

To: All Providers

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Date: May 23, 2025

Subject: Attention Providers Using Alpha+ and iTransact; Trillium Health Resources Will be Performing Maintenance July 3-July 7; Register for Trillium's Provider Forums; New Third-Party Liability Edit; Issue Submitting Managed Change Request Applications to Terminate Health Plans; Person-Centered Planning; Updates to Provider Suspension Process; NCMT Health Plan Billing Guidance; Medicaid Bulletin Update-Specialty Care Referrals; NCTracks Quick Links; Attention All Providers Regarding Claims; May is Mental Health Awareness Month; NCDHHS-DHB Credentialing Committee Initiative Stakeholder Engagement Session 2; Accepting Applications for Two New Initiatives Focused on TBI Support; Timely Access – Appointment Wait Times Reminder; Cognitive Assessment and Care Plan Service; Attend Behavior App as a New Solution; May 2025 Trillium Provider Network Survey; Upcoming Trillium Symposium; Roadmap 2 Ready: May 2025; North Carolina's Improving Health and Promoting Value; Proposed Clinical Coverage Policy Changes; Health Information Exchange Medicaid Services Early Adopters Program is Live; 1915(i) Resources for Download; Mental Health Parity and Addiction Equity Act Webpage; Need to Report Fraud, Waste, and Abuse?

TRENDING NEWS

ATTENTION PROVIDERS USING ALPHA+ AND iTRANSACT

As the 365-day timely filing window has closed, access to Eastpointe and Sandhills Center claims systems for Behavioral Health/IDD providers will end on Monday, June 30, 2025.

Providers are encouraged to export copies of historical Remittance Advices (RAs) from the provider portals or FTP and submit any retro Medicaid claims now.

Providers are also encouraged to finish any remaining EVV submissions through HHAeXchange by June 30 as well before access to the platform ends.

From July 1, 2025 forward, providers should send an email to ClaimsSupport@TrilliumNC.org for assistance submitting retro Medicaid claims for dates

of service January 31, 2024, and before for Eastpointe and Sandhills Center. More information will be provided in the coming weeks.

TRILLIUM HEALTH RESOURCES WILL BE PERFORMING MAINTENANCE UPDATES TO PRODUCTION SERVERS AND SFTP ENVIRONMENT

Beginning **Thursday, July 3, at 5:00 p.m.** through **Monday, July 7, at 8:00 p.m.**, the Trillium Business System platform, Provider Direct Portal, and SFTP Integrations **will be unavailable**. This upgrade will not impact any other platforms or provider portals.

During this time, you will not be able to access, submit, or interact with the Trillium Production environment. We will provide notification when all systems are restored and available to continue normal activities.

All claims submitted after **5:00 p.m. on Thursday, July 3, 2025**, will be processed once the system is restored on **Monday, July 7, 2025**.

To ensure continued access to the Trillium Health Resources SFTP environment, we are reminding organizations that IP addressing is subject to change. If your organization is connected to Trillium Health Resources SFTP environment, you should ensure you are using the URL (sftp.ncinno.org). If your organization participates in 'Allow Listing,' please ensure you are allowed based on URL (sftp.ncinno.org) rather than IP address.

If you have questions or concerns about how this may impact you, please submit a ticket to: NetworkServicesSupport@TrilliumNC.org.

REGISTER FOR TRILLIUM'S PROVIDER FORUMS

Trillium's Provider Forums share the information most relevant to our network. The webinar series takes place on the second Wednesday of each month. It will share information providers identify as vital to their work.

Provider feedback, recent updates, and upcoming items will drive monthly topics. Each forum will conclude with a question-and-answer session.

Register for future forums and review previously held forum information: [Provider Forum](#) webpage.

The next forum is June 11, 2025.

NEW

NEW THIRD-PARTY LIABILITY EDIT

Effective June 1, 2025, NCTracks will implement a new Third-Party suspect edit related to insurance policies received from Child Support Services via the existing interface with the NC Automated Collection and Tracking System (ACTS) which are potentially subject to medical enforcement. If an insurance policy sourced from ACTS is matched to the Medicaid primary payer claim, then the claim will pend for up to 100 days awaiting policy updates. Claims pending with this new functionality will be identified with the following Explanation of Benefits (EOB):

EOB 02590 – RECORDS INDICATE AN INSURANCE POLICY PRIMARY TO MEDICAID IS ON FILE. The SUPPORT ENFORCEMENT CLAIM WILL SUSPEND FOR 100 DAYS WHILE REIMBURSEMENT IS SOUGHT FROM THE THIRD PARTY.

Existing Third-Party suspect editing is unchanged, and this new functionality does not apply to pharmacy claims.

[NCTracks Home](#)

ISSUE SUBMITTING MANAGED CHANGE REQUEST APPLICATIONS TO TERMINATE HEALTH PLANS

We are aware of an issue preventing the submission of Managed Change Request (MCR) applications to terminate health plans.

Providers may see an error message stating, "Please fix the following errors before you proceed."

Our team is actively working on a solution. We will provide an update as soon as more information is available. Thank you for your patience.

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PERSON-CENTERED PLANNING: THE ROLE OF QUALITY MONITORING IN SUPPORTING PROVIDERS TO MEET THE PRACTICE STANDARDS

Title: [The Role of Tailored Plans in Supporting the Practice Standards of the North Carolina Person-Centered Planning Guidance Document](#)

Date and Time: May 21 from 1:00 pm - 2:30pm

The North Carolina Person Centered Planning Guidance Document and Department of Justice quality expectations include standards around both the *process* of PCP (i.e., what it looks like to more fully partner with people in the co-creation of their plans) as well as the *documentation* of PCP (i.e., what it looks like to reflect a person-centered approach in the plan).

This 90-minute webinar will introduce best practices in PCP with a specific focus on “nuts and-bolts” practical guidance for how to maintain a strengths-based orientation within a comprehensive PCP while simultaneously meeting rigorous documentation standards, e.g., around the establishment of medical necessity, justification of levels of care, targeting of clinical and functional need areas, etc.

The training will include a review of key quality indicators and use both didactic and experiential strategies to demonstrate how a quality PCP document can both honor the person and satisfy the chart.

During this virtual webinar participants will:

- Increase familiarity with practice standards as outlined in the North Carolina Person-Centered Planning Guidance Document and the Department of Justice Settlement Agreement.
- Learn strategies for maximizing person-centered principles in documentation while also satisfying expectations associated with accreditation and fiscal regulations.
- Have an opportunity to share observations around chart reviews to inform ongoing training and technical assistance efforts around person-centered planning.

[Register Now](#)

UPDATES TO PROVIDER SUSPENSION PROCESS

NCTracks will align the suspension of DMH/DD/SUS health plans during the reverification process.

Effective June 1, 2025, NCTracks will implement a system change to align the suspension of Division of Mental Health, Developmental Disabilities and Substance Use Services (DMH/SS/SUS) health plans with NC Medicaid health plans during the reverification process.

What's Changing

Currently, only NC Medicaid health plans are suspended when a provider **fails to complete reverification**. Beginning June 1, 2025:

- When a provider's NC Medicaid health plans are suspended for failing to complete reverification, their DMH/DD/SUS health plans will also be automatically suspended.
- While suspended, Local Management Entity (LME) batch processes cannot be used to update the provider's record. Any batch update attempts will be rejected with an error message indicating the provider is not in active status.
- A one-time update will also be applied to currently active provider records to align DMH/DD/SUS health plan status with NC Medicaid suspensions. No new notices will be sent as part of this update.

Who is Affected

- Providers enrolled with both NC Medicaid and DMH/DD/SUS health plans.
- **DMH/DD/SUS-only providers are not affected by this change.**

Contact NCTracks Call Center, 800-688-6696.

NCMT HEALTH PLAN BILLING GUIDANCE

The Department's NC Medicaid Managed Care Billing Guidance to Prepaid Health Plans is designed to:

- Supplement clinical policies and Medicaid bulletins
- Reduce provider administrative burden,
- Ensure consistency in provider billing practices for key Medicaid services, and
- Allow for accurate and complete NC Medicaid and Centers for Medicare and Medicaid (CMS) reporting.

[Health Plan Billing Guide - Version 30](#) - May 2, 2025

The Billing Guide references requirements to adhere to NC Medicaid and NC Health Choice Direct clinical coverage policies which reference NCTracks or GDIT (the Department's fiscal agent). Unless specifically noted within this billing guide, the health plan should not interpret this requirement as requiring the health plan or provider to submit information through NCTracks, but rather to provide direction for how providers should submit to the health plan claims platform.

Any reference to adhere to an NC Medicaid Direct clinical coverage policy does not alleviate the health plan's responsibility to accept and adjudicate all NC Medicaid Managed Care claims for their enrolled members.

The billing guidance may be updated by the Department to include additional requirements based on feedback from health plans, providers, or other stakeholders.

<https://medicaid.ncdhhs.gov/health-plan-billing-guidance>

MEDICAID BULLETIN UPDATE-SPECIALTY CARE REFERRALS IN NC MEDICAID/PROVIDER RECREREDENTIALING/REVERIFICATION REMINDER

Specialty Care Referrals

- NC Medicaid Direct and NC Medicaid Managed Care health plans do not require PCP referrals for specialty care.
- NC Medicaid and the NC Medicaid Managed Care health plans encourage coordination of care between specialists and the member's PCP to enhance patient outcomes.
- While referrals are not required for a member to access Specialty Care by NC Medicaid, some specialists may still request a PCP referral from the assigned PCP prior to treating a member
- Accessing Specialty Care and Out of Network requirements are specified below.

Provider Recredentialing/Reverification

- Provider re-credentialing/reverification is a required evaluation of a provider's ongoing eligibility for continued participation in NC Medicaid.
- Medicaid Bulletins/NCTracks resources are available to guide providers through this process (see link below).

<https://medicaid.ncdhhs.gov/blog/2025/05/20/specialty-care-referrals-nc-medicaid-2025-update>

NC Medicaid Direct and NC Medicaid Managed Care health plans do not require PCP referrals for specialty care.

- Some specialists may still require a referral from the PCP to see the patient.

- NC Medicaid and the NC Medicaid Managed Care health plans encourage coordination of care between specialists and the member's PCP to enhance patient outcomes.

Provider Reverification Reminder










Provider re-credentialing/reverification is an evaluation of a provider's ongoing eligibility for continued participation in NC Medicaid. This is conducted every five years as mandated 42 CFR 455.414. Reverification is required for continued participation with NC Medicaid programs.

NC Medicaid has published bulletins to aid providers in the successful and timely completion of the reverification process:

- [Provider Reverification Reminders](#)
- [Reverification Timeliness and Requirements Clarification](#)
- [Refresher: Be Sure to Disclose on Provider Application Exclusion Sanction Questions.](#)

Additional resources are also available on the [NCTracks Provider Re-credentialing/Re-verification](#) webpage.

NCTRACKS QUICK LINKS

-  [DSP Incentives Program - Round 2](#)
-  [Free Accessible Communication Materials About Public MH/SUD/IDD Programs](#)
-  [DMH/DD/SUS Posts Black Youth Suicide Prevention Action Plan Draft and Invites Public Comment](#)
-  [Supports for Children with Complex Behavioral Health Needs](#)
-  [The Inclusion Works Provider Innovation Program](#)
-  [DMH/DD/SUS Team Members Participate in NAMIWalks](#)
-  [NC Brain Injury Needs and Gaps Survey Deadline Extended](#)
-  [NCDHHS Expands Student Loan Repayment for Rural Health Care Providers](#)
-  [Naloxone Saves Has a New Website Address](#)

REMINDERS

ATTENTION: ALL PROVIDERS REGARDING CLAIMS

Trillium has identified an issue which occurred during the timeframe of 03/31/2025 to 05/05/2025 where some claims accepted by Trillium did not complete adjudication.

Trillium is asking that providers review their claim status report in the Provider Direct portal and resubmit any claim that does not reflect on the report. Trillium apologizes for any inconvenience and appreciates your partnership. If you have any questions, please contact:

ClaimsSupport@trilliumnc.org

MAY IS MENTAL HEALTH AWARENESS MONTH

Supporting Children's Mental Health

It is important to remember the mental health needs of our children and youth. In North Carolina, more than 1 in 3 high school students report feeling sad or hopeless, with almost 1 in 3 middle school students reporting those same feelings.

One of the top priorities in the DMH/DD/SUS strategic plan is to make it easier for people to access and stay in services, including North Carolina's children and youth. These resources offer support for youth, their caregivers and professionals:

- [SOMETHINGS](#) is an app that matches youth with certified peer specialist mentors who provide support through text and video-calls.
- [Hazel Health](#) is a telehealth provider that partners with schools and families to provide high-quality virtual physical and mental health care at school. Services are also available to families outside of the school day and during the summer.
- [NAMI resources for kids, youth and young adults](#) include the suicide prevention campaign Ending the Silence, trauma awareness education for professionals, and resources for support during school breaks.

Supporting Older Adults' Mental Health

The mental health conditions of older adults are often underrecognized and undertreated. Approximately 14% of adults aged 60 and over live with a mental health issue. Globally, more than a quarter of deaths from suicide (27%) are among people in that age group.

To help bridge this gap in care, DMH/DD/SUS is working to increase awareness of, and access to mental health support for older adults. The following initiatives offer support for older adults and their families:

- [NAMI Family-to-Family](#) is an educational program for families, significant others and friends of people with mental health conditions.
- [The Aging Well High Country Older Adult Mental Health Initiative](#) is designed to address the mental health needs of older adults in Western North Carolina.
- [Healthy Aging](#) is a program by the Kellin Foundation aimed at enhancing the quality of life for older adults and their caregivers serving Guilford and surrounding counties.

NCDHHS-DHB CREDENTIALING COMMITTEE INITIATIVE STAKEHOLDER ENGAGEMENT SESSION # 2

Join the North Carolina Department of Health and Human Services (NCDHHS), Division of Health Benefits (DHB), for the second stakeholder teleconference to continue the discussion of a new initiative led in tandem with General Dynamics Information Technology (GDIT). This initiative will establish a Credentialing Committee aimed at maintaining a high-quality, ethical, and competent provider network to support NC Medicaid beneficiaries.

This second forum will offer stakeholders the opportunity to engage in meaningful dialogue about the committee's role in making final determinations regarding evidence of compliance and regulatory requirements by NC Medicaid provider applicants. You can expect to receive updates on the project's anticipated timeline and milestones as well as responses to previous questions received from the stakeholder community. The meeting will be recorded.

These sessions are intended to be interactive. You are encouraged to bring your questions and comments for further discussion.

For questions or more information, please contact:

Medicaid.credcommittee.stakeholders@dhhs.nc.gov.

The meeting agenda can be found here: [Stakeholder Engagement Presentation Agenda May 28, 2025](#).

Wednesday, May 28, 2025, 2:00 PM – 3:00 PM

Visit [NCTracks Home](#) for more information.

TRILLIUM HEALTH RESOURCES IS NOW ACCEPTING APPLICATIONS FOR TWO NEW INITIATIVES FOCUSED ON

IMPROVING SUPPORT FOR PEOPLE WITH TRAUMATIC BRAIN INJURIES (TBI)

We invite qualified organizations to apply for funding through the following Requests for Applications (RFAs):

- Development of a training program for direct support staff and community health workers serving people with TBI.
- Development of an electronic resource guide for people with TBI.

[Full details and application requirements are available on our website.](#)

TIMELY ACCESS – APPOINTMENT WAIT TIMES

This is a reminder that all Trillium network providers must adhere to the Appointment Wait Time standards for Medicaid, Medicaid Direct, and State-funded services. These standards are outlined on pages 55–56 of the *Trillium Health Resources Behavioral Health I/DD Tailored Plan/PIHP Provider Manual*.

Trillium regularly monitors provider compliance with timely access requirements. Providers who do not meet these standards may be subject to corrective action.

Thank you for your continued commitment to ensuring that Trillium members receive timely access to all covered health care services.

COGNITIVE ASSESSMENT AND CARE PLAN SERVICE

Effective May 1, 2025, NC Medicaid covers CPT 99483, Cognitive Assessment and Care Plan Service.

CPT 99483 is defined as assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home.

Providers can bill **CPT 99483**, which must include all the following required elements:

- 🌱 Cognition-focused evaluation, including a pertinent history and examination.
- 🌱 Medical decision-making of moderate or high complexity.
- 🌱 Functional assessment (e.g., basic and instrumental activities of daily living), including evaluation of decision-making capacity.

- 🌱 Use of standardized instruments for staging of dementia (ego, function assessment staging test (FAST), clinical dementia rating (CDR).
- 🌱 Medication reconciliation and review for high-risk medications.
- 🌱 Evaluation for neuropsychiatric and behavioral symptoms, including depression, using standardized screening instruments(s).
- 🌱 Evaluation of safety (e.g., home), including motor vehicle operation.
- 🌱 Identification of caregiver(s), and the caregiver's knowledge, needs, social support, and willingness to provide care.
- 🌱 Development, updating or revision, or review of an Advance Care Plan.
- 🌱 Creation of a written care plan, including:
 - Initial plans to address any neuropsychiatric and neuro-cognitive symptoms.
 - Function limitations.
 - Referral to community resources as needed (e.g., rehabilitation services, adult day programs, support groups).
 - Education and support for patients and/or caregivers.

ATTEND BEHAVIOR APP AS A NEW SOLUTION

Trillium Innovative Development, in partnership with the NC Division MH/DD/SAS, presents the Attend Behavior App as a new solution for Children and Families with autism, ADHD and intellectual disabilities.

Please visit the [Attend website](#) at to learn more. Please share with members and families who may benefit by [clicking the link here](#) for parents and caregivers to enroll.

MAY 2025 TRILLIUM PROVIDER NETWORK SURVEY

The Trillium Network Management team wants to continue to ensure that we provide technical assistance and education on a variety of topics that are relevant and important to our Provider Network. Since February 2025, we have conducted monthly Provider Forums to address issues and topics that our providers identified in the Fall 2024 Provider Survey.

Your input is important to us. We want to make sure that we meet your needs and expectations. We have three quick questions that will not take more than a minute to complete. The purpose of these questions is to assist us in developing and providing

technical assistance on topics that are relevant to you and your organization. Also, our goal is to improve our customer service.

[May 2025 Trillium Provider Network Survey](#)

UPCOMING TRILLIUM SYMPOSIUM

At Trillium, we know that community support saves lives. During the Trillium Suicide Prevention & PTSD Symposium, we can learn how to be there for one another, how to offer help when it's needed most, and how to create a space where no one feels alone.

🌲 [June 26-Wilmington](#) – Suicide Prevention & PTSD Awareness Symposium

ROADMAP 2 READY: MAY 2025

Each month we will cover a topic that is a part of the Centers for Medicare & Medicaid Services Emergency Preparedness Rule. In April we covered how to include missing residents/clients into your emergency plans. Interested to see what we covered in past posts? [Click here.](#)

**Roadmap
2 Ready**



Facilities are and should be helping their members or residents in making emergency plans specific to their needs.

These plans should include anything that they may be vulnerable to. Such as, home fires, flash flooding or flooding, hurricanes, power outages, etc. Recognizing what the barriers are must be part of their emergency plans. How will they and you plan to overcome those barriers?

- 🌲 **Mobility:** if they use electric wheelchairs, beds, have ramps etc., what is a backup plan if they don't work anymore? Do you have a manual wheelchair?
- 🌲 **Communication** This can cover how you will receive alerts (if you are [hard of hearing](#), will you hear the fire alarm?), will you be able to tell shelters or emergency workers your needs, how many phone numbers do you know if your phone gets damaged?
- 🌲 **Transportation:** Some facilities are **required and responsible** for creating an evacuation plan that includes how to transport their patients and take care of their special medical needs. Knowing the needs of your residents will allow you to properly plan how to transport residents to safety.

- 🌱 **Continuity of operations and care** is critical even when something disrupts a regular day. Which medical care is critical to residents' health and the facility's essential functions? Who will ensure these tasks are completed? If internet and connectivity fail, do you have a backup plan for vital records and data protection?

Here are some great resources that cover these topics in more detail as well as how to create individual emergency plans:

- 🌱 Red cross: [Disaster Safety for People with Disabilities](#)
- 🌱 FEMA: [Plans and tips for people with disabilities](#)
- 🌱 Patient/Client Evacuation plan [Template](#)
- 🌱 SAMHSA: [Disaster planning for people with access and functional needs](#)

Disaster Plans were due **May 1, 2025**. Even if no updates are needed to your 2025 Disaster Plan, you **must** still resubmit the plan with a new cover page displaying the current year and disaster contact info. **Disaster plans must be submitted through the following link:** [2025 Disaster Plan Submission](#). To confirm your disaster plan was received just check the "send me a copy of my responses" option at the end of the Disaster Plan Submission form.

NORTH CAROLINA'S IMPROVING HEALTH AND PROMOTING VALUE POLICY PAPER IS OPEN FOR COMMENT

Providers can go to NCDHHS's webpage, [An Update on Population Health Approach Guiding NC Medicaid](#). Public Comments Requested by May 30, 2025.

PROPOSED CLINICAL COVERAGE POLICY CHANGES

These two policies are open for public comments. Providers can go to NCDHHS's webpage called [Proposed Medicaid Policies](#).

PROPOSED POLICY DATE POSTED COMMENT PERIOD ENDS

🌱 IT-2 Special Ophthalmological Services	04/24/2025	06/08/2025
🌱 3K-2 Community Alternatives Program For Disabled Adults	04/24/2025	06/08/2025

HEALTH INFORMATION EXCHANGE MEDICAID SERVICES EARLY ADOPTERS PROGRAM IS LIVE

The program is seeking current Medicaid providers to become early adopters of two new use cases of the state-designated health information exchange.

The Digital Quality Measures (dQMs) and Health-Related Social Needs (HRSN) screening use cases are part of the HIE Medicaid Services (HMS) program, a new initiative supporting NC Medicaid's quality and population health efforts. **Provider organizations may be eligible for financial incentives for supporting innovation in dQMs and HRSN screening data exchange.**

The HMS Early Adopters program, led by the NC Health Information Exchange Authority (HIEA) and NC Medicaid, provides funding and hands-on support to provider organizations willing to lead the way in advancing these efforts. Early adopters will play a key role in shaping the future of health data exchange in North Carolina.

For more information about the program, including eligibility requirements, key activities and funding amounts, review the [HMS Early Adopters program overview document](#).

[More Information Here](#)








1915(i) RESOURCES FOR DOWNLOAD

1915(i) services are for certain people with NC Medicaid. They are for people who have intellectual/developmental disabilities, traumatic brain injuries, serious mental health conditions or severe substance use disorders. Some people on the waitlist for the NC Innovations Waiver may qualify. These Medicaid services support people in their own homes or communities, instead of care facilities.

1915(i) services are available to eligible people with NC Medicaid through NC Medicaid Direct, Tailored Plans or the Eastern Band of Cherokee Indians Tribal Option.

Please share these bilingual and accessible resources to help your community get the answers they need. The 1915(i) Toolkit is available in **English** and **Spanish**.

The 1915(i) Toolkit includes:

-  [PowerPoint with essential details about 1915\(i\)](#)
-  [1915\(i\) Flyer](#)
-  [1915\(i\) Community Living and Supports Flyer](#)
-  [Social media copy and graphics](#)
-  [Email templates and newsletter graphic](#)
-  ["Accessing Home and Community-Based Services through 1915\(i\)"](#)
-  [Questions and Answers](#)

[Download the toolkit](#)

MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT WEBPAGE

There are federal laws like the [Mental Health Parity and Addiction Equity Act](#) of 2008 that Trillium must follow.

This law requires health plans to treat behavioral health services the same as physical health services. Rules for mental health and substance use services must be like those for medical or surgical services. This includes limitations like copays, visit limits, and prior authorization requirements.

Providers can learn about Mental Health Parity and Addiction Equity Act by registering to attend future trainings by clicking on this link: [Mental Health Parity and Addiction Equity Act webpage](#). The Mental Health Parity and Addiction Kick Off session that occurred on January 21, 2025, is available for your viewing.

Providers can also submit their Mental Health Parity Provider Questions by using the link which is one of the links below:

 [View the Parity Page](#)

 [View the Parity Kickoff Recording](#)

 [Frequently Asked Questions Link](#)

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.