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Provider Office Hours

Tailored Plan



V_9.11.2024



Member Medicaid Card

Jennifer Mackethan – Communications/Marketing Director

Member – Medicaid Card



201 West First St.
Greenville, NC 27858
TrilliumHealthResources.org

Name: **John Doe**
Medicaid #: **912345678A**
DOB: **11/01/1995**
Effective Date: **07/01/2020**

PCP Name: **New Hanover Medical Center**
9176 Maple Ln.
Wilmington, NC 27609
910-336-1908

Rx: PerformRx RxBIN: 019595 PCN: PRX10811

IMPORTANT CONTACT INFORMATION

For Providers:

Authorizations and Pre-Certification:
1-855-250-1539

Pharmacy Prior Authorization:
1-855-662-0277

Out of Network Providers:
1-855-250-1539

Filing Claims: Please visit
TrilliumHealthResources.org/for-providers/provider-documents-forms
and click "Medicaid Direct & Tailored Plan Claims Submission Protocol"

For Members:

Member Services and Nurse Line:
1-877-685-2415 (TTY 711)

Behavioral Health Crisis Number:
1-888-302-0738

Member Pharmacy: **1-866-245-4954**

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



Behavioral Health Scenarios

Chauncey Dameron and Kimberly Wagner, Provider Relations and Engagement Managers

Behavioral Health Scenarios

<p>How do I become a contracted provider?</p>	<p>Visit the Trillium webpage: https://www.trilliumhealthresources.org/contracting-trillium</p>
<p>How do I find the Provider Directory to search for providers?</p>	<p>Visit the Trillium webpage https://www.trilliumhealthresources.org/provider-directory</p>
<p>How do I change information about my agency that is showing on the Provider Direct portal?</p>	<p>Any changes to provider data must be made by the provider in NC-TRACKS via the Manage Change Request process. The only provider data fields that Trillium can edit on the Provider Directory is the provider's website and cultural competency training. Providers can email trilliumproviderdirectory@trilliumnc.org to change their website and/or cultural competency training on the Provider Directory.</p>
<p>How do I find or change my Provider Direct System Administrator?</p>	<p>To change the system administrator for your Provider Direct account you will need to complete the Provider Direct System Administrator Designee Request Form. https://www.trilliumhealthresources.org/sites/default/files/docs/Provider-documents/IT-Information/Trillium-Provider-Direct-System-Adm-Designee-Request-Form.pdf</p>

REMINDER: Provider data must match NC Tracks.

Behavioral Health Scenarios

How do I access the Behavioral Health Claims Portal?	https://www.ncinno.org/
How do I contact my Provider Relations Coordinator?	Contracted Behavioral Health providers are assigned a Provider Relations Coordinator. The list of the assigned coordinators and their email addresses are located on the website. https://www.trilliumhealthresources.org/sites/default/files/docs/Provider-Contact-Info/Trillium-Provider-Relations-Asssignment-Listining.pdf
How do I add a site or services to my contract?	To submit a request to add sites or services to your Behavioral Health contract, please email the specific request to: NetworkServicesSupport@TrilliumNC.org

Care Management

Katy Eads

Clinical Support Director • Clinical Operations - Population Health



Care Management Scenario

I am a **provider**, and I don't know who my member's Care Manager is. How do I find that out?

- ❖ If the member is assigned to Trillium or it is unclear who is the assigned TCM entity, you can submit a PCP/Provider Request for Care Manager Name or Assignment Referral form via: [PCP/Provider Request for Care Manager Name or Assignment Referral Form \(smartsheet.com\)](https://www.trilliumhealthresources.org/for-providers/tailored-care-management-for-providers)
- ❖ You will receive an emailed response to the PCP/Provider Request for Care Manager Name or Assignment referral within three business days.
- ❖ If the member is assigned to Trillium Health Resources but does not yet have an assigned care manager, a referral for care management services will be submitted. The time frame from the clinical support team's submission of the referral for care management to assignment of a care manager is 3-5 business days. If a care manager is assigned the clinical support team will contact the referring individual and provide the name of the care manager.
- ❖ If you know a member is assigned to a Provider Based Care Management Entity but you do not know how to locate contact the Provider Based TCM Entity, you can locate the TCM Providers contact information here: <https://www.trilliumhealthresources.org/for-providers/tailored-care-management-for-providers>
- ❖ For more in-depth info, please see the following recordings on Trillium's website: June 26, 2024, recording. <https://www.trilliumhealthresources.org/tailored-plan-trillium-training>
- ❖ If there is an emergent need for Tailored Care Management: Contact the Member and Recipient Service line: 1-877-685-2415



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

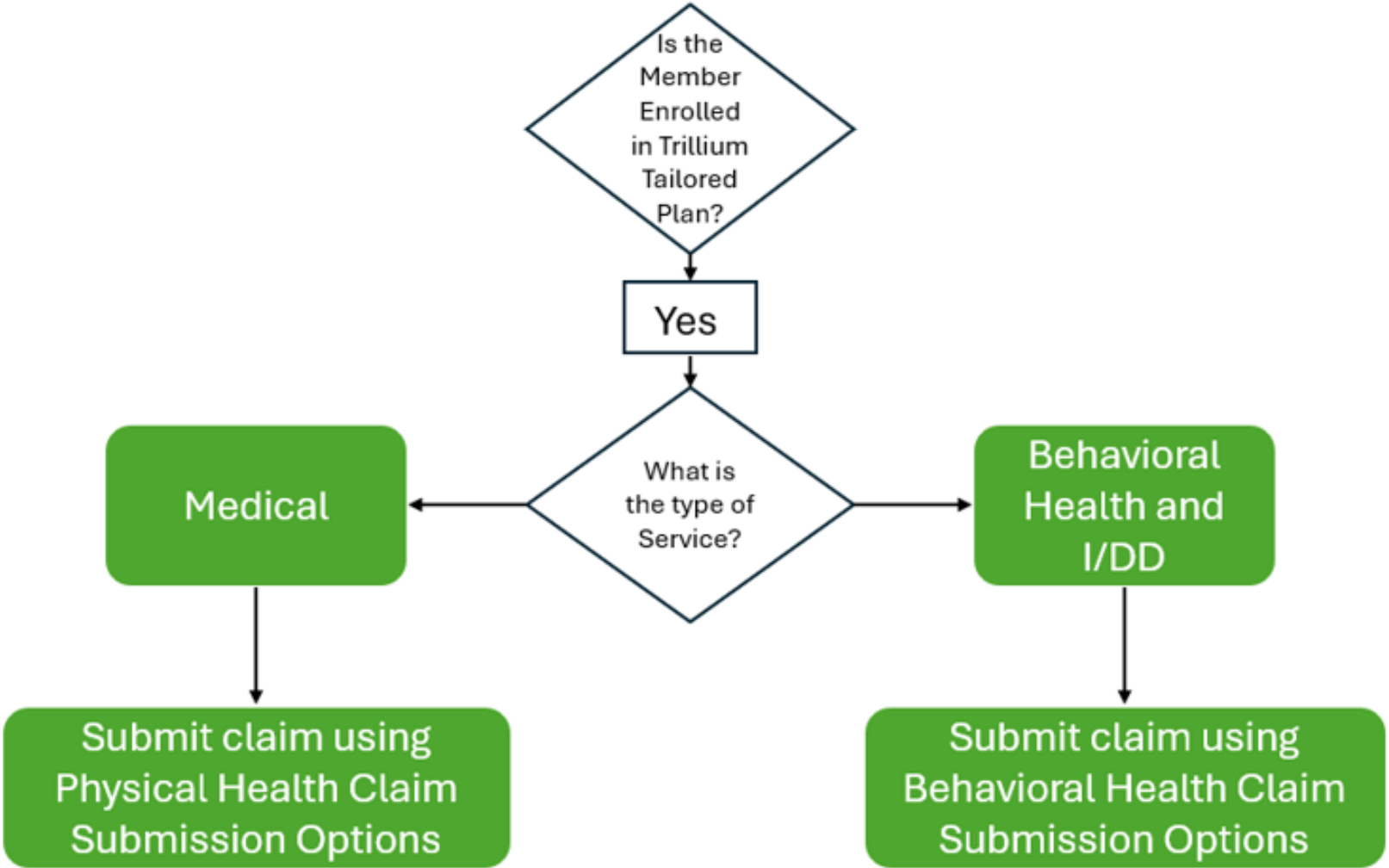
Trillium's Claims Submission Protocol is available on our website and can be found linked below:

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

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



Trillium Tailored Plan



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

Claims Department

For claims information, questions, and/or concerns contact Provider Support Services by phone or email:

(855)250-1539

claimssupport@trilliumnc.org





CCH – Physical Health FAQs and Provider Scenarios

Jesse Hardin

Director of Communications and Program Implementation

How do I find my assigned representative?

- ❖ All Trillium **physical health providers** are assigned Provider Engagement and Relations representatives through [Carolina Complete Health Network](#).
- ❖ PEAs are assigned by county. View our team list and contact information here: <https://network.carolinacompletehealth.com/engagement>
- ❖ If you are unsure who to reach out to, email the team at: ProviderEngagement@cch-network.com.

Out-of-Network Provider Scenarios

How can OON providers provide care and bill for Trillium members?

During go-live flexibilities when OON providers do not require an authorization, proceed with billing. [Reference our OON Provider Guide for details.](#)

After auth waiver, OON providers should start by submitting an authorization request via phone ([1-855-250-1539](tel:1-855-250-1539)) or fax ([fax form](#)).

Will OON providers be paid for services rendered and how to bill claims during this time?

OON providers are eligible to receive payment for medically necessary services rendered. During the flexibility period, OON providers will be paid at 100% of the NC Medicaid Fee Schedule. After this period, OON providers may be subject to a reduced reimbursement rate of 90%.

How do you have my provider data if I am not contracted?

The health plans receive a daily file called the Provider Enrollment File (PEF) from NC Medicaid with all providers credentialed with NC Medicaid. If you do not have a contract in place, your provider data can be validated using the PEF. A paper check will be mailed to the billing address on the claim.

Physical Health PA Reminders & FAQ

- ❖ Trillium initiated a No Prior Auth Period effective 7/1/24-9/30/24
- ❖ Authorizations on file from NC Medicaid (called Transition of Care or TOC auths) will be honored through 1/31/25 or the expiration of the auth, whichever comes first, after 9/30/24.

When do I need to start submitting authorization requests to have them approved before the flexibilities end for no prior auth on 9/30?

Prior authorization should be requested at least fourteen (14) calendar days before the scheduled service delivery date or as soon as need for service is identified

How do I submit for physical health authorizations?

Portal (Preferred method) provider.trilliumhealthresources.org
Phone: 1-855-250-1539
Fax: ([Fax Form](#))

How do I know if a PA is needed?

Reference applicable physical health [clinical coverage policy](#) and use the [Trillium Physical Health PA tool](#)

How can I update/correct a pending authorization?

Call Trillium PSSS Line (1-855-250-1539) and request to be transferred to the physical health UM team.



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.)								
IF APPROVED: Services Authorized to Begin				Date		Reviewed by Signature		

Please Fax Completed Form to:

Outpatient Medical Requests 833-238-7694 Physician Administered Drug Off Label Request 833-465-1703
Inpatient Medical Requests 833-238-7692

Continued on page 2

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 (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
 - ❖ Transplant: 866-753-5659

Durable Medical Equipment (DME)

- ❖ DME billed on a medical claim must be submitted to Trillium using the physical health submission methods. CCH will process the claims. This includes CPT codes on applicable DME [Fee Schedules](#).
- ❖ DME billed at Pharmacy Point-of-sale, i.e. Diabetic Supplies [on the PDL](#), are managed through Trillium's Pharmacy PBM, Perform RX.
- ❖ When submitting a claim for manually priced DME items, an invoice must be attached to the claim for reimbursement review.
- ❖ Providers must use the correct modifier for DME services as applicable for the services rendered.
- ❖ Relevant DME clinical coverage policies include:
 - ❖ [Physical Rehabilitation Equipment and Supplies, 5A-1 \(PDF\)](#)
 - ❖ For guidance in reference non-invasive osteogenic stimulation, please refer to policy titled [Osteogenic Stimulation, NC.CP.MP.194 \(PDF\)](#)
 - ❖ [Respiratory Equipment and Supplies, 5A-2 \(PDF\)](#)
 - ❖ Prior approval is required prior to the initiation of oxygen therapy and for continuation of active oxygen therapy on at least an annual basis.
 - ❖ [Nursing Equipment and Supplies, 5A-3 \(PDF\)](#)
 - ❖ [Orthotics and Prosthetics, 5B \(PDF\)](#)

EPSDT

- ❁ Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is the federal law that says Medicaid must provide all medically necessary health care services to Medicaid-eligible children.
- ❁ Even if a service is not covered under NC Medicaid, it can be covered for members under age 21 if the service is listed at 1905(a) of the Social Security Act and if all EPSDT criteria are met.
- ❁ For more information on EPSDT, visit Trillium's page: <https://www.trilliumhealthresources.org/providers/early-and-periodic-screening-diagnosis-and-treatment-epsdt>
- ❁ For an EPSDT training, view CCH's [EPSDT Annual Training Slide and Recording](#).



Physical Health Provider Portal

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

How do I know who the Portal Account Manager is?

You can reach out to your CCHN Provider Engagement Administrator and we can let you know who is assigned as Portal Account Manager. If the Account Manager needs to be changed or updated, PE can help with that also.

How do I access the physical health claim portal?

Visit <https://provider.trilliumhealthresources.org> and create an account or log in. If you are creating an account, your site's Account Manager will be able to verify your access. If you do not have an account manager, reach out to CCHN Provider Engagement: providerengagement@cch-network.com

Which IT department handles the error messages or troubleshooting for the physician health portal?

Your CCHN Provider Engagement Admin can provide assistance for physical health portal. If there is an IT issue, we can also submit a support ticket on your behalf.

Physical Health Contracting Scenarios

How do I know if I'm contracted?	Contract Trillium Provider Support Service Line at 1-855-250-1539
If I am contracted with CCH for Standard Plan, do I need a Trillium Contract?	Yes. Many Standard Plan providers were opted into an agreement with Trillium and were notified. If you were not opted-in, you should complete the Contract Request Form .
Can I get a copy of my contract?	A copy of your contract was securely sent to you upon contract execution. You can also request a copy by emailing NetworkRelations@cch-network.com
Can I add a site to my contract?	Update NCTracks with your provider demographic data.
How do I change the address of my agency?	Update NCTracks with your provider demographic data and notify CCHN PR via email: NetworkRelations@cch-network.com

Reminder: Provider data must match NCTracks. [View our provider guide for more information.](#)

Claims and Payment

- Contracted providers have 365 calendar days from the date of service (professional) or date of discharge (hospital) to file first time claim or claim corrections.
- Non-contracted providers have 180 calendar days from the date of service (professional) or date of discharge (hospital) to file first time claim or claim corrections.
- Trillium physical health claim payments are issued weekly. **Check run is Wednesday with payment issued to providers the following day.** Clean claims will be resolved (finalized paid or denied) 95% within 15 calendar days and 99% within 30 calendar days following receipt of the claim.

Definitions:

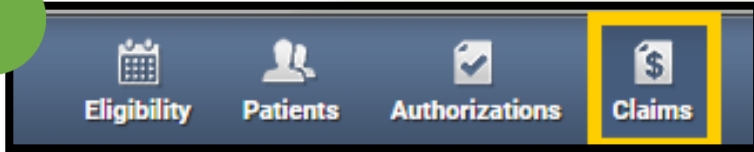
Paid in Full	The claim has been adjudicated, processed and reimbursed in accordance and with the executed provider contract on file including the coordination of benefits, as applicable per claim.
Clean Claim	A claim that is received for adjudication in a nationally accepted format in compliance with standard coding guidelines and does not have any defect, impropriety, lack of any required documentation or particular circumstance requiring special treatment that prevents timely payment.

Where to access Remittance Advice

- ♻️ Remittance Advice, also referred to as an 835 or Explanation of Payment (EOP) can be accessed several ways:
 - Portal: <https://provider.trilliumhealthresources.org/>
 - Payspan: <https://www.payspanhealth.com/>
 - Physical copy if you receive paper check
- ♻️ RA/835/EOPs are issued with payment. Check run is Wednesday with payment issued to providers the following day.

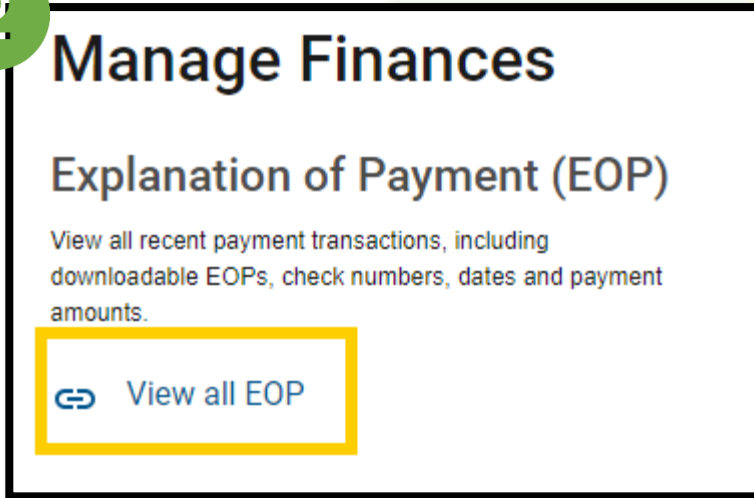
Access EOPs in Physical Health Portal

1



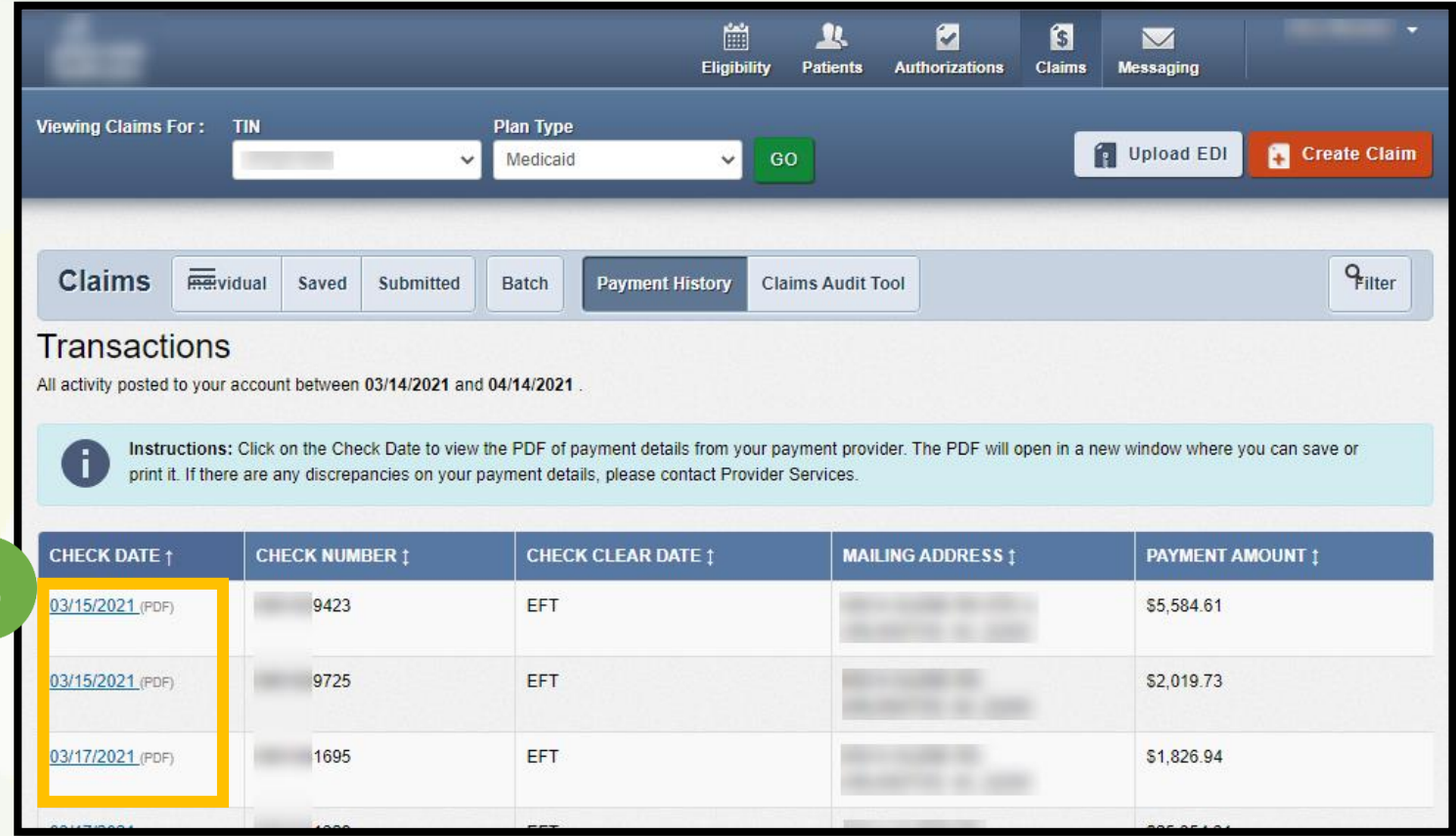
Click 'Claims' in the header menu

2



Scroll down and click 'View all EOP'

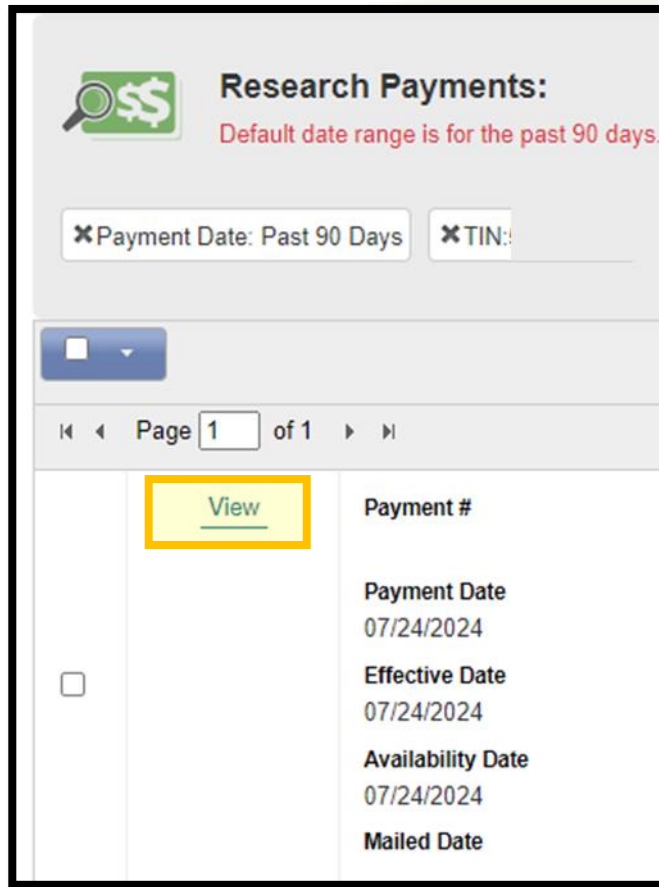
3



Click the Check Date links which will download a PDF of the EOP

Access ERA in Payspan

1



Research Payments:
Default date range is for the past 90 days

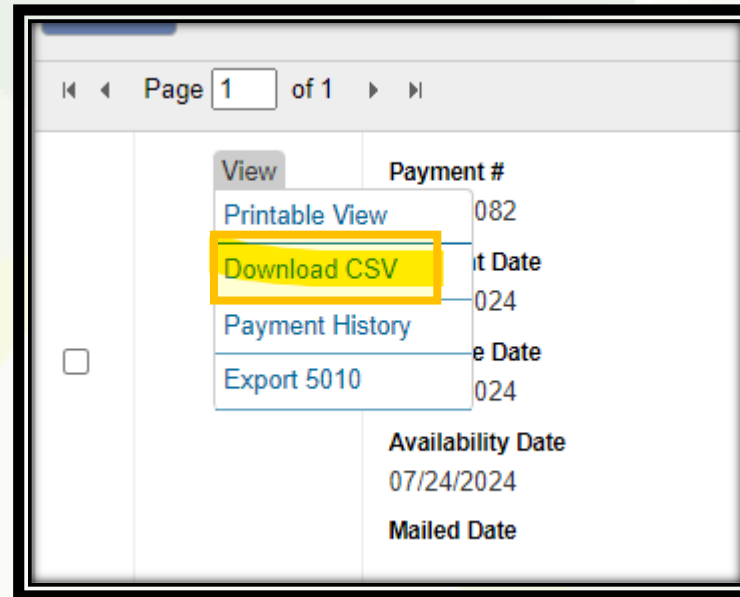
Payment Date: Past 90 Days TIN:

View

Payment #	Payment Date	Effective Date	Availability Date	Mailed Date
	07/24/2024	07/24/2024	07/24/2024	

Scroll down and click 'View all EOP'

2



Page 1 of 1

View	Payment #	Payment Date	Effective Date	Availability Date	Mailed Date
Printable View	082				
Download CSV		024			
Payment History					
Export 5010		024			

Download CSV

Physical Health Claim Submission

Method	Physical Health Provider Claims Submission
Electronic	Trillium Physical Health Portal provider.trilliumhealthresources.org
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"> • Provider Portal: View claim details and select 'correct claim' • EDI • 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.	<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"> • 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.	<ul style="list-style-type: none"> • 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

Medical Home Payment and Reporting

Where can practices find their Medical Home fee Capitation Reports?

Via Payspanhealth.com. For providers not yet enrolled, visit <https://www.payspanhealth.com/> and click register or contact Payspan: Call 1-877-331-7154, Option 1 – Monday thru Friday 8:00am to 8:00pm EST. Also see attached guide. [Using Payspan to Access Medical Home Payments \(PDF\)](#)

What section of that portal should they be directed to?

In Payspan, under Payment details, click View, then Download CSV. Open the excel document and save a copy for your records.

What system or portal do they need access to, to obtain said reporting? On what date of the month is the enrollment count for the Medical Home PMPM payment captured?

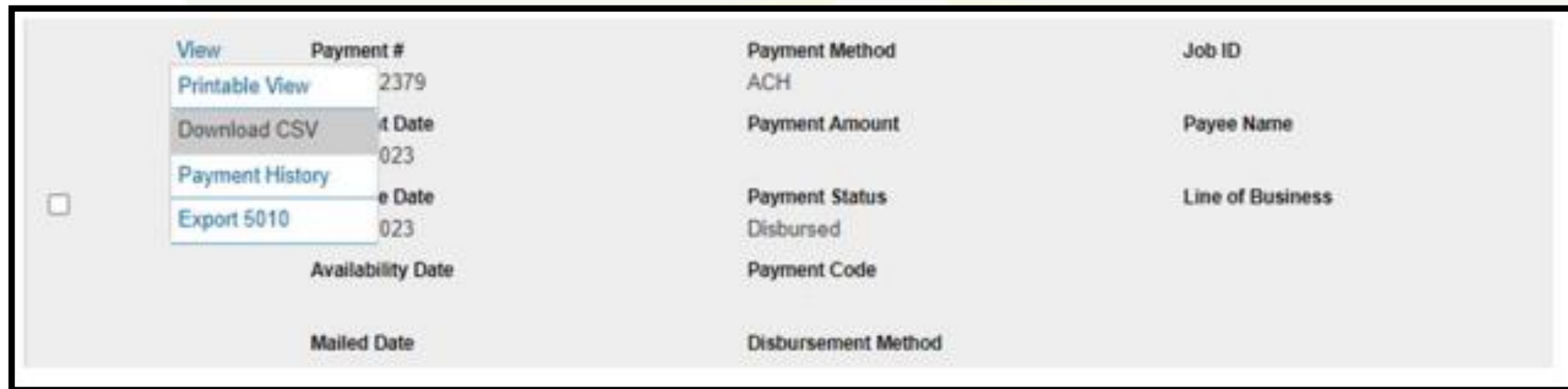
1st of the month

When does your plan project that these payments will be made to practices each month?

20th of each month. First couple of months may be close to end of the month.

Pulling PMPM Reports from Payspan

- 🌱 Step 1: Log into your Payspan Portal at <https://www.payspanhealth.com/>
- 🌱 Step 2: Under Payment details, click View, then click Download CSV. Open the Excel document and save a copy for your records:



The screenshot shows a table with a dropdown menu open for a specific payment record. The dropdown menu options are: Printable View, Download CSV (highlighted), Payment History, and Export 5010. The table columns include: View, Payment #, Payment Method, Job ID, Availability Date, Payment Amount, Payee Name, Mailed Date, Payment Status, Payment Code, and Disbursement Method.

View	Payment #	Payment Method	Job ID
Printable View	2379	ACH	
Download CSV	4 Date	Payment Amount	Payee Name
Payment History	023		
Export 5010	e Date	Payment Status	Line of Business
	023	Disbursed	
	Availability Date	Payment Code	
	Mailed Date	Disbursement Method	

- 🌱 Reach out to CCHN Provider Engagement if you have any difficulty or questions!
<https://network.carolinacompletehealth.com/engagement>

Medical Home Payment and Reporting

- ❖ Report Details Available in Payspan
- ❖ [Using Payspan to Access Medical Home Payments \(PDF\)](#)

PayerName
PaymentNumber
PaymentDate
TotalPaymentAmount
PayeeName
PayeeTIN
LOB
PCPName
PCPNPI
MemberProduct
MemberName
MemberID1
MemberID2
MemberCOVDate
MemberMonths
CAPPaymentAmount



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 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](#)



NEMT

Questions & Common Scenarios
Answers/Solutions

NEMT Scenarios

Can a member use NEMT to and from Day Supports?

No, members would not utilize Day Supports, because transportation is and included service. The Day Supports service definition under Clinical Coverage Policy *BP: North Carolina Innovations* and the CMS-approved Innovations Waiver provide that coverage of Day Supports includes transportation to/from the beneficiary's home, the Day Supports facility, and travel within the community as part of the payment rate. Specifically, "transportation to and from the licensed day program is the responsibility of the Day Supports provider"

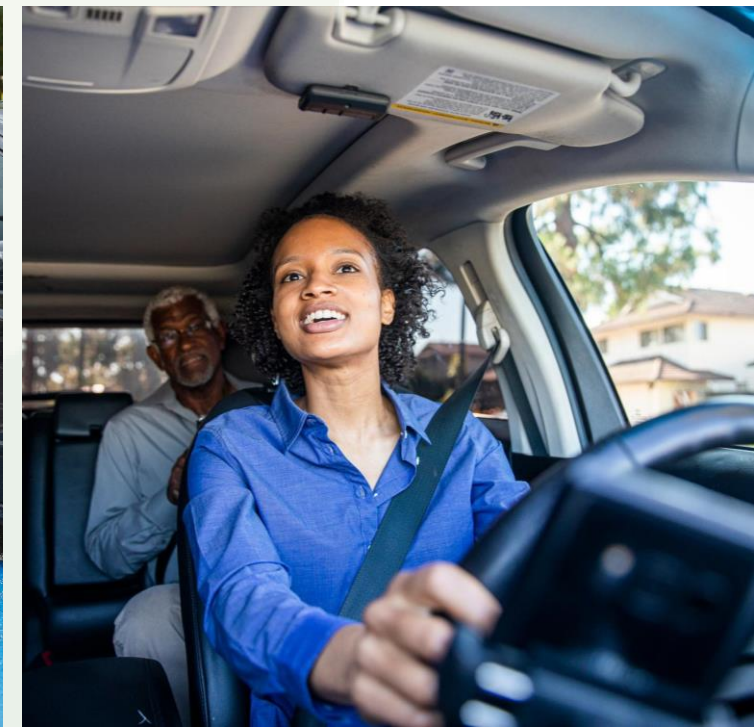


NEMT Questions Continued

What number do members or care managers call to schedule Nonemergency Medical Transport or NEMT?

Call 877-685-2415 and you will hear a menu of options press the prompt for transportation. After pressing the prompt for transportation, you will be connected to Modivcare's NEMT Call Center.

Members or care managers may use this same number if their ride is late, or they do not show "where's my ride" Modivcare will attempt to find another ride if the ride can not be recovered, they will work with the member if the appointment must be rescheduled.



NEMT Questions Continued

Is there a special number for providers or facilities to use when calling to schedule reoccurring appointments such as dialysis and daily medication assisted therapy?

❖ Yes, Modivcare has a facilities phone and fax number.

❖ Facility line: 1- 855-397-3606

❖ Facility fax: 1- 855-397-3607



Transforming Lives.
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NEMT Questions Continued

Can NEMT take me to the grocery store or to work?

No, NEMT is a benefit that provides transportation to members to and from Medicaid covered services in which transportation is not provided? NEMT can be used to pick up medication from the pharmacy.



NEMT Questions Continued

When do I need prior authorization for NEMT?

For trips over 75 miles one way, for overnight accommodations, air travel or travel related expenses such as meals or parking.



Who acquires prior authorization for NEMT?

Modivcare will work with Utilization Management to get any prior authorization it is not the responsibility of the member or care manager.

The member or care manager does have to call Modivcare prior to the appointment in order for Modivcare to obtain prior authorization and/or schedule any accommodations. For routine appointments two days notice is needed but no more than 30 days.



NEMT Questions Continued

Can member's receive gas vouchers?



No, however members, family members or friends providing transportation can be reimbursed for mileage. Mileage reimbursement will need to be arranged by calling prior to your appointment.

The trip need to be documented just like other scheduled trips and the driver will need to complete the needed documentation for reimbursement.

Reimbursement is in the form of a check from Modivcare. Mileage Reimbursement Program Instructions as well as the Trip Log and instructions how to complete a Trip Log can be found online at <https://www.mymodivcare.com/members/nc>



NEMT Questions Continued



Do minors have to be accompanied by an adult?

Yes.



Can more than one person accompany a member to an appointment?

Modivcare will try to work to meet the individual needs of the member, when possible, please let Modivcare know when you are asking for an exception such as more than one person traveling with the member.



NEMT Questions Continued



What do members or care managers do if members have special needs or requests?

When the member, care manager or provider calls call to schedule the appointment they will be asked some screening questions to determine the member's service level need and preferences. If the member has a need or preference not identified in the screening questions, please let the call agent know on the call.

Examples include

- ❖ The member needs assistance getting to and from the car.
- ❖ Provider X has been driving the member to their appointments for the last 10 years and the member would prefer to ride with that driver
- ❖ The member has always ridden on the bus, and they become anxious when another contracted transportation provider is scheduled.
- ❖ The member had a bad experience with driver X and prefers not to ride with the driver.

(If the member has had a bad experience, it is important to let Modivcare know. When possible, please share enough information that will allow Modivcare to follow-up with the call agent or driver. If you don't know a name if you could share dates and times that would be helpful.)



Overview of Provider Resources

Linda Hawley Isbell, MA, CI
AVP of Provider Relations & Engagement/Provider Support
Services

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
- Review the Trillium Health Resources website 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>