Trillium HEALTH RESOURCES
Transforming Lives. Building Community Well-Being.

MEDICAID DIRECT, STATE FUNDED, & MEDICAID TAILORED PLAN PROMPT PAYMENT TIP SHEET

Prompt Payment

	Medicaid Direct Claims (DOS 2/1/24 and after)	State Funded Claims	Tailored Plan Medical Claims (DOS 7/1/24 and after)	Tailored Plan Pharmacy Claims (DOS 7/1/24 and after)
Timely Filing	365 calendar days	90 calendar days*	365 calendar days	365 calendar day
Retroactive Enrollee Timely Filing	365 calendar days of the approved enrollment	Up to 365 calendar days or the Department's fiscal year timely filing deadline, whichever comes first	365 calendar days of the approved enrollment	365 calendar days of the approved enrollment
Notify Providers of Clean/ Pended Claim	18 calendar days from claim receipt	18 calendar days from claim receipt	18 calendar days from claim receipt	14 calendar days from claim receipt
Pay/Deny claims	Within 30 calendar days of clean submission / becoming clean	Within 30 calendar days of clean submission / becoming clean	Within 30 calendar days of clean submission / becoming clean	Within 14 calendar days of clean submission / becoming clean
Deny claims If no additional information is received when requested	90 days from the date additional information was requested	90 days from the date additional information was requested	90 days from the date additional information was requested	90 days from the date additional information was requested

**State Funded claims are also subject to the Department's timely filing deadline for prior year dates of service.*

**See bottom of the document for timely filing on secondary claims.*

Clean Claims

A claim submitted by a participating provider which can be processed without obtaining additional information from the provider or their authorized representative in order to adjudicate the claim. In accordance with 42 CFR §447.45(b), a clean claim does not include a claim from a provider that is under investigation for fraud or abuse or a claim under review for medical necessity.

Interest & Penalties

Interest will be paid to the provider at the annual percentage rate of eighteen percent (18%) of the approved claim amount for each calendar day after the date the clean claim should have been paid as specified in the contract between Trillium and NC DHHS. A penalty will also be paid of one percent (1%) of the approved claim amount for each calendar day following the date that the clean claim should have been paid as specified in the contract between Trillium and NC DHHS.

Overpayments/Underpayments

In meeting the requirement of 42 C.F.R. § 438.608(a)(2), Trillium may recover overpayments made to the health care provider or health care facility by making demands for refunds and by offsetting future payments. Any such recoveries may also include related interest payments. Not less than sixty (60) Calendar Days before Trillium seeks overpayment recovery or offsets future payments, Trillium will give written notice to the health care provider or health care facility, which notice shall be accompanied by adequate specific information to identify the specific claim and the specific reason for the recovery. The recovery of overpayments or offsetting of future payments shall be made within the two years after the date of the original claim payment unless Trillium has reasonable belief of fraud or other intentional misconduct by the health care provider or health care facility or its agents. The health care provider or health care facility may recover underpayments or non-payments by Trillium by making demands for refunds. Any such recoveries by the health care provider or health care facility of underpayments or nonpayment by Trillium may include applicable interest. The recovery of underpayments or non-payments shall be made within the two years after the date of the original claim adjudication, unless the claim involves a health provider or health care facility receiving payment for the same service from a government payor.

Secondary Claims

Medicaid benefits payable through Trillium are secondary to benefits payable by a primary payer, including Medicare, even if the primary payer states that its benefits are secondary to Medicaid benefits or otherwise limits its payments to Medicaid Member(s).

Claims with commercial insurance as the primary payer, providers will need to bill their secondary claim to Trillium within 365 days of final action (including payment or denial) by the primary insurance.

Claims with Medicare as the primary payer, as per 42 CFR § 447.45, if a claim for payment under Medicare has been filed in a timely manner, the agency may pay a Medicaid claim relating to the same services within 6 months after the agency or the provider receives the notice of the disposition of the Medicare claim.

Questions? Please call the Trillium Provider Support Service Line at 1-855-250-1539