

Transforming Lives.
Building Community Well-Being.



Tailored Plan Provider Informational Session

May 2024



Today's Objectives



- ✓ Provide an overview of Trillium; including updates due to consolidation.
- ✓ Provide an overview of the Tailored Plan.
- ✓ Review of Member Medicaid ID Card.
- ✓ Provide information on Tailored Care Management.
- ✓ Introduce Trillium's Tailored Plan Partners.
- ✓ Provider information about processing Behavioral Health and Physical Health Claims.
- ✓ Answer your questions.

Question & Answer (Q&A) Chat and Live Discussion



We will be providing a Q&A via the chat box throughout the meeting, and we will also have a time for live questions at the end of the presentation.



To submit a question during the meeting, please use the chat feature at the top of your screen. We will have Subject Matter Experts responding in the chat to questions throughout the meeting.

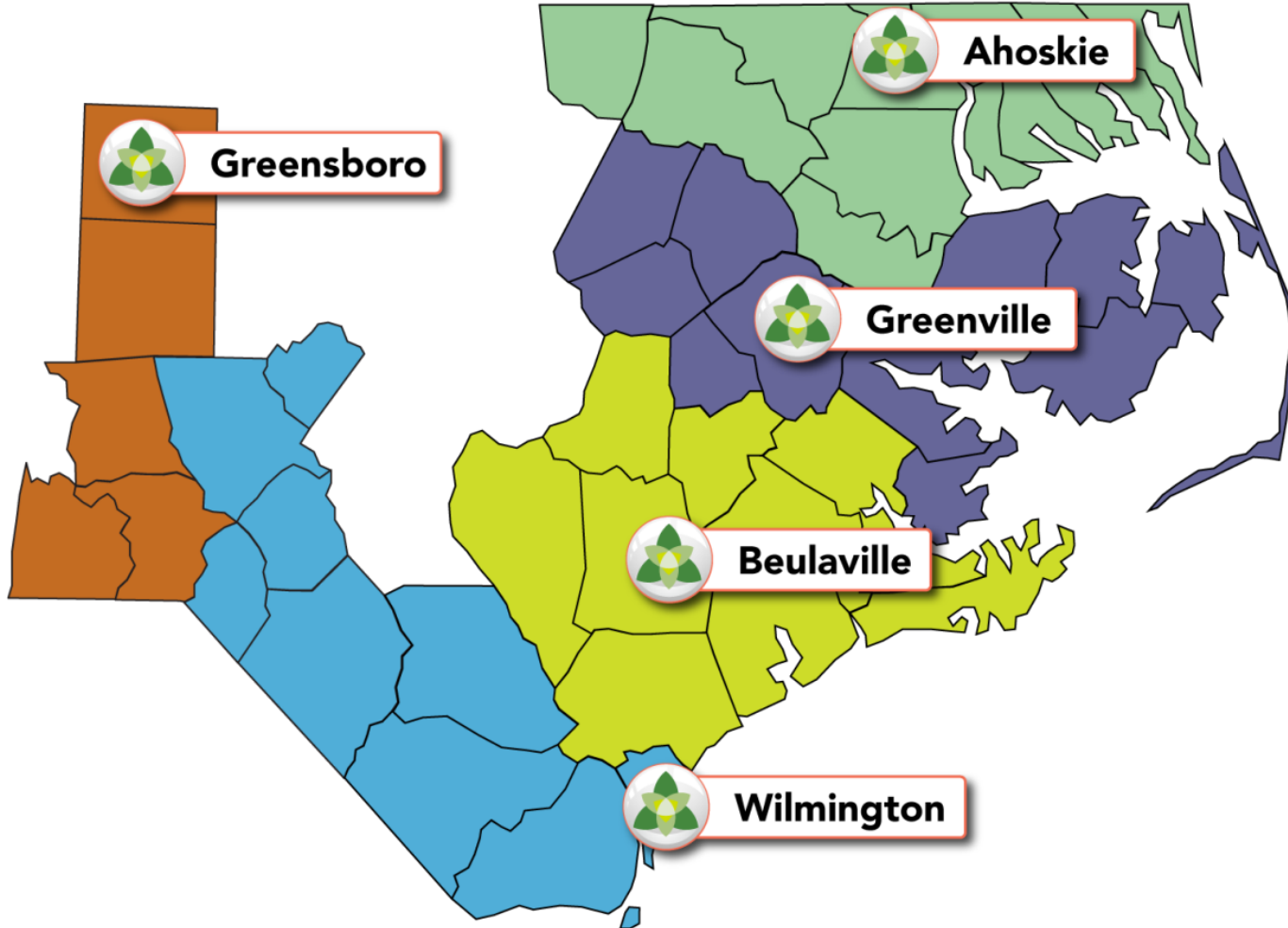


If there are questions that require more research, we will review them and provide the answer in the Frequently Asked Questions Document (FAQ) that is posted on our website.

Overview of Trillium

**Linda Hawley Isbell, MA, CI
Network Director**

Trillium's New Region



- Effective 2/1/24, Trillium covers 46 counties in our new region.
- Trillium now covers approximately 190,000 Members under our current Medicaid Direct benefit plan, our State-Funded Plan, and effective 7/1/24, our Members through the Tailored Plan.

Trillium - Who we are.



- Trillium Health Resources has been a Local Management Entity (LME) and Managed Care Organization (MCO) for over 20 years. We have been contracting with providers to provide Mental Health (MH), Intellectual and Developmental Disabilities (I/DD) and Substance Use (SU) services to our Members for many years.
- Trillium Health Resources has been serving our community by providing behavioral health services to our Members through our contracted Provider Network. Effective July 1, 2024, we will be providing whole-person care as a Tailored Plan. We will be adding physical health, Non-Emergency Medical Transportation (NEMT), pharmacy as well as vision services to the array of benefits that we coordinate.
- On 2/1/24, Eastpointe LME/MCO and Sandhills LME/MCO consolidated with Trillium.

Overview of Tailored Plan

**Linda Hawley Isbell, MA, CI
Network Director**

Tailored Plan - What is it?



- The North Carolina Department of Health and Human Services (NCDHHS) announced that Behavioral Health and I/DD Tailored Plans will launch on July 1, 2024.
- Tailored Plans are designed to service the complex needs of individuals with significant behavioral health disorders, I/DD, and Traumatic Brain Injuries (TBI) that Trillium and all other LME/MCOs have long served.
- Tailored Plans will also serve uninsured individuals who receive state-funded services, regardless of their diagnosis, along with those remaining in NC Medicaid Direct.
- Beneficiaries covered by the Trillium Tailored Plan will continue to receive behavioral health, I/DD, TBI and physical health care. The Trillium Tailored Plan will also cover pharmacy and other services for Members in the plan.

Tailored Plan continued...

The Tailored Plan will provide:

- Physical health, pharmacy and enhanced behavioral health services for Members who may have significant mental health needs, severe substance use disorders, I/DD or TBI.
- Services for Innovations and TBI waiver Members and Waiver waitlist Members.
- Value-added services, such as wellness programs.
- Non-Emergency Medical Transportation (NEMT) and Non-Emergency Ambulance Transportation (NEAT) for Medicaid-covered services (including out services).
- Tailored Care Management (TCM)

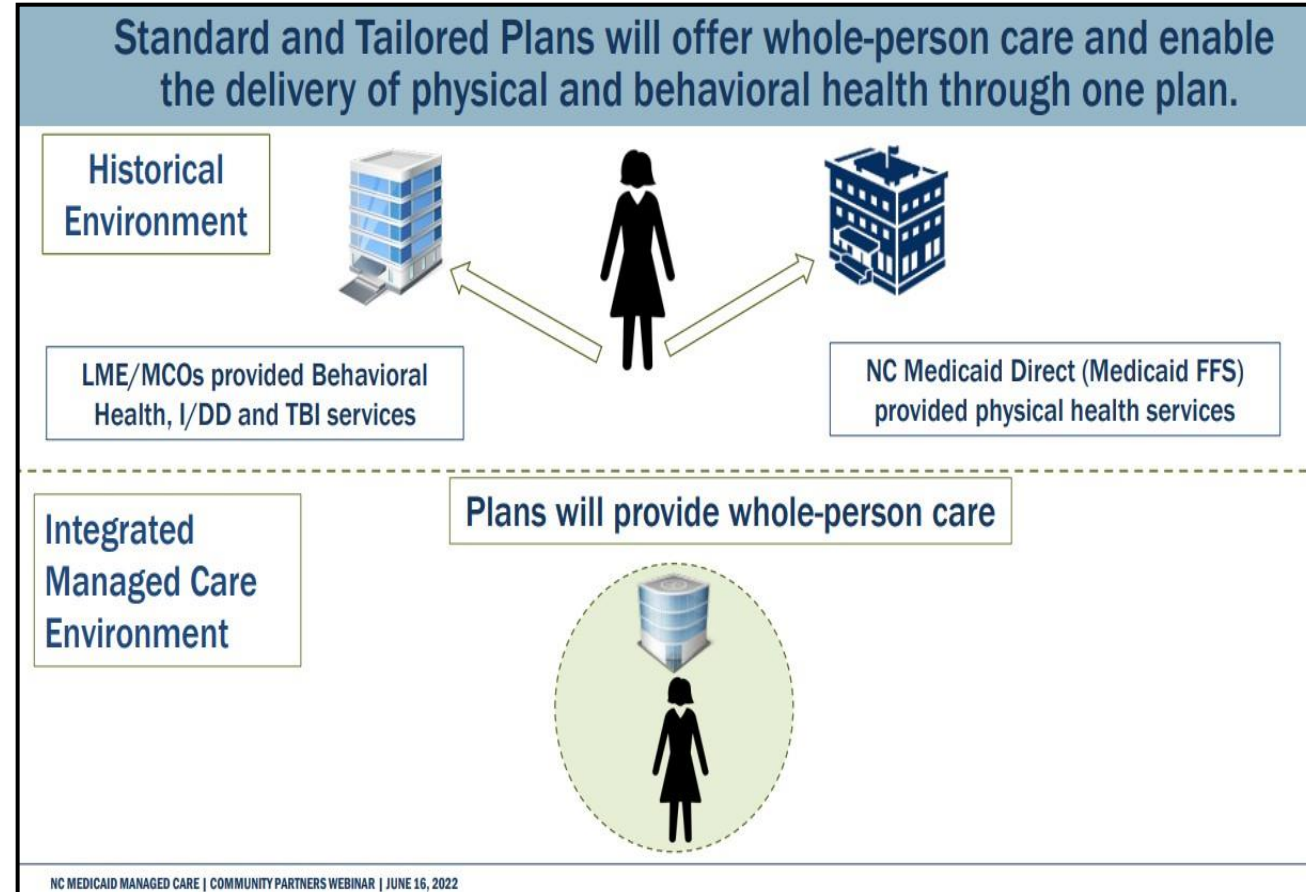


Standard Plan vs. Tailored Plan

- A Standard Plan is a North Carolina Medicaid plan that offers whole person care to Medicaid beneficiaries who experience **mild to moderate behavioral health needs**.
- The integrated plan covers physical health, pharmacy, and basic behavioral health services for members.
- A Standard Plan offers added services for members who qualify. The added services are different for each Standard Plan.
- Members can select their Standard Plan through the Enrollment Broker. Options include: Healthy Blue, United Health, WellCare, AmeriHealth Caritas, or Carolina Complete Health (if available in the member's region).
- The Tailored Plan is a type of managed care health plan that provides Medicaid members with whole person care for members who experience **severe Mental Health or Substance Use Disorders, Intellectual and Developmental Disabilities and Traumatic Brain Injury**.
- This is an integrated plan that covers physical health, pharmacy, behavioral health, I/DD and TBI services to meet health care needs, including additional services for behavioral health, intellectual and developmental disabilities (I/DD) and traumatic brain injuries (TBI) if they are needed.
- Members are enrolled in a Tailored Plan, because of the health care services that are needed that may only be offered by a Tailored Plan. Tailored Plan assignment is based off the county of Medicaid eligibility. Only one Tailored Plan provides services in each county in the State, members may not choose their Tailored Plan.

Integrated Physical and Behavioral Health

- Both Standard Plan and Tailored Plan programs integrate physical and behavioral health services for members as well as maintain networks of physical and behavioral health providers.
- Standard Plans are geared toward Medicaid members with mild-to-moderate behavioral health needs.
- Tailored Plans are for individuals with significant Behavioral Health (BH) needs, Intellectual/Developmental Disabilities (I/DD), and/or Traumatic Brain Injury (TBI).



Tailored Plan Physical Health Providers

- When Tailored Plans launch, providers and hospitals will no longer be reimbursed by NC Medicaid Direct for most Physical Health services rendered to Tailored Plan Members.
- NC Medicaid Direct behavioral health services will be reimbursed by Trillium.
- Physical Health Services will be reimbursed by Carolina Complete Health, Trillium's Standard Plan Partner for physical health services.



The Department's Health Plan Options



Full Network Management by/through Tailored Plan Health Plan

Tailored Plan Health Plan manages both the physical health and behavioral health network, including direct agreements with subcontractors/brokers who manage part of the Tailored Plan program's network, such as for Pharmacy, Vision, Durable Medical Equipment (DME) and/or NEMT.

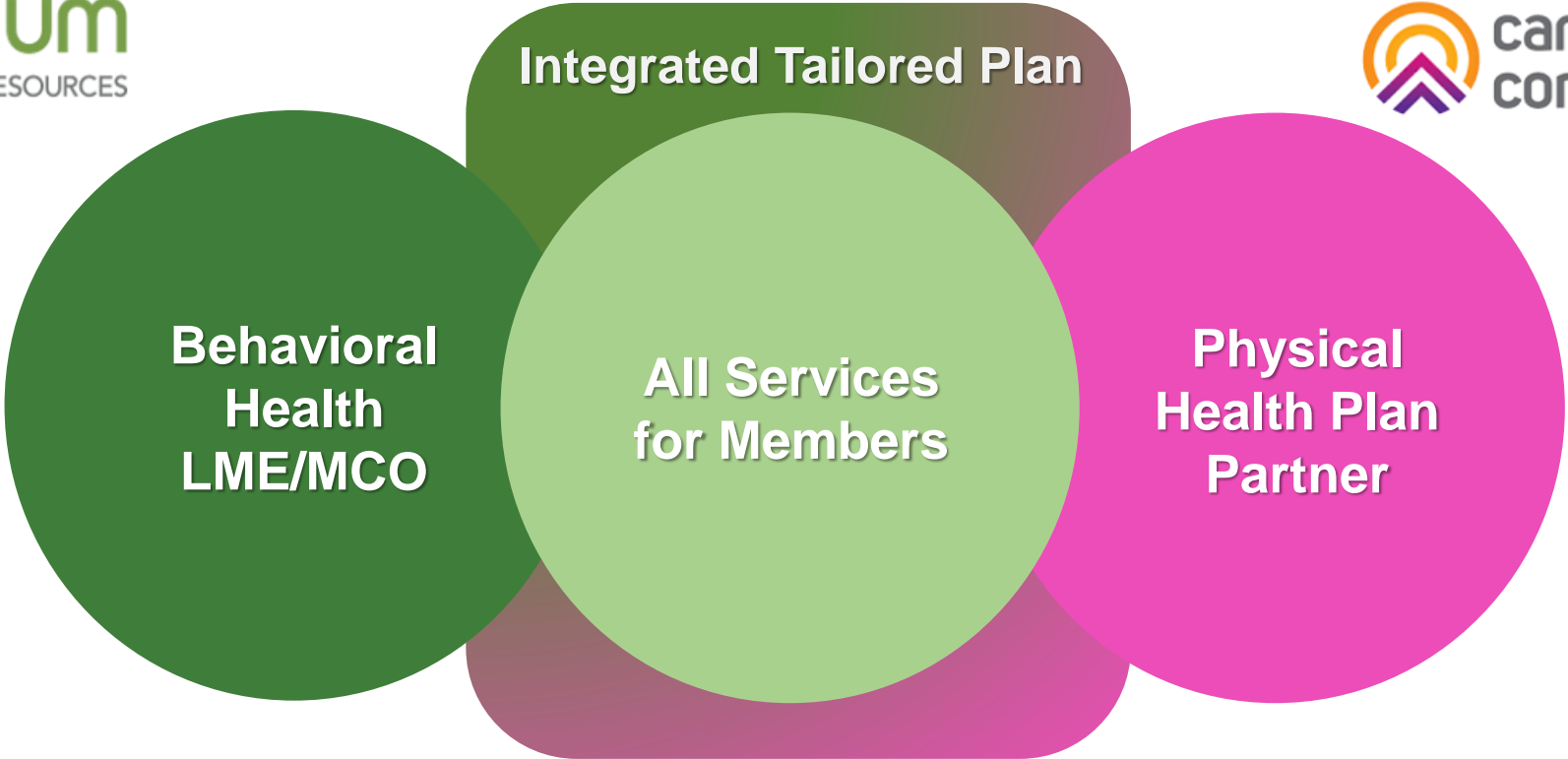
Shared Network Management through Partnerships (Hybrid)

Tailored Plan Health Plan manages some aspect of its Tailored Plan program network, such as the Behavioral Health network, but subcontracts with a Standard Plan Health Plan partner or indirectly with a Standard Plan Health Plan's subcontractor/broker to manage other aspects of the Tailored Plan program network. This could include situations where the Tailored Plan Health Plan's agreement with its Standard Plan Health Plan partner includes the use/leveraging of the Standard Plan Health Plan's subcontractor's/broker's networks (like Pharmacy, Vision, DME and/or NEMT).

Full Network Management by/through Standard Plan Health Plan

Standard Plan Health Plan manages both the physical health and behavioral health network, including direct agreements with subcontractors/brokers who manage part of the Standard Plan program's network, such as for Pharmacy, Vision, DME and/or NEMT.

Trillium's Contracting Dynamics with Carolina Complete Health (CCH)



Carolina Complete Health is engaging with physical health providers and hospitals on Trillium's behalf for Physical Health contracting. Upon launch of the Tailored Plan, CCH will cover physical health services for eligible members.

Trillium's Tailored Plan Partnerships



Trillium's Tailored Plan Partners



Carolina Complete Health (CCH):

Trillium's Standard Plan Partner; responsible for our Physical Health Network including Primary Care, Specialty Care, Durable Medical Equipment (DME), Vision, Long-Term Services and Supports (LTSS) Non-Emergency Medical Transportation (NEMT), and Non-Emergency Ambulance Transportation (NEAT).

Envolve:

Trillium's Vision partner, through our agreement with CCH; responsible for our Optometry Network.

PerformRx:

Trillium's Pharmacy Benefit Manager partner; responsible for our Pharmacy Network.

Modivcare:

Trillium's NEMT partner, through our agreement with CCH; responsible for our NEMT Network.

NC Department of Health and Human Services:

Trillium's oversight entity; responsible for managing the delivery of health and human-related services for all North Carolinians.

Joining the Trillium Network as a Physical Health Provider



- Sign a participation agreement if you do not already have a contract with CCH (please checkmark the box that asks if you would like to participate in Trillium's Tailored Plan Provider Network).
- Sign an amendment if you are already contracted with CCH and would like to participate in Trillium's Tailored Plan Provider Network.
 - Current CCH providers with questions can email Provider Relations and Support: NetworkRelations@cch-network.com
 - Providers not already contracted with CCH can complete a: [Tailored Plan Contract Request Form](#)
 - Providers can also contact Trillium at NetworkServicesSupport@TrilliumNC.org or Provider Support Services: 1-855-250-1539

Review of Member ID Card

**Jennifer Mackethan
Communications & Marketing Director**

Recognizing a Trillium Member



201 West First St.
Greenville, NC 27858
TrilliumHealthResources.org

Name: John Doe
Medicaid #: 912345678A
DOB: 1995
Effective Date: 2017

PCP Name: New Hanover Medical Center
9176 Maple Ln.
Wilmington, NC 27609
910-336-1908

Rx: PerformRx RxBIN: 019595 PCN: PRX10811

IMPORTANT CONTACT INFORMATION

Behavioral Health Crisis Number:
1-888-302-0738

Member Services and Nurse Line:
1-877-685-2415 (TTY 711)

Provider Service Support Line:
1-855-250-1539

Member Pharmacy Line:
1-866-245-4954

Pharmacy Prior Authorization:
1-855-662-0277

If you suspect a doctor, clinic, hospital, home health service or any other kind of health provider is committing Medicaid fraud, report it. Call 1-919-881-2320.

For a full list of services and benefits available, please visit

TrilliumHealthResources.org

Care Management

Tori Whitley, BSN, RN
Director of Population Health

Tailored Care Management (TCM)

- Tailored Care Management focuses on the whole person and help address physical health, pharmacy, behavioral health, I/DD, TBI and Long-Term Services and Supports (LTSS) needs.
- Tailored Care Management also addresses unmet health-related resource needs.



Tailored Care Management continued...

- From the NC Medicaid Managed Care Playbook Fact Sheet, TCM provides extra support to help beneficiaries assess their needs and set up a plan to meet their health goals.
- Beneficiaries eligible for TCM will have a single care manager who will:
 - Coordinate services for physical health, behavioral health, intellectual/developmental disabilities (I/DD), pharmacy, long-term services and supports (LTSS) and traumatic brain injury (TBI).
 - Connect beneficiaries to local programs and community resources to address unmet health-related needs (such as housing, food, transportation, personal safety and employment).
 - Provide person-centered planning that focuses on beneficiary's needs and goals.
- Examples of supports a beneficiary's Tailored Care manager provides:
 - A comprehensive care management assessment.
 - Helps arrange appointments and transportation to and from Medicaid covered providers.
 - Follow up with doctors or specialists about the beneficiary's care needs.
 - Connects the beneficiary and their family to local supports and resources.

Types of Providers that Deliver TCM

Advanced Medical Home Plus (AMH+)

- AMH+s are primary care practices actively serving as AMH Tier 3 practices, whose providers have experience delivering primary care services to the Tailored Plan eligible population or can otherwise demonstrate strong competency to serve that population. AMH+ providers must demonstrate experience with Medicaid patients who have a Severe Mental Illness, Severe Emotional Disturbance, Severe Substance Use Disorder, I/DD or TBI.

Care Management Agency (CMA)

- CMAs are organizations whose primary purpose at the time of certification must be the delivery of NC Medicaid, NC Health Choice, or State-funded Behavioral Health, I/DD, and/or TBI services, other than care management, to the Tailored Plan eligible population in North Carolina. The “CMA” designation is new and will be unique to providers serving the eligible population.

LME/MCO Plan-Based Care Manager

- LME/MCOs manage the care of NC Medicaid beneficiaries who receive services for mental health, developmental disabilities or SUDs. LME/MCOs will employ Care Managers.

Non-Emergency Medical Transportation (NEMT)

Tori Whitley, BSN, RN
Director of Population Health

Reminder: Non-Emergency Medical Transportation (NEMT)

- The NEMT Service Line will go live on May 16, 2024. Members may call 877-685-2415 to schedule rides for appointments for July 1st and beyond.
- Modivcare Trillium's transportation broker will be available to arrange transportation for Tailored Plan members to and from Medicaid services and to the pharmacy. Excludes services in which transportation is included within the service.
- Tailored Plan Members and facilities are asked to call at least two days in advance for routine (non urgent appointments)
- Facilities may reach out to Modivcare directly to schedule transportation for members by calling the facilities line 855-397-3606



Trillium's Behavioral Health Claims

**Christine Hill-Anderson, MHA
Claims Manager**

Trillium's Behavioral Health, I/DD & State-Funded Claims



- Claims for Behavioral Health I/DD fall into Three Groups:
 - Mental Health/Substance Use (MH/SU)
 - Intellectual Developmental Disabilities (IDD)
 - These include Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IDD), Innovations Waiver services, and other home and community-based services.
 - Traumatic Brain Injury (TBI)
- MH/SU/IDD services will be billed with the appropriate primary ICD-10-CM diagnosis code to the highest level of specificity that meets medical necessity in the range of F06-F99
- Exceptions are noted in the Claims Submission Protocol table found in the [Medicaid Direct & Tailored Plan Claims Submission Protocol](#)

Behavioral Health, I/DD & State-Funded Claims continued...



- Claims described here may be submitted to Trillium using HIPAA Standard Electronic Transaction set via one of the following:
 - Secure Behavioral Health I/DD web portal
 - Secure FTP
 - Via Claims Clearinghouse:
 - Change Healthcare (previously Emdeon) via Medical Payer ID 56089
 - The SSI Group via Medical Payer ID 43071

[Secure Behavioral Health / I/DD Portal](#)

A screenshot of the Trillium Health Resources login portal. At the top is the Trillium Health Resources logo. Below it, the text reads 'Providers - Sign in with your email address'. There are two input fields: 'Email Address' and 'Password'. Below the password field is a link for 'Forgot your password?' and a checkbox for 'Keep me signed in'. A green 'Sign in' button is positioned below these elements. 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'.

Split Claims Protocol

- Claims for Physical Health include:
 - Physical Health
 - Long-Term Service and Supports (LTSS)
 - Inclusive of nursing facility, home health, private duty nursing, personal care, and hospice services.
- Billing:
 - Primary medical ICD-10 diagnosis code to the highest level of specificity meeting medical necessity excluding the range of F06-F99.
 - Exceptions are noted in the Claims Submission Protocol table found in the [Medicaid Direct & Tailored Plan Claims Submission Protocol](#)

Additional Information



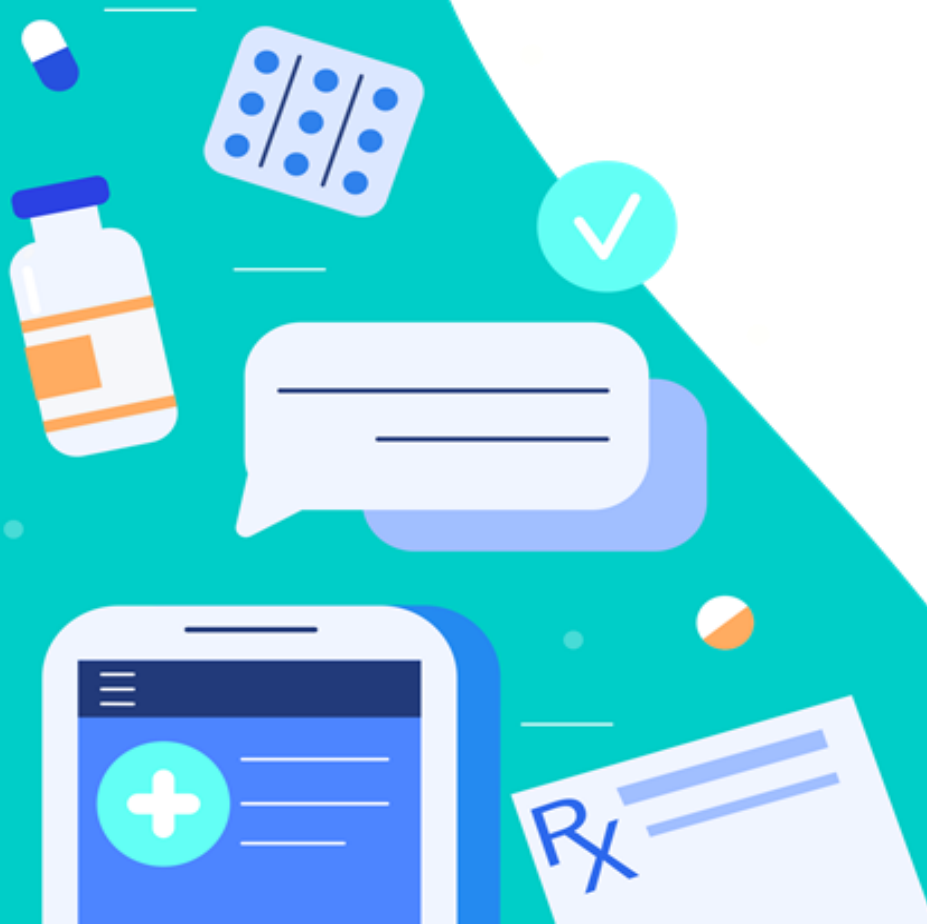
- For additional training and information on How to Submit Claims to the Provider Portal
Behavioral Health I/DD Portal
 - Trainings available within the Behavioral Health I/DD Secure Provider Portal - Provider Direct
 - Trainings available on My Learning Campus from the Trillium's website:
www.trilliumhealthresources.org

Physical Health Portal

- Trainings available at Carolina Complete Health Network's Education and Training page:
<https://network.carolinacompletehealth.com/resources/education-and-training.html>

Pharmacy Claims

- Pharmacy Claims include:
 - Rendered Pharmaceuticals
 - Pharmacy Services
 - These include outpatient pharmacy (point-of-sale claims).
- Submission:
 - Pharmacy claims for rendered pharmaceuticals or pharmacy services, including outpatient pharmacy, point-of-sale claims may be submitted to PerformRx using the most current NCPDP HIPAA-approved format with Rx BIN Number 019595 and PCN - PRX10811.



Other Exceptions

Vision

- Claims for Vision services are processed through Envolve, a subsidiary of CCH.
- Claims may be submitted using HIPAA Standard Electronic Transaction set or via a secure web-based portal:
<https://visionbenefits.envolvehealth.com/logon.aspx>



envolve®

Transition of Care

**Cham Trowell, MA, LPA
TOC and UM Behavioral Health Director**

**Julie B. Doty, MA, LPA
MH/SU Manager**

Transition of Care Policy During Tailored Plan Launch



Policy Lever	Duration	Time Frame
Relax Medical PA requirements	91 days	7/1/2024 – 9/30/2024
Relax Pharmacy PA requirements	91 days	7/1/2024 – 9/30/2024
Non-Par Providers Paid at Par Rates	91 days	7/1/2024 – 9/30/2024
Non-Par Providers Follow In-Network Prior Authorization Rules	122 additional days	10/1/2024 – 1/31/2025
Ability to Switch PCP	214 days	7/1/2024 – 1/31/2025
Continuity of Care for Ongoing Course of Treatment	7 months	7/1/2024 – 1/31/2025




Note: The Department may opt to extend any of these flexibilities after the designated timeframe above, based on Tailored Plan operations to ensure the stability of Medicaid operations for Tailored Plan beneficiaries.

Carolina Complete Health

Jesse Hardin

**Director, Communications and Program
Implementation**

About Carolina Complete Health (CCH)

<i>Why we're in business</i>	CAROLINA COMPLETE HEALTH'S PURPOSE				
	Transforming the health of the community, one person at a time				
<i>What we do</i>	OUR MISSION				
	Better health outcomes at lower costs				
<i>What we represent</i>	OUR PILLARS				
	 Focus on the Individual	+	 Whole Health	+	 Active Local Involvement
<i>What drives our activity</i>	OUR BELIEFS				
	We believe healthier individuals create more vibrant families and communities.	We believe treating people with kindness, respect and dignity empowers healthy decisions.	We believe we have a responsibility to remove barriers and make it simple to get well, stay well, and be well	We believe in treating the whole person, not just the physical body.	We believe local partnerships enable meaningful, accessible healthcare.

North Carolina's Only Physician-Led Medicaid Plan



A joint venture between Centene Corporation, the North Carolina Medical Society (NCMS), the North Carolina Community Health Center Association (NCCHCA) to collaborate on a patient-focused, provider-led approach to Medicaid Transformation.



A first-of-its-kind partnership

Carolina Complete Health is the result of a collaboration between the North Carolina Medical Society, the North Carolina Community Health Center Association, and Centene Corporation.



Provider-led

We give doctors and FQHCs (Federally Qualified Health Centers) a voice in key policymaking. We believe providers are essential to Medicaid Transformation and are committed to helping providers remain strong and viable.

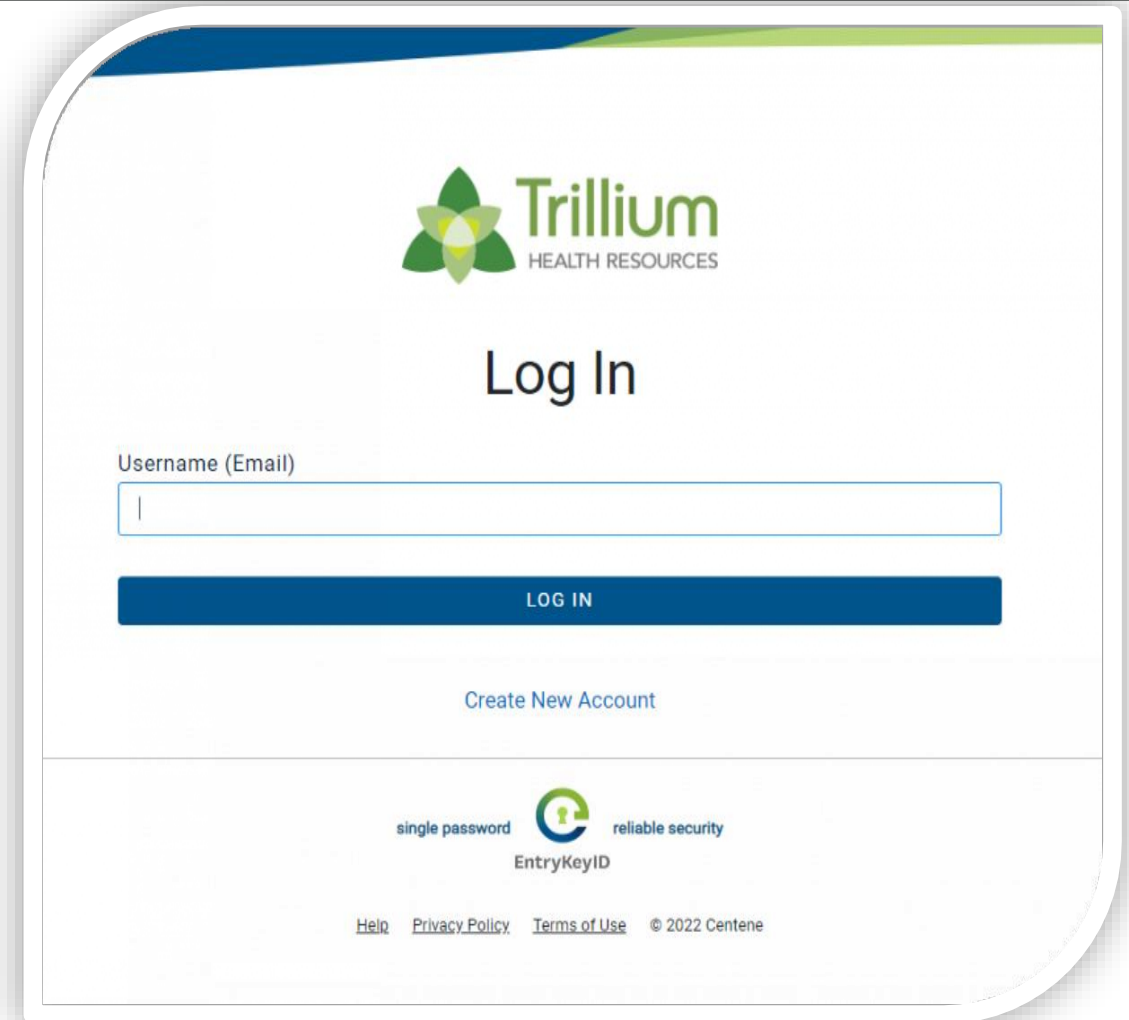


Patient-centered

Carolina Complete Health helps patients get the care they need, when they need it, through local, regional and community-based resources.

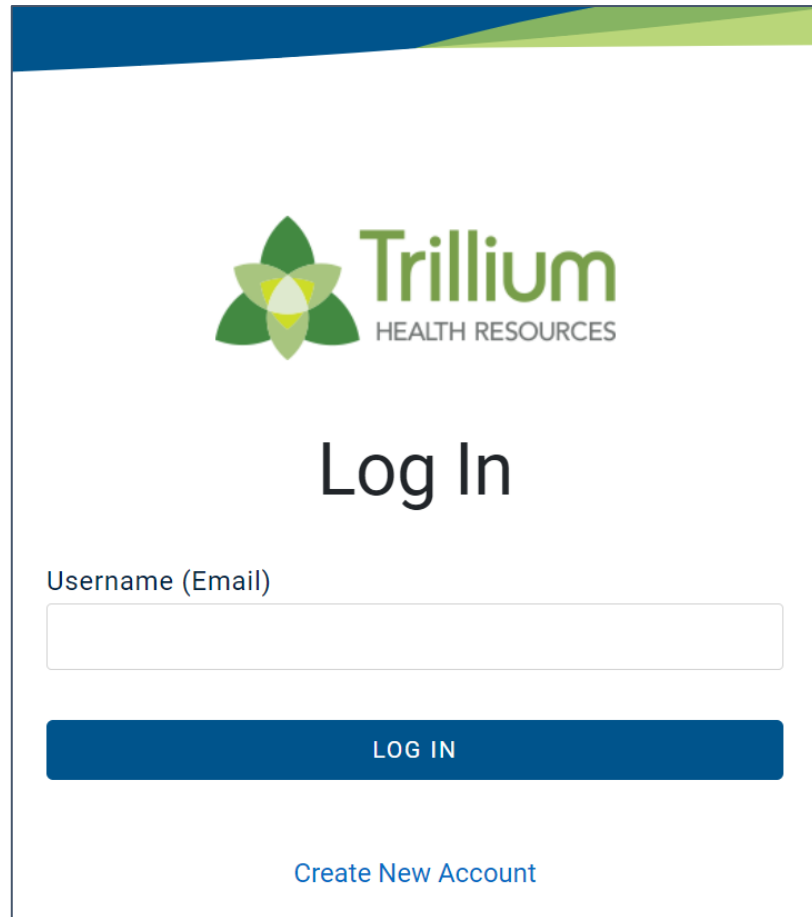
Physical Health Secure Provider Portal

- Secure Provider Portal Functions:
 - Claims submissions & status
 - ...and more!



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)" with a vertical cursor. Below the input field is a dark blue button with the text "LOG IN" in white. Below the button is a link that says "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, there are links for "Help", "Privacy Policy", and "Terms of Use", followed by the copyright notice "© 2022 Centene".

Physical Health Portal Registration



The screenshot shows the Trillium Health Resources login interface. At the top left is the Trillium Health Resources logo. Below it, the text "Log In" is displayed in a large, bold font. Underneath, there is a text input field labeled "Username (Email)". Below the input field is a blue button with the text "LOG IN" in white. At the bottom of the page, there is a blue link that says "Create New Account".

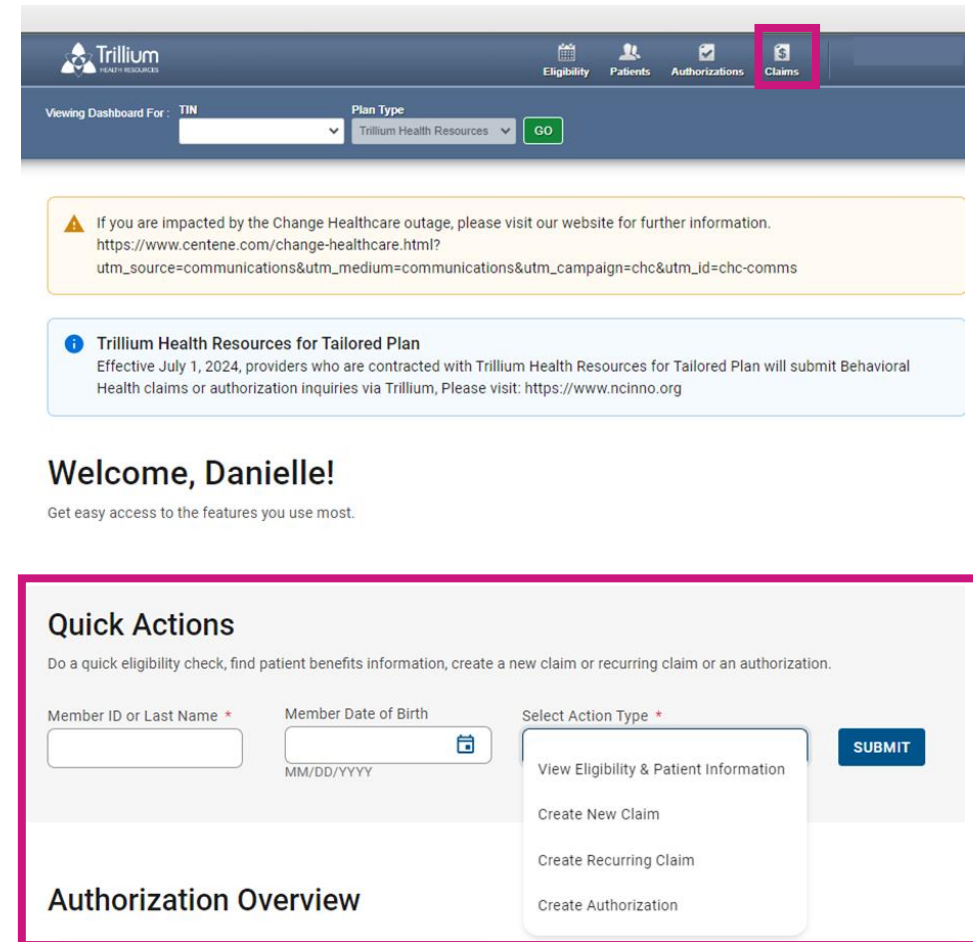
Secure Portal address: <https://provider.trilliumhealthresources.org/>

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.

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

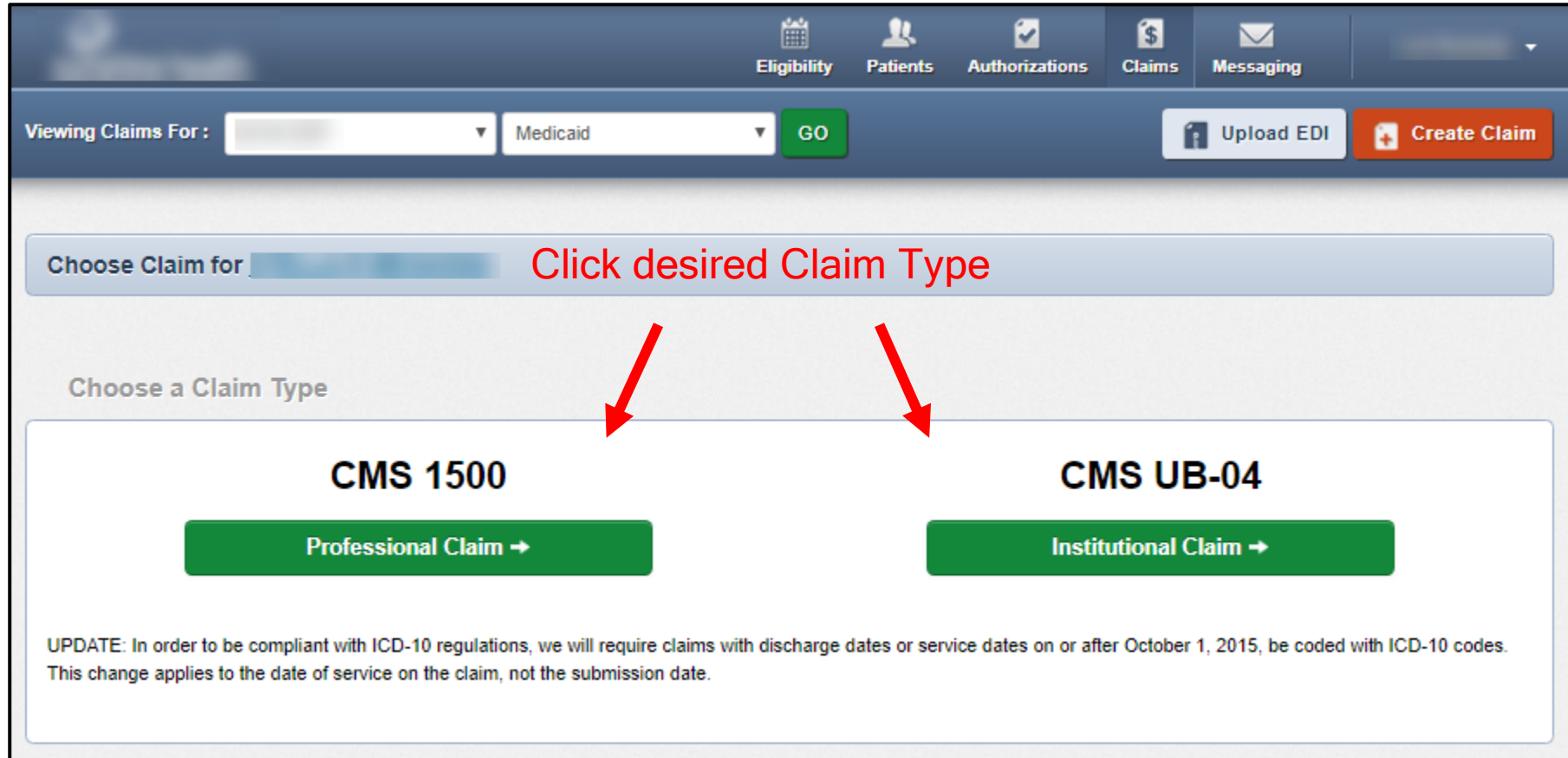
Physical Health Claim Submission

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



The screenshot shows the Trillium Health Resources dashboard. At the top, there is a navigation bar with 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 for TIN and a dropdown for Plan Type (Trillium Health Resources), followed by a 'GO' button. A yellow warning banner is present, followed by a blue information banner about tailored plans. Below these is a 'Welcome, Danielle!' message. The 'Quick Actions' section is highlighted with a red box and contains a form with fields for 'Member ID or Last Name', 'Member Date of Birth', and 'Select Action Type'. The 'Select Action Type' dropdown menu is open, showing options: 'View Eligibility & Patient Information', 'Create New Claim', 'Create Recurring Claim', and 'Create Authorization'. A 'SUBMIT' button is also visible.

Create Claim - Claim Type Selection



The screenshot displays the Trillium Claims 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 contains a red instruction: "Click desired Claim Type". Below this, there is a section titled "Choose a Claim Type" with 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 of the interface, there is an update notice: "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 [Progress Bar]

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* [XXXXXXXXXX] 26

Statement Dates* From [MM/DD/YYYY] To [MM/DD/YYYY]

Date of current illness, Injury, Pregnancy (LMP) [Select Type...] [MM/DD/YYYY] 14.

Other Date [Select Type...] [MM/DD/YYYY] 15.

Hospitalization From [MM/DD/YYYY] To [MM/DD/YYYY] 18.

[Next →](#)

Hover mouse over tabs for additional information

Institutional Claim

Viewing Claims For: TIN [12345678] Plan Type [Medicaid] [GO](#) [Upload EDI](#) [Create Claim](#) Bruce Provider

Eligibility Patients Authorizations Claims Messaging Help

Institutional Claim for **JANE DOE** Your Progress [Progress Bar]

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

***Required fields**


[Next →](#)

Patient Control #* [123456789] 3.a

Medical Record # [123456789] 3.b

Type Of Bill* [Select...] 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 →

Additional Claims and Billing Resources with CCH

- [Claims and Billing Website](#)
- [2024 Billing Manual \(PDF\)](#)
- [Claims Submission Reminder Guide \(PDF\)](#)
- [Guidance for Submitting CLIA Claims \(PDF\)](#)



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.
- Tailored Plan Physical Health claims payments are issued weekly on Tuesday and Thursday.
- For more information, please view CCH's [Billing Manual](#).



Electronic Funds Transfer

To contact Payspan: They can be reached via phone 877-331-7154, Option 1 or email Providersupport@payspanhealth.com

Payspan offers monthly training sessions for providers covering the following topics:

- How to Register with Payspan (New User)
- How to Add Additional Registration Codes to an Existing Payspan Account
- How to navigate through the Payspan web portal
- How to view a payment
- How to find a remit
- How to change bank account information
- How to add new users








For training links visit our website under [Education and Training](#)

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).

Carolina Complete Health - Help Tools



- **Provider Website:** <https://network.carolinacompletehealth.com/>
- **Contact Us:** <https://network.carolinacompletehealth.com/about-us/contact-us.html>
- **Provider Education & Training:** <https://network.carolinacompletehealth.com/resources/education-and-training.html>
- **Provider Communications:** <https://network.carolinacompletehealth.com/ProviderUpdates/cchn-bulletins-and-newsletters.html>

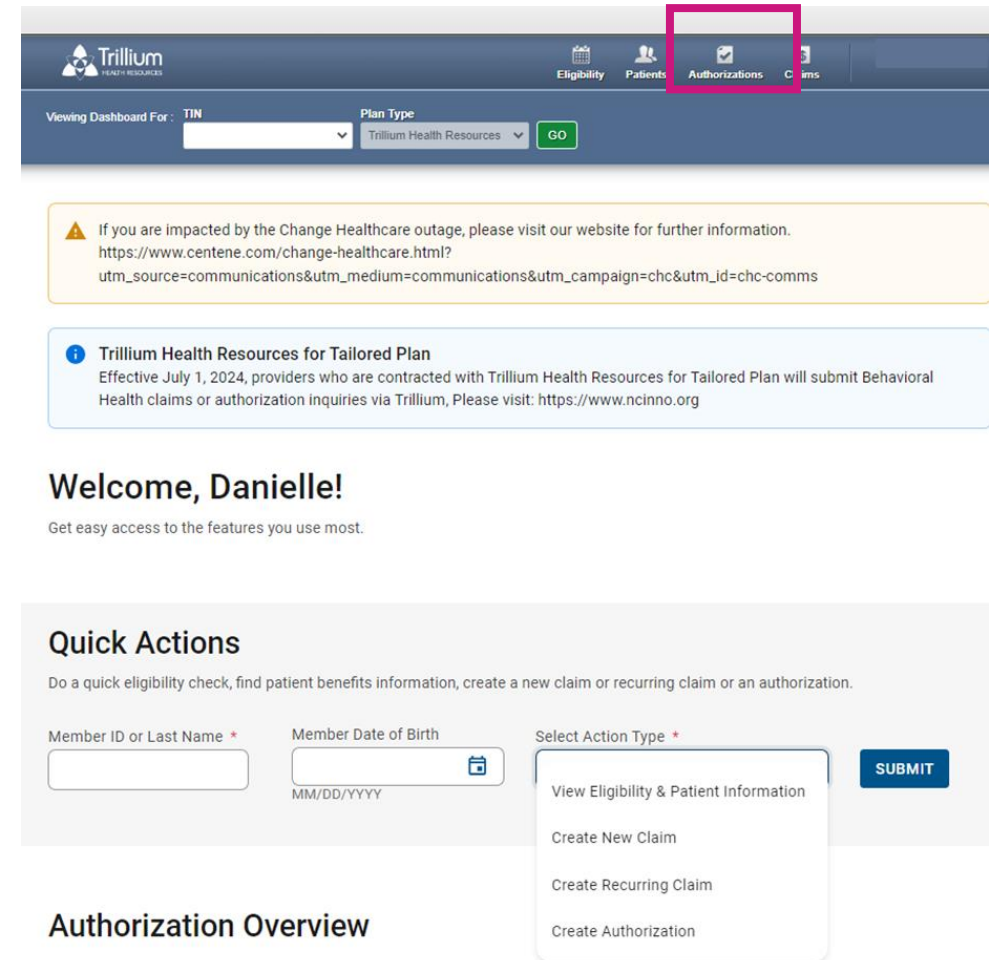
Physical Health Authorizations

Jesse Hardin

Director, Communications and Program Implementation

Accessing Authorizations

- To access authorization information or create and submit a web authorization request, click **Authorizations**. The Authorizations Summary displays.



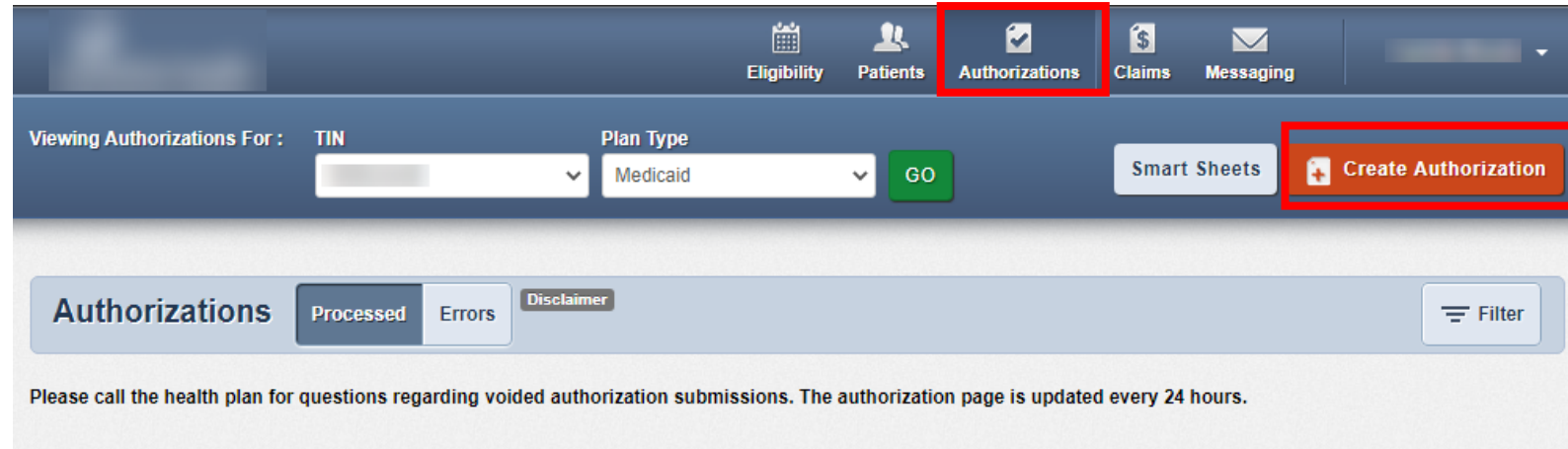
The screenshot shows the Trillium Health Resources dashboard. At the top, there is a navigation bar with the Trillium logo and several menu items: Eligibility, Patients, Authorizations, and Claims. The 'Authorizations' menu item is highlighted with a pink rectangular box. Below the navigation bar, there is a section for 'Viewing Dashboard For: TIN' and 'Plan Type' (Trillium Health Resources) with a 'GO' button. Below this, there are two informational banners: a yellow one about a healthcare outage and a blue one about tailored plans. The main content area starts with a 'Welcome, Danielle!' message and a 'Quick Actions' section. The 'Quick Actions' section contains a form with fields for 'Member ID or Last Name', 'Member Date of Birth', and a 'Select Action Type' dropdown menu. The dropdown menu is open, showing options: 'View Eligibility & Patient Information', 'Create New Claim', 'Create Recurring Claim', and 'Create Authorization'. A 'SUBMIT' button is located to the right of the dropdown. Below the 'Quick Actions' section, there is an 'Authorization Overview' section.

Create Authorization (Web Authorization Request)

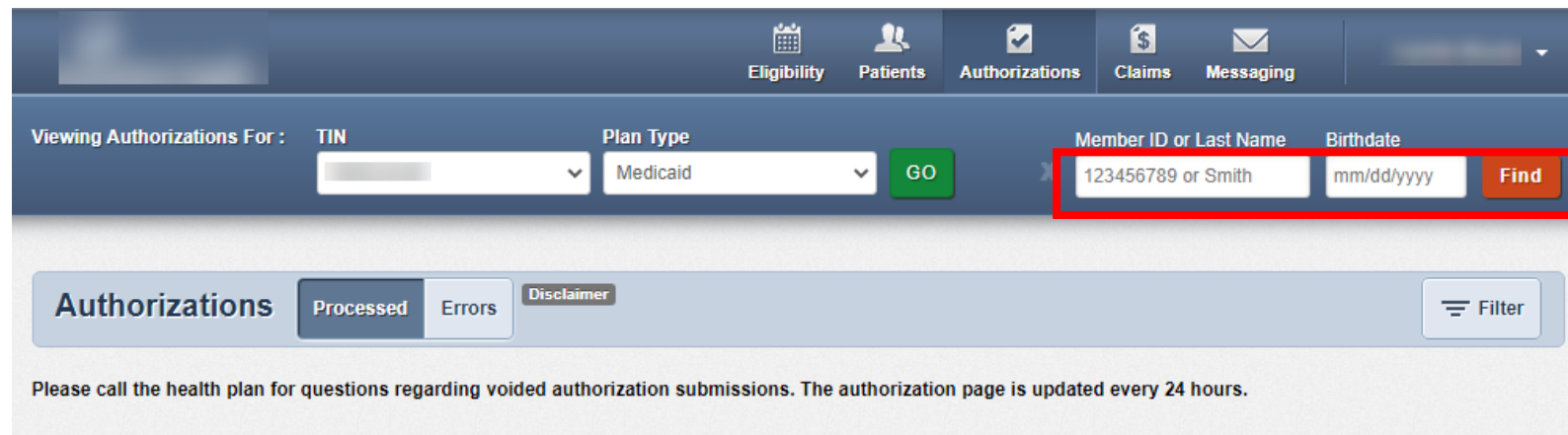
To begin a web authorization request:

1. Click **Authorizations**.
2. Click **Create Authorization**.
3. Enter **Member ID or Last Name**.
4. Enter **Member's Birthdate**.
5. Click **Find**.

The web authorization request displays.



The screenshot shows the top navigation bar with icons for Eligibility, Patients, Authorizations, Claims, and Messaging. The 'Authorizations' icon is highlighted with a red box. Below the navigation bar, there are dropdown menus for 'Viewing Authorizations For : TIN' and 'Plan Type' (set to Medicaid), a 'GO' button, a 'Smart Sheets' button, and a red-bordered button labeled 'Create Authorization' with a plus icon.



The screenshot shows the same interface as above, but with the 'Create Authorization' button replaced by a 'Find' button. The 'Find' button is highlighted with a red box. The search criteria fields are now populated: 'Member ID or Last Name' contains '123456789 or Smith' and 'Birthdate' contains 'mm/dd/yyyy'.

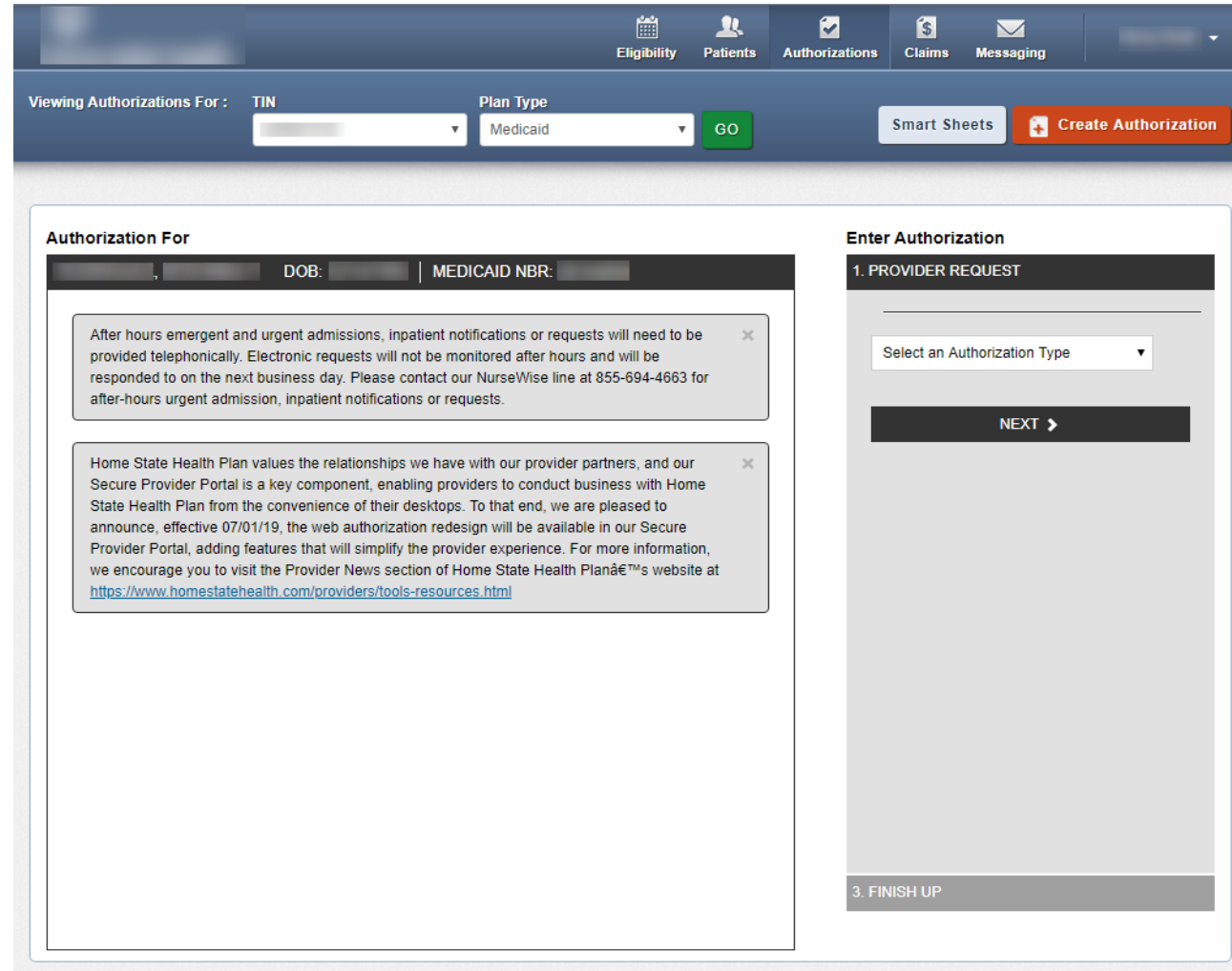
Web Authorization Request

Web Authorization request has three sections:

1. Provider Request
2. Service Line
3. Finish Up



Tip: Use the **Tab** key (on your keyboard) to move to fields in a web authorization request.



The screenshot displays the Trillium Health Resources web authorization request 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 Authorizations For:" with a TIN dropdown menu, a Plan Type dropdown menu set to "Medicaid", and a "GO" button. To the right of the header are "Smart Sheets" and "Create Authorization" buttons.

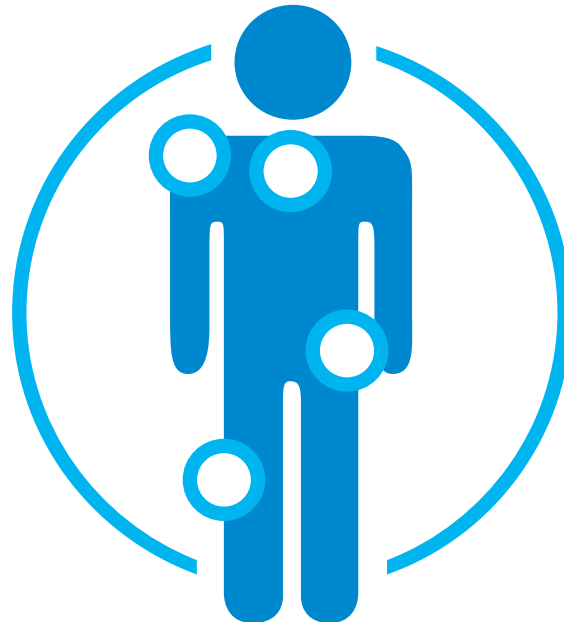
The main content area is divided into two columns. The left column is titled "Authorization For" and contains two text boxes with close buttons (X). The first text box states: "After hours emergent and urgent admissions, inpatient notifications or requests will need to be provided telephonically. Electronic requests will not be monitored after hours and will be responded to on the next business day. Please contact our NurseWise line at 855-694-4663 for after-hours urgent admission, inpatient notifications or requests." The second text box states: "Home State Health Plan values the relationships we have with our provider partners, and our Secure Provider Portal is a key component, enabling providers to conduct business with Home State Health Plan from the convenience of their desktops. To that end, we are pleased to announce, effective 07/01/19, the web authorization redesign will be available in our Secure Provider Portal, adding features that will simplify the provider experience. For more information, we encourage you to visit the Provider News section of Home State Health Plan's website at <https://www.homestatehealth.com/providers/tools-resources.html>"

The right column is titled "Enter Authorization" and contains a section for "1. PROVIDER REQUEST" with a dropdown menu labeled "Select an Authorization Type" and a "NEXT >" button. At the bottom of the right column, there is a section for "3. FINISH UP".

Evolut (Formerly National Imaging Associations)

- Trillium will use Evolut (formerly National Imaging Associates) to provide the management and prior authorization of **non-emergent, advanced, outpatient imaging services**.
- Any services rendered on and after July 1, 2024, will require authorization. Only non-emergent procedures performed in an outpatient setting require authorization with Evolut.

- CT/CTA
- CCTA
- MRI/MRA
- PET Scan
- MUGA Scan
- Myocardial Perfusion Imaging
- Stress Echocardiography
- Echocardiography



Excluded from the Program Procedures Performed in the following Settings:

- Hospital Inpatient
- Observation
- Emergency Room

Evolut (Formerly National Imaging Associations)



Item	Key Point(s)
RadMD Access & Features	<ul style="list-style-type: none">▪ Prior authorization requests can be made online at: www1.RadMD.com▪ RadMD Website – Available 24/7 (except during maintenance)▪ Request authorization (ordering providers only) and view authorization status▪ Upload clinical information▪ View NIA’s Clinical Guidelines ▪ Frequently Asked Questions ▪ Quick Reference Guides ▪ Checklist ▪ RadMD Quick Start Guide<ul style="list-style-type: none">▪ Claims/Utilization Matrices▪ View and manage Authorization Requests with other users (Shared Access) ▪ Requests for additional Information and Determination Letters ▪ Clinical Guidelines ▪ Other Educational Documents <p>To sign up for RadMD Go to: www1.RadMD.com Click the New User button and set up a unique username/account ID and password for each individual user in your office. NIA-Carolina Complete Health educational documents: www1.RadMD.com</p>

Resources and Questions

**Linda Hawley Isbell, MA, CI
Network Director**

Trillium Health Resources - Help Tools



Trillium Health Resources: <https://www.trilliumhealthresources.org/>

Contact Us: <https://www.trilliumhealthresources.org/explore-trillium/contact-us>

Provider Training: <https://staff.mylearningcampus.org/login/index.php>

Provider Communications: <https://www.trilliumhealthresources.org/providers/provider-communications>

NCDHHS information for: <https://medicaid.ncdhhs.gov/providers/provider-playbook-nc-medicaid-managed-care>

Resources for After Today's Session



Please contact Trillium's Provider Support Service Line at NetworkServicesSupport@TrilliumNC.org or **1-855-250-1539**. This is the number for providers to call with questions about claims, utilization management and other issues.

The Provider Support Service Line is open Monday through Saturday from 7:00am until 6:00pm, and is open on holidays.

If you need to make a referral or have questions about Members, please call:
1-877-685-2415

CCH providers can contact Carolina Complete Health's Network Relations at NetworkRelations@cch-network.com or **1-833-552-3876**.

Questions

