

To: All Providers

From: Khristine Brewington, MS, LCMHCS, LCAS, CCS, CCJP
Senior VP of Network Management

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Subject: Attention Providers Using Alpha+ and iTransact; Trillium Health Resources Will be Performing Maintenance July 3-July 7; Register for Trillium's Provider Forums; Reminder on Medicaid Beneficiaries and Incarceration; Together We Rise: Fostering Resilience, Collaboration and Well-Being; Hope4NC Update; Inclusion Works Strategic Plan; Wake County Boys and Girls Club Youth Problem Gambling Prevention; New Third-Party Liability Edit; Updates to Provider Suspension Process; NCMT Health Plan Billing Guidance; Medicaid Bulletin Update-Specialty Care Referrals; May is Mental Health Awareness Month; 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; May 2025 Trillium Provider Network Survey; Upcoming Trillium Symposium; Roadmap 2 Ready: May 2025; Proposed Clinical Coverage Policy Changes; 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

REMINDER ON MEDICAID BENEFICIARIES AND INCARCERATION

Individuals enrolled in NC Medicaid do not lose eligibility when they become incarcerated (exception: beneficiaries incarcerated in a federal prison will have Medicaid terminated if they are age 21 and over, unless they are between the ages of 18 and 26 on Medicaid for Former Foster Care).

During a period of incarceration, Medicaid benefits are suspended, meaning the beneficiary is only eligible for coverage of inpatient hospital stays over 24 hours (if eligible for full Medicaid benefits). Note that this changed as of Jan. 1, 2025, for the youth population in the 30-day pre-release period (see details on CAA 5121 below).

Once released from incarceration, the full scope of benefits available to the beneficiary based on their category of eligibility will be reinstated as of the date of release. Eligibility will not be reevaluated unless the individual reports a change in circumstance to their local Division of Social Services (DSS).

The beneficiary's release status may not be immediately reflected in NCTracks (e.g., the release has yet to be reported to the DSS or a caseworker needs to take action to update the case) however, once the release date is added to the Medicaid case the full scope of benefits are unsuspended (reinstated) retroactively to the date of release.

The beneficiary's Managed Care (MC) Status will also change from "Excluded – Incarcerated" to an "FI" (Formerly Incarcerated) Managed Care status as of the date of release. All "FI" Managed Care Statuses are enrolled in NC Medicaid Direct (or the Eastern Band of Cherokee Indians (EBCI) Tribal Option, if applicable).



CAA Section 5121: Per the Centers for Medicare and Medicaid Services (CMS) State Health Official Letter [SHO# 24-004](#).

[Changes Required for Justice Involved Youth Per Section 5121 of 2023 Consolidated Appropriations Act \(CAA\) can be viewed by clicking this link.](#)

TOGETHER WE RISE: FOSTERING RESILIENCE, COLLABORATION AND WELL-BEING

The 42nd Annual National Association for the Dually Diagnosed (NADD) Conference will be held October 15-17, 2025 in Minneapolis at the Minneapolis Marriott City Center. [More information is available here.](#)

KEYNOTE SPEAKERS:

-  **Russell Lehmann - Wednesday, October 15, 2025**
When Systems Collide: Living at the Crossroads of I/DD and Mental Health
-  **Kerim Munir, MD, MPH, DSc, DFAACAP, DLFAPA - Thursday, October 16, 2025**
Advancing Global Cooperation and Bridging Gaps in I/DD and Mental Health

HOPE4NC WEEKLY UPDATE



Hope4NC teams continue to make significant strides in expanding their network of Long-Term Recovery Groups (LTRGs) and other key organizations to provide essential relief and support to communities impacted by Hurricane Helene.

Among the highlights, the Hope4NC Partners Health Team collaborated with the [Mountain Aid Project \(MAP\)](#) to donate and deliver four loads of lumber to rebuild damaged homes and farms in Burke County. Each week, we'll highlight some of the many activities these great teams are doing to help our neighbors rebuild in western North Carolina.

INCLUSION WORKS STRATEGIC PLAN - OPEN FOR PUBLIC COMMENT

NCDHHS has finalized the draft [Inclusion Works Strategic Plan](#) and has posted the document for public comment. The draft plan outlines the vision for improving CIE opportunities and outcomes for individuals with I/DD in North Carolina.

The draft Strategic Plan is available online for questions and feedback from the public through May 31, 2025. For more information on how the draft Strategic Plan was developed, [watch the webinar](#) and review the [presentation](#).

-  [Inclusion Works Strategic Plan - Open for Public Comment](#)
-  [Submit Feedback](#)

WAKE COUNTY BOYS AND GIRLS CLUB YOUTH PROBLEM GAMBLING PREVENTION

The Boys and Girls Club of Wake County, NC was awarded a grant by the NC Problem Gambling Program to implement education on the prevention of youth problematic behaviors and addictions in gambling, gaming, and digital media use. Over 300 students engaged in the curriculum at over eight different locations across Wake County.

The curriculum included evidence-based and informed methods that have been proven to be effective in changing attitudes, beliefs, knowledge, and behaviors. The club members engaged in creating PSA's and posters that were made available to parents and visitors to view. Over 1,500 club members, club staff, and parents were impacted by the posters and [Public Service Announcements](#).

REMINDERS

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](#)

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.

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 RECREREDENTIALING/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).
- 🌱 [Specialty Care Referrals in 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.



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.

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.](#) Application deadline is June 1, 2025.

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 instrument(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

Trillium Innovative Development, in partnership with the NC Division MH/DD/SAS, has presented 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.

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

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.