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February Provider Forum

ACCREDITED NCQA HEALTH PLAN

Today's Agenda

01 Welcome and Overview

02 Overview of Trillium's Tailored Plan

03 Claims Trends and Denials

04 Personal Care Services

05 Adding and Removing Services from your Contract

06 Resources

07 Questions

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1 Welcome and Overview

Linda Hawley Isbell, MA, CI

Associate Vice President of Provider Relations and Engagement and Provider Support Services

About Trillium Health Resources

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- Trillium Health Resources is a Tailored Plan and Managed Care Organization (MCO) that manages serious mental health, substance use, traumatic brain injury, and intellectual/developmental disability services in North Carolina.
- For individuals receiving Medicaid through the Tailored Plan, we cover physical health care and pharmacy services as well.
- We also help uninsured individuals through State-funded services.

Regional Information

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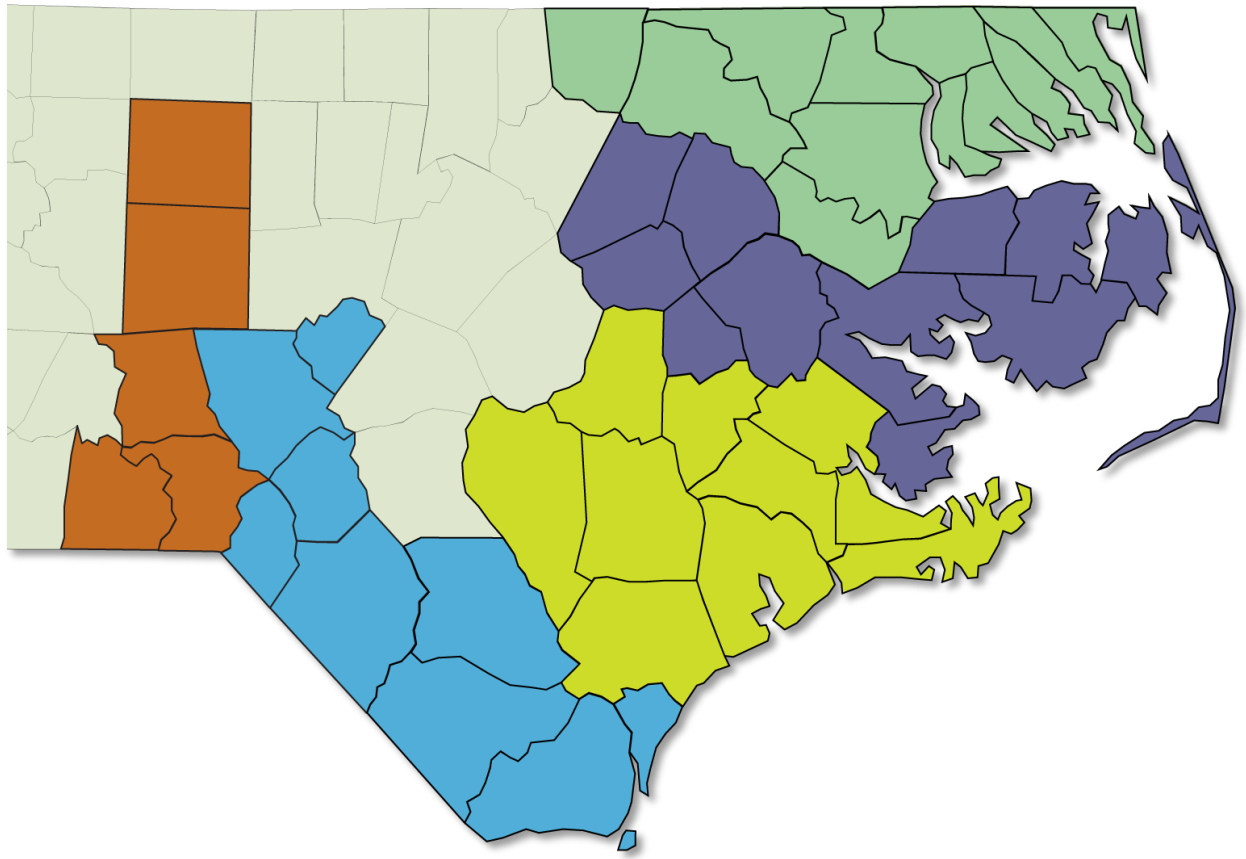
46 Counties

Land mass:
28,977 sq. mi.

Percentage of land mass in NC: 59.61%

Total Population: 3,152,058

Percentage of NC pop.: 30%



Network

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- Physical health providers: 54,105
- Behavioral health providers: 14,103
- Vision providers: 452
- Pharmacy and medical supplies: 2,788
- Counties covered by providers: 100

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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 questions using the Chat feature 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 Q&A feature in WebEx

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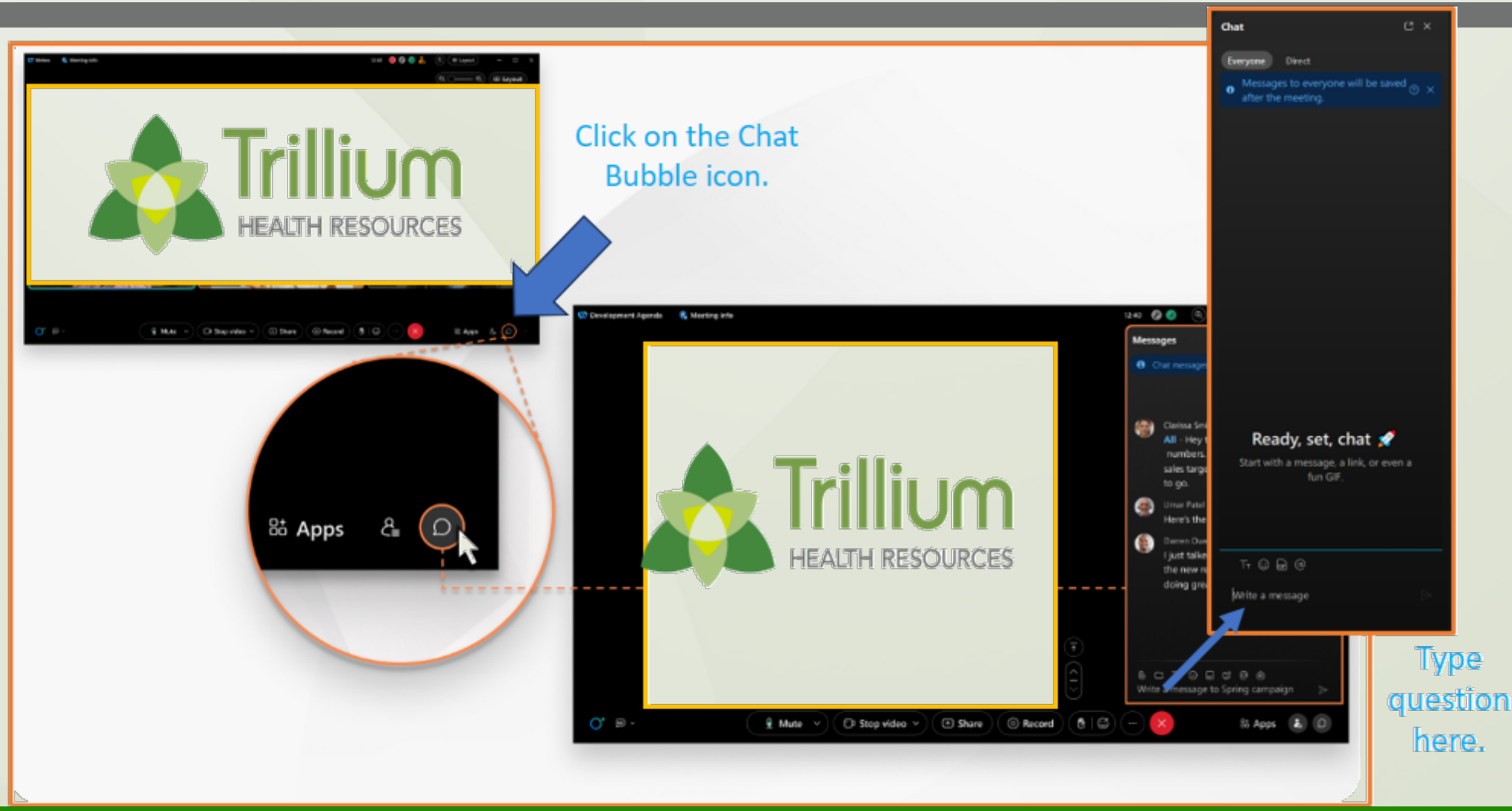

Provider Forums

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During the fall of 2024 we conducted a survey to collect data on the topics that you, our provider network would like to receive technical assistance and education on.

Top 7 Topics

1. Claims Denials
2. Review of the Trillium Tailored Plan
3. How to Add or Remove Services
4. Personal Care Services
5. TBS Set Up
6. Questions about the Physical Health Portal through Carolina Complete Health
7. A Demo of the Provider Directory

There are many other topics that were identified in the survey that we would include in upcoming forums along with other hot topics as they come up.

2 Overview of Tailored Plan Partnerships and Provider Resources

Chauncey Dameron, MBA & Kimberly Wagner, MBA
Provider Relations and Engagement Managers

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Tailored Plan Partnerships

Trillium's Tailored Plan Partners

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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).

Centene Vision Services:
Trillium's Vision partner (formerly Envolve), 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.

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Resources for Providers

- All behavioral health contracted providers are assigned a Provider Relations and Engagement Coordinator as your first point of contact for any questions.
- Call the Provider Support Service Line (PSSL) at (855) 250-1539
  - PSSL is available Monday through Saturday from 7 a.m. to 6 p.m. including federal holidays.
- Email Provider Relations and Engagement at NetworkServicesSupport@TrilliumNC.org
- Review the Trillium Health Resources website www.TrilliumHealthResources.org

3a

Behavioral Health Claim Information

Jacqueline Thomas, Claims Supervisor

Claim Denials

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Top Denial Reasons and How to Resolve Them

- **62 - Service not authorized** – Steps to resolve this would be to check to make sure you have a current authorization for the member for the service and if there is a discrepancy, please send an email to UM@TrilliumNC.org
  - Additional resources for claims denied 62-Service not authorized
    Prior Authorization Services | Trillium Health Resources
    Benefit Plans | Service Definitions | Trillium Health Resources
- **330 – Patient not enrolled on the date of service** – Claims that fall outside of the member's eligibility effective dates will deny. Providers can check Provider Direct or NC MMIS (NC Tracks) to check members' eligibility.
  - Home of NCTracks - Home of NCTracks
  - Sign up or sign in Provider Direct (Training Tab – Client search, Insurance, and Target Pops)
  - Questions regarding enrollment / eligibility contact the Enrollment and Eligibility Team @ EnrollmentandEligibility@TrilliumNC.org
  - Providers may also experience this denial if they are billing a service code that is not included for the member's eligibility type.

Claim Denials cont.

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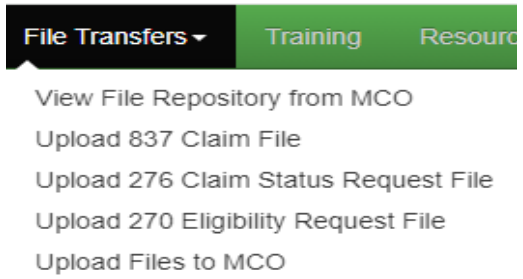
- **765 – Duplicate Claim** – Duplicate claim means the member already has an approved claim for the same service and date of service. Please check your RA/Claims status report in the File Transfers tab and select View File Repository From MCO in Provider Direct (PD) portal to verify paid claim status for the member's date of service.
  - Sign up or sign in Provider Direct (Training Tab- File Transfer Training)
  - Remittance Advice (RA) Companion Guide
  - Replacement-Voided-Denied Claims Process



- **1140 – Reference Claim has already been submitted** – Multiple resubmissions are not allowed. The referenced claim number attempting to be replaced is not valid or the claim number being replaced has already been replaced.
  - Replacement-Voided-Denied Claims Process
  - Places to locate the CI claim#:
    - Remittance Advice (RA) / 835
    - Claims Status Report

Claim Denials cont.

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- **1018 – Claim received after billing period** – Claims received after the required timeframe will deny as specified in the provider's contract. Timely filing guidelines could vary between lines of business and funding sources.
  - A CRF-Billing Window form could be used to request a time limit override under appropriate circumstances. The CRF form and instructions can be found on:
    - Provider Documents & Forms | Trillium Health Resources 'Claims Request Form'
  - Additional information can be found regarding timely filing:
    - Claims Billing Guide
    - Prompt Payment Tip Sheet
- **1271 – Billing Provider NPI and billing 9-digit zip** – Billing Provider NPI and billing 9-digit zip code combination not found in our system. Steps to resolve this is to first check NC MMIS (NC Tracks) to ensure that the NPI and address in NC MMIS matches to what you submitted on the claim. If the address in your contract does not match what is in NC MMIS, then you will need to send an email to Contract.Procurement@TrilliumNC.org to update. After confirmation of update is received, the provider will need to rebill the claim.
  - Home of NCTracks - Home of NCTracks
- **1377 – Please submit to Carolina Complete Health for processing** – The Physical Health claim has been submitted to the wrong processing system. Please see the Tailored Plan & Medicaid Direct Claims Submission Protocol for assistance with routing claims to the appropriate processing system.

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- For information and questions, regarding claim inquiries and/or denials providers may contact via the email or contact number below:

ClaimsSupport@TrilliumNC.org

Provider Support Services:

1-855-250-1539

3b Physical Health Claims Trends

Jesse Hardin, Director, Communications and Program Implementation
Carolina Complete Health

Claim Denial Trends

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Claim Denial	Guidance
SERVICE FACILITY NPI NOT ON MEDICAID FILE/NOT ACTIVE ON SVS	Please ensure your provider data has active credentialing status with NC Tracks and the data on the claim matches what is in NC Tracks. Provider Guide: https://network.carolinacompletehealth.com/content/dam/centene/carolinacompletehealth/pdfs/CCH-Prvr-Taxonomy-Guide.pdf
SERVICE OR SERVICE/MODIFIER COMBO NOT FOUND ON FEE SCHEDULE	Trillium Health Resources adheres to the State Fee Schedule for physical health claim processing. See State website for fee schedules, covered services, and appropriate modifiers: https://ncdhhs.servicenowservices.com/fee_schedules
DENY: BILL PRIMARY INSURER 1STRESUBMIT WITH EOB	Prior to submitting claim, verify member's eligibility to determine if there is a primary payer. Federal regulations require Medicaid to be the "payer of last resort," meaning that all third-party insurance carriers must pay before Medicaid processes the claim. Please refer to Coordination of Benefits Walkthrough (PDF) for guidance on submitting COB claims in the Trillium Physical Health Portal. **Tip: Verify member eligibility using NCTracks or the Trillium Physical Health Portal.**
DENY-BILL NPI+TAXONOMY NOT ON MEDICAID FILE OR NOT ACTIVE ON SVC DATES	Please ensure your provider data has active credentialing status with NC Tracks and the data on the claim matches what is in NC Tracks. Missing rendering and/or missing billing taxonomy is a common cause of claim processing delays and denials. Taxonomy numbers must also align with your provider data in NCTracks. Please also advise your Clearinghouse to make sure the changes made to taxonomy placement are permanent on your account going forward. Provider Guide: https://network.carolinacompletehealth.com/content/dam/centene/carolinacompletehealth/pdfs/CCH-Prvr-Taxonomy-Guide.pdf
DENY: DUPLICATE CLAIM SERVICE	The claim adjudication process will evaluate billed claims to determine if there is a previously submitted claim for the same enrollee and provider in history that is a duplicate to the billed claim. The claims will be reviewed across different providers to determine if another provider was paid for the same procedure, for the same enrollee on the same date of service. If you need to make a correction to your original submission, please submit a corrected claim instead of an additional first-time claim. Please reference Claims Guide- Duplicate Submissions (PDF) for additional guidance.

Physical Health vs. BH Billing

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- On 11/25/24, NC Medicaid released updated health plan billing guidance effective 10/01 that outlined BH vs. PH claim guidance.
- Health Plan Billing Guidance was since updated on 1/10/25.
  - View this page for latest versions: medicaid.ncdhhs.gov/health-plan-billing-guidance.
- "Claims with a primary care billing or rendering provider taxonomy will be considered Physical Health" (Level 5, Primary Care Physicians).
- Please also reference Trillium Claim Submission Protocol.
- KNOWN ISSUE: 96110 and 96127 denials (details on next slide).

Known Issues Tracker 1/30/25

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- **Description**: DHHS issued guidance on "Behavioral Health – Physical Health Claim Definition to Health Plans" effective 10/01/24, initially stating that procedure codes 96110, 96105 (developmental screening) 96121, 96127 (behavioral screening) and 96146 (psychological screening) were exclusive to behavioral health. As a result, these codes were being denied because they were processed as behavioral health services under the Tailored Plan, rather than as standard screenings in pediatric primary care. However, after further review and inquiries to DHHS, updated guidance clarified that these procedure codes are shared between physical and behavioral health and can be reimbursed under either benefit.
- **Resolution**: The affected codes were removed from the BH exclusive list in accordance with NCDHHS TP BH vs PH Definition logic. System configuration to reflect this change is currently in progress. The impacted claims have been identified and will be processed once the configuration is complete.
- **Estimated Fix date:** 3/24/2025. This is the estimated date for claims that were incorrectly denied to be reprocessed and paid accordingly.
- Providers do not need to take action at this time and should continue billing 96110 and 96127 on the physical health primary care claims.

Claim Corrections and Disputes

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

4 Personal Care Services Updates

Jesse Hardin, Director, Communications and Program Implementation
Carolina Complete Health

How to Initiate PCS

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- To request an independent assessment for a Trillium member, the physician caring for the member should complete Trillium's 3051 Form. The completed form should be emailed to LTSS@trilliumnc.org.
- The member's primary care provider should re-submit the 3051 form on an annual basis.
- Providers do not need to request re-authorization of PCS services. This is supported by physical health LTSS Care Managers and the Utilization Management team directly.

How to Bill PCS

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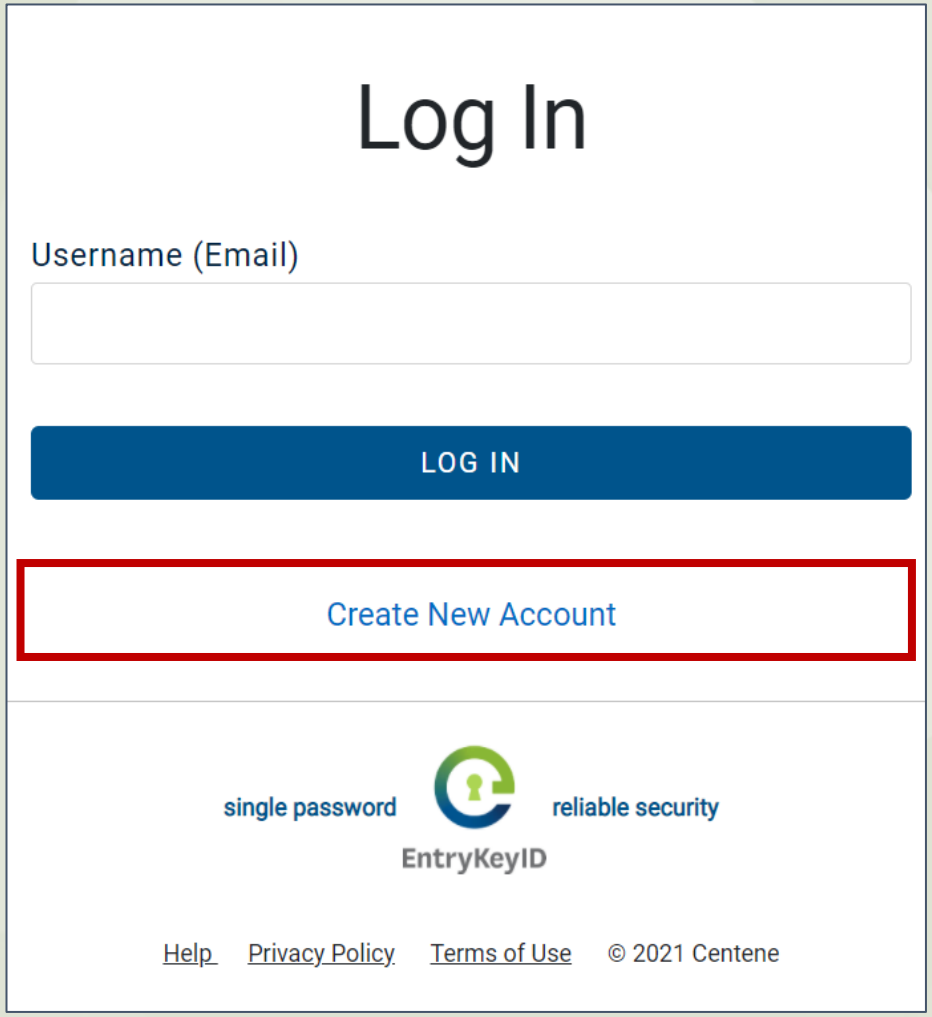
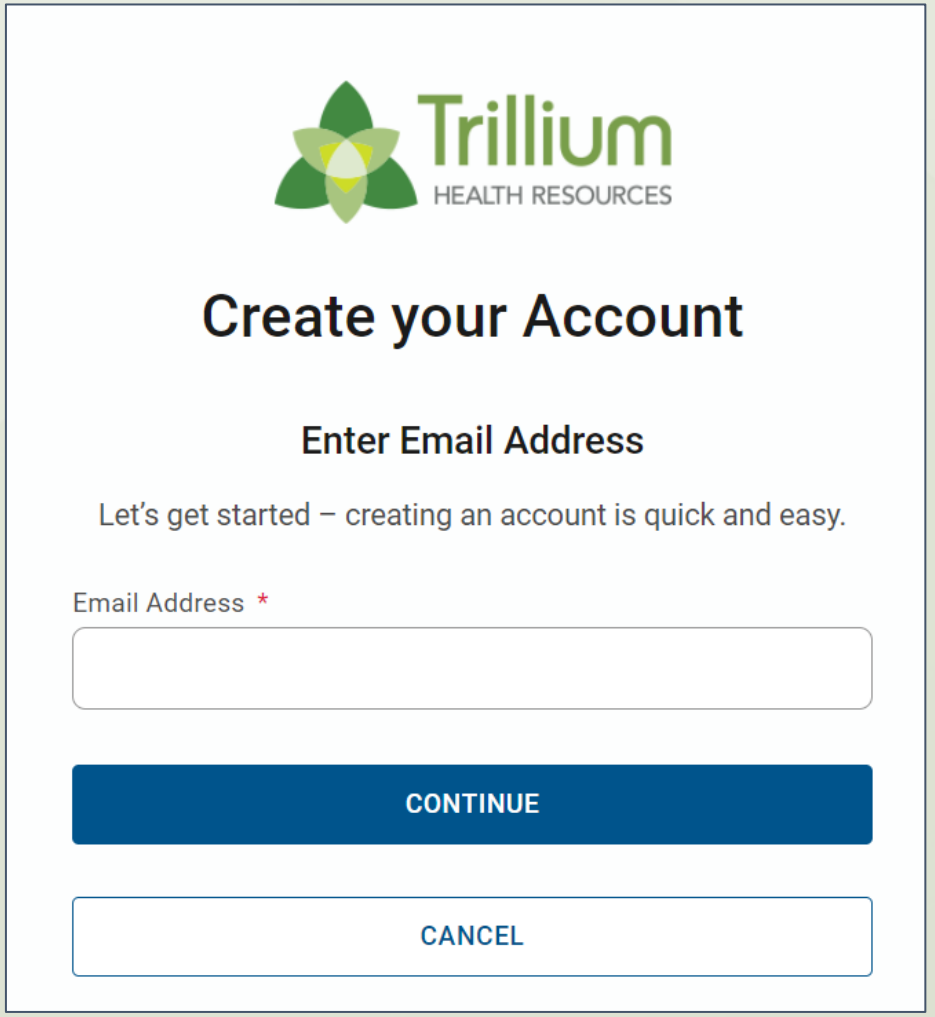
- Only PCS billed with 99509 and an HA or HB modifier are subject to EVV requirements.
  - All providers are expected to be fully compliant with EVV requirements.
  - EVV data must be validated prior to claims adjudication.
  - Claims without the required EVV criteria will deny.
  - Trillium partners with HHAeXchange as its EVV partner.
- Other PCS services can be billed through the Trillium Physical Health Secure Provider Portal.
- Additional PCS Provider Resources:
  - network.carolinacompletehealth.com/resources/home-health-and-personal-care-services.html .

Create New Account: https://provider.trilliumhealthresources.org/

Tip: add no-reply@mail.entrykeyid.com to your email contacts





Initial Portal Registration

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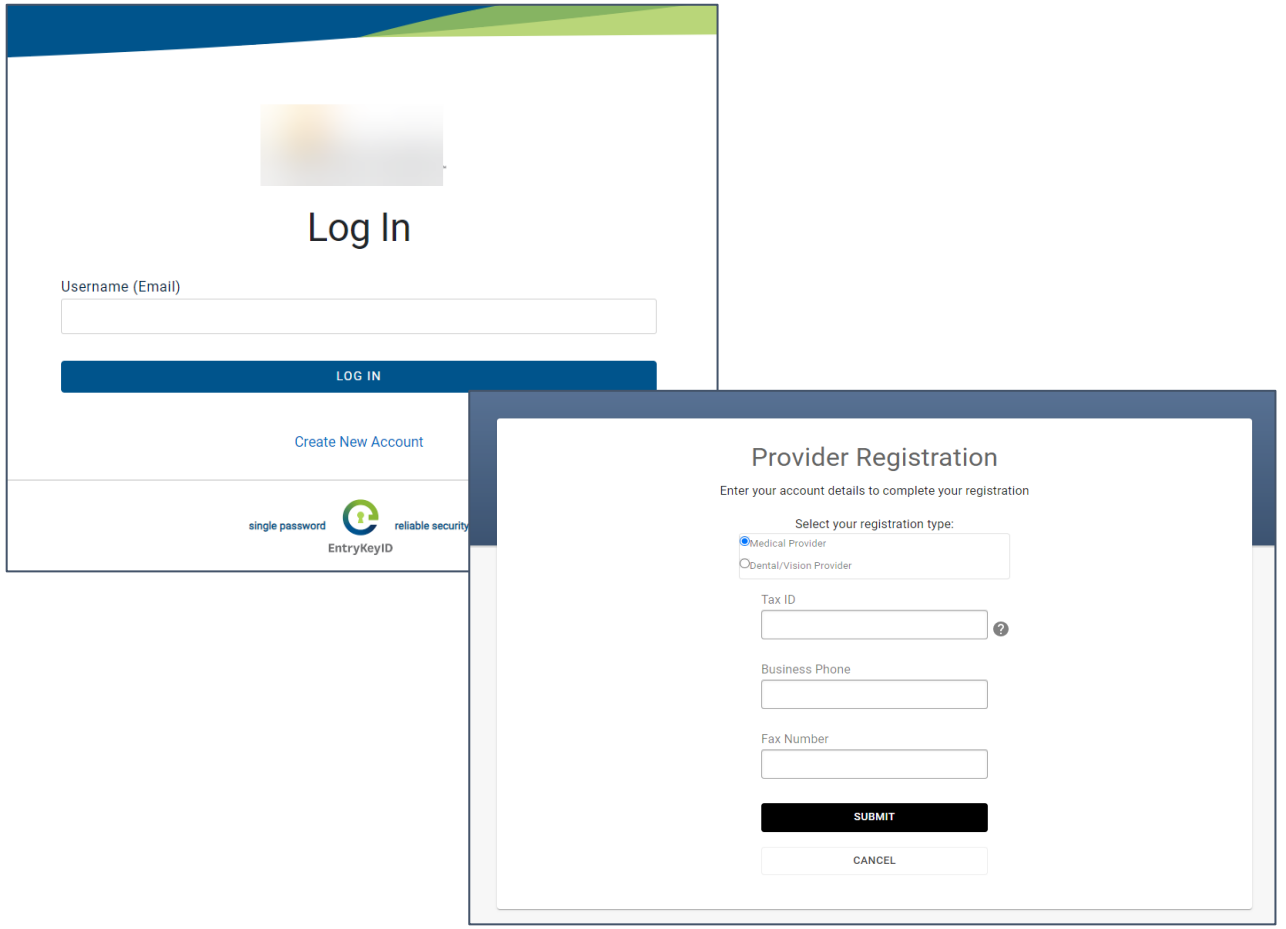
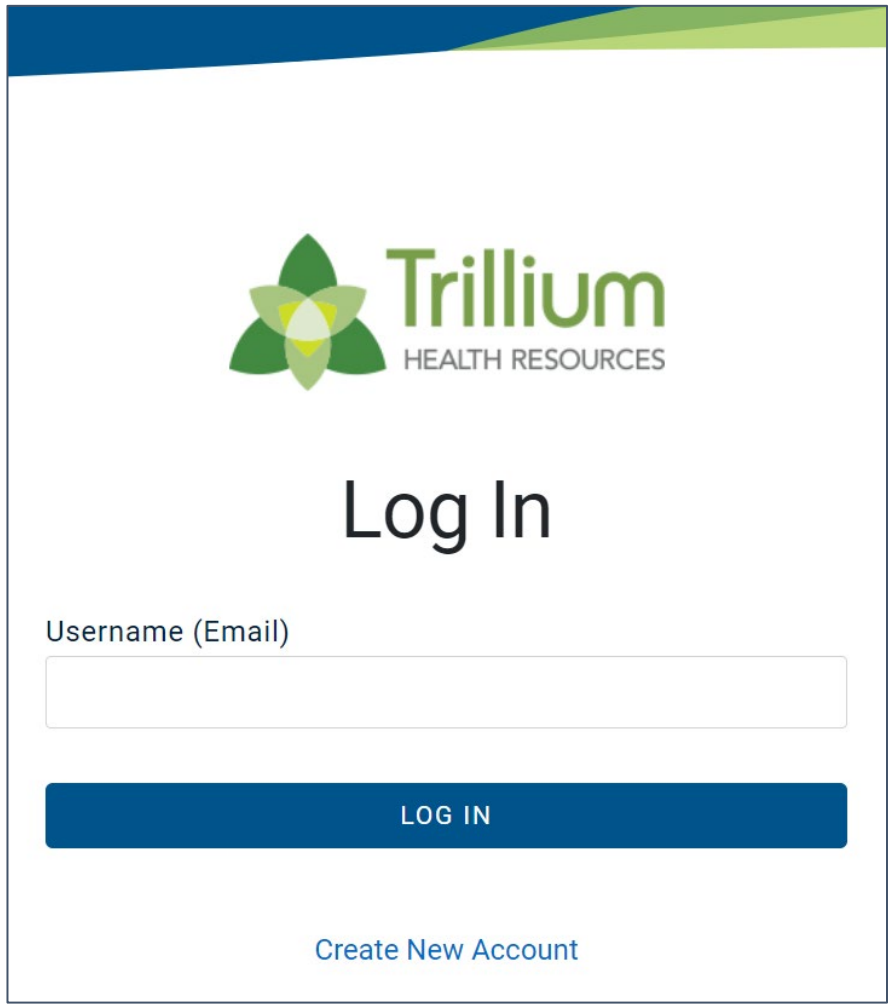
- **Portal Registration**: Once the EntryKeyID account setup is completed, the portal user will log in with their Username and password. The Portal Registration page will display.
- Once you have completed registration, your portal **Account Manager** can verify your access.
- **If an Account Manager is not yet established,** that individual should reach out to CCHN Provider Engagement for set-up.



Tip: To register for the portal, the provider organization's TIN ***must*** be loaded in our back-end system(s).

Overview: Physical Health Portal Set-up



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 to request verification of your portal registration request and assignment as Portal Account Manager. CCHN Is responsible for verifying/setting up the first Account Manager.

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

Viewing Assessments and Authorizations

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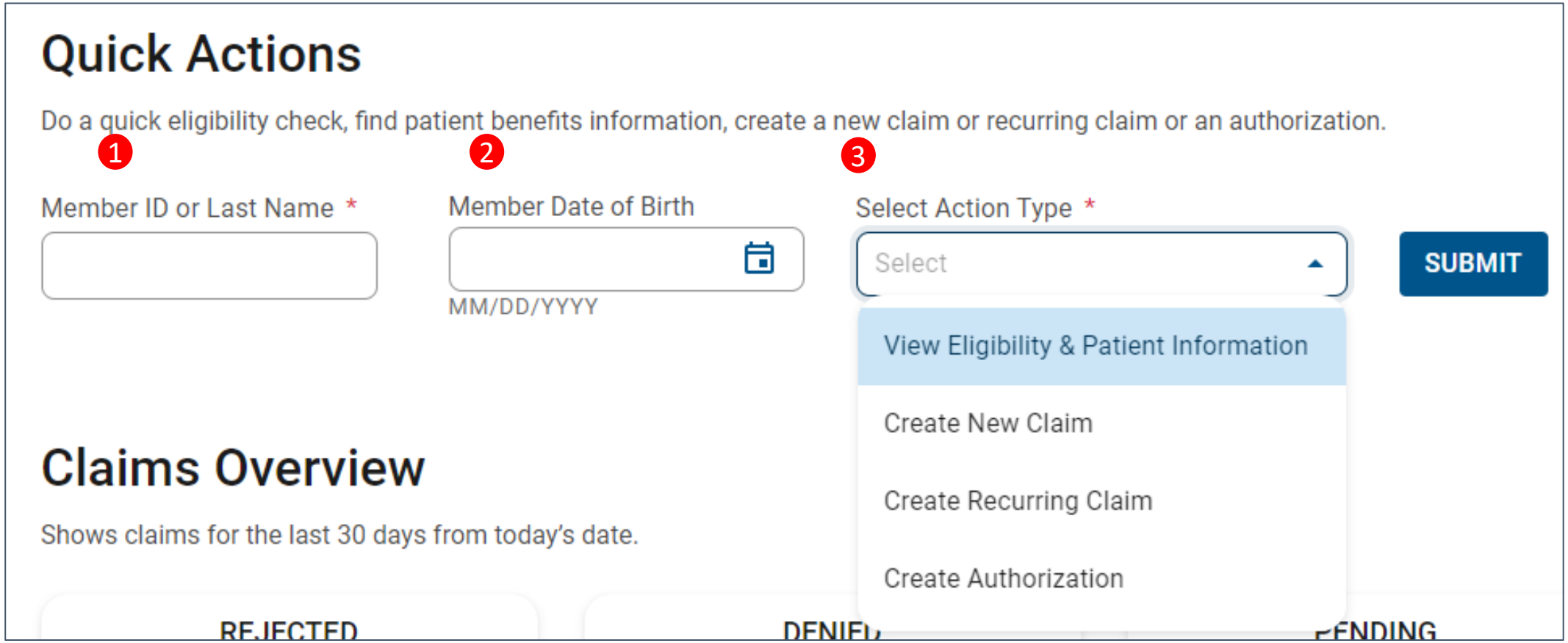
- Step 1: View Member Health Record



Patient Overview

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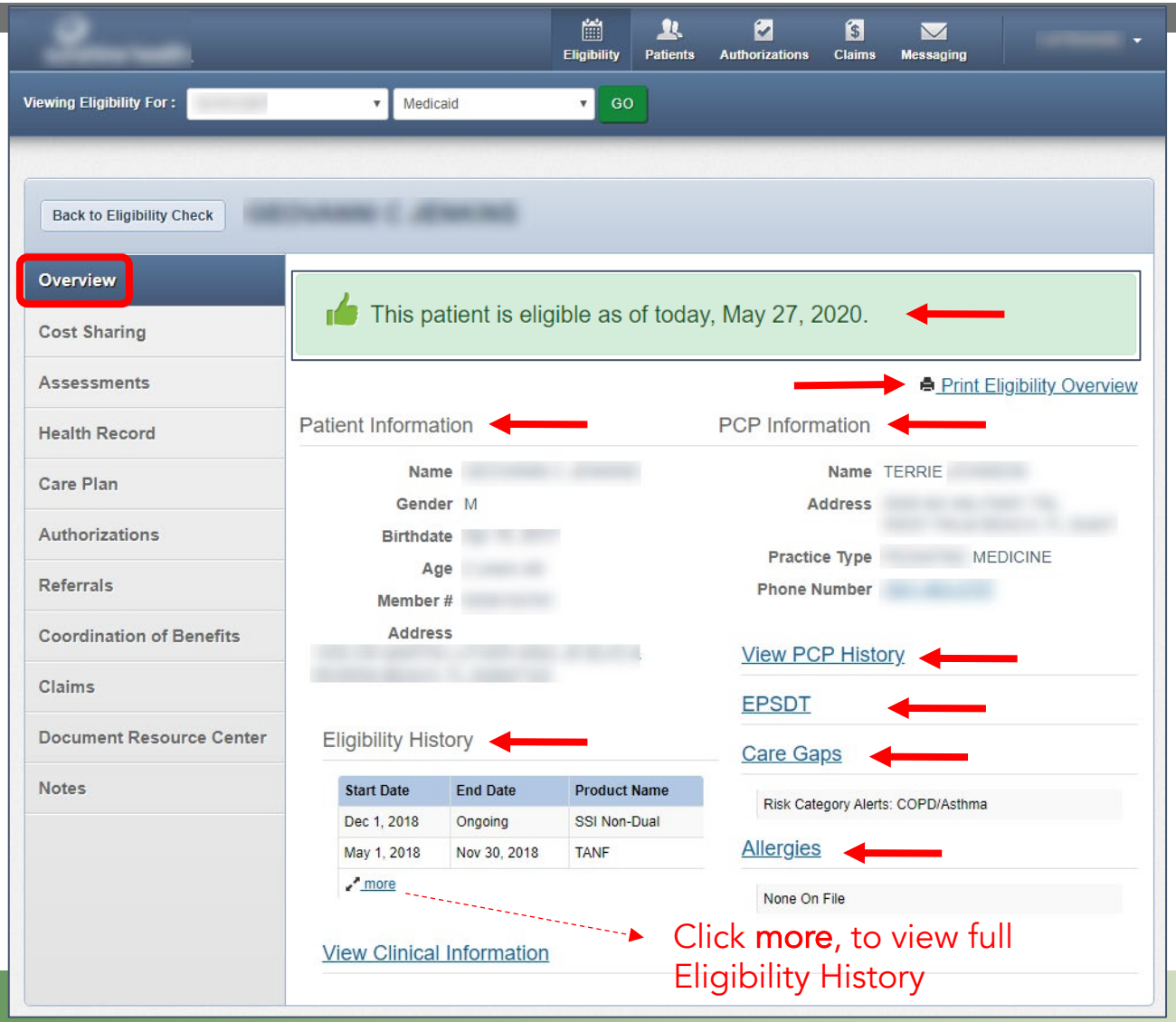
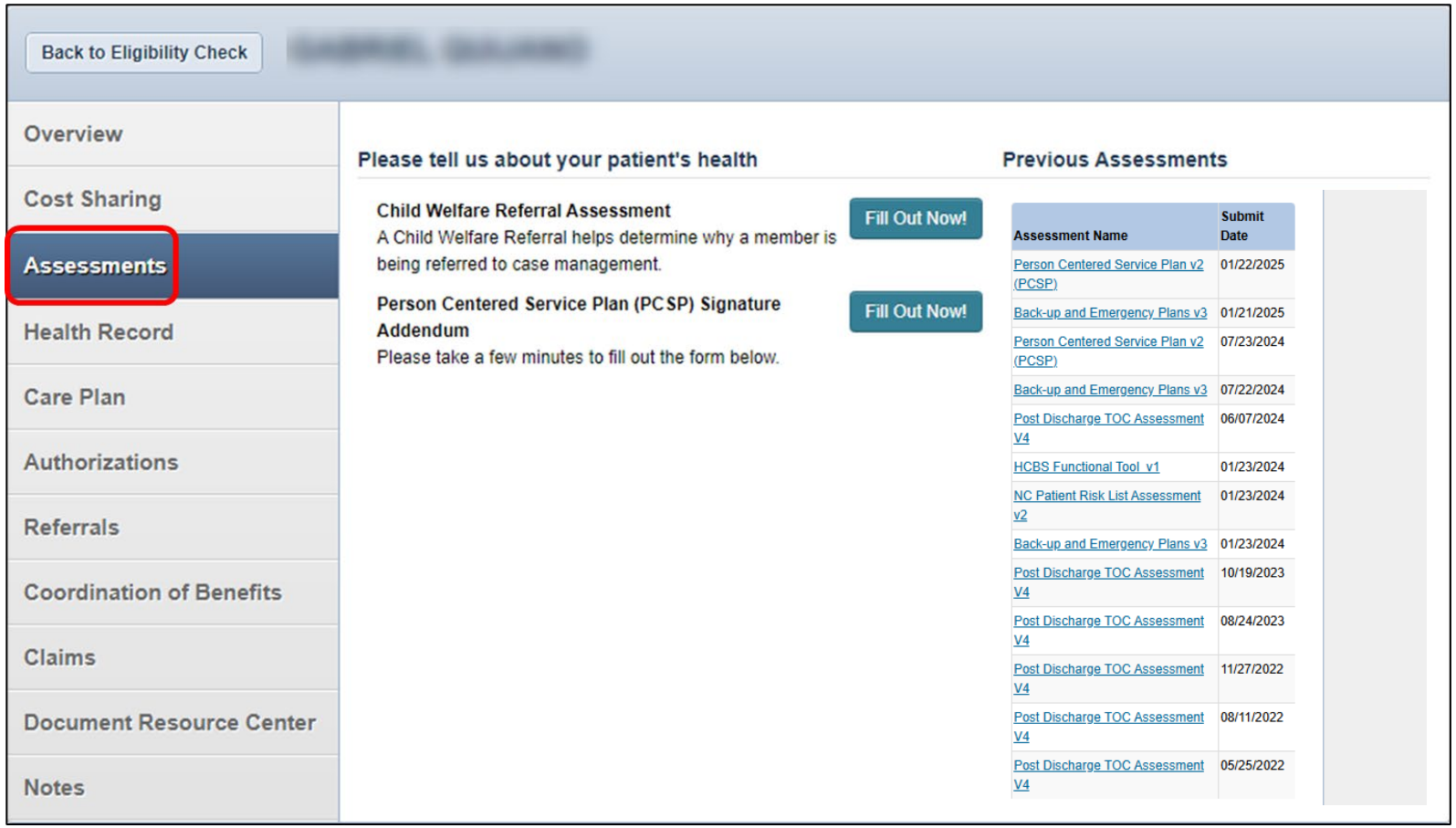


View Assessments

- LTSS Assessments will be housed under Previous Assessments



View Authorizations

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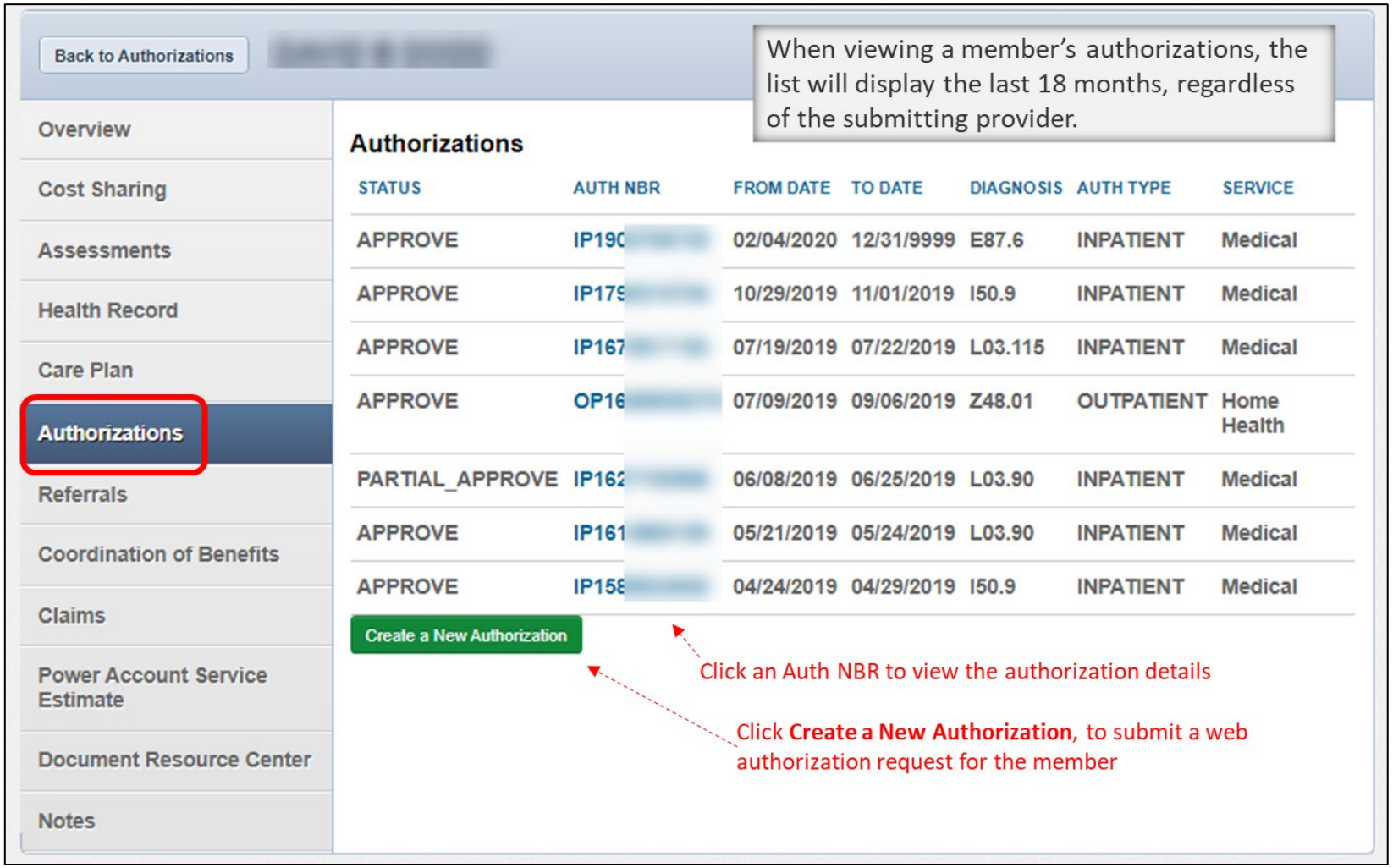

Per Diem Rate Change: Congregate Setting

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- Effective Date: 04/01/2025
- Impacted Providers: Personal Care Services for Beneficiaries in Congregate Settings
  - Special Care Home – 99509-SC
  - Adult Care Homes – 99509-HC
  - Combination Homes – 99509-TT
  - Supervised Living Facilities for adults with MI/SA – 99509-HH
  - Supervised Living Facilities for adults with I/DD- 99509-HI
  - Family Care Homes – 99509-HQ
- Impacted Procedure Codes: Only procedure code 99509 and modifiers SC, HC, TT, HH, HI, HQ will be impacted by the change

Per Diem Rate Change: Congregate Setting

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Provider Billing Tips:

- Provider should bill their usual and customary charge. Continue using the same claim form type.
- When billing per diem, each day of care should be listed on a separate line.
- A claim line that spans multiple dates or includes a unit greater than one, will deny.
- Claims lines submitted for dates of service on or after the effective date must be billed for a single date of service and bill 1 unit.
- Claims created in advance under the current guidelines of 1 unit = 15 minutes will not be compatible with the new billing guidelines of 1 unit per day.

Contact Information

Provider Type	Team	Topics	Contact
Physical Health	CCHN Provider Relations	Contract Status	NetworkRelations@cch-network.com
Physical Health	CCHN Provider Engagement	Education and Orientation Panel Status Payspan Support Physical Health Portal	network.carolinacompletehealth.com/engagement ProviderEngagement@cch-network.com
Behavioral Health	Provider Relations and Engagement	All questions Questions about Prior Authorization	NetworkServicesSupport@TrilliumNC.org Provider Support Services Line (855) 250-1539

5

Adding and Removing Services from your Contract

Richard Uranga, MSW

Network Development Coordinator | Veterans Point of Contact

Add and Remove Sites/Services

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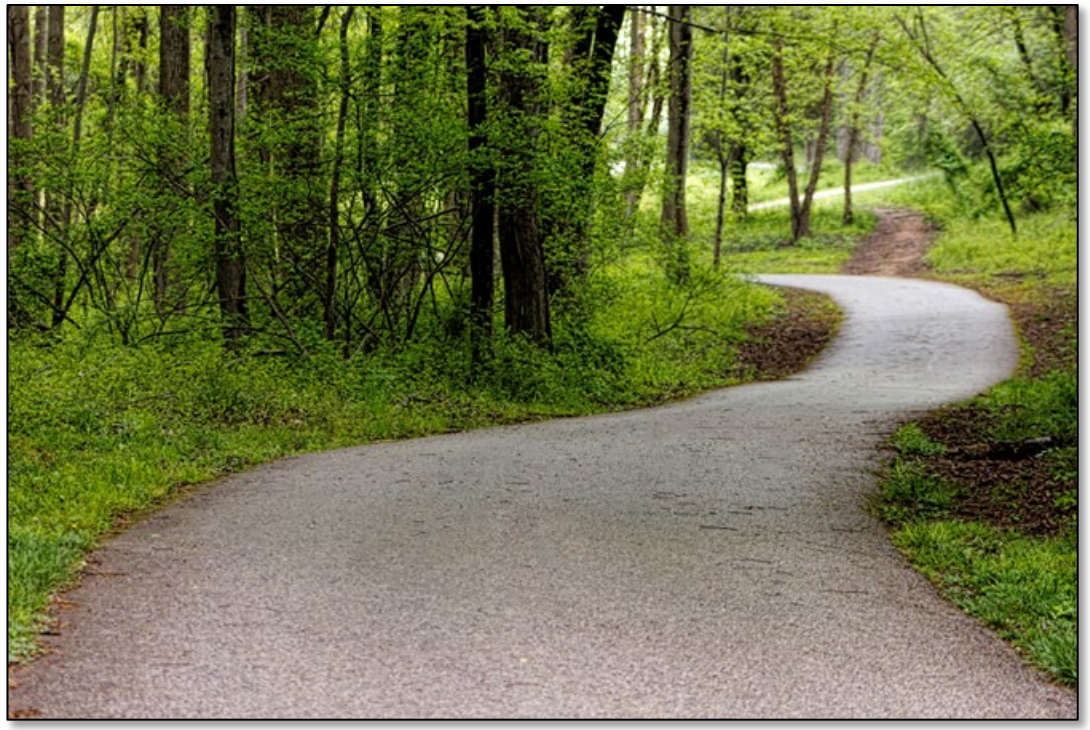

Adding a Service

Verify | Request

Removing a Service

Questions

Adding a Service (Verify)

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1. Trillium relies on NC Tracks to obtain credentialing information. This information is shared with Trillium on the Provider Enrollment File (PEF).
2. The PEF is the source of truth for Medicaid Enrollment data therefore Trillium cannot add sites to your Trillium contract if they are not active and enrolled in NC Tracks and on the PEF. (see Trillium Provider Manual)
3. Ensure Proper Set up In NC Tracks:
    - The requested service location is active in NC Tracks with the correct Tax ID, NPI, and the required taxonomies of the service.
    - The service address must be listed as Service Location 003 or higher.
    - The Medicaid Benefit Plan is Active.
    - If the requested service requires a license and/or accreditation (i.e. Substance Abuse Intensive Outpatient (SAIOP))
        - Ensure proper facility license and accreditation are active in NC Tracks.
    - If the services require a rendering practitioner i.e. outpatient therapy, etc.
        - Ensure the rendering practitioner is also enrolled in NC Tracks and is affiliated to the billing provider.

Adding a Service (Request)

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- Notify Network Services Support
  - Email: NetworkServicesSupport@TrilliumNC.org
  - Please include at a minimum the following information to streamline your process:
    - Organization: Name, Tax ID, NPI, billing address/service address
    - Service: CPT Code(s) and Service Name(s)
      - Refer to the Benefits plan, rates table, and or appropriate Clinical Coverage Policy, CCP information
    - When applicable via secure email only:
      - Member: Name, DOB, and/or Medicaid number

Removing a Service

- To remove a service
  - Use the Provider Change Form
  - Send completed form to NetworkServicesSupport@TrilliumNC.org

6 Resources

Chauncey Dameron, MBA & Kimberly Wagner, MBA
Provider Relations and Engagement Managers

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Upcoming Provider Forums

- Our Provider Forums will be held the 2nd Wednesdays of the month from 10 a.m. to 12 p.m. and they will be virtual.
- Our next Provider Forum will be held on March 12, 2025, from 10 a.m. to 12 p.m.

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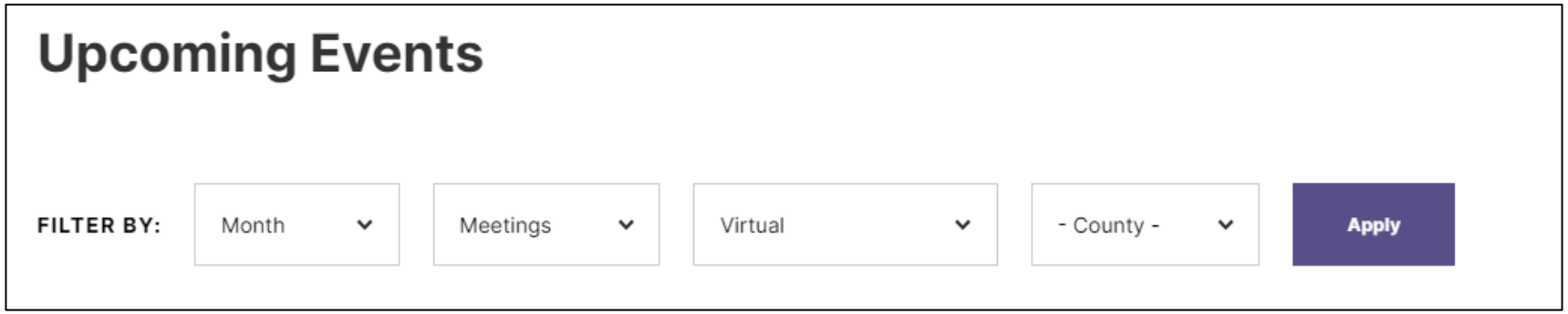
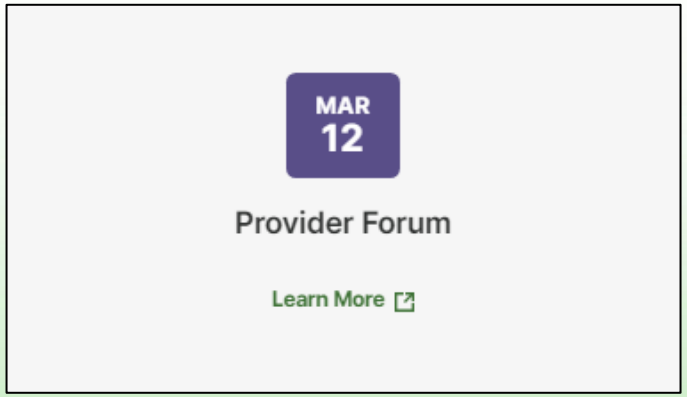
Provider Forum Registration

- Visit our website and register for monthly Provider Forums: https://www.trilliumhealthresources.org/events



- Filter by the month to view the registration link
- Click "Learn More"
- Click "Register today for this month's forum"



Resources

- Provider Support Service Line (855) 250-1539.
  - Open Monday through Saturdays from 7 a.m. until 6 p.m., even on holidays.
  - Providers can call this number for questions about Behavioral Health and Physical Health.
- Member and Recipient Line (877) 685-2415.
  - Open Monday through Saturdays from 7 a.m. until 6 p.m., even on holidays.
  - Members can call this number to find the type of services they need and connect you with a provider of your choice nearest to you.
- Email Provider Relations and Engagement at NetworkServicesSupport@TrilliumNC.org
- Review the Trillium Health Resources website www.TrilliumHealthResources.org

7

Questions

Chauncey Dameron, MBA and Kimberly Wagner, MBA

Provider Relations and Engagement Managers

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Questions from today's chat?