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Building Community Well-Being.



# Tailored Plan Office Hours

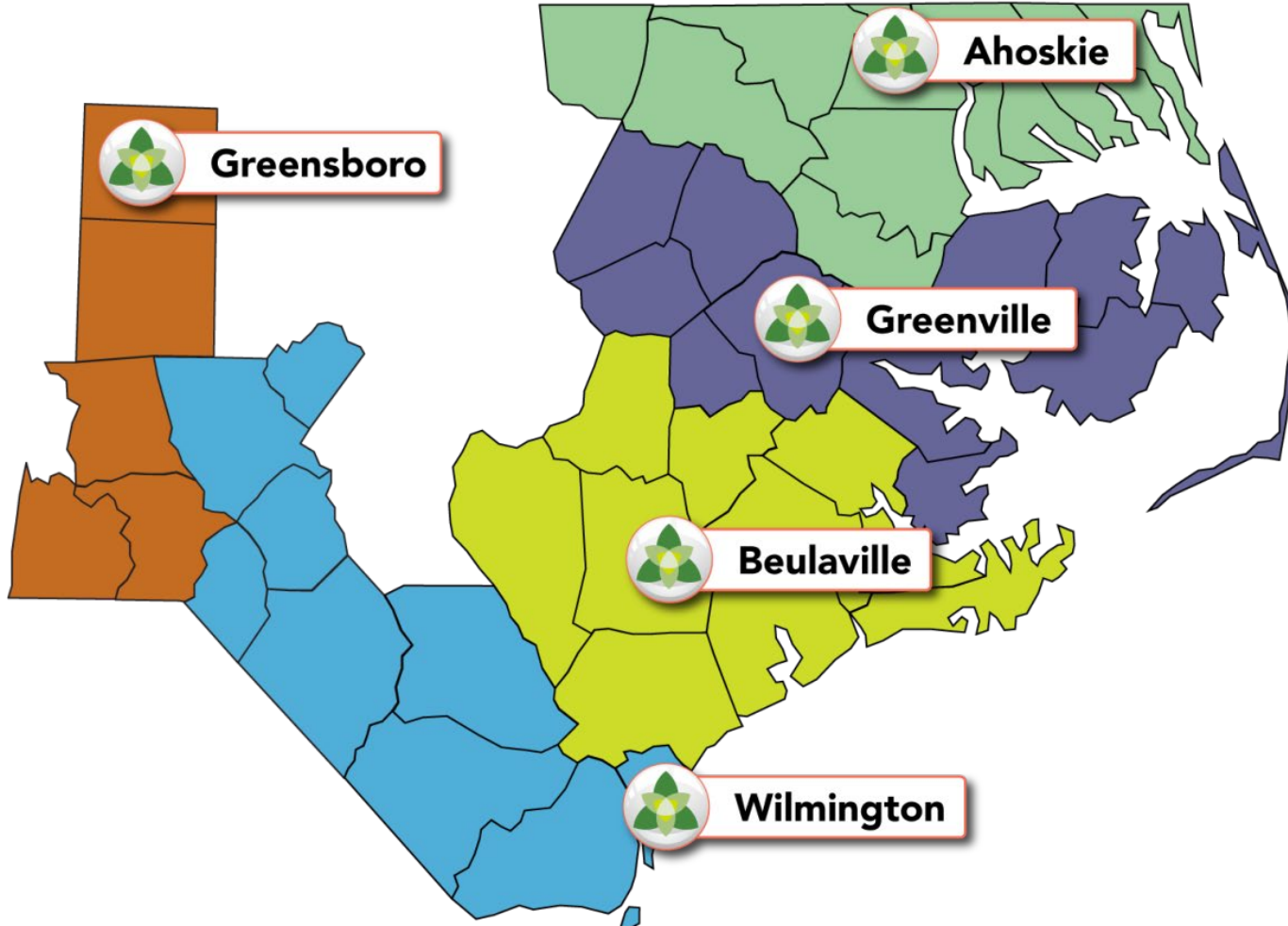




# Overview of Trillium Health Resources

Linda Hawley Isbell, MA, CI  
Network Director

# Trillium's New Region



- 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.
- Per the direction of the North Carolina General Assembly and NCDHHS Secretary Kody H. Kinsley, Sandhills LME/MCO dissolved into Eastpointe LME/MCO, and Eastpointe and Trillium LME/MCO consolidated into one entity on February 1, 2024.
- 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 began 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.



# Overview of Tailored Plan and Tailored Plan Partnerships

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 would 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 that 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 carved out services).
- Tailored Care Management (TCM)



# Standard Plan vs. Tailored Plan

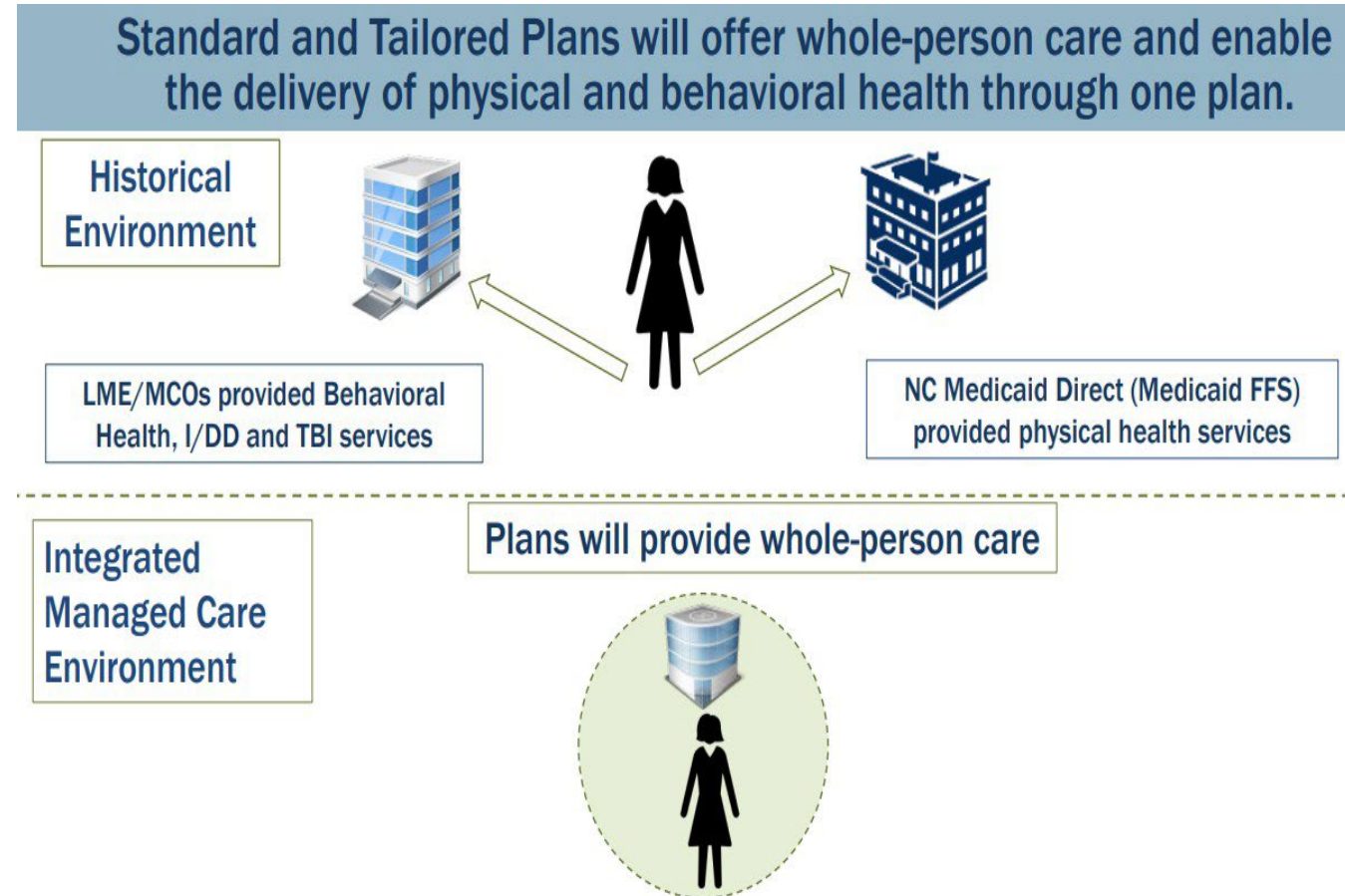


- A Standard Plan is a North Carolina Medicaid plan that offers whole person care to Medicaid beneficiaries who experience **mild to moderate behavioral health needs**.
- The integrated plan covers physical health, pharmacy, and basic behavioral health services for members.
- A Standard Plan offers added services for members who qualify. The added services are different for each Standard Plan.
- Members are able to 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 physical health, pharmacy, behavioral health, I/DD and TBI services to meet their 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).

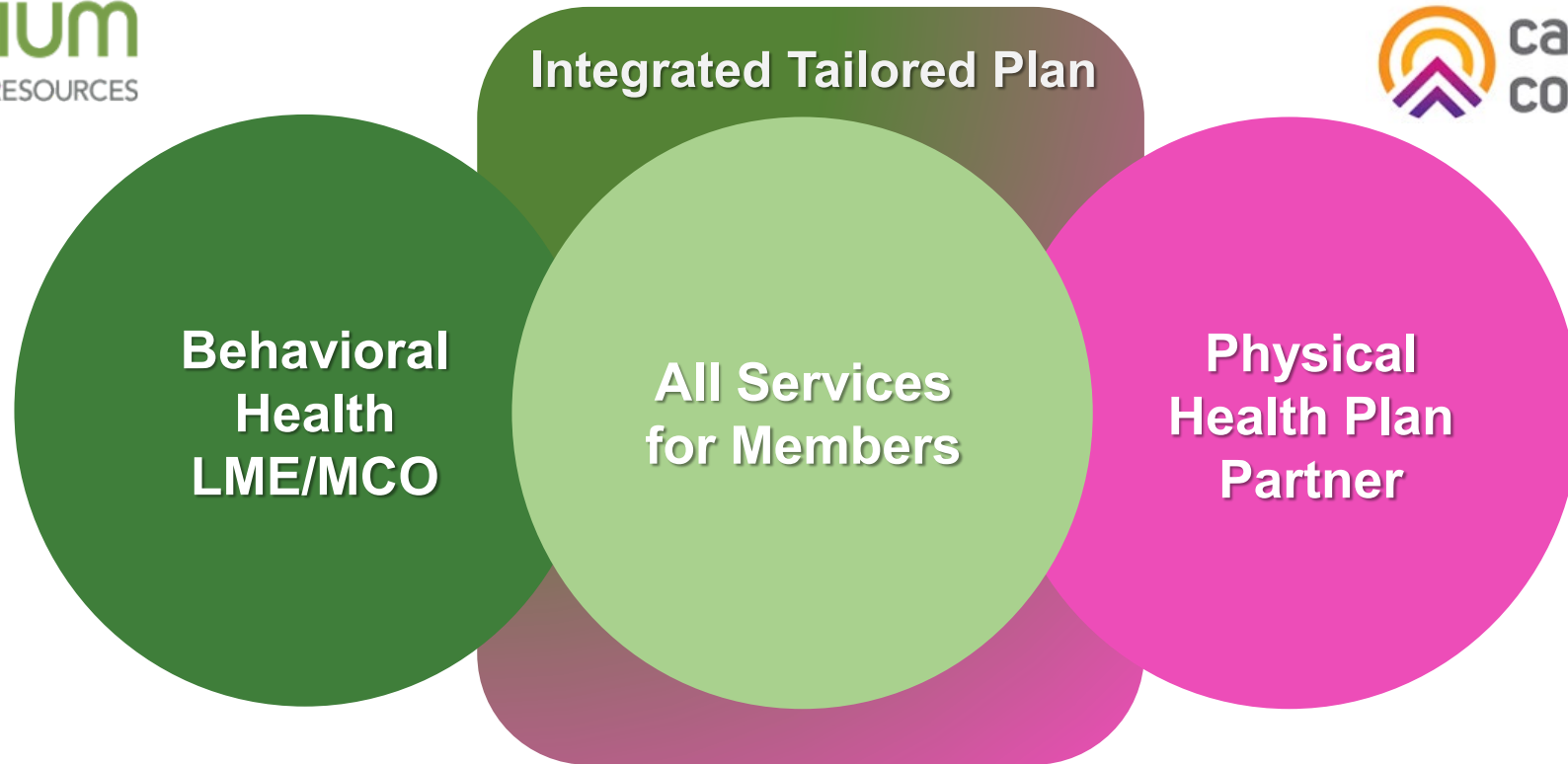


# Tailored Plan Physical Health Providers

- As 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.



# Trillium's Contracting Dynamics with Carolina Complete Health



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



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# Review of Member ID Card

Jennifer MacKethan

Communication and Marketing Director

# Recognizing a Trillium Member



201 West First St.  
Greenville, NC 27858  
[TrilliumHealthResources.org](http://TrilliumHealthResources.org)

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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](http://TrilliumHealthResources.org)



# Claims

# Claims Submission Protocol



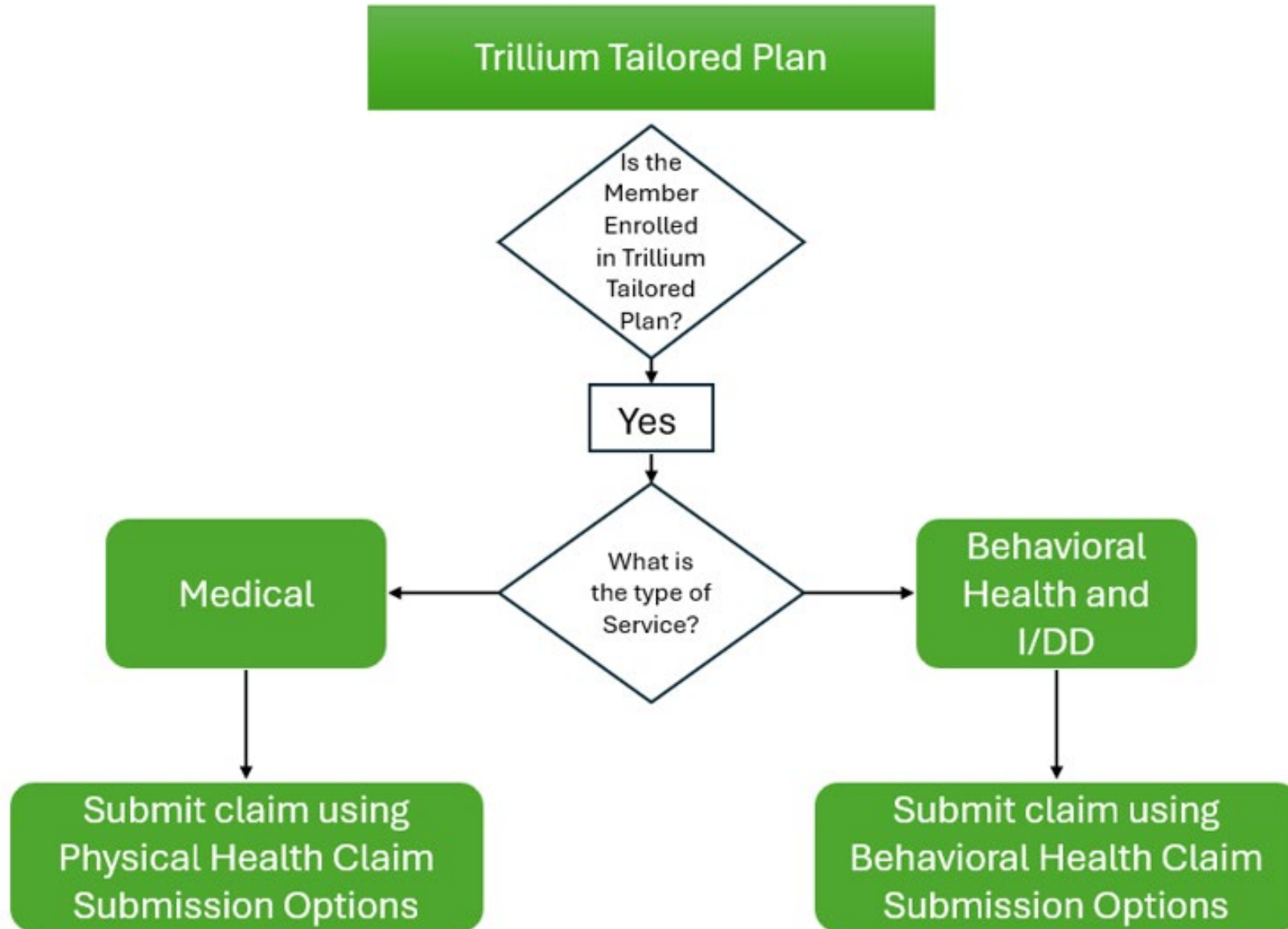
- For Physical Health claims, providers will submit those claims to our partner, Carolina Complete Health, for Trillium’s Tailored Plan covered members using the Physical Health claim submission options in the chart.
- For Behavioral Health claims, providers will submit those claims to for Trillium’s Tailored Plan covered members using the Behavioral Health claim submission options in the chart

Trillium’s Claims Submission Protocol is available on our website and can be found linked below:

[Medicaid Direct & Tailored Plan Claims Submission Protocol](#)

CLAIM SUBMISSION TABLE		
Claims Submission Options	Behavioral Health Claims	Physical Health Claims
<b>Direct Data Entry</b>	<a href="#">Trillium's Provider Direct Portal</a>	<a href="#">Trillium's Tailored Plan Physical Health Portal</a>
<b>Clearinghouse/SFTP</b>	Behavioral Health claims can be submitted using one of two clearinghouses: Change Healthcare The SSI Group	Physical Health claims can be submitted through Availity
<b>Payor ID</b>	Change Healthcare: 56089 The SSI Group: 43071	68069
<b>Paper Claims</b>	Trillium Health Resources PO Box 240909 Apple Valley, MN 55124	Carolina Complete Health Attn: Claims PO Box 8003 Farmington, MO 63640-8003
<b>Claims Submission Errors</b>	Behavioral Health claims submitted to Physical Health processing system: <b>EX1e – Deny: Please submit to Trillium for processing</b>	Physical Health claims submitted to Behavioral Health processing system: <b>1377 – Please submit to Carolina Complete Health for processing</b>





# Hospital Inpatient Charges



- The Claims Submission Protocol also includes a breakdown of where claims should be submitted for Hospital Inpatient services depending on taxonomy code, DRG, and whether those providers are a DPU/Non-DPU.
- DPU providers will submit their Physical Health claims to Carolina Complete Health (Physical Health)
- DPU providers will submit their Behavioral Health claims to Trillium Health Resources (Behavioral Health)
- Non-DPU providers submitting both Physical Health and Behavioral Health services on a single claim will submit their claims to Carolina Complete Health (Physical Health)

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## PCP's, Pediatricians, Family Practices, General Practitioners

- For Tailored Plan services, primary care physicians, pediatricians, family practices, general practitioners submitting both Physical Health and Behavioral Health services on a single claim will use the Physical Health Claim Options outlined in the Claims Submission Table referenced on the previous slide.



# EVV Services

## Services subject to EVV elements –

- <https://medicaid.ncdhhs.gov/evv-service-codes-list/download?attachment>
- ❖ PCS Services - Hard launch guidelines effective 7/1/2024
  - ❖ All provider 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.
  - ❖ July 1, 2024, through September 30, 2024, is a NPA period per state guidelines. During this time, no authorization for PCS EVV is required.
- HH Services - Soft launch until 1/1/2025
  - ❖ HHCS providers are encouraged to submit EVV visit information to HHAX through the soft launch period to ensure all systems are operating as intended for a successful hard launch.
  - ❖ If experiencing challenges with claims submission during soft launch, providers are able to submit claims outside of HHAX while working collaboratively with Trillium and HHA to resolve barriers.



# EVV Information and Links

- Trillium contracts with HHAeXchange for the EVV software
- Onboarding Form Link [North Carolina Home Health HHAeXchange Provider Enrollment Form](#)
- [LME Provider Portal Questionnaire](#)
- [HHAeXchange job aids and resources link HHAeXchange Knowledge Base](#)
- Trillium EVV webpage link <https://www.trilliumhealthresources.org/providers/evv>
  - EVV Terms and Acronyms
  - EVV Q&A
  - EVV Tip Sheet

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# Provider Direct Benefit Plans



**As a result of the Tailored Plan Implementation effective 7/1/24, the following Benefit Plans are now displayed in Provider Direct as shown below.**

Benefit Plan Type	Benefit Plans in Provider Direct
Medicaid Direct Medicaid	Medicaid B Waiver
Medicaid Direct Innovations Waiver Medicaid	Medicaid C Waiver
Medicaid Direct 1915i	MD_1915i
Medicaid Direct Healthy Opportunities (HOP)	MD_HealthyOpps
Tailored Plan Medicaid	TP_Managed Care
Tailored Plan 1915i Medicaid	TP_1915i
Tailored Plan Healthy Opportunities (HOP)	TP_HealthyOpps
Tailored Plan Innovations Waiver Medicaid	TP_IW Managed Care



# CCH – Physical Health Claims

Jesse Hardin

Director of Communications and Program Implementation

# Physical Health Secure Provider Portal

Using the “Trillium Physical Health Portal” is one way to submit physical health claims and authorizations to Carolina Complete Health for processing.

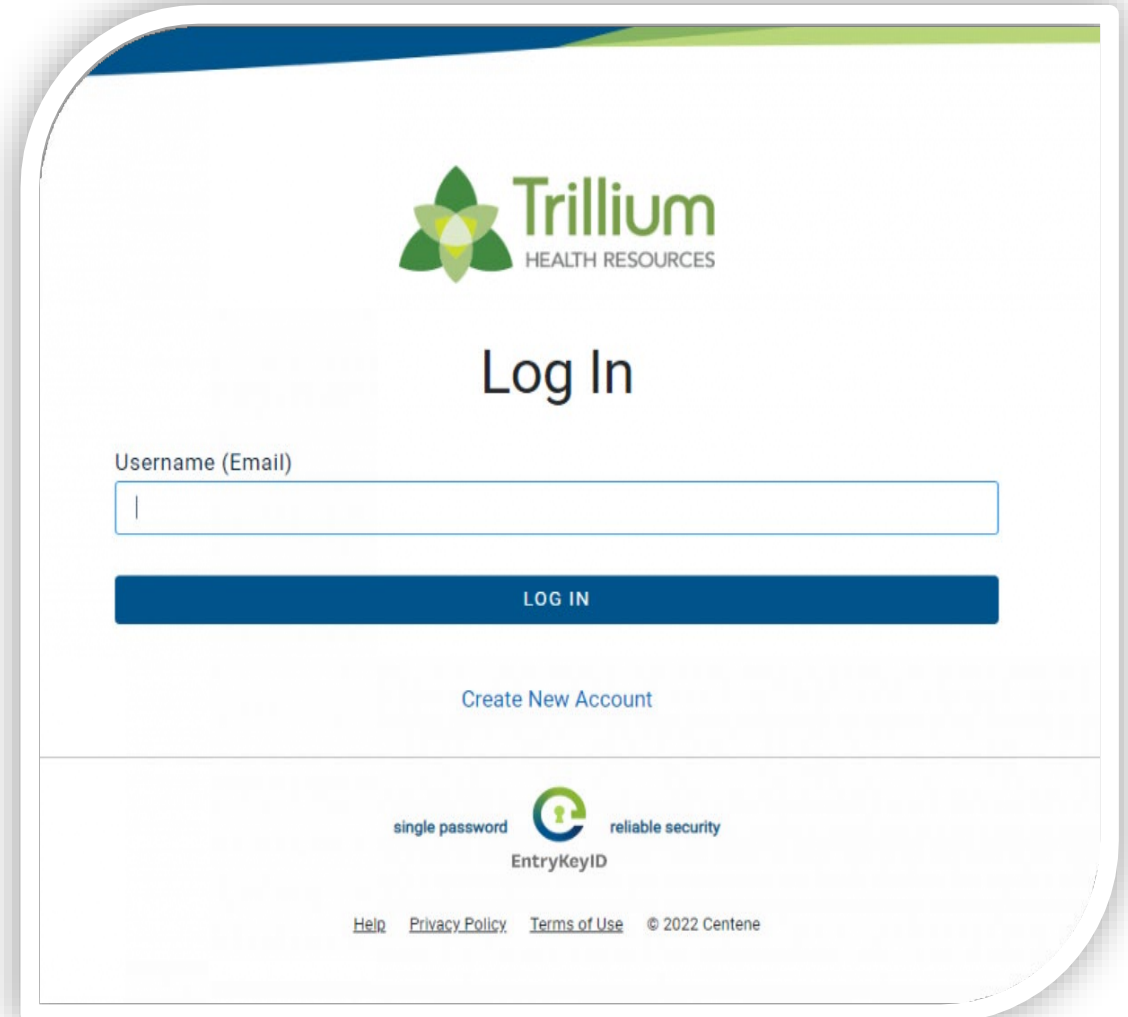
Secure Provider Portal Functions:

- Claims submissions
- Prior authorizations
- ...and more!

Secure Physical Health Portal address:

<https://provider.trilliumhealthresources.org/>


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



The screenshot shows the login interface for the Trillium Health Resources provider portal. At the top center is the Trillium Health Resources logo, which consists of a green trillium flower icon to the left of the text "Trillium" in a bold, green font, with "HEALTH RESOURCES" in a smaller, grey font underneath. Below the logo is the heading "Log In" in a large, black font. Underneath the heading is a text input field labeled "Username (Email)" with a vertical cursor inside. Below the input field is a prominent blue button with the text "LOG IN" in white, uppercase letters. Below the button is a link that says "Create New Account" in a smaller, blue font. At the bottom of the page, there is a section for "EntryKeyID" which includes the text "single password" on the left, a circular icon with a keyhole in the center, and "reliable security" on the right. Below this section are four links: "Help", "Privacy Policy", "Terms of Use", and "© 2022 Centene".



# Physical Health Portal Registration



Trillium  
HEALTH RESOURCES

## Log In

Username (Email)

LOG IN

[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](https://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](mailto: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.

# Physical Health Claim Submission

Method	Physical Health Provider Claims Submission
Electronic	Trillium Physical Health Portal <a href="http://provider.trilliumhealthresources.org">provider.trilliumhealthresources.org</a>
Paper	Trillium Health Resources PO Box 8003 Farmington, MO 63640-8003
Clearinghouse/EDI	Provider's Clearinghouse connection to Availity for Claims processing.
Payor ID	68069

- These methods will get the physical health claim to CCH for processing
- OON providers have 180 calendar days from DOS to submit first time claims via paper or clearinghouse
- Contracted providers have 365 calendar days from DOS to submit first time claims through any of the above methods.
- Physical health claims for dates of service prior to 7/1/2024 should be processed as Medicaid Direct claims and submitted to Medicaid Direct via NCTracks.
- For DOS **beginning** 7/1/24, physical health claims for Trillium **Tailored Plan** members can be submitted using the physical health claim submission methods. These claims are processed by CCH.

# Claim Corrections and Disputes

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.	<p>Contracted Providers: submitters have 365 calendar days from the date of service to file a timely corrected claim.</p> <p>Non-Contracted Providers: submitters have 180 calendar days from the date of service to file a timely corrected claim.</p>	<ul style="list-style-type: none"> <li>• Provider Portal: View claim details and select 'correct claim'</li> <li>• EDI</li> <li>• Paper: Trillium Health Resources PO Box 8003 Farmington, MO 8003</li> </ul>
Claim Reconsideration (Level I Claim Dispute)	To dispute original claim determination, complete and submit dispute to request additional review.	<p>Contracted Providers: Providers must submit claim reconsiderations within 365 calendar days from the date of the EOP or ERA.</p> <p>Non-Contracted Providers: Providers must submit claim reconsiderations within 180 calendar days from the date of the EOP or ERA.</p>	<ul style="list-style-type: none"> <li>• Provider Portal: View claim details and select 'Dispute' then 'Reconsideration'</li> <li>• <a href="#">Paper via form</a> and include the original EOP Trillium Health Resources PO Box 8003 Farmington, MO 8003</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Provider Portal: View claim details and select 'Dispute' then 'Grievance'</li> <li>• <a href="#">Paper via form</a> and include the original EOP Trillium Health Resources PO Box 8003 Farmington, MO 8003</li> </ul>

# Auth Request Submission

- **Trillium initiated a No Prior Auth Period effective 7/1/24-9/30/24**
- Trillium Physical Health authorizations are reviewed by Carolina Complete Health
- Providers have three methods to submit authorizations:
  - Portal: [provider.trilliumhealthresources.org](http://provider.trilliumhealthresources.org) (preferred)
  - Phone: 1-855-250-1539
  - Fax (Fax Form)
    - Physical Health Outpatient: 833-875-0930
    - Physical Inpatient:
      - Face Sheets: 833-875-0650
      - Concurrent Reviews: 833-875-2264

## Prior Authorization Request

Authorization approves the medical necessity of the requested service only. It does not guarantee payment, nor does it guarantee that the amount billed will be the amount reimbursed. The beneficiary must be Medicaid Tailored Plan eligible and a Trillium member on the date of service. **See reverse side for instructions.**



I. GENERAL INFORMATION									
1. Name (Last, First, M.I.)					2. Date of Birth (MM/DD/YY)		3. NC Medicaid ID Number		
4. Address (Street, City, State, Zip Code)									
5. Diagnosis Code					6. Diagnosis Description				
7. Name and address of facility where services are to be rendered, if other than home or office									
II. SERVICE INFORMATION							FOR PLAN USE ONLY		
8. REF. NO	9. Procedure Code	10. From	11. Through	12. Description of Service/Item	13. QTY or Units	APPR.	Denied	Amount Allowed if Priced by Report	
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
14. Detailed explanation of Medical Necessity for Services/Equipment/Procedure/Prosthesis (Attach additional pages if necessary)									
III. PROVIDER					IV. PRESCRIBING/PERFORMING PRACTITIONER				
15. Provider Name					19. Provider Name			20. Telephone	
16. Address					21. Address				
17. NPI and TAX ID					22. NPI and TAX ID				
18. Fax Number					By submitting this form, the Provider identified in this Section V. certifies that the information given in Section I and III of this form is true, accurate, and complete.				
V. FOR PLAN USE ONLY									
Denial Reason(s): Refer to table above by reference numbers (REF NO.)									
<b>IF APPROVED:</b> Services Authorized to Begin					Date		Reviewed by Signature ▶		

Please Fax Completed Form to:

Outpatient Medical Requests  
Inpatient Medical Requests

833-238-7694  
833-238-7692

Physician Administered Drug Off Label Request

833-465-1703

Continued on page 2



## Personal Care Services

Benita Hathaway, MS, RN, LCMHC

Vice President Population Health and Care Management and  
Interim Utilization Management Director

# Personal Care Services (PCS)

- **How do I request an independent assessment?**

1. The physician caring for the member should complete [Trillium's 3051 Form](#)  
Non-medical change of status or change of provider requests complete page 3 only.
2. The completed form should be emailed to [LTSS@trilliumnc.org](mailto:LTSS@trilliumnc.org) or just click



Submit

- **What if I have a question about PCS?**

1. Visit Trillium's Benefit Plans/Service Definitions page and look for [Personal Care Services \(PCS\)](#)
2. Call **855-250-1539**, Trillium's Provider Support Service Line Mon-Sat from 7am-6pm
3. Electronically submit a question [Personal Care Services Questions](#)



# Overview of Provider Resources

Linda Hawley Isbell, MA, CI  
Network Director

# Resources for our Providers

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





# Trillium Health Resources – Help Tools



## **Trillium Health Resources Website:**

<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/for-providers/provider-communications>

## **NCDHHS Information:**

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