



To: All Providers
From: Khristine Brewington, VP of Network Management, MS, LPC, LCAS, CCS, CCJP
Date: October 18, 2019
Subject: 835 Transaction File Changes, IRIS Reporting, Changes to the Provider Direct UB04 Claim Form, Provider Monitoring Trends July-September 2019

835 TRANSACTION FILE CHANGES

Effective November 21, 2019, in compliance with 5010 HIPAA compliance regulations, Trillium will be updating the outgoing 835 transaction files to all Providers.

Currently, Trillium is sending a 1 in the 2100 loop, segment CLP02 identifying Trillium as a primary payer. This will change to include a 2 or 3 to identify Trillium as secondary or tertiary payer as applicable. If Trillium is the primary payer, 1 will still continue to be sent.

This change will assist Providers in correctly applying payments received from Trillium if Trillium is not the only payer of the claim.

If you have any questions or concerns about this upcoming change, please contact Trillium's IT Department at PDsupport@TrilliumNC.org or a Trillium Claims Specialist by calling 866-998-2597 or emailing Claims2@TrilliumNC.org.

IRIS REPORTING

Incident reporting offers the opportunity to analyze trends to prevent the occurrence of future incidents. Below are reminders to keep in mind as you continue to report diligently:

IRIS REPORTING TIMELINES

- 🌿 Level 2 incidents=An IRIS report must be submitted within 72 hours of learning of the incident.
- 🌿 Level 3 incidents= Verbal or written (email) notification to Trillium within 24 hours of learning of the incident. An IRIS report must be submitted within 72 hours of learning of the incident. An HCPR report (for allegations against staff) must be submitted within 24 hours of learning of the incident.

TRILLIUM'S REPORTING EXPECTATIONS

- 🌿 All reports must be submitted on time (zero late submissions). If a report is submitted outside the 72 hour required timeframe, please provide a statement in the IRIS report regarding the submission of the incident outside reporting timelines.
- 🌿 All required fields (date of birth, gender, incident details, cause of incident, incident prevention, authorities contacted, etc.) must be completed in IRIS in order for Trillium to process and close the report.

- 🌱 A response to Trillium's questions must be provided within 24 hours of receiving an email or phone call regarding an incident. Please note, failure to respond to follow up questions or complete required elements may result in referral to Program Integrity as a provider concern.

REMINDERS

- 🌱 For allegations of Abuse/Neglect/Exploitation against Staff, please upload the DSS letter and HCPR letter into IRIS upon receipt. In addition, please upload your internal provider investigation into IRIS and ensure completion of the HCPR Investigation Results tab within five days.
- 🌱 For Member Deaths, please upload the death certificate and/or Medical Examiner report upon receipt, and update the death information tabs accordingly.
- 🌱 Medical illness is not reportable unless it results in injury or death, or is believed to be caused by abuse/neglect or medication error.
- 🌱 For Member Injury, please elaborate on the type of treatment (i.e., stitches, cast, prescription medication) that the member receives for the injury (treatment does not include diagnostic tests such as blood work, x-ray, MRI, EKG, etc.).
- 🌱 To access the Incident Response and Reporting Manual, please visit <https://files.nc.gov/ncdhhs/documents/files/incidentmanual2-25-11.pdf>

To schedule an IRIS training for your organization or if there are any questions, please contact Julie McCall (Julie.Mccall@TrilliumNC.org) or Amanda Morgan (Amanda.Morgan@TrilliumNC.org).

CHANGES TO THE PROVIDER DIRECT UB04 CLAIM FORM

Effective November 21, 2019, the Provider Direct (PD) UB04 claim form will be updated to contain drop down values for FL14 – Priority (Type) of Admission or Visit, FL15 – Point of Origin for Admission or Visit and FL17 – Patient Discharge Status.

If you have any questions about this upcoming change, please contact Trillium's IT Department at PDsupport@TrilliumNC.org or contact a Trillium Claims Specialist by calling 1-866-998-2597 or emailing Claims2@TrilliumNC.org.

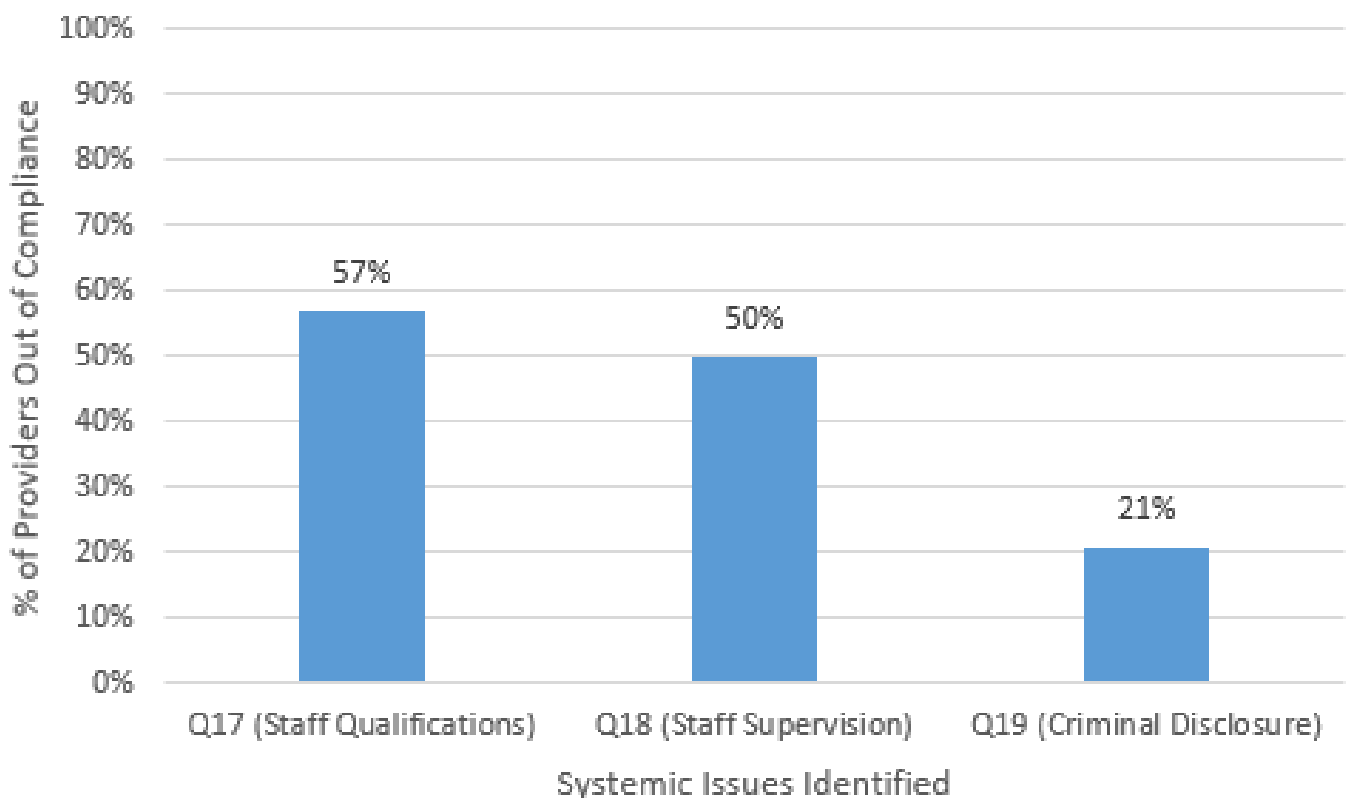
PROVIDER MONITORING TRENDS JULY-SEPTEMBER 2019

Below is a summary of the trends identified in Provider Monitoring for reviews using the *Post-Payment Generic tool* and *Post-Payment Innovations tool* during the July '19 – September '19 quarter, along with relevant guidance and recommendations:

POST-PAYMENT GENERIC TOOL - QUESTION 17 & POST-PAYMENT INNOVATIONS TOOL - QUESTION 14, STAFF QUALIFICATIONS - 57% of providers reviewed using the Generic tool and 50% of providers reviewed using the Innovations tool were out of compliance in this area. NCAC 27G .0104, 27G .0202, 27E .0107 and Clinical Coverage Policies/Service Definitions all govern staff qualification requirements and should be referenced to ensure staff are qualified to deliver the particular service provided. The **most common deficiencies** included lack of evidence that staff had received **Client Specific training** on the member's treatment plan/PCP (dx, goals, interventions, crisis plan, etc.) and/or specialized training, if necessary, to meet the member's needs. There is no required format for this training, but it must be documented in some way, e.g. training/review checklist, supervision note, staff signature on the plan/PCP, etc. and must be done prior to service delivery as well as anytime needs change or the plan/PCP is updated.

Also, some provider staff were found not to have received training in **Alternatives to Restrictive Interventions** prior to service. NCAC 27E .0107 requires that anyone interacting with members receive this training prior to providing services and at least annually thereafter. Additionally, this training must be in a curriculum approved by DHHS. Another common area of concern is related to **service definition-specific training** (e.g. related to IIH, CADT, SACOT, etc.). Providers should refer to Clinical Coverage Policies and Service Definitions for specific trainings required for their service (in addition to those required by NCAC) and their required timeframes (e.g. within 30, 60 or 90 days of hire, etc.). Lastly, **Bloodborne Pathogens training** is required (prior to service delivery) and is required to be updated annually- per 29 CFR 1910.1030.

Post Payment (Generic) Review Trends

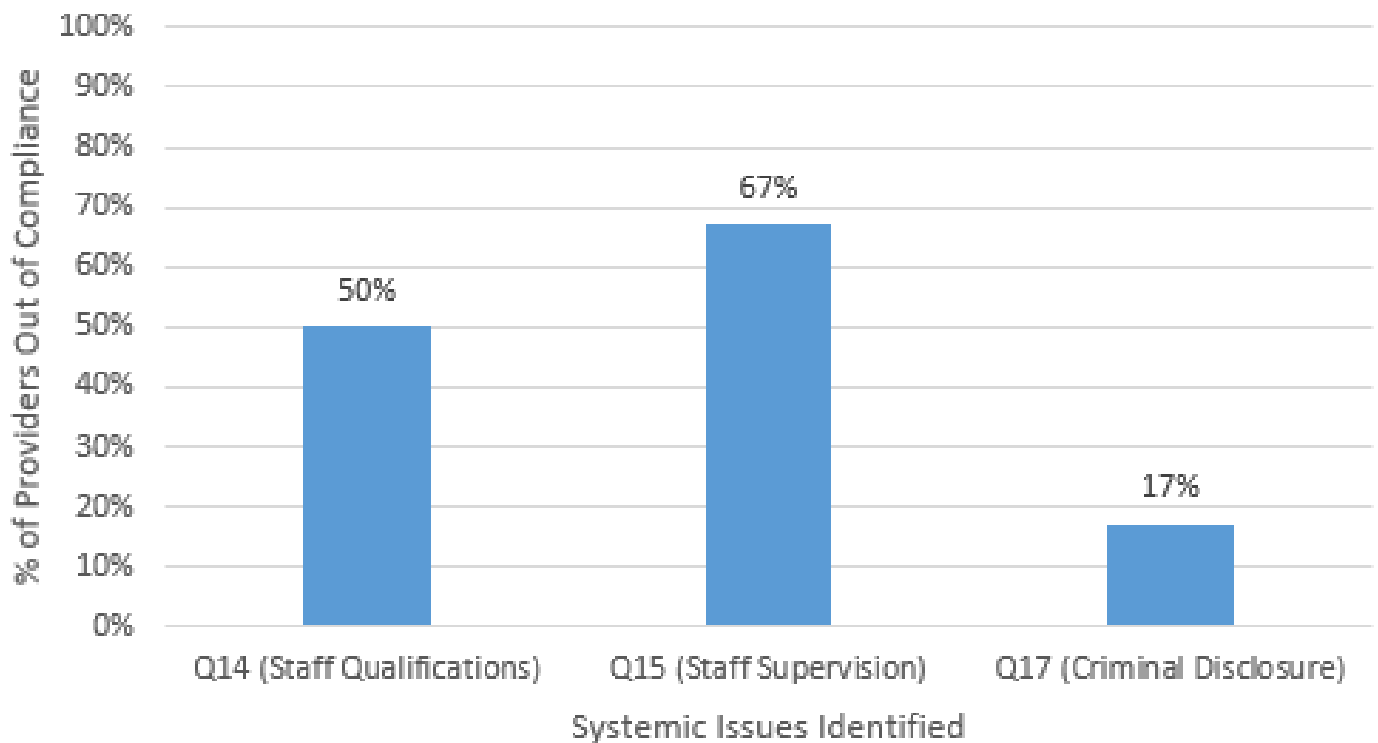


POST-PAYMENT GENERIC TOOL - QUESTION 18 & POST-PAYMENT INNOVATIONS TOOL - QUESTION 15, STAFF SUPERVISION - 50% of providers reviewed using the Generic tool and 67% of providers reviewed using the Innovations tool were out of compliance in this area. The most common trend related to supervision is that staff supervision plans are not always individualized. 10A NCAC 27G .0203 - .0204 specify that *individualized* supervision plans must be initiated and implemented for associate professionals and paraprofessionals. This means that every staff person should have their own supervision plan with at least 1-2 of their supervision goals being individualized and tailored to their strengths and needs as an employee, and there should be supporting documentation to show that the plan has been implemented as written.

POST-PAYMENT GENERIC TOOL- QUESTION 20 & POST-PAYMENT INNOVATIONS TOOL- QUESTION 17,

CRIMINAL DISCLOSURE - 21% of providers reviewed using the Generic tool and 17% of providers reviewed using the Innovations tool were out of compliance in this area. Providers must require all staff/applicants to disclose any/all criminal convictions prior to hire according to 10A NCAC 27G .0202. Often, the issue is staff/applicants are asked to disclose criminal convictions, "excluding misdemeanors," on their employment application or criminal disclosure statement instead of all criminal convictions.

Post Payment (Innovations) Review Trends



Any questions about this Communication Bulletin may be sent to the following email:

NetworkManagement@TrilliumNC.org. These questions will be answered in a Q&A format and published on Trillium's website [here](#).

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.