



Network Communication Bulletin #388

To: All Providers

From: Khristine Brewington, MS, LCMHCS, LCAS, CCS, CCJP
Senior VP of Network Management

Date: January 6, 2025

Subject: Delay in Division of Health Service Regulation License Renewal Updates; Renewal of Department of Health Service Regulation License; Request for Applications: Mobile Crisis Provider (Medicaid and State); Supporting Children Early/Simulation Registration Date Extended; Innovations Incident Reporting for Failure to Provide Back-up Staffing; Update on the Vaccine for Children Program for Displaced NC Medicaid Beneficiaries; Revised Reimbursement Methodology for Individuals Living in Congregate Settings; Updated Trillium Provider Trainings; 2024-2025 National Core Indicators – I/DD Survey; Roadmap2Ready: January; Request for Applications: Rural Equity and Innovation in Integrated Care; Medication Management Services - Open Enrollment; 2025 Trillium Family Weekends at Victory Junction; Important Information for Relative as Direct Support Employee; IRIS Reminders for Providers; Upcoming Re-Entry Simulation; Trillium is a Closed Network for BH/SUD/IDD; Need to Report Fraud, Waste, and Abuse?

NEW

DELAY IN DIVISION OF HEALTH SERVICE REGULATION LICENSE RENEWAL UPDATES

NC Medicaid requires providers to keep credentials current on their NCTracks provider enrollment record. The expiring credential must be verified as renewed through the licensing entity prior to being updated on the NCTracks record. NC Medicaid is aware and collaborating with the Division of Health Service Regulation (DHSR) regarding the inventory of pending license renewal applications. Any DHSR licensure renewal application that was submitted to DHSR prior to December 31 will remain active with NC Medicaid until DHSR processes all the renewals. Any DHSR Providers due to suspend, due to the expired license, will remain in active status until all renewal applications are completed by DHSR.

In addition, DHSR will send to NC Medicaid a licensure file, each week which is used to update the NCTracks provider enrollment record. As provider licenses are renewed, the information is shared with NC Medicaid and updates are automatically made on the NCTracks record. Providers may also report the license renewal using the NCTracks MCR process upon notification from DHSR that the license is renewed, knowing that NCTracks will verify the status and new expiration date using the file received from DHSR prior to updating the NCTracks enrollment record.

For inquiries related to the status of your license, please contact [DHSR](#).

RENEWAL OF DEPARTMENT OF HEALTH SERVICE REGULATION LICENSE


Trillium Health Resources reminds providers to renew their Department of Health Service Regulation (DHSR) license. When providers renew their licenses, this prevents disruption in care for our members. For instructions on how to renew DHSR licenses, please see and click the hyperlinks below:

1. [NC Division of Health Service Regulation Mental Health and Licensure and Certification Section](#).
2. Review Question number 21. When do I need to review my license? Answer: All licenses expire at the end of the calendar year. A renewal application must be submitted through DHSR's online [Enterprise System](#).
3. Select Complete Your License Application box, and select Renewal Application Sign-in

REQUEST FOR APPLICATIONS: MOBILE CRISIS PROVIDER (MEDICAID AND STATE)

Trillium is seeking providers to deliver state funded and Medicaid Tailored Plan and Medicaid Direct Mobile Crisis services in specified counties. The coverage area for this RFA includes Sampson, Bladen, Columbus, Robeson, Scotland, Hoke, Lee, Moore, Anson, Richmond, Montgomery, Randolph and Guilford counties

ELIGIBLE APPLICANTS:

-  Applicant must be enrolled in the Trillium provider network. The applicant must be currently also be enrolled as a state funded and Medicaid Tailored Plan and Medicaid Direct provider. Applicant must be willing to serve all ages in acute behavioral health or IDD crisis. Preference given to agencies that offer a robust

continuum of care available in the region they are applying to serve. MCM Services must be provided both in person and through telehealth approaches. MCM must have access to psychiatric services 24/7. Applicant must be in good standing with Trillium.

ADDITIONAL ELIGIBILITY:

- 🌱 Eligible applicants must currently have a minimum of 100 Trillium members receiving services.
- 🌱 Eligible applicant must have current primary BH outpatient sites located within the majority of the coverage area. The coverage area for this RFA includes Sampson, Bladen, Columbus, Robeson, Scotland, Hoke, Lee, Moore, Anson, Richmond, Montgomery, Randolph and Guilford counties
- 🌱 Eligible applicants must demonstrate the necessary relationships with local law enforcement to divert members from ED and Incarceration into appropriate treatment settings.
- 🌱 Applicants must provide evidence of established and working DEI policies that ensure that people of all backgrounds are supported equitably according to their uniqueness.
- 🌱 Agencies must provide evidence of an established Electronic Health Record of data collection and tracking that can monitor effectiveness, integrate data and track member outcomes.
- 🌱 Eligible agencies must ensure language interpretation services, including American Sign Language, are made available and utilized for effective, appropriate communication.
- 🌱 The agency awarded must agree to improve data collection and report quality measures using the Healthcare Effectiveness Data and Information Set (HEDIS) based on race, ethnicity, disability status, sexual orientation, gender identity and health related resource needs.
- 🌱 Preference given to historically underutilized providers that meet all criteria for this RFA.

If your organization meets all the criteria, please click the link and complete the form below and apply for a meeting to discuss your plan for this model with our team no later than January 10, 2025.

[RFA: Mobile Crisis Provider \(Medicaid and State\)](#)

SUPPORTING CHILDREN EARLY/SIMULATION REGISTRATION DATE EXTENDED

Registration available until January 8, 2025

Supporting Children Early can give kids with disabilities the tools they need for lifelong success. Kids and families often experience challenges when seeking help. In the Supporting Children Early Simulation, you will walk in the shoes of the families and kids as they navigate their communities.

In this interactive activity, participants will navigate through mock stations that represent various services and resources. Participants will learn first-hand the barriers many families experience. Early detection and support will help kids take their best step forward in life. Together, we can build empathy. We can be the change so that every family and child can get the services and supports they need for happy, healthy lives.







Offered in Partnership with the Boys & Girls Clubs of Wayne County.

 [Register for the free event](#)



INNOVATIONS INCIDENT REPORTING FOR FAILURE TO PROVIDE BACK-UP STAFFING

Provider agencies are expected to inform Trillium when a staff member cannot deliver a service. The provider agency must report whether the agency cannot provide back-up staffing, or back-up staffing was offered, but declined by the member/guardian. This reporting is required bi-weekly using the *Innovations Incident Reporting for Failure to Provide Back-Up Staffing* form. The updated form can be found [here](#).

Please ensure the following form fields are completed in their entirety:

- | | |
|--|---|
|  Covered period Provider Agency |  Service(s) missed |
|  Provider Site Location/Address |  Number of hours missed |
|  Date of missed service |  Reason for missed hours |
|  Member's first and last name |  Name/Number/Email of person completing the form |
|  Member's date of birth | |

REPORTING REMINDERS

-  Back-up staffing reports are required when:
-  individual/LRP declined back-up staff

- 🌱 staff is out sick
- 🌱 staff is out due to extended leave
- 🌱 staff had an appointment
- 🌱 staff is on vacation
- 🌱 staff resigned
- 🌱 staff was terminated
- 🌱 staff did not show to work
- 🌱 other (no available staff)
- 🌱 Back-up staffing reports are not required during “services breaks,” defined as:
 - 🌱 holidays
 - 🌱 family vacations
 - 🌱 weather conditions
 - 🌱 member/family illness
 - 🌱 scheduling conflicts with member/family

BACK-UP STAFFING REPORTING SUBMISSION

- 🌱 Hours missed from the 1st-15th of the month are due by the 22nd of the month.
- 🌱 Hours missed from the 16th to the end of the month are due by the 7th of the following month.
- 🌱 Back-up staffing reports must be emailed to Trillium, Zixsecure, at IncidentReporting@TrilliumNC.org.

Thank you for your diligent efforts in submitting back-up staffing reports promptly. If you have any questions, please reach out to IncidentReporting@TrilliumNC.org.

UPDATE ON THE VACCINE FOR CHILDREN PROGRAM FOR DISPLACED NC MEDICAID BENEFICIARIES

THIS BULLETIN APPLIES TO NC MEDICAID DIRECT AND NC MEDICAID MANAGED CARE.

Children with NC Medicaid temporarily living in another state can get a free Vaccine for Children (VFC) vaccine from any VFC provider in that state. The VFC program is a federal program that gives free vaccines to children ages 18 and under.

VFC providers can include local health departments, Federally Qualified Health Centers (FQHCs) and pediatrician offices. A pharmacy may be a VFC provider, depending on the state.

Parents of children eligible for VFC can visit the Center for Disease Control's website to find a list of [local health departments by cities and counties](#) in their area. If parents need help, they may contact the [VFC Program Manager](#) in each state. A list of managers is available to help parents find the VFC program manager in each state. The list can be found at [VFC Program Manager](#).



For more information, please visit [Vaccines for Children \(VFC\) Program: Information for Parents](#) webpage.

REVISED REIMBURSEMENT METHODOLOGY FOR INDIVIDUALS LIVING IN CONGREGATE SETTINGS ADMINISTERED BY PERSONAL CARE SERVICE PROVIDERS

THIS BULLETIN APPLIES TO NC MEDICAID MANAGED CARE AND NC MEDICAID DIRECT.

Effective Jan. 1, 2025, the unit of reimbursement will change from a 15-minute increment to a daily per diem.

NC Medicaid is modifying NCTracks to be able to implement the per diem methodology to accompany Medicaid clinical coverage policy (CCP) 3L-1 (see the [Policy Guidance for Personal Care Services Beneficiaries in Congregate and In-Home Settings](#) bulletin for more information on this topic. The new policy and reimbursement methodology will become effective Jan. 1, 2025, and will be characterized by the following elements:

-  Only procedure code 99509 and modifiers SC, HC, or TT will be impacted.
-  Details regarding this change can be found on the [NC Medicaid Health Plan Billing Guidance web page](#).

UPDATED TRILLIUM PROVIDER TRAININGS

[Provider My Training Campus](#)

Updated Tailored Plan Provider Trainings

1. Culturally and Linguistically Competent Care

Updated Tailored Plan Provider Trainings

2. Disaster Planning: Preparing for Responding to, and Recovering from a Crisis or Emergency Event
3. Fraud, Waste, and Abuse Detection, Investigation, and Prevention Microlearning Series
4. HIPAA Privacy and Security Rules Microlearning Series
5. Linking to Other Programs Microlearning Series
6. Member and Recipient Rights and Responsibilities
7. Tailored Care Management for Youth in Foster Care, Receiving Adoption Assistance or Former Foster Youth
8. The Engagement Strategy with the Eastern Band of Cherokee Indians Microlearning Series

Updated Medicaid Direct PIHP Provider Trainings

1. Culturally and Linguistically Competent Care
2. Difference Between NC Medicaid Direct, including the PIHP, and Medicaid Managed Care Program
3. Disaster Planning: Preparing for Responding to, and Recovering from a Crisis or Emergency Event
4. Fraud, Waste, and Abuse Detection, Investigation, and Prevention Microlearning Series
5. HIPAA Privacy and Security Rules Microlearning Series
6. The Engagement Strategy with the Eastern Band of Cherokee Indians Microlearning Series

2024-2025 NATIONAL CORE INDICATORS-I/DD SURVEY

Trillium is partnering with NCDHHS to support the annual National Core Indicators (NCI) survey, which evaluates the outcomes of individuals receiving Intellectual and Developmental Disability (I/DD) services. This survey examines critical areas such as employment, community involvement, relationships, health and wellness, safety, and access to services. Standardized questions allow for comparisons between states and provide valuable insights into service quality.

HOW PROVIDERS WILL BE INVOLVED

Beginning in December 2024, providers serving members with I/DD aged 18 and older may be contacted to assist in the following ways:

- 🌱 Obtaining member consent for survey participation.
- 🌱 Providing background information for consenting members.

Survey administration will be handled by the Carolina Institute for Developmental Disabilities (CIDD), a third-party organization contracted by the State.

ELIGIBILITY REQUIREMENTS FOR SURVEY PARTICIPATION

Members must meet the following criteria to participate in the survey:

- 🌱 Be diagnosed with an intellectual or developmental disability.
- 🌱 Receive Medicaid-funded services from an I/DD provider agency.
- 🌱 Be at least 18 years old.

NEXT STEPS FOR PROVIDERS

If your agency provides services to eligible members, please email Surveys@TrilliumNC.org with contact information for the point of contact for the NCI-IDDD survey within your agency as soon as possible. Trillium will send additional details, including the list of members selected to participate, via email.

For questions or more information, contact Surveys@TrilliumNC.org or call 1-866-998-2597 (ask for Amanda Morgan).

Thank You for Your Partnership

Your support is essential to the success of this important initiative, which helps evaluate and improve services for individuals in our community.

ROADMAP2READY: JANUARY

Happy New Year! Take the initiative to improve your emergency plans for your organization this year. Each month we will cover a topic that is a part of the Centers for Medicare & Medicaid Services Emergency Preparedness Rule. Interested to see what we covered last year, [click here?](#)

One of the topics was on Hazard and Risk assessments, [here are some resources in case you missed it](#). January is a good time to review the hazards and risks that came up in

that assessment. Your local Emergency Management office and Healthcare Preparedness Coalition should have an All-Hazard risk assessment for your region which will help with coordination and communication. You can compare the two and see how they compare to yours!

There are seven (7) [North Carolina Healthcare Preparedness Coalitions](#) (HPCs) that work with the common mission of facilitating communication, coordination, and collaboration between healthcare facilities, public agencies, and the State of North Carolina. Their primary goals are to:

- 🌱 Strengthen Partnership Engagement
- 🌱 Support Information Sharing
- 🌱 Expand Medical Surge Readiness
- 🌱 Improve Incident Coordination
- 🌱 Promote Fiscal Responsibility

Find out which Coalition covers your area by [visiting the website](#) and reach out to attend their meetings. They host trainings, exercises and provide preparedness resources to the regions they serve. [Check out trainings](#) that are available to you across the state.

REMINDERS

REQUEST FOR APPLICATIONS: RURAL EQUITY AND INNOVATION IN INTEGRATED CARE

SOUTHEASTERN AND SOUTH CENTRAL NORTH CAROLINA

Rural Equity and Innovation Integrated Care (REI-IC) will increase capacity to meet integrated care needs of southeastern and south central rural NC and address health disparities in this region by paying for equity for Tailored Plan members living in this region. This Request for Application (RFA) will award 1M in funding for 6 providers. The model will evaluate the impact of a value-based care (VBC) approach focused on Tailored Plan members. The model will provide access to primary care treatment through an integrated care delivery framework located in a specialty BH community based organization. The organization will have a primary focus on members with moderate to severe mental health conditions and/or chronic substance use disorders and will include members with dual IDD diagnosis. Members will have access to primary care services in the same setting as behavioral health services.

The primary outcome is to increase access to integrated care in Tier I counties in rural NC. Other objectives of this demonstration pilot also include improving quality of care, timely access to appointments for Tailored Plan members, reducing avoidable emergency department and inpatient utilization, and strengthening telehealth systems capacity.

Trillium will award funding for up to 6 providers for this pilot.

ELIGIBLE APPLICANTS:

- 🌱 Applicant must be enrolled in the Trillium provider network. The applicant must be Non-profit 501(c)3 currently enrolled in Medicaid to provide BH/SUD and IDD services. Applicant must be willing to serve adults and children 16 and up for acute and chronic behavioral health and add primary care. Preference given to agencies that also treat adults with co-occurring IDD needs. Services must be provided both in person and through telehealth approaches. Applicant must be in good standing with Trillium.

ADDITIONAL ELIGIBILITY:

- 🌱 Eligible applicants must currently have a minimum of 300 Medicaid Tailored Plan members receiving services.
- 🌱 Eligible applicant must have current primary BH sites located in Tier I or Tier II counties within the majority of North Carolina's Region 5 including; Pender, New Hanover, Brunswick, Sampson, Bladen, Columbus, Robeson, Scotland, Hoke, Lee, Moore, Richmond, Montgomery, Randolph, Guilford (from Region 2).
- 🌱 Eligible applicants must have the ability to demonstrate current telehealth applications and capabilities and effective and efficient use of an internal telehealth network across multiple counties to increase access to behavioral health and add primary care. In addition, the model assures coordination of services to support chronic and acute physical health conditions as part of the member integrated care plan and care team model of delivery.
- 🌱 Applicants must provide evidence of established and working DEI policies that ensure that people of all backgrounds are supported equitably according to their uniqueness.
- 🌱 Agencies must provide evidence of an established Electronic Health Record of data collection and tracking that can monitor effectiveness, integrate data and track member outcomes.
- 🌱 Eligible agencies must offer or be willing to offer Tailored Care Management and Crisis services as part of their service array.

- 🌱 Eligible agencies must ensure language interpretation services, including American Sign Language, are made available and utilized for effective, appropriate communication.
- 🌱 The agency awarded must agree to improve data collection and report quality measures using the Healthcare Effectiveness Data and Information Set (HEDIS) based on race, ethnicity, disability status, sexual orientation, gender identity and health related resource needs.

If your organization meets all the criteria, please click the link and complete the form below and apply for a meeting to discuss your plan for this model with our team no later than January 10, 2025.

[See Details and Apply Here](#)

MEDICATION MANAGEMENT SERVICES: OPEN ENROLLMENT

Trillium has identified the need for additional Psychiatric Medication Management Services. These services focus on reducing psychiatric and behavioral symptoms to improve functioning in familial, social, educational, or occupational life domains. Providers must be enrolled in NC Tracks and meet all of the requirements in [Clinical Coverage Policy 8C](#).

Qualified practitioners include:

- 🌱 Psychiatrist/ MD/ DO
- 🌱 Psychiatric Mental Health Nurse Practitioner (PMHNP)
- 🌱 Physician Assistant (PA)
- 🌱 Nurse Practitioner (NP)

[Questions Link](#) [Application Link](#)

2025 TRILLIUM FAMILY WEEKENDS AT VICTORY JUNCTION

April 4-6, 2025 | Application Deadline: Friday March 21, 2025

April 11-13, 2025 | Application Deadline: Friday March 28, 2025

Get ready—the newest session for Trillium Family Weekend at Victory Junction is here! We hope our members and families will take advantage of the camp's inclusive environment and diverse amenities.

The weekend is a unique experience for families to connect. Campers of every ability can feel fully empowered. Victory Junction adapts activities for every need. The camp's amazing staff are familiar with hosting Trillium families. They even accommodate special diets. There is no cost to attend.

Open to all Trillium members and their families or natural supports, regardless of age or diagnosis.

Come experience the magic of camp with us! Spots are limited! Complete the [Spring 2025 Interest Form](#) to begin your application. Check the [Spring Flyer](#) or visit the [Victory Junction Family Weekends Webpage](#) to learn more!

IMPORTANT INFORMATION FOR RELATIVE AS DIRECT SUPPORT EMPLOYEE

Effective December 1, 2024, providers and/or employer of record (EOR) should use the following link to request initial or renewal of Relative as Direct Support Employee (RDSE), formerly known as Relative as Provider (RAP): [Innovations Waiver - Relative/Guardian as Direct Service Employee](#).

IRIS REMINDERS FOR PROVIDERS

IRIS ALERTS:

The Live IRIS site is located at <https://iris.ncdhhs.gov>. In addition, the IRIS Training site can be accessed at <https://iristraining.ncdhhs.gov>.

IRIS REPORTING TIMELINES

- 🌱 Level 2 incidents: An IRIS report must be submitted within 72 hours of learning of the incident.
- 🌱 Level 3 incidents: Verbal or written (email) notification to Trillium within 24 hours of learning of the incident. An IRIS report must be submitted within 72 hours of learning of the incident; however, for incidents involving allegations against staff, the IRIS report must be submitted within 24 hours of learning of the incident (to meet HCPR reporting timelines).

TRILLIUM'S REPORTING EXPECTATIONS

- 🌱 All reports must be submitted on time (zero late submissions). If a report is submitted outside the 72-hour required timeframe, please provide a statement in

the IRIS report regarding the submission of the incident outside reporting timeframe.

- 🌱 All required fields (DOB, gender, incident details, cause of incident, incident prevention, authorities contacted, etc.) must be completed in IRIS in order for Trillium to process and close the report.
- 🌱 Please ensure member's LME-MCO record number, Medicaid ID and/or CNDS ID is completed on the Consumer's Treatment tab.
- 🌱 On the Provider Information tab, please ensure the Provider Agency name is entered in full and how it appears on the contract/license etc.
- 🌱 When a report contains allegations of abuse/neglect/exploitation against staff, the internal investigation report is required to be uploaded to the IRIS report within 5 working days.
- 🌱 Response to Trillium's questions must be provided within 24 hours of receiving an email or phone call regarding an incident. Please note, failure to respond to follow up questions or complete required elements may result in referral to Compliance.

REMINDERS

- 🌱 If a staff person is in a car accident while providing services to a member, an incident report is required to be submitted in IRIS. Even if a member does not require medical treatment, it is expected that the incident will be reported to law enforcement and medical treatment will be offered. These incidents meet a level II incident criteria and can be submitted as "Consumer Injury-Auto Accident."
- 🌱 On the Provider Information tab, please ensure the correct plan/service that the member is enrolled in is selected. This will ensure the IRIS report is directed to the proper Health Plan or LME-MCO for review.
- 🌱 When selecting the "Host" LME-MCO and the "Home" LME-MCO on the Provider Information tab in IRIS, please remember that the "Host" LME-MCO is the county where services are being provided and the "Home" LME-MCO is the county of residence where the member's Medicaid is linked to.
- 🌱 For Allegations of Abuse/Neglect/Exploitation against Staff, please ensure that both of the questions listed on the Incident Information tab, **"Does this incident include an allegation against Staff and/or Facility?"** and **"Will this allegation require a submission of a Consumer Incident Report?"** are both checked **YES**. Then complete the abuse tab and all **three** tabs under the HCPR tab.
- 🌱 For Member Deaths, please upload the death certificate and/or Medical Examiner report upon receipt and update the death information tabs accordingly.

- 🌱 Medical illness is not reportable unless it results in injury or death or is believed to be caused by abuse/neglect or medication error.
- 🌱 For Member Injury, please elaborate on the type of treatment (i.e., stitches, cast, prescription medication) that the member receives for the injury (treatment does not include diagnostic tests such as blood work, x-ray, MRI, EKG, etc.).

Please visit Trillium's [My Learning Campus](#) to access Incident Reporting Training for your agency staff.

For any incident-related questions, please contact:

- 🌱 Julie McCall (Julie.Mccall@TrilliumNC.org) for **IRIS counties:** Bladen, Columbus, Brunswick, New Hanover, Pender, Onslow, Jones, Carteret, Pamlico, Craven, Pitt, Beaufort, Hyde, Dare, Tyrrell, Washington, Martin, Bertie, Chowan, Perquimans, Pasquotank, Currituck, Camden, Gates, Hertford, Northampton, Halifax, Nash.
- 🌱 Christy Way (Christy.Way@TrilliumNC.org) for **IRIS counties:** Anson, Hoke, Lee, Montgomery, Moore, Randolph, Richmond
- 🌱 Debbie Powell (Debbie.Powell@TrilliumNC.org) for **IRIS counties:** Guilford
- 🌱 John English (John.English@TrilliumNC.org) for **IRIS counties:** Edgecombe, Wilson, Robeson, Scotland, Greene
- 🌱 Veronica Murphy (Veronica.Murphy@TrilliumNC.org) for **IRIS counties:** Duplin, Lenoir, Sampson, Warren, and Wayne

RE-ENTRY SIMULATION

Trillium Health Resources has been sponsoring Re-entry Simulations. You will learn about the many barriers individuals go through when they are released from jail.

Participants experience the difficulties of finding a job, keeping a stable home, going to treatment regularly, and following release rules.

UPCOMING RE-ENTRY SIMULATION EVENT:

[Pasquotank County, NC – January 29, 2025](#)

TRILLIUM IS A CLOSED NETWORK FOR BH/SUD/IDD

As a reminder, Trillium operates a closed network for all behavioral health, substance use, and intellectual and developmental disabilities services. (*N.C. Gen. Stat. 108D-23*).

At this time, Trillium is not accepting requests to add new providers to the Trillium behavioral health, substance use, and intellectual and developmental disabilities provider network outside of a published recruitment opportunity.

Trillium continually assesses the needs of members and adjusts the network to ensure members have access to needed services. [Current service needs](#) are posted on our website. Non-contracted providers can submit an [Interest Submission Form](#) to express future interest in contracting for behavioral health, substance use, and intellectual/developmental disabilities services.

Trillium will review interest submissions on a monthly basis.

In-network Trillium providers requesting contract changes should email NetworkServicesSupport@TrilliumNC.org or use the applicable forms on our [Provider Documents & Forms](#) webpage.

For more information, providers can review our [Network Participation webpage](#).

NEED TO REPORT FRAUD, WASTE AND ABUSE?

EthicsPoint is a secure and confidential system available 24 hours a day, 7 days a week for anyone to report suspected violations of potential fraud, waste and abuse, or confidentiality issues. You can access EthicsPoint through website submission at [EthicsPoint - Trillium Health Resources](#) or by calling toll-free: 1-855-659-7660.