

Network Communication Bulletin #318

To: All Providers

From: Khristine Brewington, MS, LCMHCS, LCAS, CCS, CCJP

VP of Network Management

Date: September 15, 2023

Subject: Provider Reverification Reminders, Time Limit Override Updates Coming to

NCTRACKS, Provider Direct Update, 2 Weeks Left to Complete the Perceptions of Care Surveys!!, Iris Alerts, Quest Analytics BetterDoctor Provider Outreach, Important Claims Information, Delay in Training on Person-Centered Planning, September Re-Entry Simulation Event, Hispanic Summit, Fetal Alcohol Spectrum Disorder Training Series, Valued Providers Seal Program, Victory Junction Events in the Fall, Community Inclusion Trainings, Long Term Services and Supports, Stakeholder Notice of Proposed SUD Waiver Extension & Comment Period, Open Enrollment: Residential Therapeutic Care for Transgender/Gender Diverse Youth, Clinical Coverage Policies Posted for Public Comment, Disaster Planning, Need to Report Fraud,

Waste, and Abuse?

PROVIDER REVERIFICATION REMINDERS

AVOIDING DELAYS AND ISSUES WITH YOUR REVERIFICATION APPLICATION

- ▲ To prevent delays and problems with processing reverification applications, providers should thoroughly review their provider record in NCTracks prior to submission, including taking the following actions to ensure its accuracy:
- Confirm that all active taxonomies are used by the provider. Each service location must have at least one active taxonomy, but some require additional credentials, screenings (i.e. site visit and fingerprinting), or a federal fee as published on the Provider Permission Matrix (PPM). If a taxonomy is no longer in use, end-date it to avoid possible expense and screening.
- A Review each active owner and managing employee (ME), being sure to end-date any who are no longer associated with the individual provider or organization, as background checks are required for everyone who is active on the record.

Member & Recipient Services - 877.685.2415 Provider Support Service: 1-855-250-1539

- If incorrect information is displayed in a field that cannot be edited (i.e., active owner/managing employee name, date of birth, social security number), follow the applicable instructions on the NCTracks Helpful Hints page to end-date the line containing the incorrect information and add a new line with that individual's correct information.
 - This can be done through the reverification application.
 - If additional assistance is needed, contact the NCTracks Call Center at 800-688-6696 for guidance.
- A Confirm that the provider's license, accreditation, and certifications are not expiring within 30 days of the date the reverification application is submitted, as this will cause the system not to allow submittal.
 - O Providers have 70 calendar days to submit their reverification application.
 - O This gives time before or after the 30-day window for submission of the application if review and response is timely.

Submitting applications with inaccurate or invalid data can lead to the application being withdrawn. If the application is withdrawn, a new application must be submitted with the correct information and will require an additional NC Medicaid application fee to be paid.

For help with the reverification process, providers can refer to the <u>Provider Recredentialing/Re-verification webpage</u> in the NCTracks public facing portal. Providers are also encouraged to review Provider Announcements, User Guides and Frequently Asked Questions.

As a convenience, NC Medicaid offers a list of "<u>Active Provider Re-Verification Due – July 2023 – Dec 2023</u>" dates (updated biannually). The reverification due date displayed is also the suspension date if no action is taken to submit the reverification application and fee(s) under the applicable NPI. If the health plan is suspended, claims payment will stop until the reverification application is submitted.

Providers should review the reverification due date list and frequently check their NCTracks Provider Message Inbox for notifications or the reverification section of the Status and Management page in the NCTracks Secure Portal for the option to reverify.

TIME LIMIT OVERRIDE UPDATES COMING TO NCTRACKS

TIME LIMIT OVERRIDE UPDATES

Beginning Oct. 8, 2023, NCTracks will be providing state approved time limit override for claims processing information on the X12 271 Eligibility Response and the Provider Eligibility Response on the provider portal, when applicable.

Up to three of the most recent active time limit override information spans will be returned. If there are more than three time limit override information spans, providers will be instructed to contact the NC Medicaid Contact Center at 888-245-0179 to receive additional information. If the Recipient does not have any active time limit override information spans, no information will be returned.

RECIPIENT ELIGIBILITY DATES MAY NOT BE CONSECUTIVE

The recipient's eligibility dates may not be consecutive if the approved time limit override has a range of dates that is more than two dates of service. Providers will not be able to check the recipient's eligibility via the provider portal or X12 270/271 Eligibility Request/Response if the date of service is greater than 365 days. Please verify the recipient's eligibility during that period with the NC Medicaid Contact Center at 888-245-0179.

Example: Time limit override was approved for dates of service 01/01/2022 – 06/30/2022 and the time limit override file by date is 11/30/2023. The Recipient may only have eligibility on 01/05/2022, 01/08/2022, 01/15/2022, etc.

X12 271 eligibility response

The time limit override will be reported on the first eligibility span only in the 2110C MSG segment of the X12 271 eligibility response. The information will be identified by "TLO" in the first three bytes of the segment, followed by up to three time limit override information spans. The information will include the dates of service, identified by "DOS" and the "from and to" dates of service, separated by a dash ("-"), and the "file by" date. Each span will be separated by a comma. If there are more than three time limit override information spans, the segment will include a message to contact the NC Medicaid Contact Center.

EXAMPLES OF THE X12 271 ELIGIBILITY RESPONSE 2110C MSG SEGMENT

More than three time limit override information spans
 MSG*TLO DOS 04/28/2022-04/28/2022 FILE BY 11/30/2023, DOS 04/25/2022-04/26/2022 FILE BY 11/30/2023, DOS 03/01/2022-03/01/2022 FILE BY

11/30/2023, Contact the NC Medicaid Contact Center at 888-245-0179 For ADDL TLO~

- Only three time limit override information spans MSG*TLO DOS 04/28/2022-04/28/2022 FILE BY 11/30/2023,DOS 04/25/2022-04/26/2022 FILE BY 11/30/2023,DOS 03/01/2022-03/01/2022 FILE BY 11/30/2023~
- Less than three time limit override information spans
 MSG*TLO DOS 04/28/2022-04/28/2022 FILE BY 11/30/2023,DOS 04/25/202204/26/2022 FILE BY 11/30/2023~

An updated version of the X12 270/271 Companion Guide can be found on the NCTracks public provider portal <u>Trading Partner Information webpage.</u>

RECIPIENT ELIGIBILITY RESPONSE ON THE PROVIDER PORTAL

A new section, called "Time Limit Override," will be added to the bottom of the Provider Eligibility Response page on the Provider Portal. Up to three time limit override spans will be returned, and the information returned will include the "From Dates of Service," "To Dates of Service," and "Date By Which Claims Must Be Filed." If there are more than three time limit override information spans, the segment will include a message to contact the NC Medicaid Contact Center.

NCTracks Home

PROVIDER DIRECT UPDATE

In our Provider Direct update last month, we mentioned two upcoming changes; Clearing Security Roles and 90 Day Inactivity. We wanted to let you know that only the 90 Day Inactivity change will be going into effect on 9/28/23. The Clearing Security Roles change will come in a future release date to be determined. Please see below for additional details.

90 DAY INACTIVITY

In Provider Direct, if you do not login within 90 days your account will automatically be made inactive. This rule applies to all users. To re-activate a user, you will need to reach out to your organizations PD System Administrator. They will be able to re-activate accounts for your organization. In the even the PD System Administrator is made inactive, they will need to contact PDSupport@TrilliumNC.org to create a ticket requesting their account be re-activated. As part of the 90 Day Inactivity change, any new Provider Direct user created must initially login within 14 days or their account will be made inactive.

2 WEEKS LEFT TO COMPLETE THE 2023 PERCEPTIONS OF CARE SURVEYS!!!

Every year Trillium Health Resources and other LME/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. The 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 used to inform policy decisions 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 members of any age, you may be contacted to participate in the administration of this survey. Specific instructions will be provided by Trillium staff prior to survey administration.

Survey administration options have been adapted and expanded to include use of electronic/web based and paperless surveys. These changes are intended to safeguard members and provider health and safety, and to significantly reduce burden for participating providers who assist with the survey administration.

Administration of the 2023 Perceptions of Care survey will occur from <u>August 14-September 29, 2023</u>. Since there is a short administration period, surveys must be completed in a timely manner.

Requirements for Member Participation in the Survey:

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

As a reminder, survey administration may not be billed as a service; rather, survey participation is an element of a provider's contractual requirements with the LME/MCO, and ultimately helps to improve the quality of services for our members. Please follow all timelines and survey administration instructions provided by Trillium.

If you are a provider of services for members that meet requirements of participation for the survey, please email <u>Surveys@TrilliumNC.org</u> with the email address of who will be coordinating this survey for your agency. If you have any questions, please feel free to contact us at <u>Surveys@TrilliumNC.org</u> or 1-866-998-2597 and ask for Jennifer Kelly.

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

Perceptions of Care Information Sheet

IRIS ALERTS

The Live IRIS site is now located at https://iris.ncdhhs.gov. In addition, the IRIS Training site can be accessed at https://iristraining.ncdhhs.gov.

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; 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.
- Please ensure member's LME-MCO record number, Medicaid ID and/or CNDS ID is completed on the Consumer's Treatment tab.
- △ On the Provider Information tab, please ensure the Provider Agency name is entered in full and how it appears on the contract/license etc.

- A When a report contains allegations of abuse/neglect/exploitation against staff, the internal investigation report is required to be uploaded to the IRIS report within 5 working days.
- 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.

REMINDERS

- A If staff is in a car accident while providing services to a member, an incident report is required to be submitted in IRIS. Even if member does not require medical treatment, it is an expectation that the incident is reported to Law Enforcement and medical treatment is offered. These incidents meet criteria for a level II incident and can be submitted as "Consumer Injury-Auto Accident"
- △ 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.
- A 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.).
- Access the <u>Incident Response and Reporting Manual</u>.

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).

QUEST ANALYTICS BETTERDOCTOR PROVIDER OUTREACH

Trillium Health Resources has contracted with Quest Analytics for network adequacy and provider directory accuracy. On our behalf, Quest Analytics conducts provider outreach to validate the data on Trillium's Member-facing Provider Directory. Quest Analytics utilizes BetterDoctor as a solution for Provider Directory accuracy and outreach efforts. BetterDoctor will contact providers by fax, mail, email, and/or a telephone call on a quarterly basis.

The provider letter will explain the process and request the provider validate the data contained in Trillium's Member-facing Provider Directory. The providers will validate and update their data via their input into the BetterDoctor portal.

The Network team will review the validated data and will work with the provider to resolve any inaccurate data issues. If you have any questions about Member-facing Provider Directory validation and outreach, email TrilliumProviderDirectory@TrilliumNC.org or call 1-855-250-1539.

IMPORTANT CLAIMS INFORMATION

Trillium has identified a number of claims in which an individual NPI is not being entered in the attending provider field as is required per X12 HIPAA guidelines on institutional claim forms.

As of November 1, 2023, per the DHHS guidelines the attending NPI cannot be the billing NPI on UB04 and 837 institutional claims. Please note that the attending provider does not need to be employed by the facility but is the individual who has responsibility for the medical care/treatment of this beneficiary.

Providers will have until November 1, 2023 to come into compliance with this requirement before denying billing. Starting November 1, 2023, if the billing NPI is the same as the attending NPI the claim may deny.

If you have questions, please contact the Provider Support Service Line at 1-855-250-1539.

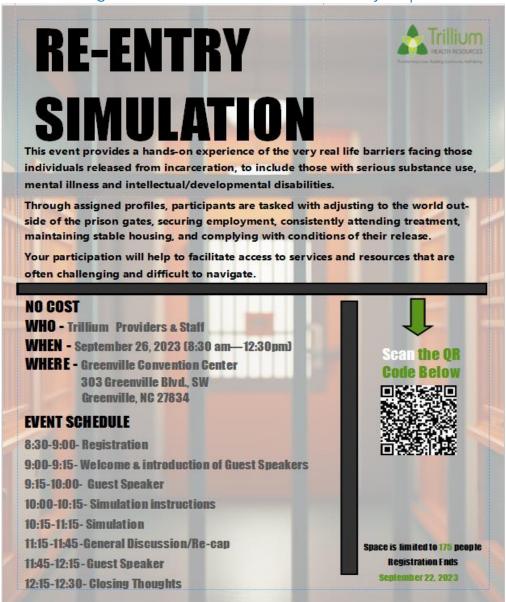
DELAY IN TRAINING ON PERSON-CENTERED PLANNING

Due to technical difficulties, the Person-Centered Planning (PCP) training that was supposed to be available on August 11, 2023 was not available. Therefore, the training will be available on September 15, 2023 instead. As a result of this change, *providers* will not be required to comply with the new guidance outlined in the Person-Centered Planning (PCP) Guidance Document until after Wednesday, November 1, 2023.

If you have questions regarding this matter, please contact Brittany Jones at <u>Brittany.T.Jones@dhhs.nc.gov</u>.

SEPTEMBER RE-ENTRY SIMULATION EVENT

Please click here to register or scan the QR code below with your phone's camera.



HISPANIC SUMMIT

Trillium will host public information events regularly around our region. We will share how YOU can take steps to improve your health!

Come hear about the health care conditions impacting our Hispanic communities.

Herencia Hispana/LatinX: Vamos a Hablar Hispanic/LatinX Heritage: Let's Talk!

WHEN: October 25

TIME: 9am-2pm

See details and registration

FETAL ALCOHOL SPECTRUM DISORDER TRAINING SERIES

FIRST TRAINING: EXPOSURE TO ALCOHOL IN UTERO IS ANOTHER TYPE OF TRAUMA: FETAL ALCOHOL SPECTRUM DISORDER

Fetal Alcohol Spectrum Disorder misdiagnosed and a missing diagnosis for 90% of those with this disability, despite a prevalence rate of up to 1 in 20 in the US (May et al, 2018). As with any condition, early diagnosis and intervention is key to favorable outcomes. This webinar will promote an understanding of FASD, which is a lifetime developmental disability and not curable: statistics for North Carolina; symptoms; signs and primary secondary characteristics; diagnosis; and available resources. Time will be available for Q&A.



When: September 28, 2023, 11am – 1pm

Register Here

VALUED PROVIDERS SEAL PROGRAM

Visit the <u>Valued Providers Seal</u>

<u>Program</u> web page for more information about the Contracted, Comprehensive Behavioral Health, Large Agency, Evidenced-Based Treatment, Comprehensive I/DD and Integrated Care Provider Seals.



After receiving this recognition, sharing such dedication and innovative care should be as easy as possible.

The <u>Valued Providers Seal Program Tool Kit</u> is designed for just that. This resource provides tips for sharing news of provider seals on websites, social media, newsletters, and emails, along with pre-written posts and messages.

Trillium can see the impact providers make on our members and communities. We hope the tool kit serves to ensure those members and communities can see it as well.

Contact us at <u>SealProgram@TrilliumNC.org</u> for questions about the Valued Providers Seal Program. Providers can apply for one or multiple seals!

VICTORY JUNCTION EVENTS IN THE FALL

Get ready—the newest session for Trillium Family Weekend at Victory Junction is here! We hope our members and families will all take advantage of the inclusive environment and diverse amenities that camp has to offer and join us on a family retreat this Fall in Randleman, NC.



Programming provides a unique experience for families to connect. Children of every ability can feel fully empowered and try activities adapted for every need. Victory Junction's amazing staff and volunteers are familiar with hosting Trillium families and even special diets are accommodated. There is no cost to attend.

Open to all Trillium members and their families or natural supports, regardless of age or diagnosis.

Come experience the magic of camp with us! Spots are limited! Sign the <u>FALL 2023</u> Interest Form OR check the Flier for more information.

FALL DATES

October 6 – 8, 2023 | Application Deadline: September 27, 2023 October 27 - 29, 2023 | Application Deadline: October 18, 2023

COVID-19 Statement: Victory Junction highly recommends proof of a COVID-19 vaccination for each person attending in your party who are ages 5 and up who will be on-site during Trillium Family Fall Family Weekends, but ultimately the COVID-19 vaccination is optional. Self-pre-testing & reporting will be required for all (within 48 hours of check-in). Masks are optional for all participants during these programs.

COMMUNITY INCLUSION TRAININGS

The Temple University Collaborative on Community Inclusion (www.tucollaborative.org) is a national research and training center that focuses on the importance of promoting opportunities for people with serious mental illnesses to participate in their communities (e.g., work, school, dating, parenting, engagement in faith communities, leisure and recreation, volunteering, friendships) as critical to their physical, cognitive, and mental health and wellness.

They will be offering a series of trainings on topics supporting community inclusion and participation. Trainings are being offered the fourth Wednesday of the month from 12:00-1:30pm.

The registration links and training description for each training are on <u>the flyer</u>. Providers will have to request access to Trillium's Provider My Learning Campus if you currently do not have a PMLC account in order to register for this training.

To request access to the PMLC, click on the link and complete the form:

<u>Request Access to Provider My Learning Campus</u>. If you have any questions you may email <u>TrainingUnit@TrilliumNC.org</u>.

- Beyond the Diagnosis: Community Inclusion Storytelling September 27, 2023
- Promoting the Development & Use of Natural Supports October 25, 2023NC Medicaid and State-Funded Stakeholder Engagement Invitation for Proposed Clinical Coverage Policy Medically Monitored Intensive Inpatient Services (ASAM 3.7)

LONG TERM SERVICES AND SUPPORTS

Trillium is currently recruiting for Long-Term Services and Supports Member Advisory Committee members that will (LTSS MAC) provides stakeholder input and advice regarding the LTSS covered services under Trillium's Health Resources- Behavioral Health and Intellectual/Developmental Disabilities Tailored Plan that meets all the provisions noted in 42 C.F.R. § 438.110.

Your opinion counts, we would like to become a member and solicit your feedback on the elements of LTSS. The LTSS MAC meets at least quarterly.

The LTSS MAC reviews and provides feedback on relevant Trillium's quality reports. The committee's input will serve as an early warning system for emerging issues related to member experience and quality of care. Specific concerns shared by the LTSS MAC will be referred to Trillium's Quality Management department, which will help coordinate resolutions, refer for investigations as needed, and report to Trillium's Quality Improvement Committee

If you are interested in serving on this committee, please complete on-line form.

OPEN ENROLLMENT: RESIDENTIAL THERAPEUTIC CARE FOR TRANSGENDER/GENDER DIVERSE YOUTH

Trillium is accepting applications from Level III and Therapeutic Foster Care providers to develop residential services specifically for Transgender and/or Gender-Diverse (TGD) youth. Interested providers must submit an application to apply for consideration.

Submit Questions

Application

CLINICAL COVERAGE POLICIES AND OTHER POLICIES POSTED FOR PUBLIC COMMENT

Newly revised CCPs and other policies posted for public comment:

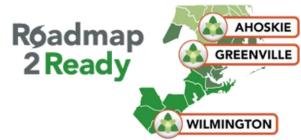
The following proposed new or amended Medicaid clinical coverage policies are available for review. The initial comment period for each proposed policy is 45 days.

Submit comments for <u>policies to open for public comment</u> by emailing: <u>medicaid.public.comment@dhhs.nc.gov</u>.

Proposed Medicaid Policies open for public comment

DISASTER PLANNING

Refer to the <u>ReadyNC.gov</u> website for disaster resources and information you need to plan, prepare and stay informed. You can find current weather alerts, evacuation orders, shelters and power outage information on their website. To learn more visit the <u>ReadyNC.gov</u> website here.



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 <u>Community Crisis and Disaster Response webpage</u> 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.