

**To:** All Providers

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VP of Network Management

**Date:** May 1, 2024

**Subject:** Tailored Plan Provider Informational Sessions, Attention Providers Using Provider Direct, Health Plan Billing Guide, Change of Email Address for Provider Invoices, New Functionality –EDI 277, New Tailored Plan Resources and Information, North Carolina’s Transition of 1915(b)(3) Benefits to 1915(i) Fact Sheet, Update to NCTracks: Re-verification Terminations, Updated Provider Fact Sheets, Summer Food Assistance Program Lunch and Learn: Sun Bucks, Tobacco-Related Policy Requirements, Unlicensed Alternative Family Living and Overnight Respite Requests, Proposed Medicaid Clinical Coverage Policies-Open for Review and Comment, Roadmap2 Ready Disaster Planning, Need to Report Fraud, Waste, and Abuse?

## TAILORED PLAN PROVIDER INFORMATIONAL SESSIONS

Trillium will host Tailored Plan Provider Informational Sessions beginning May 8, 2024. Providers will have four opportunities to attend one session or may elect to attend all sessions. The same information will be provided at each session; however, attendees may ask different questions that may be beneficial to other providers.

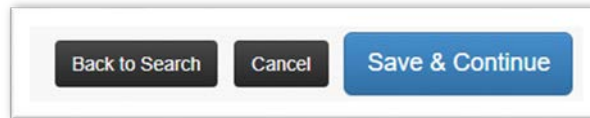
Please review the information below and click on the session or sessions you plan to attend.

 [See dates and register](#)

## ATTENTION PROVIDERS USING PROVIDER DIRECT

### DIRECT DATA ENTRY CLAIM SUBMISSIONS

When submitting claims using direct data entry through our Behavioral Health/IDD portal, Provider Direct, please remember after including the components on the claim, providers will need to click 'Save and Continue' at the bottom of the claim.



After the claim has been saved, there will be another opportunity to review the claim and reimbursement calculator prior to submission. For details on the reimbursement functionality, please reference [Network Communication Bulletin #188](#). After the final review of the claim, providers will scroll back down to the bottom of the claim and click 'Submit Claim'.



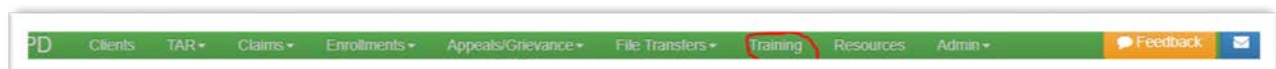
### 837 PROVIDER DIRECT SUBMISSIONS

When submitting claims via 837 through Provider Direct please remember:

- 🌱 File names will need to be unique
- 🌱 Payer/Receiver ID: 43071
- 🌱 Sender/Submitter ID: Trillium issued Provider ID
- 🌱 Zip code submitted will need to be 9 digits
- 🌱 3<sup>rd</sup> party billers submitting claims for multiple providers will require a separate SFTP set up

### PROVIDER DIRECT TRAININGS

Provider Direct trainings are available in the Provider Direct portal through the training tab.



Provider Direct trainings are also available on our 'My Learning Campus' training platform.



For any claim-related questions regarding Provider Direct, please contact [ClaimsSupport@trilliumnc.org](mailto:ClaimsSupport@trilliumnc.org).

For any technical questions regarding Provider Direct, please contact [PDsupport@trilliumnc.org](mailto:PDsupport@trilliumnc.org).

## HEALTH PLAN BILLING GUIDE

Reminder to our provider community that the Department's NC Medicaid Managed Care's Health Plan Billing Guide is posted on the DHB website at the below link:

 [Health Plan Billing Guidance](#)

As a payor of Medicaid funds, Trillium Health Resources is required to process all claims as per State and Federal regulations. The billing guide is regularly updated and updates are tracked on the guide. The guide is an additional resource to our provider community on billing requirements.

For any claims related questions, please contact the Trillium Claims Team at [ClaimsSupport@TrilliumNC.org](mailto:ClaimsSupport@TrilliumNC.org).

## CHANGE OF EMAIL ADDRESS FOR PROVIDER INVOICES

To receive reimbursement for invoices February 1, 2024 and forward, please submit your invoices to [PayablesNoReply@TrilliumNC.org](mailto:PayablesNoReply@TrilliumNC.org). Trillium will remit payment of your invoice within thirty (30) days of receipt of complete, accurate, and approved invoice.

## NEW FUNCTIONALITY -EDI 277 REQUEST FOR ADDITIONAL INFORMATION

Beginning May 31, 2024, Trillium Health Resources will begin utilizing the EDI 277 Claims Response transaction to request additional information needed to process a claim.

When generated, the EDI 277 request file will be located in the provider's *Outbound* folder through their SFTP connection with Trillium or through Provider Direct in the *View File Repository from MCO* page.

The requested information can be returned to Trillium Health Resources via the EDI 275 Patient Information transaction. This file allows providers to submit attachments related to the 277 request. Providers may upload the EDI 275 transaction file to their *Inbound* SFTP connection folder or via Provider Direct.

If you have questions, please contact the Provider Support Service Line at 1-855-250-1539 or send an email to [ClaimsSupport@TrilliumNC.org](mailto:ClaimsSupport@TrilliumNC.org).

## NEW TAILORED PLAN RESOURCES AND INFORMATION

Tailored Plans are a new kind of NC Medicaid Managed Care health plan for beneficiaries with a serious mental illness, a serious emotional disturbance, a severe substance use disorder, an intellectual/developmental disability or a traumatic brain injury. DHHS recently launched a [bilingual toolkit](#) with accessible resources for people who will be impacted by the transition to Tailored Plans on July 1.

The toolkit includes:

- 🌱 **Essentials deck:** This presentation communicates key information, answers to FAQs, what to expect ahead of the Tailored Plans Launch, and resources to help North Carolinians navigate the process. Download the file in [English](#) and [Spanish](#).
- 🌱 **One-page flyer (bilingual):** Let people know what actions they need to take before Tailored Plans launch. [Download flyer](#)
- 🌱 **Social media posts:** Content and graphics to post on your social and digital channels. Download the file in [English](#) and [Spanish](#).
- 🌱 **Tailored Plans landing page:** Visit the new [Tailored Plan webpage](#) to learn more about key dates and download bilingual resources.

## NORTH CAROLINA'S TRANSITION OF 1915 (B)(3) BENEFITS TO 1915(I) FACT SHEET

Home and community-based services (HCBS) provide opportunities for community integration, enabling Medicaid enrollees to obtain services in their community. North Carolina's local management entities/managed care organizations (LME/MCOs) provide 1915(b)(3) services, which offer a critical set of HCBS to Medicaid enrollees with significant behavioral health needs and intellectual/developmental disabilities (I/DD).

Because Behavioral Health I/DD Tailored Plans will be operating under North Carolina's 1115 demonstration, they will no longer be able to provide services under the 1915(b)(3) authority.

To ensure that individuals maintain access to these critical services when Tailored Plans launch, North Carolina is transitioning 1915(b)(3) services to 1915(i) services.

With this transition, North Carolina is expanding the populations eligible for some of these important services. Trainings provided by NCDHHS on the 1915(b)(3) to 1915(i) transition, can be accessed at the below links:

 [Tailored Care Management \(TCM\) Provider Slides](#)

 [Service Provider Slides](#)

Federal rules require that to obtain 1915(i) benefits, an individual must obtain an independent assessment to determine eligibility for 1915(i) services and to be used to develop a Care Plan for individuals with behavioral health needs or an Individual Support Plan (ISP) for individuals with an I/DD or traumatic brain injury (TBI) in North Carolina. This fact sheet provides answers to common questions about North Carolina's transition from 1915(b)(3) to 1915(i) services.

**Fact Sheet North Carolina's Transition of 1915(b)(3) Benefits to 1915(i)**

## **UPDATE TO NCTRACKS: RE-VERIFICATION TERMINATIONS**

Currently, if a provider does not complete the re-verification process, or the re-verification application is denied due to a negative background finding, failure to complete fingerprinting, bad data, or expired credentials (license/accreditation/certification per the Provider Permission Matrix), only the provider's non-Division of Mental Health, Developmental Disabilities and Substance Use Services (DMH/DD/SUS) health plans terminate.

Effective May 19, 2024, an update to NCTracks will be made to the re-verification process. If a provider's Medicaid health plan is terminated during the re-verification process, their **DMH/DD/SUS health plans will also terminate**:






Providers will be required to submit a re-enrollment application to continue to render services to NC Medicaid or State-funded beneficiaries.

More information about the re-verification process and links to training documents can be found on the [Provider Re-Credentialing/Re-verification page](#).

 [NCTracks Home](#)

## UPDATED PROVIDER FACT SHEETS

NCDHHS updated Fact Sheets in the NC Medicaid Managed Care Provider Playbook to reflect the July 1, 2024, launch of Tailored Plans.

-  [What Providers Need to Know: Part 1 – Before Tailored Plan Launch](#)
-  [Tailored Plan Provider Contracting Deadlines Questions and Answers](#)
-  [NC Medicaid Provider and Health Plan Lookup Tool](#)
-  [What Providers Need to Know: NC Health Choice Move to Medicaid](#)
-  [NC Medicaid Managed Care: Provider Training](#)

## SUMMER FOOD ASSISTANCE PROGRAM LUNCH AND LEARN: SUN BUCKS

The North Carolina Division of Child and Family Well-Being (DCFW) invites you to join the upcoming Lunch & Learn webinar for community organizations to hear more about the newest summer food assistance program: **SUN Bucks**.

Beginning in Summer 2024, SUN Bucks will provide grocery-buying benefits to qualifying families with school-aged children during the summer months. Benefits can be used to buy healthy food at places like grocery stores, farmers markets, and some online retailers.

Please register for the session by using the link provided below.

Please forward to any community organizations you feel may benefit from these webinars!

Lunch & Learn: SUN Bucks, North Carolina's Newest Food Assistance Program for Kids!		
Date	Time	Registration Link
Wednesday, May 8	12:00 – 1:00 PM EST	<a href="#">Click here to register!</a>

Additional information and resources are available on the [Sun Bucks website](#). You can also reach out to [DCFW.SUNBucks@dhhs.nc.gov](mailto:DCFW.SUNBucks@dhhs.nc.gov) with any questions.

## TOBACCO-RELATED POLICY REQUIREMENTS

Tobacco-related policy requirements will be **effective July 1, 2024**, for NC Medicaid Managed Care Standard Plans, Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plans, and Local Management Entity/Managed Care Organizations (LME/MCOs) contracted medical, behavioral health, I/DD and traumatic brain injury (TBI) service providers. These requirements apply to both Medicaid and state-funded service providers. The Department will work with health plans and LME/MCOs to include these requirements, as appropriate, in advance of July 1, 2024.

Secondhand smoke is a well-documented danger to health. No one should be exposed to secondhand smoke when they access care or on the job. Research shows that most people who use tobacco want to quit. An environment free from triggers, as well as access to evidence-based treatment, is necessary to support service recipients whose goal is to become tobacco free. Among people who try to become tobacco free, only a small minority receive such assistance. Additionally, people with behavioral health disorders die disproportionately from tobacco-related illness.

Starting July 1, 2024, Standard Plans, Tailored Plans and LME/MCOs will require contracted providers, with exceptions noted below, to implement a tobacco-free policy covering any portion of the property on which the provider operates that is under its control as owner or lessee, including buildings, grounds and vehicles.

 [Complete Detailed Information](#)

## **UNLICENSED ALTERNATIVE FAMILY LIVING AND OVERNIGHT RESPITE REQUESTS**

Trillium conducts initial and annual site reviews for Unlicensed Alternative Family Living homes. These visits will be conducted live/virtually or conducted in person. Respite site visits will be conducted for any agency requesting overnight respite services in an unlicensed site.

To request, please complete the “Request to Add Site Form Alternate Family Living (AFL) or Respite” form located on Trillium’s website under the For Provider’s page- [AFL/Respite Additional Site Form](#).

An email notification will be sent with an attached checklist identifying items that will need to be seen during a site review. The documentation should be submitted as instructed. QP/Supervisor must be in attendance for the review.

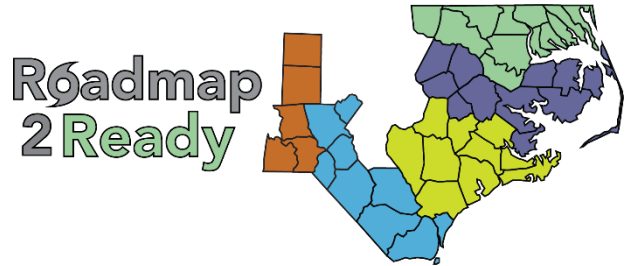
## **PROPOSED MEDICAID CLINICAL COVERAGE POLICIES-**

## OPEN FOR REVIEW AND COMMENT

NC Medicaid Division of Health Benefits has posted Clinical Coverage Policies for public comment through May 18, 2024. [Proposed Medicaid Policies](#). The following new Behavioral Health Clinical Coverage Policies are now open for review and comment.

## ROADMAP2 READY DISASTER PLANNING

Hurricane Season begins June 1 and FEMA provides information you need to get informed, make a plan and build a kit based on your needs. To learn more visit [FEMA's Ready.gov website](#).



There is an opportunity through North Carolina Emergency Management to apply for the Non-Profit Security Grant Program. Details are posted on NCEM's updated [NSGP website](#). Eligible nonprofits are encouraged to visit the website for helpful application information, training opportunities and FAQs. Virtual Salesforce information sessions & office hours will be available to assist FY24 NSGP applicants with the Salesforce registration process, with the schedule announced on the website.

If you have not submitted your emergency plan this year, please submit it as soon as possible. Even if you have no updates to your plan from last year, you need to submit it again.

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. Our team collaborates with state, county, and community programs within our 46 county catchment area to identify gaps and needs related to an inclusive disaster response.

Please inform Trillium of any service provision or operational changes as a result of severe weather or other States of Emergency by completing the **Changes to Provider Operations form**. This form, which is only active when needed, is located on the [Community Crisis and Disaster Response webpage](#) under the "Provider" tab.

## NEED TO REPORT FRAUD, WASTE AND ABUSE?



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

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