



## Network Communication Bulletin #030

To: All Providers  
From: Cindy Ehlers, MS, LPC – Vice President of Clinical Operations  
Date: Friday June 29, 2018  
Subject: June Medicaid Bulletin Updates, New Medicare Beneficiary Identifier, Important NCTRACKS Information, Site Level Adjudication-Phase 2, Expired Credentialing, New Contact Emails for Claims Department, Changes to NC-TOPPS Interview Items (JCB 288), 2017 MH/DD/SAS Mental Health and Substance Use Services Consumer Perception of Care Report (JCB 289), Provider QIP Submission Reminder, Changes to the DHHS LIP/Agency Practice Provider Monitoring Review Process (JCB 292), End of Provider Upload Process for Medicaid (JCB 293), Provider Direct Training

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Trillium would like to extend our sincerest gratitude and appreciation to all of our providers that assisted us by participating in and/or encouraging members to complete the Gaps & Needs surveys this year! Participation in this survey is vital in our Network development and the behavioral health services we offer our members.

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

#### **Deadline to Initiate Connection to NC HealthConnex - (pg. 2)**

- 🌱 On June 1, 2018, hospitals, physicians, physician assistants, and nurse practitioners with an electronic health record (EHR) system must have initiated a connection to NC HealthConnex, North Carolina's designated statewide health information exchange network.
- 🌱 Providers who cannot meet the deadline may receive an extension for their connection. Details of the extension request are outlined in the Bulletin.
- 🌱 Medicaid will be working with providers to comply with the June 1, 2018, deadline. Corrective Action Plans may be required.

#### **Pre-Admission Screening and Resident Review (PASRR) Program Update (pg. 20)**

- 🌱 Beginning Sept. 1, 2018, adult care home and nursing home Pre-Admission Screening and Resident Review (PASRR) submissions through Provider Link will no longer be accepted.
- 🌱 PASRR submissions will only be accepted via NC Medicaid Uniform Screening Tool (NC MUST).
- 🌱 Identify members of your staff who will be submitting PASRR information to the NC MUST application and arrange for them to acquire a North Carolina Identity Management Service NCID.
- 🌱 Once NCIDs are in place, contact DXC Technology at 1-855-883-8018 to secure access to the NC MUST application.
- 🌱 Those with questions regarding the PASRR program may contact the DMA Clinical Policy Long Term Services and Supports Section at 919-855-4364.

## Behavioral Health Providers Needing Reverification (pg. 21)

- 🌱 Please see additional information not mentioned in the prior Medicaid Bulletin related to Provider Reverification.
- 🌱 474 Behavioral Health Providers have been identified as needing to complete reverification. Those providers identified are being notified.
- 🌱 A list of providers scheduled for reverification is available on Medicaid's provider enrollment web page under the "Re-credentialing" header (see link) : <https://dma.ncdhhs.gov/providers/provider-enrollment>

## REPRINTED ARTICLES

### Fingerprinting Process for Providers (pg. 12)

- 🌱 Currently: Pursuant to 108c3, all behavioral health providers are considered "high risk" except for CABHAs.
- 🌱 "High risk" individual providers and provider organizations, and individual owners with 5 percent or more direct or indirect ownership interest in a "high risk" organization, are required to submit fingerprints to the North Carolina Medicaid program
- 🌱 The provider will receive two notifications through the NCTracks Provider Portal Message Center Inbox for each person required to submit fingerprints. One notification will be a letter with instructions and the other will be a Fingerprint Submission Release of Information Form.
- 🌱 Process requirements for finger-printing and payment responsibility are outlined in this section for providers.

### Submit Fingerprinting Criminal Background Check and Related Information by Deadline to Prevent Termination (pg. 13)

- 🌱 Providers must submit a Fingerprinting Criminal Background Check (FCBC) application within 30 days of receiving the request notification to avoid being terminated for cause.
- 🌱 If the Electronic Fingerprint Submission Release of Information (EFSRI) form is not uploaded to the NCTracks provider record within 30 days, the provider will be terminated for cause.

### Avoid Delays in the Processing of Provider Enrollment Applications (NCTracks) ( pg.14)

- 🌱 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.

### Re-credentialing and Ongoing Verification Updates (pg. 16)

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.

## Provider Risk Level Adjustment- (pg. 18)

- 🌱 Pursuant to 108c3, all behavioral health providers are considered "high risk" except for CABHAs. To the extent we contract 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 the Department 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

## NEW MEDICARE BENEFICIARY IDENTIFIER

The Centers for Medicare and Medicaid Services (CMS) replaced the Medicare Health Insurance Claim Number (HICN) with a new Medicare Beneficiary Identifier (MBI) on April 1, 2018.

CMS 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 MBI's in Provider Direct (PD) until October 1 2018. If you have any questions regarding this, please contact Trillium's Eligibility and Enrollment Staff.

### **IMPORTANT NCTRACKS INFORMATION:**





**NCTracks is the NC Department of Health and Human Services's 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

### **SITE LEVEL ADJUDICATION – PHASE 2 - UPDATE**

Trillium will implement the second phase of the site level adjudication process on July 1<sup>st</sup>, 2018.

When billing claims, please make sure the correct NPI number and address, including zip+4 for the billing provider is correct and submitted on the claim and that the NPI numbers, address and zip+4 matches your Provider Contract setup in Provider Direct to avoid an unnecessary claims denials. The same validation needs to be made at NCTracks to ensure NCTracks matches your contract in Provider Direct.

Alternative Family Living (AFL) and Therapeutic Foster Care (TFC) homes are not required to be enrolled with NCTracks. Therefore, when submitting claims for AFL and TFC homes, they will need to be billed with the main provider agency NPI number, address, and zip+4 as the billing provider and the Service Facility Location (SFL) will remain blank. Today your claims may be paid, however, if not billed according to the above, you may begin receiving denials July 1, 2018.

If submitted claim information does not match what is in Provider Direct, you may receive one of the following claim denials:

1101 - Invalid Provider NPI #





1017 - Service not in Provider Profile

1271 - Billing Provider's NPI and Billing 9 digit zip code combination in Provider Direct

1272 - Billing Provider's NPI and SFL + 9 digit zip code combination in Provider Direct

To resolve these denials, please review your agency setup in Provider Direct to ensure the NPI, address, and zip + 4 coincide with NCTracks and what was submitted on the claim.

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 billed under that site

If it is determined NCTracks needs to be updated, the provider is required to submit a Managed Changed Request to NCTracks. After NCTracks and Provider Direct updates are completed, replacement claims can be submitted to Trillium.

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

You can send any questions to the Claims Department at [Claims2@TrilliumNC.org](mailto:Claims2@TrilliumNC.org).

### EXPIRED CREDENTIALING:

This is a reminder to our providers that any Network Providers (Agencies or Licensed Independent Practitioner: LIP/LIP Groups) who do not return the completed Re-Credentialing Packet prior to their expiration date are required to cease billing for Medicaid-reimbursable services. In order to participate in Trillium's Provider Network, an agency, LIP, or LIP Groups are required to maintain their credentials for their organization and/or staff. Failure to comply with this contractual requirement can result in, but is not limited to, loss of revenue, recoupment, suspended contract, and/or disruption in services for our members. Trillium suggests that Network Providers utilize an internal auditing process that will keep track of Clinically Licensed Practitioner's credentialing expiration dates.

For additional information on Trillium Credentialing and Re-Credentialing, please go to [www.TrilliumHealthResources.org](http://www.TrilliumHealthResources.org), select "For Providers," and review the Trillium Provider Manual. For technical assistance, concerns or questions regarding credentialing status, Network Providers can contact Trillium at [Credentialing@TrilliumNC.org](mailto:Credentialing@TrilliumNC.org).

To ensure Trillium has the most updated information, please complete the forms below if deemed necessary.








If a Clinically Licensed Practitioner (MD, PA, FNP, LCSA, etc.) is no longer linked with your organization, please complete a Removal of a Clinically Licensed Practitioner Form and send to [Credentialing@TrilliumNC.org](mailto:Credentialing@TrilliumNC.org). This form can be found on [www.TrilliumHealthResources.org](http://www.TrilliumHealthResources.org), select "For Providers," and "Provider Documents & Forms."

If there is a change in key personnel, new or previous location, billing address, NPI, Tax ID, Change in Provider Specialty, etc. please complete a Provider Change Form. This form can be found on [www.TrilliumHealthResources.org](http://www.TrilliumHealthResources.org), select "For Providers," and "Provider Documents & Forms."

## NEW CONTACT EMAILS FOR CLAIMS DEPARTMENT

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

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.

## CHANGES TO NC-TOPPS INTERVIEW ITEMS (JCB 288)

There have been specific changes to North Carolina – Treatment Outcomes and Program Performance System (NC-TOPPS) interview items. Changes are effective beginning July 1, 2018 and will be incorporated into the web-based system. Interview changes include:

-  Education – Added item about an Individualized Education Program (IEP)
  - ▶ Revised types of educational programs
  - ▶ Included separate item for General Educational Development (GED)
  - ▶ Added a response choice for employed and in school
-  Community changes – Clarified housing options
  - ▶ Added information about restraining orders
  - ▶ Revised wording for needs related to disabilities
  - ▶ Added response for food insecurity, supply
-  Recovery follow up and ADATC – Added items about Medication-Assisted Treatment (MAT)
-  Consumer signature is no longer required on submitted NC-TOPPS interviews to accommodate providers with electronic health records.

If you have questions, please contact the NC-TOPPS Help Desk at 919-515-1310 or Carol Potter at Carol.Potter@dhhs.nc.gov or 919-733-0696.

## 2017 MH/DD/SAS MENTAL HEALTH AND SUBSTANCE USE SERVICES CONSUMER PERCEPTION OF CARE REPORT (JCB 289)

The report will be posted on the web page at:

<https://www.ncdhhs.gov/divisions/mhddsas/reports/consumer-perceptions-care>

## QUALITY IMPROVEMENT PROJECTS (QIP'S) DUE ON OR BEFORE JULY 31, 2018

Quality Improvement Projects (QIPs) are due on or before July 31, 2018 to Trillium's Quality Management Department and can be submitted to [qminfo@trilliumnc.org](mailto:qminfo@trilliumnc.org). Any fully contracted provider agency with a contract to deliver state-funded services is required to submit three QIPs for fiscal year 17-18. A recommended template and the scoring tool used for scoring can be found on the Trillium website at <http://www.trilliumhealthresources.org/for-providers/provider-documents-forms>.

Any questions regarding QIP submission or to ask if your agency is required to submit QIP's should be directed to Krissy Vestal at [KrissyVestal@TrilliumNC.org](mailto:KrissyVestal@TrilliumNC.org) or Kari Jester at [Kari.Jester@TrilliumNC.org](mailto:Kari.Jester@TrilliumNC.org)

## CHANGES TO THE DHHS LIP/AGENCY PRACTICE PROVIDER MONITORING REVIEW PROCESS (JCB 292)

The following changes will be effective July 1, 2018:

### **LIP Review Tool:**

- 🌱 The DHHS LIP Review Tool (in the workbook dated May 3, 2018) will no longer be utilized by the LME-MCOs to monitor practitioners/practices on a two-year cycle. The tool will be archived.
- 🌱 Any outstanding Plan of Correction (POC), prior to the sunset of the DHHS LIP Review Tool, will need to be finalized with the appropriate LME-MCO(s).

### **Post Payment Review Tool:**

- 🌱 The DHHS Post-Payment Review Tool for Licensed Independent Practitioners is being renamed to more appropriately reflect how and by whom the tool is utilized (e.g., Individual Practitioners, Group Practices and Agencies Billing Outpatient Services Only (Behavioral Health)).
- 🌱 The language in the Guideline has been revised to reflect the above. Revisions to the Guidelines include: removal of language that is not specific to either practitioners or practices, (e.g., references to Innovations, updated citations, and minor clarifications that will improve the overall process).

### **Other important information includes:**

- 🌱 The DHHS workbook (<https://www.ncdhhs.gov/providers/provider-info/mental-health/provider-monitoring>) is revised to reflect the appropriate updates.
- 🌱 There will be no change in current practice for the following tool: DHHS New Unlicensed Site Review Tool for Providers.



The updated process does not diminish or reduce the LME-MCO's responsibility/authority for oversight and monitoring of their Provider Networks.

DHHS continues to focus on streamlining processes that will be more efficient, effective, ensures the best use of available resources and is designed to achieve positive outcomes for individuals supported across the mental health, developmental disabilities and substance use service system.

## **END OF PROVIDER UPLOAD PROCESS FOR MEDICAID (JCB 293)**

Effective July 1, 2018, all Medicaid behavioral health providers will be required to complete all enrollment activities through NCTracks.

The Provider Upload process will no longer be used for Medicaid providers by LME/MCOs. Enrollment activities for State-Funded providers will continue for the LME/MCOs. This is required in response to 42 CFR 438.608(b), which refers to provider screening and enrollment requirements for all states participating in the Medicaid waiver program. Please refer to [Joint Communication Bulletin #J240](#) for prior communication regarding the Provider Upload process.

For questions regarding the new Medicaid and CHIP Managed Care Final Rule visit: <https://www.medicaid.gov/medicaid/managed-care/guidance/final-rule/index.html>

If you have any additional questions, please contact Adolph Simmons, Jr. at [Adolph.Simmons@dhhs.nc.gov](mailto:Adolph.Simmons@dhhs.nc.gov), or 919-855-4357.

For questions about this bulletin, please contact DMA Provider Services at 919-855-4050.

Previous bulletins can be accessed at:

<http://www.ncdhhs.gov/divisions/mhddsas/joint-communication-bulletins>

## **PROVIDER DIRECT TRAINING**

Provider Direct is the platform used by Trillium Health Resources for contracted providers to enter or upload Treatment Authorization Requests (TARs), Person-Centered Plans (PCPs), claims, etc.

### **Southeastern Community College**

Cartrette Technology Center

Rooms 164/165

4564 Chadbourn Hwy.

Whiteville, NC

July 31, 9:30am-1:00pm

**PLEASE NOTE THIS TRAINING IS FOR ACTIVE PROVIDERS IN OUR NETWORK.**

**REGISTER NO LATER THAN JULY 26<sup>TH</sup>**

To register, contact Lisa Dalton at [Lisa.Dalton@TrilliumNC.org](mailto:Lisa.Dalton@TrilliumNC.org) or call 1-866-998-2597

While this training is face-to-face, all of our Provider Direct trainings are available 24/7 on our Learning Portal. To access our Learning Portal, please complete and submit the Learning Portal Agreement form found [here](#).

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.

## 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 3 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.