TRILLIUM
HEALTH RESOURCES
Transforming Lives. Building Community Well-Being.

To: All Providers

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Senior VP of Network Management

Date: June 20, 2025

Subject: Open Enrollment for Forensic Evaluators; NC Medicaid Long Term Services and Supports Office Hours; NCTracks Quick Links; Trillium Health Resources Will be Performing Maintenance July 3-July 7; Important Provider Reminder; Provider Staff Education Evidence; Healthy Opportunities Pilots Service Stop; Attention: Home Health Providers; IRIS Reminders for Providers; Roadmap to Ready: June 2025; Provider My Learning Campus Reminder; NCDHHS Accepting Naloxone Provider Requests; How Covid Changed our Mental Health; Fingerprinting Values Updated on the Provider Permission Matrix; Providers Using Alpha+ and iTransact; Register for Trillium's Provider Forums; Reminder on Medicaid Beneficiaries and Incarceration; Together We Rise: Fostering Resilience, Collaboration and Well-Being; New Third-Party Liability Edit; Updates to Provider Suspension Process; Timely Access – Appointment Wait Times Reminder; Upcoming Trillium Symposium; Mental Health Parity and Addiction Equity Act Webpage; Need to Report Fraud, Waste, and Abuse?

NEW

OPEN ENROLLMENT FOR FORENSIC EVALUATORS

Trillium is currently recruiting for forensic evaluators within the Trillium Region.

For interested providers not currently certified, Trillium will register the applicant for a free, online training offered August 22, 2025. Applications accepted until August 8, 2025. Certification requires completion of the six-hour training, followed by a passing examination score. Participants will be required to submit their certificate to Trillium Health Resources once it is emailed to you from the state.

STATE GUIDELINES FOR TRAINING ELIGIBILITY:

1. Be a fully licensed clinician as defined in Rule 10A NCAC 27G.0104;

2. Work under contract with a LME-MCO;

3. Provide documentation of current licensure status to the LME-MCO;

4. Provide documentation of training and expertise with the mental health, developmental disabilities, or substance abuse (MH/DD/SA) services population;

5. Request the LME-MCO submit his or her name to the Pre-Trial Evaluation Center for the training and certification program; and

6. Complete annual recertification training as scheduled.

Click the link below to submit your application:

Forensic Evaluator Open Enrollment

NC MEDICAID LONG TERM SERVICES AND SUPPORTS OFFICE HOURS

NC Medicaid is hosting program specific office hours. Sessions will provide an opportunity for stakeholders to request technical assistance about issues and concerns.

NC Medicaid's annual Long Term Services and Supports (LTSS) Medicaid Forum took place on June 4-5, 2025, bringing together stakeholders to meet and discuss important topics. During the Forum, NC Medicaid announced information regarding upcoming Office Hours. The sessions will allow stakeholders to ask questions, address concerns, and request technical assistance.

Below is the link for the upcoming LTSS Office Hours by program:

NC Medicaid Long Term Services and Supports Office Hours

NCTRACKS QUICK LINKS

- Updated Tobacco-Related Policy Requirements Delayed until Jan. 1, 2027
- Hospital at Home Program Extended Through Sept. 30, 2025
- NC Suicide Prevention Action Plan Posted for Public Comment
- Inclusion Works Lunch & Learn Series
- SERNRA / NAMRC / NCRA Training Conference Call for Session Proposals

REMINDERS

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 a.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.

IMPORTANT PROVIDER REMINDER

Trillium is committed to ensuring that our Provider Directory displays accurate, up-to-date information to assist members, families, providers, and stakeholders in making informed decisions when selecting a provider. The directory is populated with data from NCTracks, including phone numbers, addresses, and provider availability.

It is essential that providers keep their information in NCTracks current and accurate. We strongly encourage all provider agencies to regularly review their contracted site details in NCTracks and make updates as needed.

For questions or assistance, please contact us at:
TrilliumProviderDirectory@TrilliumNC.org.

PROVIDER STAFF EDUCATION EVIDENCE

Trillium's Network Auditing Team has identified a monitoring trend. There has been an increase in the submission of educational documentation that cannot be verified, indicating that staff may not meet the necessary qualifications to deliver services. Providers should be especially cautious about accepting education credentials from "diploma mills." These entities issue degrees, diplomas, or certificates in exchange for a fee, often with little to no academic coursework required, and are not accredited by recognized accrediting agencies.

Trillium and providers have a responsibility of verifying staff education, including high school diplomas, GED and college degrees of staff delivering services in accordance with Clinical Coverage Policy, Service Definitions and General Statues. If a diploma is issued by a non-accredited institution or an accrediting body that is not widely recognized, Trillium and providers may initiate further review and may determine that the documentation is insufficient to verify educational qualifications. For questions or assistance, please contact us at NetworkMonitoring@TrilliumNC.org.

HEALTHY OPPORTUNITIES PILOTS SERVICE STOP (EFFECTIVE JULY 1, 2025)

Due to a lack of funding currently available in the North Carolina General Assembly's Senate or House budget bills, the state is stopping 1) all new service authorizations and 2) existing service delivery for all Healthy Opportunities Pilots services until further notice. This means that services provided under the Healthy Opportunities Pilots program will no longer be available after this date, including for individuals currently receiving services. Specifically:

- No new Healthy Opportunities Pilots services will be authorized after June 9, 2025, to include Passthrough services.

- Existing Healthy Opportunities Pilots services will no longer be delivered after July 1, 2025

- Other Medicaid benefits and services will not be affected by this change

- While services will stop by July 1, our hope is that this will only be a pause, and Healthy Opportunities can resume once additional funds are appropriated by the General Assembly.

ATTENTION: HOME HEALTH PROVIDERS

Section 12006 of the Twenty-First Century Cures Act (Cures Act) and the Centers for Medicare & Medicaid Services (CMS) require utilization of an Electronic Visit Verification (EVV) system for all services provided in the home.

To ensure that the provider community complies with the Cures Act requirements, the state of North Carolina will require **HHCS providers to move from Soft Launch to Hard Launch effective October1, 2025**. As a result, Trillium will continue its partnership with HHAeXchange as its EVV solution for Home Health services.

In preparation for the HHCS Hard Launch, we want to ensure your agency is ready. Therefore, Trillium Health Resources along with its Standard Plan Partner, Carolina Complete Health (CCH) will be offering two options for submission of Trillium Tailored Plan Home Health claims.

1. **Direct Bill Option** - providers can choose to submit billing directly to the plan just as they do now. However, providers must still submit visit data via HHAx Trillium portal! Visit data from HHAx and the direct billed claims to the plan will be matched at the plan level. **Reminder**: Providers are **still** required to submit visit information via HHAeXchange even if direct bill option is used.

2. **HHAx claims submission** – providers will bill claims with visit data via HHAx. Claims will then be sent to the plans for adjudication.

HHCS providers are encouraged to submit EVV visit information to HHAeXchange through the duration of the soft launch period to ensure all systems are operating as intended for a successful hard launch.

HH HARD LAUNCH GUIDELINES EFFECTIVE OCTOBER 1, 2025:

- All providers are expected to be fully compliant with EVV requirements.

- Direct billed claims will pend for 14 days waiting on visit data from HHAx. If visit data is not received from HHAx within 14 days of receipt of the claims, the claims will deny.

EVV VISIT DATA MUST BE SUBMITTED AND VALIDATED PRIOR TO CLAIMS ADJUDICATION.

- Soft launch will continue through September 30, 2025. October 1, 2025 and after, claims will deny without EVV criteria.

🌲 If you experience challenges with claim submission through HHAeXchange during soft launch, you are able to submit claims outside of HHA while working collaboratively with Trillium and HHA to resolve any barriers.

RESOURCES:

🌲 [Trillium Health Resources website](#)

🌲 [Trilliums EVV page](#)

🌲 [Trilliums Home Health Service Code Crosswalk](#)

🌲 Onboarding Form Link: [North Carolina Home Health HHAeXchange Provider Enrollment FormLME Provider Portal Questionnaire](#)

🌲 [HHAeXchange Knowledge Base](#) HHAeXchange job aids and resources link

🌲 [Billing](#) Watch billing videos to learn more about the billing process

🌲 [HHAeXchange Knowledge Base Home](#) for Providers with 3rd Party EVV Provider

🌲 [Managed Care Electronic Visit Verification Home Health Implementation Hard Launch Effective Oct. 1, 2025, | NC Medicaid](#)

For questions or issues encountered please email ClaimsSupport@TrilliumNC.org.

IRIS REMINDERS FOR PROVIDERS

IRIS ALERTS:

🌲 [Live IRIS site](#)
🌲 [IRIS Training site](#)

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 required 72-hour 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 the 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.

- 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.

- 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 a referral to Compliance.

REMINDERS

- If staff is involved in a car accident while providing services to a member, an incident report is required to be submitted in IRIS. Even if the 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.

- 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 where the member's Medicaid 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 checked **YES**. Then complete the abuse tab and 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.).

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) for **IRIS counties**: Jones, Pamlico, Craven, Pitt, Beaufort, Hyde, Dare, Tyrrell, Washington, Martin, Bertie, Chowan, Perquimans, Pasquotank, Currituck, Camden, Gates, Hertford, Northampton, Halifax, Nash.

🌲 Cedric Johnson (Cedric.johnson@trilliumnc.org) **for IRIS counties**: Bladen, Columbus, Brunswick, New Hanover, Pender, Onslow, Carteret

🌲 Christy Way (Christy.Way@trilliumnc.org) for **IRIS counties**: Anson, Hoke, Lee, Montgomery, Moore, Randolph, Richmond

🌲 Debbie Powell (Debbie.Powell@trilliumnc.org) for **IRIS counties**: Guilford

🌲 John English (John.English@trilliumnc.org) for IRIS counties: Edgecombe, Wilson, Robeson, Scotland, Greene

🌲 Veronica Murphy (Veronica.Murphy@trilliumnc.org) for **IRIS counties**: Duplin, Lenoir, Sampson, Warren and Wayne

ROADMAP TO READY: JUNE 2025

Each month we will cover a topic that is a part of the Centers for Medicare & Medicaid Services Emergency Preparedness Rule. In May we covered how to help your members or residents with their emergency plans. Interested to see what we covered in past posts, click here?

It's officially Hurricane season, which for many of us means it's time to refresh staff on emergency protocols and have a tabletop exercise. For the official hurricane season prediction please visit the National Weather Service.

Tabletop Exercises are used to help train, improve plans and identify areas of improvement. All CMS facilities must conduct at least one exercise a year, in patient providers are required to have two.

For tools to assist you in creating a scenario, documentation, or after-action reports:

- 🌳 ASPR- TRACIE
- 🌳 Cybersecurity & Infrastructure Security Agency

Join community-based table top exercises by reaching out to your Healthcare Coalitions or your local Emergency Management office. Interested in attending training to further your knowledge of emergency management and response? Visit NCTERMS here

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.

PROVIDER MY LEARNING CAMPUS REMINDER

To find updated and current Provider Trainings please visit this link Provider My Learning Campus or this link.

NCDHHS ACCEPTING NALOXONE PROVIDER REQUESTS

In response to the continuing opioid crisis, the North Carolina Department of Health and Human Services (DHHS) seeks to make naloxone, an overdose reversal medication, more widely available, particularly to individuals at highest risk of opioid overdose.

Providers are invited to submit a request via the online survey form: Naloxone Request Survey through Thursday, July 10, 2025. This form is for organizations to submit requests for naloxone for distribution in communities with high overdose rates. This form is not intended for individuals requesting naloxone. For resources related to overdose prevention and accessing naloxone, please visit NaloxoneSaves-nc.org.

NCDHHS Accepting Naloxone Provider Request Form

HOW COVID CHANGED OUR MENTAL HEALTH

In the debut episode of Navigating Mental Health NC, DMH/DD/SUS Director Kelly Crosbie and DHHS Chief Psychiatrist and Deputy Chief Medical Officer Dr. Carrie Brown, discuss how COVID-19 changed the mental health landscape in North Carolina. Hosted by Meghan Kolb, TV host and lifestyle influencer, this episode's discussion explores the profound impact of the COVID-19 pandemic on mental health across North Carolina.

From feelings of isolation and stress to the pressure on our healthcare workers and youth, Crosbie and Brown dive into the real stories and challenges people faced and the impact it has on North Carolinians today. They also discuss recovery efforts in its aftermath and highlight statewide initiatives and community support programs.

- 🌲 Listen to the Podcast
- 🌲 Find out More

FINGERPRINTING VALUES UPDATED ON THE PROVIDER PERMISSION MATRIX

Beginning June 1, 2025, the "FINGERPRINTING-REQUIRED" column on the Provider Permission Matrix will display either YES or NO values. "Fingerprinting is not required" equates to NO. Any option that contains "...Fingerprinting is required...." will equate to a simple YES. This change will not impact established fingerprinting requirements and is intended to simplify information displayed. This applies to all state designations and health plans.

The Provider Permission Matrix, as well as a Provider Permission Matrix Instructions job aid are available on the NCTracks Provider Enrollment webpage.

CONTACT

- 🌲 NCTracks Call Center: 800-688-6696

- 🌲 Provider Ombudsman: 866-304-7062

- 🌲 NCTracks Home

ATTENTION PROVIDERS USING ALPHA+ AND ¡TRANSACT

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.

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 July 23, 2025.

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

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.

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.

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

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.