

Transforming Lives.
Building Community Well-Being.



Tailored Plan Provider Sessions

Claims Department



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)



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.

Click on the Chat Bubble icon.

Apps

Trillium HEALTH RESOURCES

Chat

Everyone Direct

Messages to everyone will be saved after the meeting.

Ready, set, chat 🚀

Start with a message, a link, or even a fun GIF.

Write a message

Type question here.

Mute Stop video Share Record



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

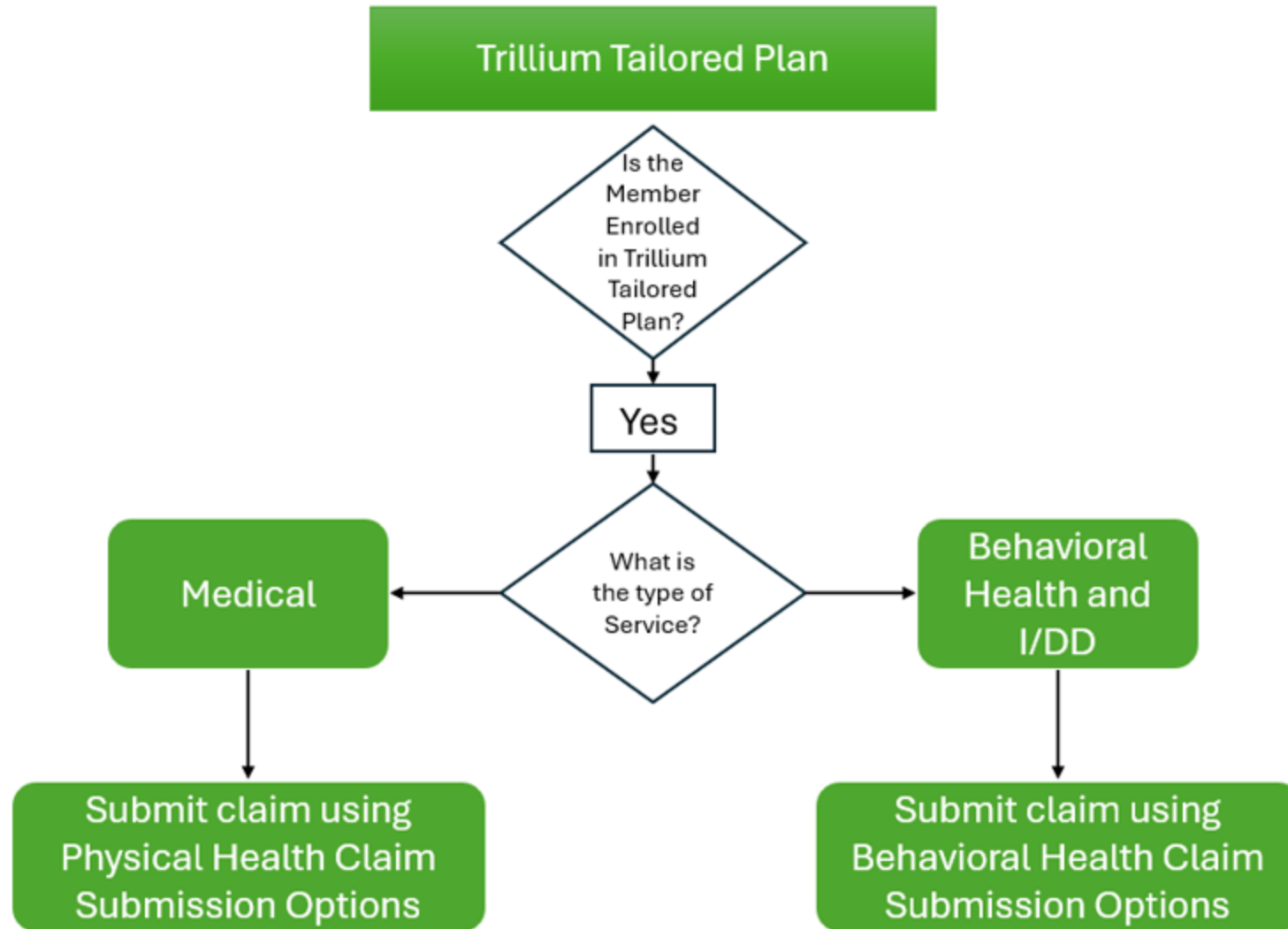


- Trillium’s claims submission protocol is built around the existing framework of Medicaid Direct to help simplify the claims submission process for our providers.
- If a provider bills Medicaid Direct today for physical health, they will submit that claim to our partner, Carolina Complete Health, for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



Hospital Inpatient Charges



- 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



- 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



- 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 PSSSL at 855-250-1539



Behavioral Health Claim Submissions via Portal



Overview of Behavioral Health/IDD Claims via Portal

A screenshot of the Trillium Health Resources login portal. The page features the Trillium logo at the top. Below it, the text "Providers - Sign in with your email address" is displayed. There are two input fields: "Email Address" and "Password". Below the password field, there is a link "Forgot your password?" and a checkbox labeled "Keep me signed in". A green "Sign in" button is positioned below the input fields. At the bottom of the form, there is a section for "Trillium Employee? Sign in with your domain account" with a green button labeled "Trillium Staff".

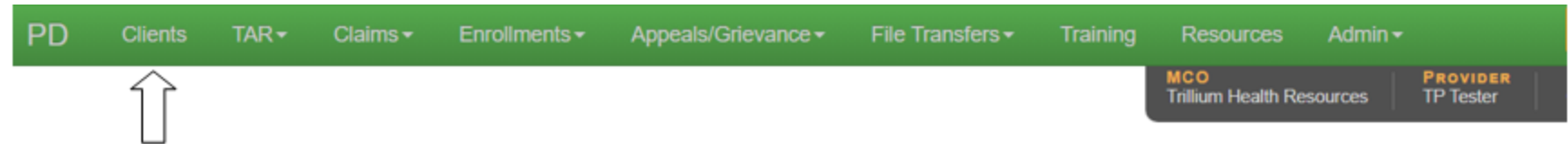
[Secure Behavioral Health / IDD Portal](#)

- 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

- Minimum search requirements are by:

- SSN alone
- Last Name and Client ID
- Medicaid # and Last Name
- First Name and DOB combined



Client Search

Client Search form with input fields for Last Name, First, Birth Date, SSN, Medicaid, and Client #, along with Search and Clear buttons.

Client Search

Client Search form with input fields for Last Name, First, Birth Date, SSN, Medicaid, and Client #, along with Search and Clear buttons.

Drag a column header and drop it here to group by that column

	Last Name	First Name	M.	DOB	SSN	Address	City	S...	Z.	Phone	ID	Medica...
Select	TESTER	TINKER BELL		01/01/1953	123-45-6789	555 Apple Tree Road	NEW BERN	NC	28560	252-111-1111	900326	

1 10 items per page 1 - 1 of 1 items

Client Homepage

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

Client Homepage

Client:	TESTER, TINKER BELL	Date Of Birth:	1/1/1953
ClientID:	900326	SSN:	123-45-6789
Address:	555 Apple Tree Road	Phone:	(000) 000-0000
City / State & Zip:	NEW BERN, NC 28560	Medicaid #/County:	132456789Q New Hanover
County of Residence:	CRAVEN	Legally Responsible Person:	Winnie THEPOOH
Basic Units Remaining:	24	Care Coordinator/Phone #:	
Has Current/Future Auth:	No		
CNDS:	132456789Q		

+ New Enrollment for TINKER BELL TESTER

Insurance Target Pops 2 SIS TARs 4 **Claims 4** Client Updates 1 Clinical Documents 1 Crisis Plans 1 Authorizations /DD LOC

MCO Insurance Plans

Policy#	Insurer	Effective ▼	Expires	County	Effective
123-45-6789	State Comprehensive	04/02/2024		Craven	Yes
132456789Q	Medicaid B Waiver	11/02/2018	12/31/2099	New Hanover	Yes
132456789Q	Medicaid B3	11/02/2018	12/31/2099	New Hanover	Yes

10 items per page

1 - 3 of 3 items

Third Party Insurance Plans

+ Add Third Party Insurance

Policy#	Insurer	PolicyType	Effective ▼	Expires	Effective
▶ 123456789	ANTHEM BCBS	00 MAJOR MEDICAL COVERAGE	05/01/2019	12/31/2099	Yes

10 items per page

1 - 1 of 1 items

Submitting a claim

Client Homepage

Client:	TESTER, TINKER BELL	Date Of Birth:	1/1/1953
ClientID:	900326	SSN:	123-45-6789
Address:	555 Apple Tree Road	Phone:	252-111-1111
City / State & Zip:	NEW BERN, NC 28560	Medicaid #/County:	* missing *
County of Residence:	CRAVEN	Legally Responsible Person:	Winnie THEPOOH
Basic Units Remaining:	No Effective Insurance	Care Coordinator/Phone #:	
Has Current/Future Auth:	No		
CNDS:	132456789Q		

+ New Enrollment for TINKER BELL TESTER

Insurance Target Pops 2 SIS TARs Claims Client Updates Clinical Documents Crisis Plans 1 Authorizations I/DD LOC

Client Claims

+ New CMS1500 Claim + New UB04 Claim

Client Claims: 0

Select Provider Billing NPI

Click on the dropdown and begin typing the **Location Name** or **NPI**, then select from the list.

Select Provider Billing NPI



1. INSURANCE TYPE: other
 1A. INSURED'S ID #: 123-45-6789

2. PATIENT'S NAME: TESTER, TINKER BELL
 2. PATIENT'S DATE OF BIRTH / SEX: 01/01/1953 / F
 4. INSURED'S NAME: TESTER, TINKER BELL
 5. PATIENT'S ADDRESS: 555 Apple Tree Road, NEW BERN, NC 28580
 6. PATIENT'S RELATIONSHIP TO INSURED: Self
 7. INSURED'S ADDRESS: 555 Apple Tree Road, NEW BERN, NC 28580
 8. PATIENT STATUS: -select-
 9. OTHER INSURED'S NAME: Last, First, MI
 10. IS PATIENT'S CONDITION RELATED TO:
 A. EMPLOYMENT? (CURRENT OR PREVIOUS): -select-
 B. AUTO ACCIDENT?: -select-
 C. OTHER ACCIDENT?: -select-
 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-
 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. DATE'S PATIENT UNABLE TO WORK IN CURRENT OCCUPATION: -
 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE:
 17A. PHYSICIAN NPI:
 18. HOSPITALIZATION DATE'S RELATED TO CURRENT SERVICE: -
 19. RESERVED FOR LOCAL USE:
 20. OUTSIDE LAB: -select- CHARGES:

Note: Contact your Claims Specialist if your COB Insurer is not in the drop-down list of Insurers.

Procedures, Services & Supplies (1 of 50)

24A. DATE'S OF SRVC FROM - TO	B. PLACE OF SERVICE	C. EMG	D. PROCEDURE, SERVICE & SUPPLIES CPT/HCPC	MODIFIER	E. DIAG POINTER	F. \$ CHARGE	G. DAY'S / UNIT	J. RENDERING TAXONOMY / NPI	COORDINATION OF BENEFIT		DEL
									PAYMENT	REASON	
1	-select-			1 2				-select-	0.00	-select-	
				3 4				-select-			
Totals->							\$0.00		\$0.00		

(1 of 50)

25. FEDERAL TAX ID: 56-0898928 * EIN SBN
 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
 32. SERVICE FACILITY INFORMATION
 FACILITY NAME: -select-
 Name:
 ADDRESS:
 Street:
 CITY: STATE: ZIP: +4
 City: St: Zip: +4
 A. NPI #:

31. PHYSICIAN / SUPPLIER
 SIGNED BY PHYSICIAN *
 DATE SIGNED: *
 DEGREE/CREDENTIALS:
 33. BILLING PROVIDER INFO
 TRILLIUM OUT OF NETWORK
 ADDRESS: 3800 Shipyard Blvd
 CITY: WILMINGTON STATE: NC ZIP: 28403 +4
 PHONE: (999) 999-9999 *
 A. NPI #: 2561453251 B. TAXONOMY: -select-

Back to Client Save & Continue





Claim #3071442 Saved

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

Back to Client

Edit Claim

Submit Claim

Price Preview

Pricing Preview

Claim #	3071442	Provider #	2561453251
Pay to Provider	TRILLIUM OUT OF NETWORK		
Address	3809 Shipyard Blvd		
City / State & Zip	WILMINGTON, NC 28403 - 0000		
Phone	(999) 999-9999	Tax ID	[REDACTED]

Rate Per Service

(1 of 50)

1	DATES OF SERVICE		CONTRACT STATUS	PLACE OF SERVICE	EMG	PROCEDURES, SERVICES & SUPPLIES				SERVICE RATE	DAYS / UNITS	REIMBURSEMENT AMOUNT	ADJUSTED REIMBURSEMENT AMT
	FROM	TO				CPT/HCPCS	MODIFIERS						
	04/25/2024	04/25/2024	Contract is current	11 - Office	N	T1019	TS	2	15.06	X	1	15.06	15.06
							3	4					
Reimbursement Total->												\$15.06	

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

Client Homepage

Client: TESTER, TINKER BELL Date Of Birth: 1/1/1953
 ClientID: 900326 SSN: 123-45-6789
 Address: 555 Apple Tree Road
 City / State & Zip: NEW BERN, NC 28560 Phone: (000) 000-0000
 County of Residence: CRAVEN Medicaid #/County: 132456789Q New Hanover
 Basic Units Remaining: 24 Legally Responsible Person: Winnie THEPOOH
 Has Current/Future Auth: No Care Coordinator/Phone #:
 CND5: 132456789Q

[+ New Enrollment for TINKER BELL TESTER](#)

Insurance Target Pops **2** SIS TARs **4** **Claims 4** Client Updates **1** Clinical Documents **1** Crisis Plans **1** Authorizations I/DD LOC

Client Claims

[+ New CMS1500 Claim](#) [+ New UB04 Claim](#)

	PD Claim Nu...	CI Claim Nu...	Type	Status					
Select	3071442		CMS1500	NotProcessed					
	Service Code	From	To	Claimed Amt	Pd Amt	Check Number	Check Date	Check Amt	Status
									Claim received. Waiting to be processed!!
1 - 1 of 1 items									
Select	3071450	18237384	CMS1500	Processed					
Select	3071441	18237375	CMS1500	Processed					
Select	3071440	18237372	CMS1500	Processed					
	Service Code	From	To	Claimed Amt	Pd Amt	Check Number	Check Date	Check Amt	Status
	99213	04/21/2024	04/21/2024	\$175.00					Provider not enrolled in active health plan status for Billing NPI on date of service
1 - 1 of 1 items									
10 items per page 1 - 4 of 4 items									



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

Navigation: 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



PD Clients TAR Claims Enrollments Appeals/Grievance File Transfers Training Resources Admin Feedback

MCO Trillium Health PROVIDER TRILLIUM OUT OF NETWORK USER Christine Hill-Anderson

You are logged into

File Repository

Drag a column header and drop it here to group by that column

	File Name	File Type	Date
Select	claimsstatusFY232437341	.csv	05/15/2024
Select	TARUPDATESTATUS3734120240424	.csv	04/24/2024
Select	TARUPDATESTATUS3734120240423	.csv	04/23/2024

1 20 items per page 1 - 3 of 3 items

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

Client Homepage

Client: TESTER, TINKER BELL
ClientID: 900326
Address: 555 Apple Tree Road
City / State & Zip: NEW BERN, NC 28560
County of Residence: CRAVEN
Date Of Birth: 1/1/1953
SSN: 123-45-6789
Phone: (000) 000-0000
Medical #/County: 132456789Q New Hanover
Legally Responsible Person: Winnie THEPOOH
Care Coordinator/Phone #:
Basic Units Remaining: 24
Has Current/Future Auth: No
CND: 132456789Q

[Insurance](#) [Target Pops 2](#) [SIS](#) [TARs 4](#) [Claims 4](#) [Client Updates 1](#) **Clinical Documents 1** [Crisis Plans 1](#) [Authorizations](#) [I/DD LOC](#)

[+ New Enrollment for TINKER BELL TESTER](#)

Clinical Documents

[+ Add Clinical Document](#)

Description	Notes	Upload	Effective	End	Prov...	Contact	Phone	Provider Email
View Correspondence	testing	04/23/2024	04/23/2024		TRILLIUM OUT OF NETWORK	Stacey Henderson	(000) 000-0000	

10 items per page 1 - 1 of 1 Items

Upload Clinical Documents

Client ID: 900326

Description: *

Notes: *

Contact Name: *

Contact Phone: *

Contact Email: *

Effective Date: *

End Date: *

*

Effective Date and End Date selected for the Clinical Documents should reflect the dates associated with the documents being uploaded.



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.



Carolina Complete Health – Claims Training

Jesse Hardin - Director - Communications and Program Implementation



Physical Health Portal

Physical Health Secure Provider Portal

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/>

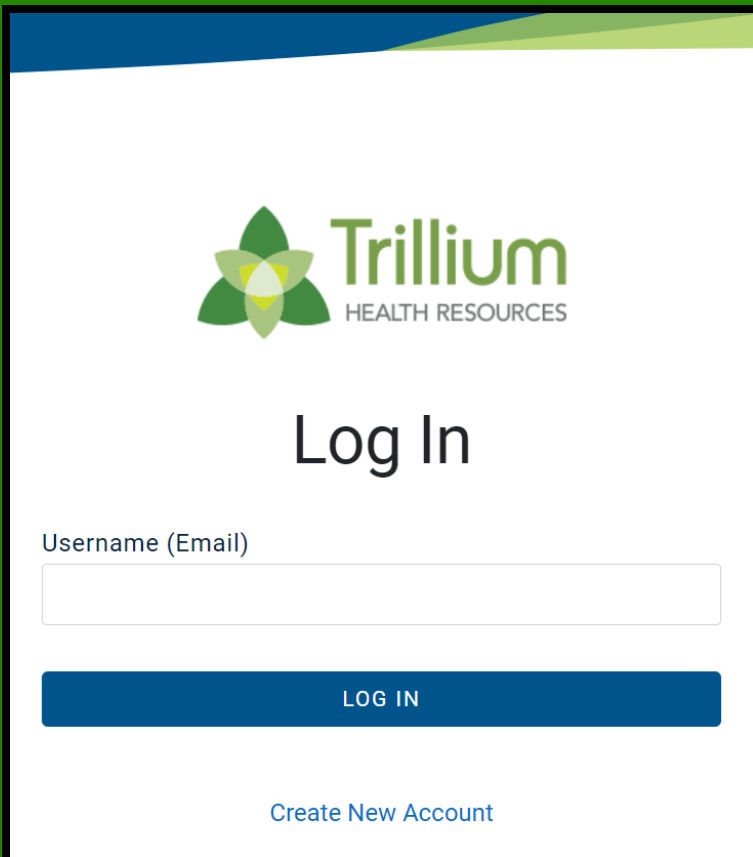
Note: Providers should not use the Carolina Complete Health Standard Plan portal to submit Tailored Plan claims.



The screenshot shows the login interface for the Trillium Health Resources Secure Provider Portal. At the top, the Trillium Health Resources logo is displayed. Below the logo, the text "Log In" is centered. Underneath, there is a text input field labeled "Username (Email)". Below the input field is a blue button labeled "LOG IN". Below the button is a link labeled "Create New Account". At the bottom of the page, there is a section for "EntryKeyID" with the text "single password" and "reliable security" on either side of a circular icon containing a key. Below this section are links for "Help", "Privacy Policy", and "Terms of Use", followed by the copyright notice "© 2022 Centene".



Physical Health Portal Registration



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

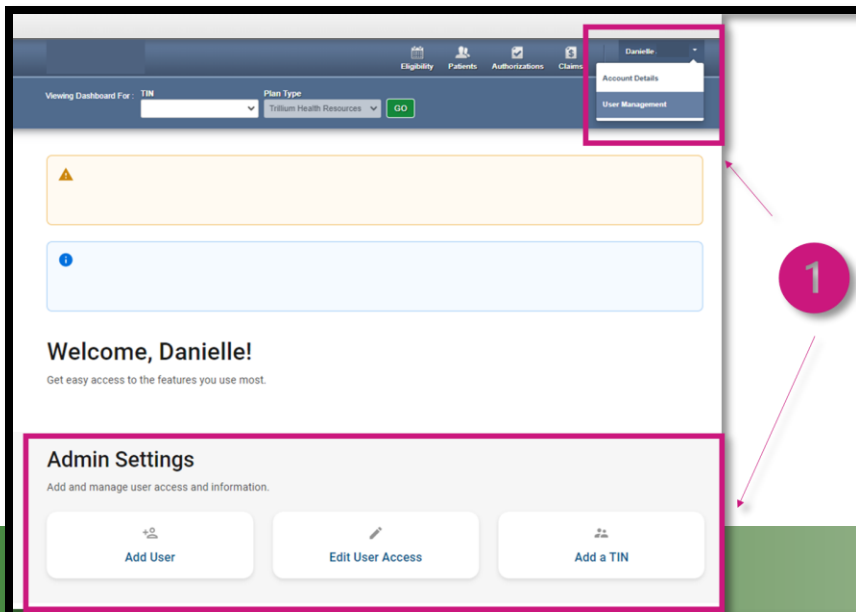
1. **Assign Portal Account Manager:** To access the Trillium Physical Health Portal, in-network contracted providers must identify one individual who will serve as the Portal Account Manager. The Account Manager will be responsible for managing all other users for that provider organization.
2. **Create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

- 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

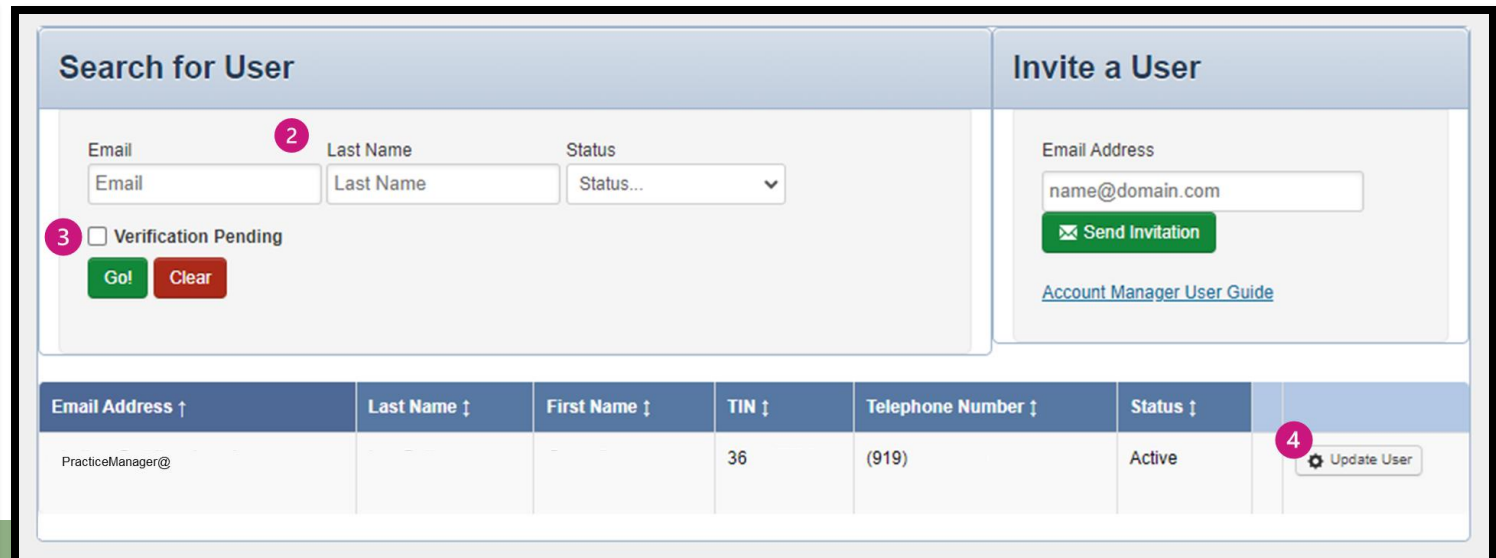
- 1) Click the User Management dropdown in the upper right-hand corner or use Admin Settings from the home screen to complete Account Manager actions.
- 2) Search for a specific user by entering their name and email address, or view a list of all users in your practice.
- 3) For new user accounts that 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



Viewing Dashboard For: TIN [dropdown] Plan Type [dropdown] Trillium Health Resources [GO]

Admin Settings
Add and manage user access and information.

Add User Edit User Access Add a TIN



Search for User

Email [input] Last Name [input] Status [dropdown]

Verification Pending

Go! Clear

Invite a User

Email Address [input] Send Invitation

[Account Manager User Guide](#)

Email Address ↑	Last Name ↓	First Name ↓	TIN ↓	Telephone Number ↓	Status ↓	
PracticeManager@			36	(919)	Active	<input type="button" value="Update User"/>

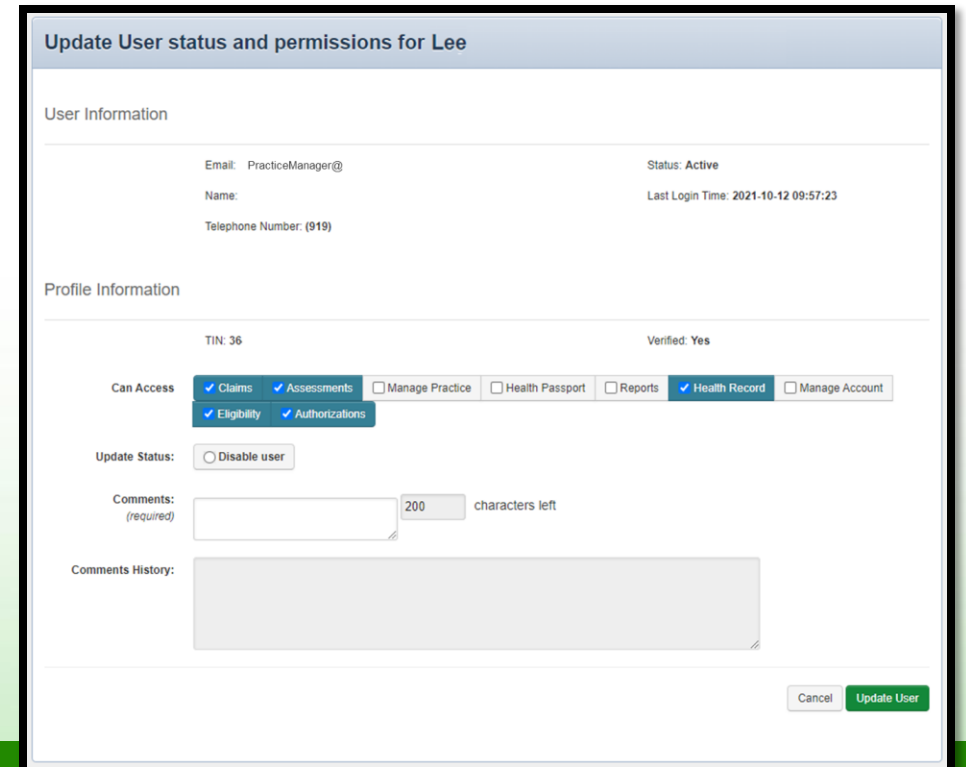
Account Manager Tasks

1. Enabling and Disabling Users

- AccountManagers will receive an email when a user from their practice creates a new user account. The AccountManager 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

- AccountManagers 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.



Update User status and permissions for Lee

User Information

Email: PracticeManager@ Status: Active
Name: Last Login Time: 2021-10-12 09:57:23
Telephone Number: (919)

Profile Information

TIN: 36 Verified: Yes

Can Access Claims Assessments Manage Practice Health Passport Reports Health Record Manage Account
 Eligibility Authorizations

Update Status: Disable user

Comments: (required) 200 characters left

Comments History:

Cancel Update User

Portal Training Tip Sheets

- [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

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



- ✿ 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

- 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 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).

1-833-552-3876
carolinacompletehealth.com

© 2021 Carolina Complete Health. All rights reserved.

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](#)



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



Example Claims Scenarios

Primary Care Claim Examples

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

- 🌱 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)

- ♻️ **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

- 🌱 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)



- 🌱 **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	<ul style="list-style-type: none">• https://www.envolvevision.com/logon• Eye Health Manager (available 24/7)<ul style="list-style-type: none">• Verify member eligibility and benefits• File claims and review claim status• Use audit tools• Download, research, and reprint EOPs
Envolve Vision Paper Claims	<ul style="list-style-type: none">• Envolve Vision, Attn: Claims PO Box 7548 Rocky Mount, NC 27804
Envolve Electronic Claim Submission	<ul style="list-style-type: none">• Change HealthCare Payer ID#56190
Envolve Customer Services	<ul style="list-style-type: none">• 1-833-224-0516

- 🌱 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:

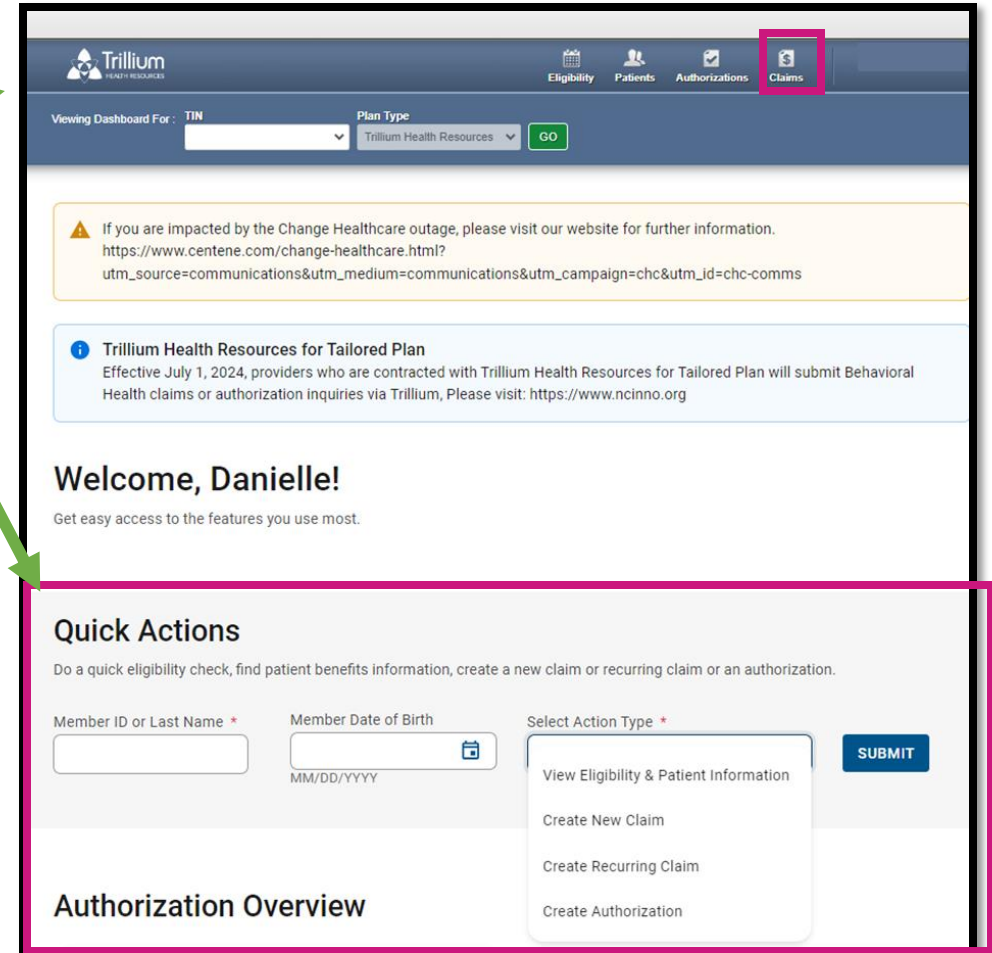
<https://network.carolinacompletehealth.com/resources/home-health-and-personal-care-services.html>

Physical Health Claim Submission

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

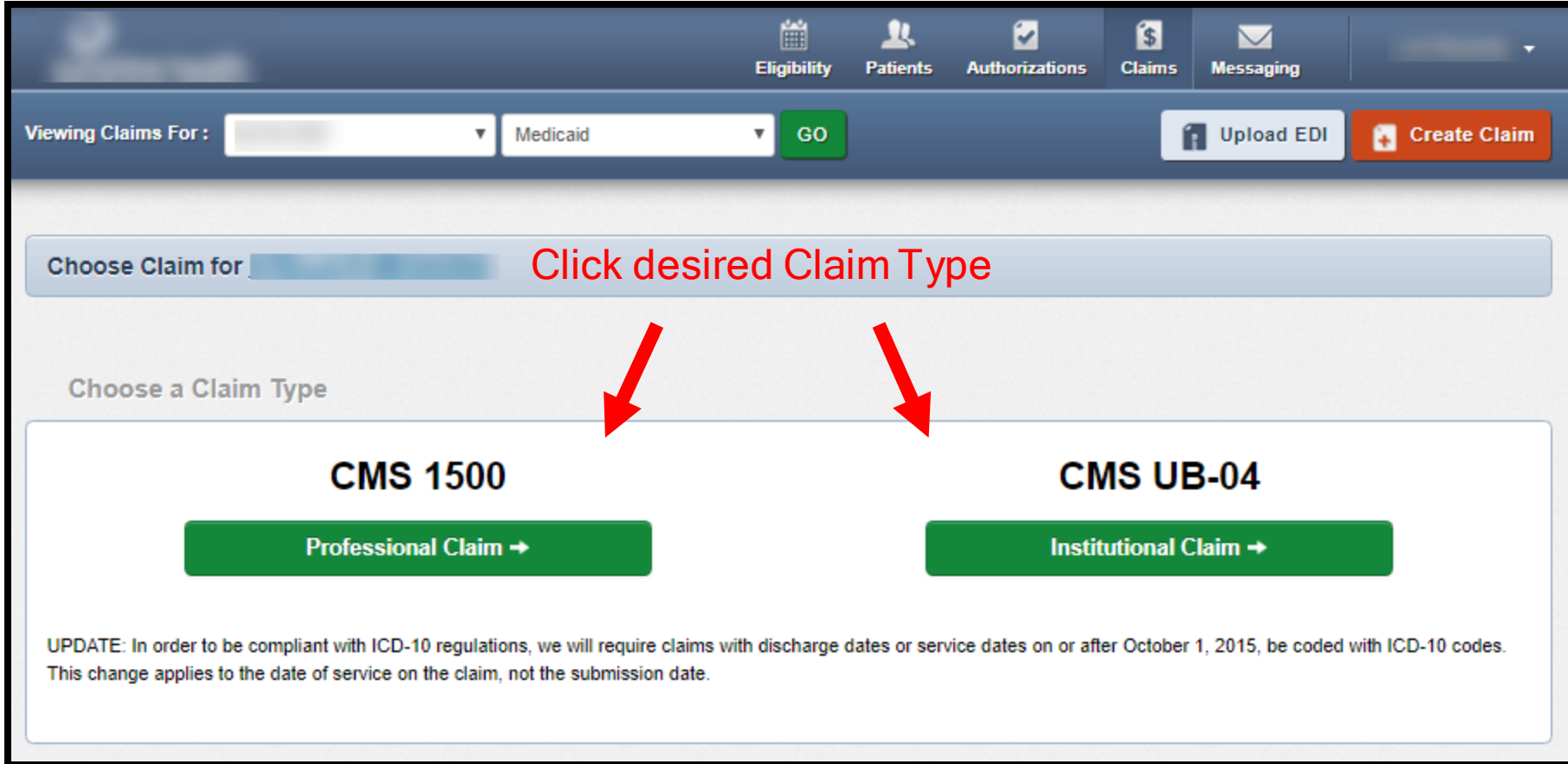
To begin an individual web claim:

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



The screenshot displays the Trillium Health Resources dashboard. At the top, the navigation bar includes icons for Eligibility, Patients, Authorizations, and Claims. The Claims icon is highlighted with a red box. Below the navigation bar, there is a section for "Viewing Dashboard For" with a dropdown menu set to "TIN" and a "Plan Type" dropdown set to "Trillium Health Resources". A green "GO" button is next to the Plan Type dropdown. Below this, there is a yellow warning banner about a Change Healthcare outage and a blue information banner about Trillium Health Resources for Tailored Plan. The main content area starts with a "Welcome, Danielle!" message. Below the welcome message is the "Quick Actions" section, which is highlighted with a red box. It contains a form with three input fields: "Member ID or Last Name", "Member Date of Birth" (with a calendar icon), and "Select Action Type". A blue "SUBMIT" button is to the right of the "Select Action Type" dropdown. The dropdown menu is open, showing options: "View Eligibility & Patient Information", "Create New Claim", "Create Recurring Claim", and "Create Authorization". Below the Quick Actions section is the "Authorization Overview" section.

Create Claim - Claim Type Selection



The screenshot displays the Trillium Claims Management System interface. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, and Messaging. Below this, a header section shows "Viewing Claims For:" with a dropdown menu set to "Medicaid" and a "GO" button. To the right are buttons for "Upload EDI" and "Create Claim".


The main content area is titled "Choose Claim for" and includes a red instruction: "Click desired Claim Type". Below this, under the heading "Choose a Claim Type", there are two options:

- CMS 1500**: Professional Claim →
- CMS UB-04**: Institutional Claim →

Two red arrows point from the instruction to the "Professional Claim" and "Institutional Claim" buttons. At the bottom, an update notice states: "UPDATE: In order to be compliant with ICD-10 regulations, we will require claims with discharge dates or service dates on or after October 1, 2015, be coded with ICD-10 codes. This change applies to the date of service on the claim, not the submission date."

Create Claim

Professional Claim

Professional Claim for [redacted] Your Progress 

THIS SECTION:
General Info
Information about the dates of the claim.

Throughout the claim submission process, the Progress bar will display which step you are on.

Note: On web claims, the numbered tabs in the right margin, correlate to the boxes on the:

- CMS 1500 Paper Claim Form (Professional)
- UB-04 Paper Claim Form (Institutional)

* Required field

Patient's Account Number* 26

Statement Dates* From To 14.

Date of current Illness, Injury, Pregnancy (LMP) 14.

Other Date 15.


Hospitalization From To 18.

Hover mouse over tabs for additional information

Institutional Claim

Eligibility Patients Authorizations Claims Messaging Help Bruce Provider

Viewing Claims For: TIN Plan Type

Institutional Claim for **JANE DOE** Your Progress 

THIS SECTION:
General Info Enter Information for the Admission and Condition Codes


*Required fields

Patient Control #* 3.a

Medical Record # 3.b

Type Of Bill* 4.

Create Claim: Attachments

Professional Claim for [redacted] Your Progress 

THIS SECTION:
Attachments
Add attachments to the claim (30MB limit). Supported types are: .jpg, .tif, .pdf and .tiff

← Back If there are no attachments, click Next. Next →

Portal users can attach up to five (5) separate documents to their web claim submissions.

Attachments

**Do NOT send password protected files. You must click ATTACH for each file being submitted.*

File* Choose File No file chosen Attachment Type* Select Type... Attach

There are no attached files.

← Back If there are no attachments, click Next. Next →

Claim Corrections and Disputes

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.	<p>Contracted Providers: submitters have 365 calendar days from the date of service to file a timely corrected claim.</p> <p>Non-Contracted Providers: submitters have 180 calendar days from the date of service to file a timely corrected claim.</p>	<ul style="list-style-type: none"> • 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.	<p>Contracted Providers: Providers must submit claim reconsiderations within 365 calendar days from the date of the EOP or ERA.</p> <p>Non-Contracted Providers: Providers must submit claim reconsiderations within 180 calendar days from the date of the EOP or ERA.</p>	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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

Taxonomy

- [Claims Submission Reminder Guide \(PDF\)](#)

EPSDT

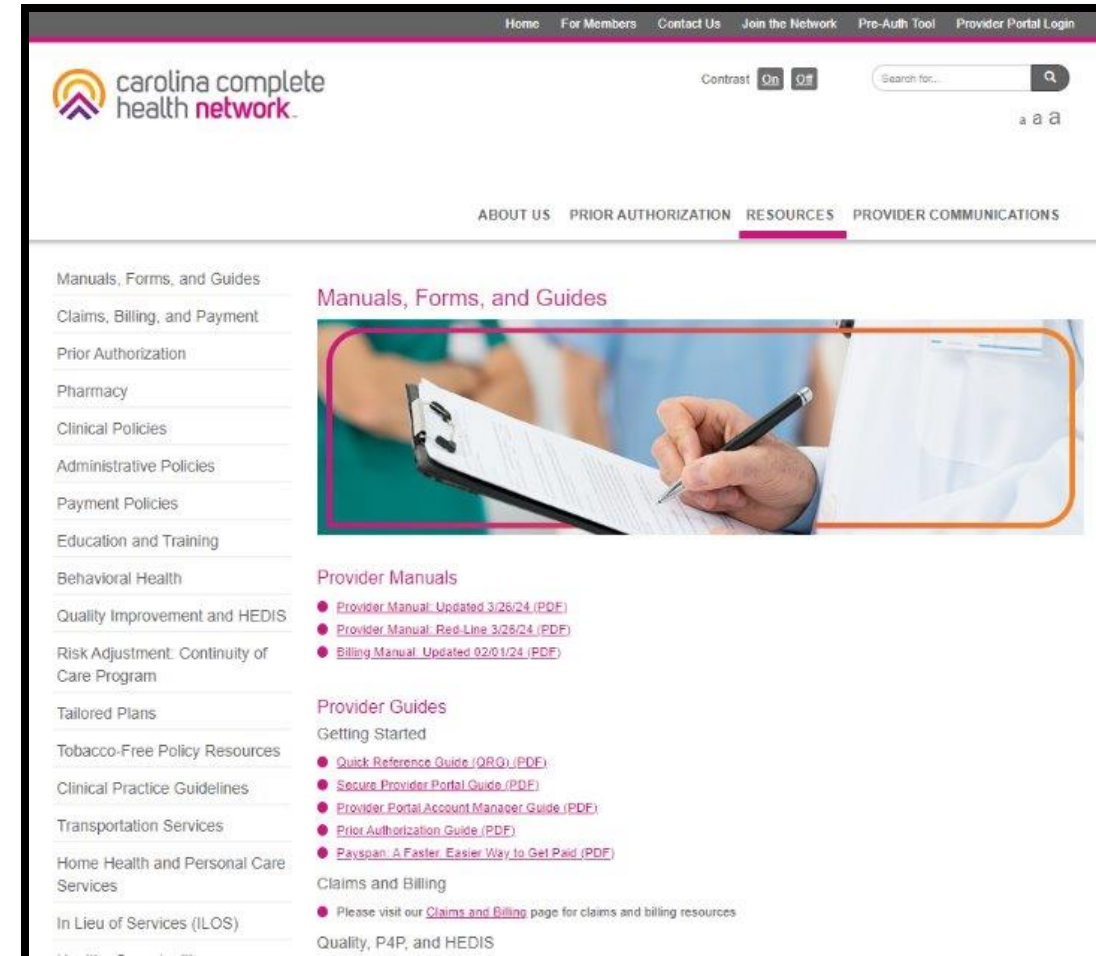
- [EPSDT Claims and Authorizations \(PDF\)](#)
- [Pediatric Provider Billing Guidance \(PDF\)](#)

Prior-Auth

- [Pre-Auth Tool](#)

Service or service modifier not correct

- [Clinical Coverage Policies](#)
- [Medicaid Fee Schedule](#)
- [Pediatric Provider Billing Guidance \(PDF\)](#)



The screenshot shows the Carolina Complete Health Network website. The top navigation bar includes links for Home, For Members, Contact Us, Join the Network, Pre-Auth Tool, and Provider Portal Login. A search bar is located on the right. Below the navigation bar, there are tabs for ABOUT US, PRIOR AUTHORIZATION, RESOURCES (which is highlighted), and PROVIDER COMMUNICATIONS. The main content area is divided into two columns. The left column contains a vertical list of categories: Manuals, Forms, and Guides; Claims, Billing, and Payment; Prior Authorization; Pharmacy; Clinical Policies; Administrative Policies; Payment Policies; Education and Training; Behavioral Health; Quality Improvement and HEDIS; Risk Adjustment: Continuity of Care Program; Tailored Plans; Tobacco-Free Policy Resources; Clinical Practice Guidelines; Transportation Services; Home Health and Personal Care Services; and In Lieu of Services (LOS). The right column features a large image of a person writing on a clipboard, with the heading "Manuals, Forms, and Guides" above it. Below the image, there are sections for "Provider Manuals" and "Provider Guides". The "Provider Manuals" section lists three PDF documents: "Provider Manual, Updated 3/26/24 (PDF)", "Provider Manual, Res-Line 3/26/24 (PDF)", and "Billing Manual, Updated 02/01/24 (PDF)". The "Provider Guides" section lists five PDF documents: "Quick Reference Guide (QRG) (PDF)", "Secure Provider Portal Guide (PDF)", "Provider Portal Account Manager Guide (PDF)", "Prior Authorization Guide (PDF)", and "Payspan: A Faster, Easier Way to Get Paid (PDF)". At the bottom of the right column, there is a "Claims and Billing" section with a link to "Please visit our Claims and Billing page for claims and billing resources" and a "Quality, P4P, and HEDIS" section.

Pediatric Claim Submission Tips

Denial Reason	Guidance
TJ: Service/Service Modifier Combo Not on Fee Schedule	<p>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.</p>
N5/6N: NDC Number Missing or Invalid'	<p>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 productcodes. 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.</p>
IM: Invalid Modifier	<p>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.</p>



Provider Guides and Resources for Billing

Billing Manual and Billing Guides

- [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