

Questions & Answers Provider Forum

1. **Do you post recordings and/or copy of slides from these meetings online? If so, can you advise where?**

Recordings and slides will be posted on the [Trillium website](#) after each forum.

2. **What is the expected response time for inquiries to the Provider Support Service Line?**

We strive to resolve the issue or question while they are on the phone and if further research is needed will connect to the appropriate department.

3. **We need clarification on the codes for CLS. Normally we have been doing T2013TF but only some of the Care Managers are saying we need to use 2012 for Community goals for Direct Care Staff. The code 2012 is a non-EVV code, code 2012 GC is used for RAPS.**

If services are provided in the community (outside the home) use T2012. If services are provided in the home use T2013TF, ensuring compliance with EVV requirements. For CLS services provided by a live-in caregiver (RAP) use code T2012GC.

4. **How long does it take claims to respond to your emails?**

The turnaround time for replies is within 24-48 hours of receipt of detailed information received for review and research. For inquiries, please submit a ticket to the Trillium Claims team by submitting an email to ClaimsSupport@TrilliumNC.org. Please include 'Provider Form' in the subject line in the email and please also include the name of your agency, NPI, Tax ID, summary of your issue, and return contact information.

Questions & Answers Provider Forum

- 5. For denial code 62 for 'service not authorized' providers are asked to email UM, would this be for Behavioral Health denials?**

Denial Code 62 – “service not authorized” is the denial received in the Behavioral Health portal so yes, this would be for BH denials. Behavioral Health denials related to authorization issues providers can email UM@TrilliumNC.org.

- 6. What response can we expect when we email ClaimsSupport@TrilliumNC.org is it a “we have received your email” or a potential resolution?**

Some claim inquiries may need to be submitted to other departments for review. The timeline can be different depending on the severity level of the inquiry.

- 7. Who can assist with the TARs process for Innovations?**

Treatment Authorization Request for Innovations Waiver providers can be found at [Trillium website](#).

Information can be found : [Provider Contact Information and Portals](#) webpage.

- 8. What is the expected due date for clinical documents to be sent to the provider agency from care manager for TAR development in Provider Direct? Example 30-60-90 days prior to start of service?**

Clinical Documents should be sent to the provider agency from Care Manager at a minimum of 14 days prior to the start date of services

- 9. I need guidance on how to file EVV through HHA exchange for Speech and OT therapy performed at home.**

Clarification is needed to understand how your agency is set up for EVV and if the question is related to how to file claims or file visit data. We have included a few links for assistance.

[3rd Party Knowledge Base](#)
[3rd Party Enrollment Form](#)

[Not 3rd Party Knowledge Base](#)
[Not 3rd Party Enrollment Form](#)

Questions & Answers Provider Forum

- What is your guidance regarding beginning urgent treatment for clients who**
10. have secondary insurance who have never used and are often the clients are unaware of them having?

You can contact the Provider Support Service Line at 1-855-250-1539 or email NetworkServicesSupport@TrilliumNC.org for urgent requests.

- 11. Can you explain the difference between the two CLS codes – T2012 and T2013? Both are individual but one is EVV and the other is not.**

For questions related to billing codes and/or check write schedule providers can refer to the link below via Trillium Health Resources website:

- [Billing Codes and/or Check Write Schedule](#)
- [Benefit Plans Service Definitions](#)

- 12. Once the TAR is submitted by the provider, when will the provider receive the signed plan from Trillium Care Managers?**

Within *5 business days* of TAR approval.

- 13. We have tried logging into the Portal, but it says our TIN is not valid.**

For assistance with Behavioral Health portal, contact PDsupport@TrilliumNC.org.

For assistance with Physical Health portal, email your assigned [Provider Engagement Administrator](#) or email ProviderEngagement@cch-network.com.

- Can you provide clarity on how to understand the MCO insurance plan when**
14. client has multiple insurers like TP Managed Care and State? Also, how does this affect claims that were re-adjudicated – Auto Retro Medicaid?

In instances where the member has both Medicaid and state funding and the service is offered by both, the Medicaid funding source should be requested/ billed first.

There is an auto Retro Medicaid process performed once a week to reprocess any State funded claims with a service code covered by Medicaid where the

Questions & Answers Provider Forum

member received retro Medicaid. If there is a State funded auth in place for the service, an auth adjustment request is sent to TOC Support and once the auth adjustment to the correct fund source is completed, the claim is reprocessed.

15. Is the physical health portal accessible to all providers or solely physical health providers?

The physical health portal for Trillium is specifically available for physical health providers only.

16. Who can we reach out to with issues with CMAs? For example, very unresponsive to providers so clients are going months without services, or lack of training and understanding of their roles and responsibilities.

You can email NetworkServicesSupport@TrilliumNC.org and we will direct your question to the appropriate department.

17. Where would we find information on how to connect to the Provider Council for Trillium Behavioral Health providers?

On the Trillium website, under 'For Providers' ► '[Provider Council](#)'

18. Does Trillium have a rates sheet listed for 1915i services?

Refer to [Billing Codes and Rates/Check Write](#) table.

19. When EVV started it was determined statewide that CLS service codes would be bundled into one authorization. CM's are stating that they are not able to request all CLS codes in a bundled authorization. Did something change?

All codes is not an option.

20. Is there a training certificate for these webinars?

Not at this time.

Questions & Answers Provider Forum

- 21. Who can we speak to regarding new 1915i members that are not set up properly in HHA? This is an ongoing issue with members not being recognized in HHA due to switching from B3 to 1915 EVV services.**

Please direct your questions to ClaimsSupport@TrilliumNC.org. If you are including PHI, please send the email via secure mail. [Zixmail Secure for Providers](#)

- 22. Is there a direct phone line to reach UM?**

No; however, there is an email address UM@TrilliumNC.org.

- 23. Other MCOs are no longer requiring authorizations for services like TFC Level 2 (S5145) due to the Parity guidelines. Will Trillium continue to require authorizations for S5145?**

Prior authorization is required for TFC Level 2 (S5145). Please see the Trillium benefit plan located on the Trillium website.

- 24. We have received authorizations reporting that they do not need a prior authorization any longer. I received an email that this is no longer accurate. Should I be back-dating or submitting new authorizations with their next scheduled PCP update?**

Please see the Trillium benefit plan on the Trillium website for authorization guidelines for each service.

- 25. For Home Health services, we were told authorization was required as of 2/1, but reps at Trillium state we only need authorization at recertification for patients admitted to 2/1. Is this correct?**

For any CPT codes requiring a PA, please submit authorizations for DOS 2/1/25 and after and they will be reviewed for medical necessity.

Questions & Answers Provider Forum

26. How do you reset the Portal so you can find the authorizations?

For Behavioral Health portal questions, email PDsupport@TrilliumNC.org for assistance.

For Physical Health portal questions, email your assigned [Provider Engagement Administrator](#) or email ProviderEngagement@cch-network.com.

27. Can we get clear and specific guidance on TCM responsibilities in regard to the 1915i CLS care plan? For example, where long range, short range goals, interventions, and who signs service order, etc.

Information can be found in the [TCM Provider Manual, updated 12/31/24](#). Information on Care Plans/ISPs is available in the Tailored Care Management Provider Manual found on the Tailored Care Management webpage.

28. Is there a way providers can see 1915i CLS authorizations?

Service providers should be able to view authorizations through Provider Direct.

29. When I reached out to Network Support for help, I was referred directly to UM email. What exactly is Network Specialists' role?

A Network Specialists' role is to support providers by providing technical assistance, guidance, and facilitating communication with the most appropriate department for resolution.

30. Is there a way to connect with Behavioral Health providers?

Trillium offers a Provider Council with the objective of assisting providers in finding resolutions to topics of concern or presenting issues that may impact the Provider Network. To find out more about the [Provider Council](#), visit our website.

Questions & Answers Provider Forum

- 31. I need some assistance with technical issues regarding the Provider Portal and TARs.**

Trillium's [learning portal](#) has trainings on TAR submission for all services or; [Provider Direct](#)

- 32. Why is there a continued problem with continuation for 1915i services, or getting authorizations and different care managers following processes for plan development?**

Please continue to work with your care manager. If you have concerns, please reach out to Trillium to discuss authorization.

- 33. If a member has Carolina Complete Health as their primary insurance and they request Respite services code H0045, does Carolina Complete Health view that code as physical health or behavioral health?**

H0045 is not a covered service under Standard Plan. The exception would be if this is reviewed for medical necessity under EPSDT guidelines. If a member has CCH Standard Plan and is in need of a Tailored Plan only service, they can request to be moved from a Standard Plan to the Tailored Plan.

- 34. Why did Trillium decide to develop a policy to restrict direct phone access to many of the support staff at Trillium? Going through the main number to have a rep page support staff or check availability causes excessive delays when a call could address it quickly.**

Trillium has specialized staff who will assist with your questions, or will contact the appropriate department to answer all inquiries. We keep a secure record of telephone calls and emails sent to our email addresses for Provider Support, Claims, UM, etc. Our goal is to provide one-call or one-contact resolution.

- 35. We are all experiencing financial hardships for getting escalated claims processing and denials. How do we resolve it?**

Providers can refer to Provider Communication Bulletin #369 for [hardship details and information](#). Please also use the link for requests below. Note that hardship requests are processed by our Finance department.

Questions & Answers Provider Forum

36. Are there any forums for Behavioral Health providers to connect?

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