



## Network Communication Bulletin #029

To: All Providers  
From: Cindy Ehlers, MS, LPC – Vice President of Clinical Operations  
Date: Wednesday June 6, 2018  
Subject: Medicaid Bulletin Updates (May 2018), Perception of Care Survey Announcement, RFP Announcement, New Medicare Beneficiary Identifier, Important NCTRACKS Information, New “Provider Action Items” Webpage, Integrated Care Efforts = Successful Outcomes for Member Health Part I”, Site Level Adjudication-Phase 2, New Contact Emails for Claims Department

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### MEDICAID BULLETIN UPDATES- MAY 2018 ([Medicaid pdf](#))

#### Provider Risk Level Adjustment- (pg. 4)

- ✿ Pursuant to 108c3, all behavioral health providers are considered “high risk” except for CABHAs. To the extent Trillium contracts with providers who are not designated high-risk, these providers will be adjusted to high risk when/if they undergo a payment suspension, are excluded, receive an overpayment, etc. as outlined below.
- ✿ Categorical risk must be adjusted to “high” for providers who:
  - ▶ Received a payment suspension based upon a credible allegation of fraud in accordance with 42 CFR 455.23 within the previous 12-month period.
  - ▶ Were excluded, or whose owners, operators, or managing employees were excluded, by the U.S. Department of Health and Human Services Office of Inspector General, the Medicare program, or another state’s Medicaid or Children’s Health Insurance Program within the previous 10 years.
  - ▶ Incurred a Medicaid or Health Choice final overpayment, assessment, or fine from the Department more than 20 percent of the provider's payments received from Medicaid and Health Choice in the previous 12-month period.
  - ▶ Were convicted of a disqualifying offense pursuant to G.S. 108C-4, including by owners, operators, or managing employees, but were granted an exemption by the Department within the previous 10 years.

The provider will be notified by DHHS of their new risk level that will apply to processing enrollment-related transactions. This may include payment of applicable application fees, submission of fingerprints, and onsite visits.

**Note: The NCTracks Provider Permission Matrix provides a full list of provider types and their assigned risk levels for both enrollment and revalidation.**

#### Columbus County Transition Effective July 2018 (pg. 6)

- ✿ The Secretary of the N.C. Department of Health and Human Services (DHHS) has approved the disengagement of Columbus County from the Eastpointe Local Management Entity – Managed Care Organization (LME-MCO) and their realignment with Trillium Health Resources LME-MCO.
- ✿ **Effective July 1, 2018**, Trillium Health Resources will be the LME-MCO responsible for enrollees who are residents of Columbus County.

- 🌱 Any provider delivering Medicaid behavioral health services to a Columbus County enrollee after July 1, 2018, must be contracted with Trillium Health Resources. This only applies to mental health, substance abuse, and intellectual/developmental disability services for Medicaid beneficiaries ages 3 and older.
- 🌱 Providers can reach Trillium Health Resources at 1-866-998-2597.

### Re-credentialing and Ongoing Verification Updates (pg. 14)

A list of providers scheduled for re-credentialing (enrollment in NCTracks) January through April 2018 is available on the provider enrollment page of the North Carolina Medicaid website under the “Re-credentialing” header.

**Beginning April 30, 2018**, the re-credentialing notification and suspension will be modified to the following:

- 🌱 The notification, suspension, and termination timeline will be modified to the following:
  - ▶ First notification will now be sent 70 days prior to the provider re-credentialing due date.
  - ▶ If re-credentialing is not submitted, reminders will be sent at 30 days, 15 days, and 5 days prior to the provider re-credentialing due date.
  - ▶ Providers will be suspended if the re-credentialing application is not submitted by their re-credentialing due date.
  - ▶ The provider will be terminated from the North Carolina Medicaid and NC Health Choice programs at the end of the month following 30 days of suspension.
- 🌱 Re-credentialing is not optional. It is crucial that all providers who receive a notice promptly respond and begin the process.
- 🌱 Providers are required to pay a \$100 application fee for re-credentialing.
- 🌱 The existing rules to extend the re-credentialing due date if a Manage Change Request (MCR) Application is “In Review” will be removed. Therefore, if a change is required via a MCR, the MCR process must be completed before the re-credentialing due date.
- 🌱 The Re-credentialing Application on the NCTracks Provider Portal will be modified to display the existing owners and managing employees and allow the provider to edit, end-date, or add to the Re-credentialing Application.
- 🌱 If terminated, the provider must submit a re-enrollment application to be reinstated.
- 🌱 Because of the system changes, all enrollment, re-enrollment, MCR and re-verification applications currently in “saved draft” status were deleted on April 28, 2018.

### Changes to Ongoing Verification Process

- 🌱 Providers must also update their expiring licenses, certifications, and accreditations.
- 🌱 The system currently suspends and terminates providers who fail to respond within the specified time limits.
- 🌱 The notification, suspension, and termination timeline will be modified to the following:
  - ▶ First notification will be sent 60 days prior to expiration.
  - ▶ If the expired item has not been updated, a reminder will be sent on days 30, 14, and the final reminder on day 7 prior to expiration.
  - ▶ The provider will be suspended if the expired item has not been updated by the due date. The suspension will remain for 60 days, and can be removed at any time if the expired item is updated.
  - ▶ The provider’s participation in the North Carolina Medicaid and NC Health Choice programs will be terminated if the item has not been updated by day 61 after suspension.

## Avoid Delays in the Processing of Provider Enrollment Applications (NCTracks) (pg. 16)

- 🌱 If a provider's enrollment application or Manage Change Request (MCR) is clean and does not contain errors, it will process more quickly.
- 🌱 Commons errors that cause delays in processing applications and MCRs include:
  - ▶ Supporting documentation not attached – If supporting documentation is required, it must be uploaded and attached prior to submission (including license/certification/accreditation)
  - ▶ Name on application – Name on application should match National Plan and Provider Enumeration System (NPPES) National Provider Identifier (NPI).
  - ▶ Incomplete Exclusion Sanction information – The Exclusion Sanction questions must be answered (see Bulletin for outline of specific requirements)
  - ▶ Failure to upload Electronic Fingerprinting Submission Release of Information Form (Evidence) – The form must be signed and dated by each person required to submit fingerprints. It must also be signed and dated by the law enforcement agency collecting the fingerprints. Providers must upload the Release of Information Form into NCTracks by the deadline on the notification letter.
  - ▶ Fingerprinting Card should not be mailed to address on the evidence form. It must be mailed to the State Bureau of Investigation (SBI) for processing at NCSBI/Applicant Unit, 3320 Garner Road, Raleigh, NC 27626.
  - ▶ Choosing the incorrect taxonomy code – The taxonomy code selected must accurately reflect the type of provider.
  - ▶ NCID misuse – This continues to be an issue on applications and may result in adverse action on the provider's application and record.
  - ▶ Inaccurate entry of names, Social Security numbers (SSN) and date of birth (DOB) on applications – This continues to be an issue which impacts the integrity of the application and Participation Agreement and may result in adverse action on the application.

## Medicaid Behavioral Health Provider Enrollment (pg. 24)

- 🌱 By July 1, 2018, Medicaid Behavioral Health Providers added to NCTracks by their current Local Management Entity/Managed Care Organization (LME/MCO) Provider Upload Process must complete re-verification (aka recredentialing).
- 🌱 On March 1, 2018, NCTracks sent letters to Behavioral Health providers due for reverification.
  - ▶ Providers who did not respond by the reverification due date of April 16, 2018, had payment suspended.
  - ▶ Providers must submit either a reverification application or a full Managed Change Request to NCTracks for the payment suspension to be lifted.
- 🌱 Reverification of providers requires:
  - ▶ A state-mandated application fee of \$100. Additionally, the federal application fee of \$569 may be charged to moderate- or high-risk provider.
  - ▶ Site visits may be conducted for providers in moderate- and high-risk categories. The site visits will be conducted by Public Consulting Group (PCG).
  - ▶ Fingerprint-based background checks for all high categorical risk providers and any person with a 5 percent or more of direct or indirect ownership interest in the provider.
- 🌱 Providers who fail to comply with the fingerprinting requirement are subject to a "for cause" denial or termination.
  - ▶ A "for cause" action is one related to program compliance, fraud, integrity, or quality. North Carolina Medicaid is required to report providers terminated or denied for cause to CMS.

- ▶ Providers who have already undergone fingerprint-based criminal background checks for Medicare or another state's Medicaid or CHIP program are not required to submit new ones.

**\*Note: Information per the NCTRACKS website**

<https://www.nctracks.nc.gov/content/public/providers/faq-main-page/faqs-for-Behavioral-Health-Provider-Enrollment.html>

### When are Behavioral Health network providers required to enroll via NCTracks?

Effective July 1, 2017, Behavioral Health providers not currently enrolled in NCTracks were required to enroll via the NCTracks Provider Enrollment Online Application. This included providers who did not have an active record in NCTracks as of June 30, 2017 via the Provider Upload process. The Upload process ended at 12:00 a.m. on June 30, 2017. Effective July 1, 2018, LME-MCO network Behavioral Health providers who have an active record in NCTracks via the Upload process will be required to be re-credentialed via the NCTracks Provider Enrollment Online Re-Credentialing Application.

## PERCEPTION OF CARE SURVEY ANNOUNCEMENT

### IMPORTANT Information Regarding the 2018 Perception of Care Surveys:

Every year Trillium Health Resources and other MCOs across the state assist the North Carolina Department of Health and Human Services (DHHS) with a mandatory annual survey of members who receive Mental Health and/or Substance Use services. This survey is designed to assess member perceptions of the services they have received in the past year.

The survey results are sent to the Substance Abuse and Mental Health Services Administration (SAMHSA) for required reporting, who then publish the results by LME-MCO in an annual report. The survey results are not used by DHHS or LME-MCOs to monitor the performance of providers. Survey results are used to inform policy decision designed to improve the system.

***Your assistance and participation is crucial to the success of this project.***

If you provide MH and/or SU services to individuals of any age, you may be contacted soon to participate in the administration of this survey. Specific instructions will be provided by Trillium staff at that time. Trillium staff will schedule a time with you to coordinate administration of these surveys at your location.

### **Requirements for Member Participation in Survey:**

- 🌱 Must have mental health and/or substance use diagnosis
- 🌱 Must be a Trillium member, with a Trillium client ID number
- 🌱 Can be State-funded OR Medicaid member

Once you receive the surveys, they will need to be completed in a timely manner, as there is a very short administration period. Trillium staff will coordinate with you on how and when to get the completed surveys back to us for submission.

Please follow all timelines and survey administration instructions provided by Trillium. If you are asked to participate in the administration of this survey and you have any questions, please feel free to contact Julie McCall ([Julie.McCall@TrilliumNC.org](mailto:Julie.McCall@TrilliumNC.org)) or Krissy Vestal ([Krissy.Vestal@TrilliumNC.org](mailto:Krissy.Vestal@TrilliumNC.org)) at 1-866-998-2597.

Thank you in advance for your participation in this important survey! We look forward to working together with you to gather the important information that will reflect our joint efforts to help members in our area.

## RFP ANNOUNCEMENT

### Coming Soon: Request for Proposals for Licensed Independent Practitioners (Individual or Group) Join Our Network

Trillium Health Resources will soon post a Request for Proposals (RFP) for Licensed Independent Practitioners (LIPs) in order to allow more individuals access to the quality care they need. Trillium Health Resources will accept applications for LIPs, including Individuals and Groups, to provide outpatient services to Medicaid beneficiaries.

#### **Please note:**

- 🌱 Interested LIPs must be enrolled with NC Tracks in the Medicaid Health Plan to apply.
- 🌱 Clinicians must be licensed in the State of NC.
- 🌱 All applicants are required to be credentialed with Trillium prior to the delivery of services.
- 🌱 Requests for Proposals will post in October 2018.

In order to increase access to care, providers within the 25-county Trillium catchment area, as well as neighboring out-of-catchment counties including Halifax, Edgecombe, Wilson, Greene, Lenoir, Duplin, Sampson, Bladen, and Columbus\* counties are eligible. Both in-network and out-of-network may apply.

Trillium Health Resources will not award a contract on the basis of this notice, or otherwise pay for information solicited by it.

\*Note: Columbus County will become part of the Trillium catchment area on July 1, 2018.

## NEW MEDICARE BENEFICIARY IDENTIFIER

The Centers for Medicare and Medicaid Services (CMS) will begin replacing the Medicare Health Insurance Claim Number (HICN) with a new Medicare Beneficiary Identifier (MBI) on April 1, 2018. CMS has communicated the expectation that the new MBI not be released to beneficiaries and other external parties until October 1, 2018, unless they are new beneficiaries or have received their new Medicare cards. Because of this expectation, Trillium will not populate any MBIs in Provider Direct (PD) until October 1 2018. If you have any questions regarding this, please contact Trillium's Eligibility and Enrollment Staff at [EnrollmentandEligibility@TrilliumNC.org](mailto:EnrollmentandEligibility@TrilliumNC.org).

## IMPORTANT NCTRACKS INFORMATION:

NCTracks is the NC Department of Health and Human Services' Medicaid Management Information System. Trillium wants to encourage all providers to periodically review their contracted site information in Provider Direct and make sure that all NPI numbers, address information, and Taxonomies are current and have correct linkage at NCTracks. To review your Taxonomy codes and linkages please visit the NCTracks website at [www.nctracks.nc.gov](http://www.nctracks.nc.gov). For a full list of Taxonomy codes visit [www.nucc.org](http://www.nucc.org).

The information in Trillium's software platform must match what is in NCTracks. If it is determined that an NPI number, taxonomy, and address needs to be added to the Provider Contract in Trillium's software, or a service needs to be added to a site, please submit a ticket to the Network Department at [NetworkServicesSupport@trilliumnc.org](mailto:NetworkServicesSupport@trilliumnc.org)

If you receive notification from Network Services regarding a change needed in your NPI number, taxonomy, address, or health plan, it will be your responsibility to make these corrections. Once the issue is resolved, please respond to Network Services.

If corrections are needed at NCTracks, please contact NCTracks at 1-800-688-6696 or [NCTracksprovider@nctracks.com](mailto:NCTracksprovider@nctracks.com).

To view information in Provider Direct, follow the steps below:

- 🌱 Under the menu bar select the Admin Tab
- 🌱 Provider Management
- 🌱 A list of all provider sites will appear
- 🌱 Select site to view all services approved to be bill under that site

## NEW "PROVIDER ACTION ITEMS" WEBPAGE

Trillium added a "Provider Action Needed" webpage in For Providers > Provider Communications > [Provider Action Items](#). Here we will share items from the Network Communications Bulletins that require specific tasks from our providers. We hope this will make it more organized and easier to complete outstanding directives from Trillium, DMA, DHHS, etc.

## INTEGRATED CARE EFFORTS = SUCCESSFUL OUTCOMES FOR MEMBER HEALTH

### Part I

New location added to serve our Columbus County Providers

July 17, 2018

9:30am-4:00pm

**\*attendees only need to complete training on one date**

- 🌱 [For more information](#)
- 🌱 [To register](#)

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## SITE LEVEL ADJUDICATION – PHASE 2 - UPDATE

Trillium has postponed the implementation of the second phase of the site level adjudication process. Implementation of this phase is now projected for July 1, 2018.

When billing claims, please make sure the correct NPI number and address, including zip+4, for the billing provider is submitted on the claim. The Service Facility Location (SFL) information is situational and should be submitted on the claim per billing guidelines.

Trillium recommends Provider Agencies to be proactive and review their services and site information and make any needed updates to ensure all services are contracted at the site level to avoid any unnecessary denials. Site information can be reviewed in Provider Direct by following the steps below:

- 🌱 Under the menu bar select the Admin Tab
- 🌱 Provider Management
- 🌱 A list of all provider sites will appear
- 🌱 Select site to view all services approved to be bill under that site

Trillium also recommends that Provider Agencies reference NCTracks to ensure that those NPIs, addresses, and zip+4 are also added and updated at NCTracks. The information in Trillium's software platform must match what is in NCTracks. If it is determined that an NPI number, taxonomy, and address needs to be added to the Provider Contract in Trillium's software, or a service needs to be added to a site, please submit a ticket to the Network Department at [NetworkServicesSupport@trilliumnc.org](mailto:NetworkServicesSupport@trilliumnc.org).

If you receive notification from Network Services regarding a change needed in your NPI number, taxonomy, address or health plan, it will be your responsibility to make these corrections. Once the issue is resolved, please respond to Network Services.

If corrections are needed at NCTracks, please contact NCTracks at 1-800-688-6696 or [NCTracksprovider@nctracks.com](mailto:NCTracksprovider@nctracks.com).

## NEW CONTACT EMAILS FOR CLAIMS DEPARTMENT

Effective May 1, 2018, Trillium implemented a new contact email for the Claims and Enrollment & Eligibility.

For inquiries or submission of the below items, please use the email [Claims2@TrilliumNC.org](mailto:Claims2@TrilliumNC.org).

-  Claims Request Forms
-  Remittance Advice questions
-  How to submit claims
-  How to obtain and RA
-  How to bill a claim
-  How to correct claim
-  Any other claim inquiries or questions

For inquiries related to eligibility confirmation, adding or terminating Third Party Insurance or assistance completing New Enrollments or Clinical Updates in Provider Direct, please use [EnrollmentandEligibility@TrilliumNC.org](mailto:EnrollmentandEligibility@TrilliumNC.org).

Please remember when submitting any protected health information, it is your responsibility to ensure it is properly secured.

If your agency does not currently use an email encryption service, Trillium does offer our Zixmail portal for emailing us securely. The instructions for registering an account with our Zixmail are found on our website, under For Providers, Provider Documents and Forms. Please note, this will only secure the emails you compose within the Zixmail website. It will not encrypt any emails sent directly from your agency's email client/website.

Any questions about this Communication Bulletin may be sent to the following email: [NetworkManagement@TrilliumNC.org](mailto:NetworkManagement@TrilliumNC.org). These questions will be answered in a Q&A format and published on Trillium's website.

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## A NOTE FROM TRILLIUM'S IT DEPARTMENT

In order to ensure the highest security standards, Zix will be implementing additional security upgrades to the secure email portal/ZixPort on **June 3, 2018**.

The security upgrades will only allow a message recipient to access their messages using browsers that support TLS 1.2 or higher. Older browsers that do not support TLS 1.2 cannot be used to access the secure email portal/ZixPort after this date. Most browsers already have implemented this security feature, but you may need to check that you have the most updated version on your computer.

This change is necessary to improve security and is also a requirement for those customers that need PCI compliance.

Zix will be following the industry lead by email providers such as Google and Microsoft. Because most browsers and email platforms such as Google, Outlook.com and Yahoo have supported TLS 1.2 for the last few years, end-users are unlikely to be affected by this change. However, any browsers that do not support TLS 1.2 will need to be updated.

After June 3rd 2018, users that attempt to access the secure email portal/ZixPort with a browser that does not support TLS 1.2 will get a "connection refused" message.

A comprehensive list of browsers that support TLS 1.2 is available here:

<https://www.ssllabs.com/ssltest/clients.html>

Please review the list above and make sure you are ready by June 3. If you update your browser and still run into issues after June 3, please email Zix Customer Support at [support@zixcorp.com](mailto:support@zixcorp.com).

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Trillium offers trainings for providers and also shares about educational events across the region. To learn more, visit our [Upcoming Events page](#).

Trillium occasionally announces open enrollment and RFPs for new and existing providers. Visit the [RFP | RFA | RFI | Opportunities page](#) for listings.