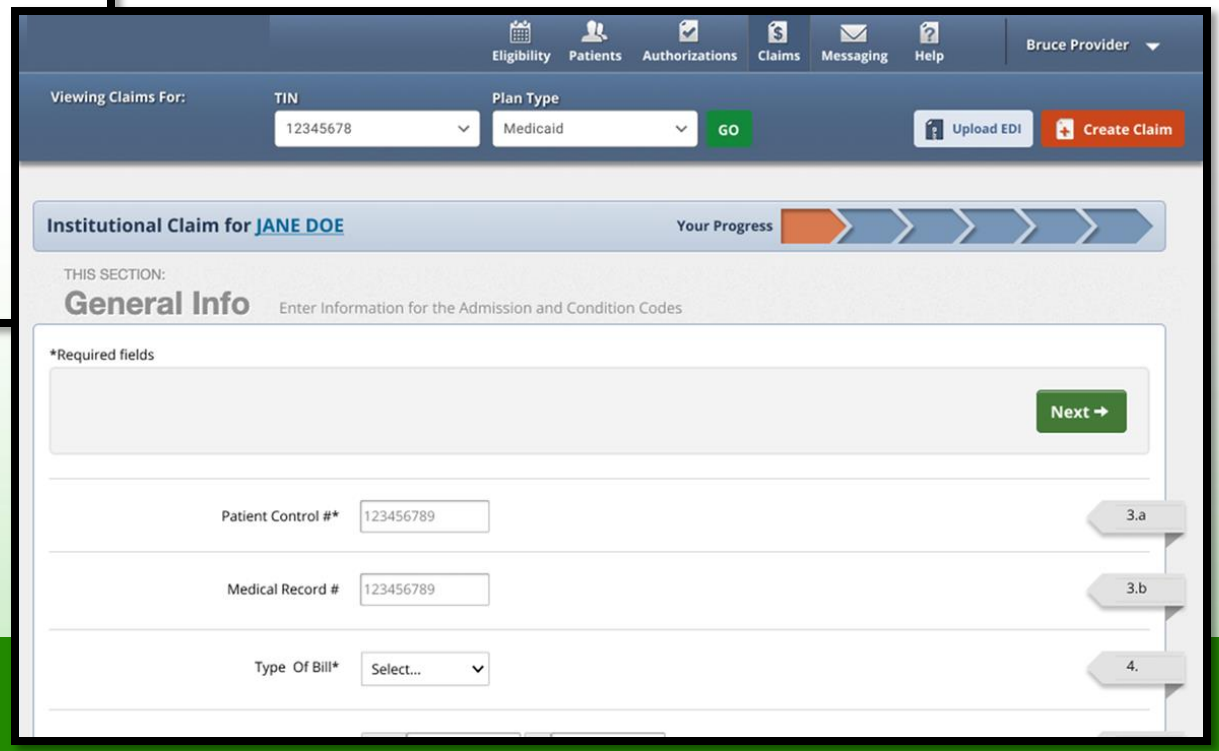
Create Claim

Professional Claim



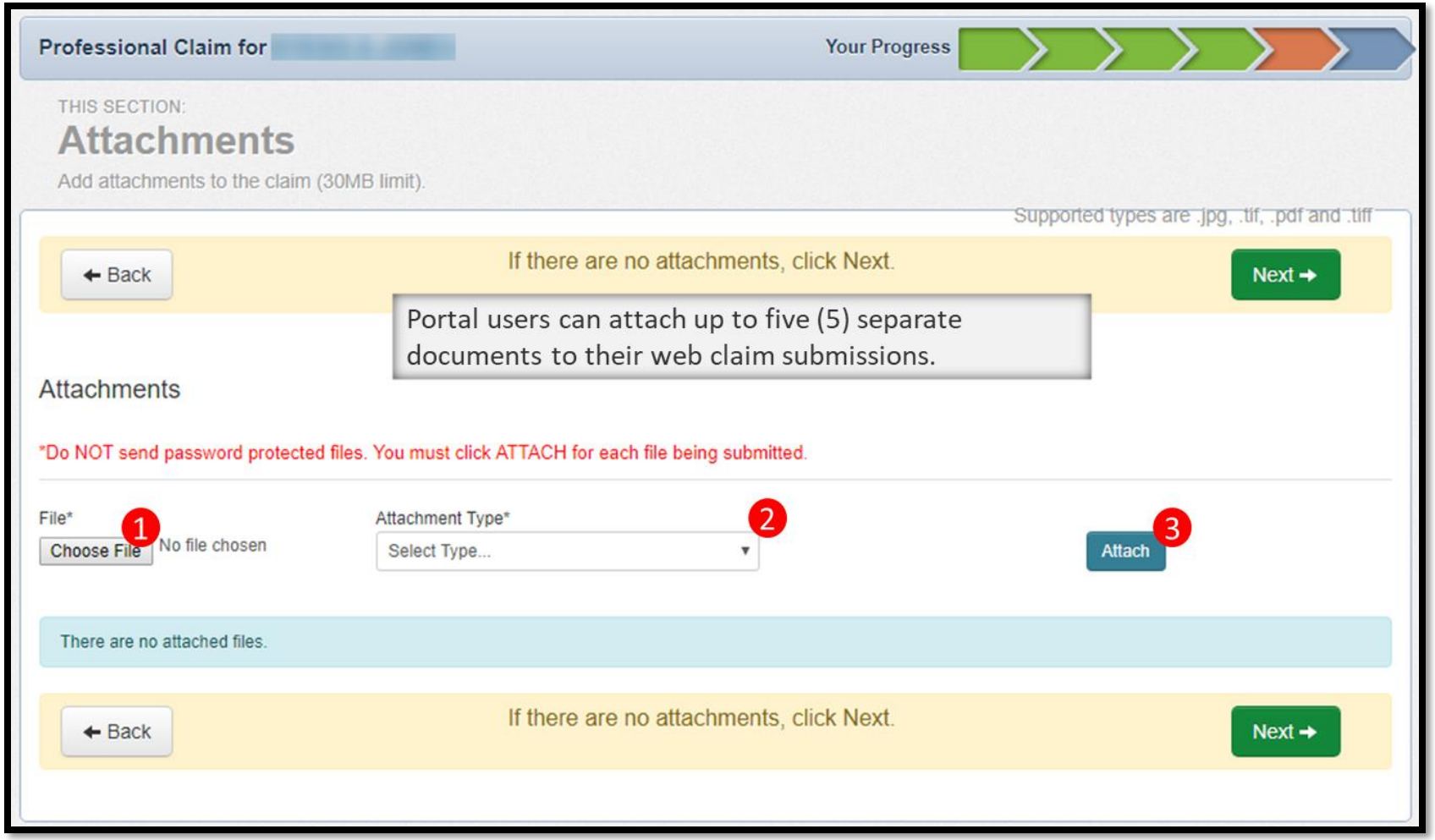
Hover mouse over tabs for additional information

Institutional Claim



Create Claim: Attachments

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



Claim Corrections and Disputes

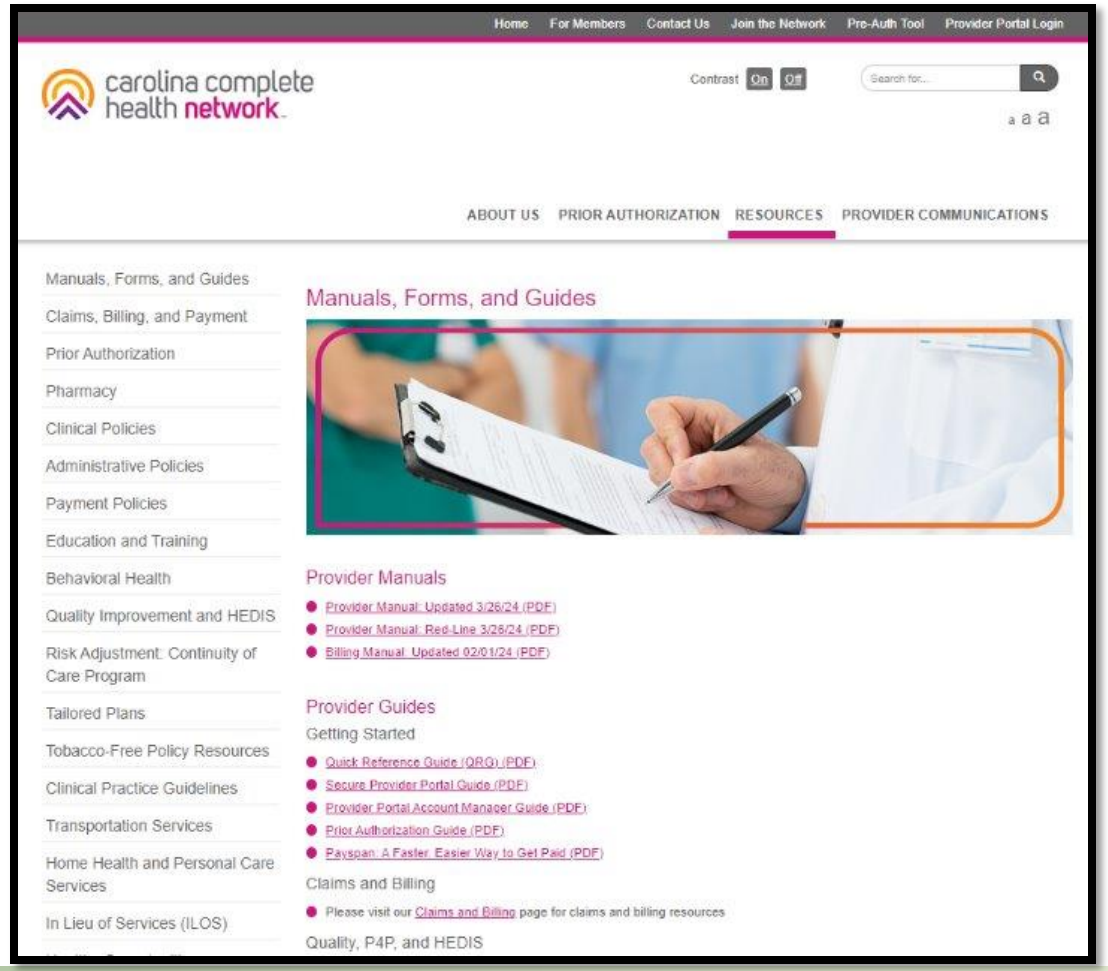
Trillium HEALTH RESOURCES
Transforming Lives. Building Community Well-Being.

Action	Definition	Timely Filing	How
Claim Correction	For claims that include a correction to the initial claim submission. For example, to correct a invalid or incorrect information in the initial submission.	Contracted Providers: submitters have 365 calendar days from the date of service to file a timely corrected claim. Non-Contracted Providers: submitters have 180 calendar days from the date of service to file a timely corrected claim.	• Provider Portal: View claim details and select 'correct claim' • EDI • Paper: Trillium Health Resources PO Box 8003 Farmington, MO 8003
Claim Reconsideration (Level I Claim Dispute)	To dispute original claim determination, complete and submit dispute to request additional review.	Contracted Providers: Providers must submit claim reconsiderations within 365 calendar days from the date of the EOP or ERA. Non-Contracted Providers: Providers must submit claim reconsiderations within 180 calendar days from the date of the EOP or ERA.	• Provider Portal: View claim details and select 'Dispute' then 'Reconsideration' • Paper via form and include the original EOP Trillium Health Resources PO Box 8003 Farmington, MO 8003
Claim Grievance (Level II Claim Dispute)	To express dissatisfaction regarding the amount reimbursed or the denial of a particular service following the exhaustion of the claim reconsideration process.	Providers must submit claim grievances within 30 calendar days from the date of the Reconsidered EOP or ERA.	• Provider Portal: View claim details and select 'Dispute' then 'Grievance' • Paper via form and include the original EOP Trillium Health Resources PO Box 8003 Farmington, MO 8003

Common Claim Denials and Resources

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

- **Taxonomy**
  - Claims Submission Reminder Guide (PDF)
- **EPSDT**
  - EPSDT Claims and Authorizations (PDF)
  - Pediatric Provider Billing Guidance (PDF)
- **Prior-Auth**
  - Pre-Auth Tool
- **Service or service modifier not correct**
  - Clinical Coverage Policies
  - Medicaid Fee Schedule
  - Pediatric Provider Billing Guidance (PDF)



Pediatric Claim Submission Tips

Denial Reason	Guidance
TJ: Service/Service Modifier Combo Not on Fee Schedule	Carolina Complete Health uses the NC Medicaid Health Check Program Guide as well as the Physician Services Fee Schedule to determine covered well child visit EPSDT services. All EPSDT services covered under a wellness visit require the -EP modifier to be appended to the applicable claim service line. CPT codes, 99173 and 99177, are required to be billed by the State as a part of a wellness check and are non-reimbursable on the Physician Fee Schedule. CPT codes 36416 and 99000 are not covered codes on either the Health Check Guide or the Physician Fee Schedule and cannot be adjusted with the inclusion of any modifiers.
N5/6N: NDC Number Missing or Invalid'	Carolina Complete Health has mirrored the NDC requirements NC DHHS currently has in place. The National Drug Code (NDC) must be submitted on a claim along with any PADP drugs and the CPT vaccine product codes. Providers are required to submit claims with the exact NDC that appears on the actual product administered, which can be found on the vial of medication. The NDC must include the NDC Unit of Measure and NDC quantity/units. When reporting a drug, enter identifier N4, the eleven-digit NDC code, Unit Qualifier, and number of units from the package of the dispensed drug. NDC/Procedure code combinations are validated by the NDC database crosswalk as well as any NC DHHS State Bulletins for seasonal vaccine products; i.e influenza vaccines. Example State Bulletin addressing influenza vaccine and reimbursement guidelines.
IM: Invalid Modifier	Carolina Complete Health follows the modifier placement listed in the Health Check Program Guide for wellness visits and screenings. (See pages 49-50 for examples). All EPSDT services covered under a wellness visit require the -EP modifier to be appended to the applicable claim service line. When claiming an immunization administration with a preventive service visit, the '25' modifier must accompany the E/M code. When providing evaluation and management of a focused complaint (CPT 9920x / 9921x) during an wellness visit, only the additional time required above and beyond the completion of the comprehensive exam (CPT 9938x / 9939x) can be claimed to address the complaint. Modifier 25 must be appended to the appropriate E/M code.

Provider Guides and Resources for Billing

Billing Manual and Billing Guides

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

- UPDATED: Billing Manual (PDF)
- NEW: Provider Taxonomy Guide (PDF)
- NEW: Provider Guide: Claim Corrections, Reconsiderations, and Grievances (PDF)
- UPDATED Claims Guide- Timely Filing (PDF)
- UPDATED: EPSDT Claims and Authorizations (PDF)
- Provider FAQ- Pended Claims Requiring Additional Information (PDF)
- Claims Guide- Duplicate Submissions (PDF)
- Pediatric Provider Billing Guidance (PDF)
- Claims Submission Reminder Guide (PDF)

Questions