

To: All Providers

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VP of Network Management

Date: November 14, 2022

Subject: Public Comments Open for Draft CCP 2A-1- Acute Inpatient, IRIS Alerts, Access to Trillium's Provider Direct Application-Security Update, Transitions to Community Living-Support Group for People with Mental Health Challenges, Reminder to submit Practitioner License Updates to NC Tracks, Deaf and Hard of Hearing Services and Supports-Medicaid Communication Access Service Training, Organizational Provider Records without the Required Individual Provider Affiliation Risk Suspension/Termination, Parents as Collaborative Leaders Training, 2022 NC SNAP Examiner's Certification Schedule Virtual Training, Disaster Planning, Need to Report Fraud, Waste, and Abuse?

PUBLIC COMMENTS OPEN FOR DRAFT CCP- ACUTE INPATIENT SERVICES

DHHS has posted the draft of the Acute Inpatient Services Clinical Coverage Policy (CCP) 2A-1, for comments. The comment period will close 12/9/22.

Notice Proposed Medicaid and NC Health Choice Policies

Submit comments for public comment by emailing: Medicaid.public.comment@dhhs.nc.gov.

 [Read CCP 2A-1](#)

IRIS ALERTS

The Live IRIS site will continue to redirect users from <https://iris.dhhs.state.nc.us/> to <https://iris.ncdhhs.gov> until December 31, 2022. We ask that all IRIS users bookmark the updated live site before December 31, 2022, to ensure easy access. In addition, the IRIS Training site will be moving on 11/4/2022 from <https://iristraining.dhhs.nc.us> to <https://iristraining.ncdhhs.gov>.

IRIS REPORTING TIMELINES

- 🌱 Level 2 incidents=An IRIS report must be submitted within 72 *clock* 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; however, for incidents involving allegations against staff, the IRIS report must be submitted within 24 hours of learning of the incident (to meet HCPR reporting timelines).

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 timeframe.
- 🌱 All required fields (DOB, 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.
- 🌱 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.

REMINDERS

- 🌱 On the Provider Information tab, please ensure the correct plan/service that the member is enrolled in is selected. This will ensure the IRIS report is directed to the proper Health Plan or LME-MCO for review.
- 🌱 When selecting the "Host" LME-MCO and the "Home" LME-MCO on the Provider Information tab in IRIS, please remember that the "Host" LME-MCO is the county where services are being provided and the "Home" LME-MCO is the county of residence the member's insurance is linked to.
- 🌱 For Allegations of Abuse/Neglect/Exploitation against Staff, please ensure that both of the questions listed on the Incident Information tab, "**Does this incident include an allegation against Staff and/or Facility?**" and "**Will this allegation require a submission of a Consumer Incident Report?**" are both checked **YES**. Then complete the abuse tab and the all **three** tabs under the HCPR tab.
- 🌱 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>

Please visit Trillium's [My Learning Campus](#) to access Incident Reporting Training for your agency staff.

For any incident related questions, please contact Julie McCall (Julie.Mccall@TrilliumNC.org)

ACCESS TO TRILLIUM'S PROVIDER DIRECT APPLICATION - SECURITY UPDATE

PLEASE PROVIDE THE INFORMATION BELOW TO ALL STAFF MEMBERS AT YOUR ORGANIZATION WHO UTILIZE PROVIDER DIRECT.

At Trillium, greater security and privacy safeguards are among our top priorities. To help safeguard our systems (and as communicated previously) an extra security layer within Trillium's Provider Direct (behavioral health portal) was implemented on 10/31.

🌱 Multi-Factor Authentication:

- Signing in to PD now requires Multiple steps **for each sign in** (also known as Multi-Factor Authentication/MFA)
- At each sign in (**not just a 1 time process**) this extra security step comes in the form of an email for you to verify your identity

🌱 Upon 15 minutes of inactivity, your Provider Direct session will end. **Please save your work often to avoid losing unsaved entries.**

🌱 Upon three (3) consecutive invalid logon attempts within a 10 minute period, user accounts will be disabled for a period of at least 45 minutes.

🌱 Upon 90 days of inactivity, user accounts will be disabled.

TRANSITIONS TO COMMUNITY LIVING-SUPPORT GROUP FOR PEOPLE WITH MENTAL HEALTH CHALLENGES

Do you live with a mental health condition? We've been there. It can be hard to sleep, think, deal with emotions... How do we keep a job and live independently?

NAMI North Carolina has a virtual support group for folks who are learning – or want to learn – how to live in the community just like everyone else. Participants will find a safe space to work through topics that can be embarrassing—like loneliness or money management. Or how to do laundry.

NAMI Program Leaders Lorraine Childs and Nancy Johns will facilitate. Nancy is a disabled veteran of the US Army. After a traumatic brain injury, she lived in a state hospital for 17 years. When it closed, she was finally free but didn't know how to live on her own. Lorraine – whose anxiety is a challenge – had to learn a whole new way of communicating while raising a daughter with autism and mental illness. Ultimately, she taught that child how to live in the community.

JOIN NAMI TO SHARE, ASK QUESTIONS, AND GET SUPPORT.

The TCL Group meets at 7 pm monthly on the second Tuesday. [Register here](#) to get your Zoom link.

Questions? Contact NAMI North Carolina: programs@naminc.org

Phone: 919-788-0801

 [Read here more information about the support group](#)

REMINDER TO SUBMIT PRACTITIONER LICENSE UPDATES TO NC TRACKS

Trillium utilizes information from NC Tracks to maintain updated provider data in our claims payment system and Provider Directory. All practitioners should receive a message in the NC Tracks Message Center Inbox on the secure provider portal 60 days prior to license expiration. If the license is expiring, it is essential that you update it promptly or your provider record may be suspended and/or terminated in NC Tracks. NCTracks receives automatic updates from the Medical Board on license renewals, but providers still need to validate the information.

Trillium is required to suspend/terminate practitioners in our network in alignment with provider data received on the Provider Enrollment File (PEF) sourced from NC Tracks. To avoid potential disruption of service to Trillium members or claims denials, please maintain an active license in NC Tracks.

As a resource, please use the [NC Tracks FAQ for License Updates](#).

DEAF AND HARD OF HEARING SERVICES AND SUPPORTS- MEDICAID COMMUNICATION ACCESS SERVICE TRAINING

The NC Dept. of Health and Human Services (NCDHHS) has launched the Medicaid Communication Access Service. The goal of this service is to improve communication access in healthcare settings for NC Medicaid and Health Choice beneficiaries and their parent/guardian, spouse, or partner who are deaf, hard of hearing, or deafblind.

Join us on November 17th (10:00am-11:30am) to learn more about this service. The Division of Services for the Deaf and Hard of Hearing (DSDHH) will provide an overview of the Medicaid Communication Access Service and how you can benefit.

DURING THIS PRESENTATION YOU WILL LEARN:

- 🌱 How to register for this new service
- 🌱 Who is eligible for this service
- 🌱 What the benefits are just for registering
- 🌱 How you can be retroactively reimbursed for providing communication access

Medicaid Communication Access Service Training Flyer

ORGANIZATIONAL PROVIDER RECORDS WITHOUT THE REQUIRED INDIVIDUAL PROVIDER AFFILIATION RISK SUSPENSION/TERMINATION

Note: This modifies the previously published bulletin [Provider Reminders: Individual Provider Affiliation and Keeping NCTracks Records Current – Oct.29, 2021](#) to add Behavioral Health and Social Service Providers to the acceptable Level 1 taxonomies for single and multi-specialties.

Modifications to NCTracks will allow the system to identify organizational providers enrolled in taxonomies (provider type, classification, specialization) without the required affiliation of at least one active individual provider.

Effective Nov. 21, 2021, organizational providers with the taxonomies identified in the chart below are required to have **at least one active affiliated individual provider with at least one active taxonomy** related to their credentialed status as a taxonomy level 1 provider.

- 🌱 This modification will verify if providers meet the enrollment criteria for each taxonomy and supports efforts to keep provider enrollment files current.
- 🌱 Once implemented, this will become an ongoing requirement, obligating providers to maintain and update affiliations to avoid potential claims suspension and/or provider enrollment termination.
- 🌱 Unless otherwise noted in the table below, qualifying Level 1 Taxonomy provider types are:
 - Allopathic and osteopathic physician
 - Behavioral health and social service providers
 - Chiropractic providers
 - Dental providers
 - Dietary and nutritional service provider
 - Eye and vision service providers
 - Pharmacy service providers

- Physician assistants and advanced practice nursing providers
- Podiatric medicine and surgery service providers
- Respiratory/developmental/ rehabilitative/restorative service providers
- Speech/ language/hearing service providers, or
- Student healthcare providers

Organization must have:

At minimum:

**Multi-Specialty
(193200000X)**

- ▲ One active affiliated individual provider with two Level 1 Taxonomy provider types; OR
- ▲ Two or more active affiliated individual providers that collectively represent two different Level 1 Taxonomy provider types.

Organization must have:

At least

**Single Specialty
(193400000X)**

- ▲ One active affiliated individual provider with a Level 1 Taxonomy provider type.

Organization must have:

At least:

**Primary Care
(261QP2300X)**

- ▲ One active affiliated individual provider representing a Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), Nurse Practitioners (NP), Physician Assistant (PA), or Certified Nurse Midwife (CNM).

For more information regarding taxonomy levels, refer to the [NCTracks Provider Permission Matrix](#).

Currently enrolled organizations with no affiliated individual providers will receive notices which include a deadline to affiliate at least one active individual provider according to the guidelines above.

Newly enrolling organizations must be approved prior to affiliating individual providers. Upon approval, new organizations will receive notices which include a deadline to affiliate at least one active individual provider according to the guidelines above. Providers initially have 90 days to meet this requirement.

Providers who do not meet the deadline will be issued a Suspension Notice, advising that claims for the affected taxonomy will pend until the required affiliation update is made.

- ▲ The notice includes a 30-day deadline by which the update must be made in order to avoid termination of the applicable taxonomy.

- 🌱 If the affected taxonomy is the only taxonomy of record, the service location and/or provider record may also be terminated.

To affiliate an individual provider to an organization, providers should submit a Manage Change Request under the individual provider's NPI. The Office Administrator for the individual provider record should follow these steps to complete the Manage Change Request application.

1. Log in to the [NCTracks Secure Provider Portal](#)
2. Navigate to the *Status and Management* page
3. The NPI will be located in the *Manage Change Request* section
4. Select the individual NPI and click *Update*
5. Complete and submit the Manage Change Request application

Note: An abbreviated Add/Update Affiliations Manage Change Request Type is available if the affiliation is the only updated needed. Guidance is available in the user guide ["How to Submit a Manage Change Request adding a Service Location and Affiliate an Individual Provider Record to a Group/Organization in NCTracks."](#)

Original NCDHHS Bulletin

PARENTS AS COLLABORATIVE LEADERS (PACL) TRAINING

The Whole Child Health Section of the N.C. Child Division of Child & Family Well-Being has assembled a group of parent leaders and trained them to facilitate the nationally recognized, research-based curriculum, Parents as Collaborative Leaders. These parents are passionate about teaching others who have children with a variety of special health care needs and/or developmental concerns to become effective leaders in their communities, at the state level, and at the national level. These trainings have been used to support parents and caregivers being more active and confident at the table in a variety of educational, medical, and community settings. The trainings are offered at no cost and will be held virtually. There will be one module held monthly.

- 🌱 [PACL Flyer](#)

2022 NC SNAP EXAMINER'S CERTIFICATION SCHEDULE VIRTUAL TRAINING

NC-SNAP certification is available to professional ID/DD staff that is responsible for completing or reviewing NC-SNAP assessments as part of their job responsibilities. The schedule below reflects all scheduled virtual training dates for 2022. To facilitate the registration process, staff responsible for completing the NC-SNAP should contact their LME/MCO and speak to the training coordinator for assistance completing registration. The LME/MCO training coordinator will ensure that all persons

requesting NC-SNAP certification have the proper credentials and are in a position that requires them to complete or review NC-SNAP assessments prior to forwarding the registration request for training. The QP is not registered for a scheduled training until he or she has received a confirmation email and Microsoft Teams invite.

Please note that typically there is a high demand for NC-SNAP certification training. All staff registered are asked to notify the training site in advance, at least 72 business hours ahead of the scheduled training, if unable to attend the scheduled training. Registered staff that do not cancel in advance and/or do not login for a scheduled training session may be prohibited from re-registering for at least sixty days. On training day participants are asked to sign into Microsoft Teams ten (10) minutes before training is to begin, training will start promptly at 1pm. NC-SNAP examiner certification require all the allotted time; In turn, **staff signing in more than five (5) minutes late will not be admitted and required to re-register for an alternative training.**

 [NC SNAP2022 Examiner's Certification Schedule Virtual Training](#)



DISASTER PLANNING

Sign up for county emergency alerts to stay informed of what's happening in your community on [ReadyNC.gov](#). Also, ReadyNC.org updates their website during disasters with evacuation orders, evacuation routes and shelter openings.

Trillium Health Resources is focused on preparing members and provider agencies for Hurricane Season. Disasters can happen anytime, but proactive measures can help reduce their impact. To help develop your disaster plan for hurricanes, please refer to our webpage [here](#). Our Roadmap2Ready campaign was developed by our Community Crisis and Disaster Response team with the intention of connecting members and providers to reliable resources that assist with preparing for a hurricane. Our team collaborates with state, county, and community programs within our 28 county catchment area to identify gaps and needs related to inclusive disaster response.

Please inform Trillium of any service provision or operational changes as a result of a tropical storm or hurricane by completing the **Changes to Provider Operations form**. This form is located on the

[Community Crisis and Disaster Response webpage](#) under the “Provider” tab when a storm is approaching. Our goal is to stay up to date about changes to service provision and to assist with continuing to best serve members.

NEED TO REPORT FRAUD, WASTE AND ABUSE?

EthicsPoint is a secure and confidential system available 24 hours a day, 7 days a week for reporting suspected violations of fraud, abuse and confidentiality breaches. You can access EthicsPoint through website submission at [EthicsPoint - Trillium Health Resources](#) or by calling toll free 1-855-659-7660.

Any questions about this Communication Bulletin *that does not already have an email listed for questions from that specific section*, 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.