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

Trillium Provider Network Transition

Questions & Answers

1. What is changing with Trillium Health Resources' provider network?

Currently, Trillium Health Resources leverages its physical health provider network & corresponding claims system from Carolina Complete Health (CCH). Physical health providers are being invited to have a direct contract with Trillium. Trillium will continue to have a relationship with CCH for those providers who have not contracted directly with Trillium. However, effective July 1, 2026, Trillium will directly manage its own unified claims system.

A "unified claims system" means that Trillium will handle all Tailored Plan claims directly. Providers will no longer submit PH claims to CCH. There will be no changes to the Medicaid Direct claims submission process.

2. Why is this change happening?

By implementing our own unified claims system, Trillium Health Resources can:

- *Strengthen relationships with providers.*
- *Improve efficiency in claims processing and provider support.*
- *Enhance care coordination for members.*
- *Offer more flexibility in network management to better meet provider and member needs.*

3. How does this impact me as a provider?

To ensure that your organization can continue serving Trillium members without any disruption in payment, Trillium is partnering with Andros, a trusted provider network management firm to facilitate contracting directly with Trillium. Andros will contact you directly to begin the contracting process. Contracting directly can strengthen our partnership and support the delivery of coordinated and efficient care. Trillium has also streamlined our contracting process by adding a behavioral health amendment option for physical health providers that currently have a Tailored Plan Behavioral Health Contract with Trillium.

The implementation of the unified claims system will require you to file your claims with Trillium.

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4. Are there any changes to reimbursement rates or fee schedules?

The new contract may include updates to reimbursement rates, policies, and processes. We encourage you to review the contract carefully and contact us if you have any questions regarding compensation.

Trillium intends to honor all current contracted rates.

Trillium requests that you execute a written contract directly with Trillium and actively participate in the good faith contracting process. Please note that not completing these steps may impact your reimbursement rate.

5. What are the key deadlines I should be aware of?

July 1, 2026 *– Trillium will fully adopt its unified claims system.*

6. How do I submit the signed contract?

You can submit the signed contract through this link:
https://apps.andros.co/Trillium

7. Will there be a credentialing process for the new contract?

No, all providers will go through a credentialing process with NC Tracks as part of NC Medicaid enrollment. If you are already credentialed and enrolled with NC Tracks, Trillium will use the information provided in the Provider Enrollment File from the Department and not require additional credentialing information.

8. How do I file claims after July 1, 2026?

Beginning ***July 1, 2026****, all* ***Tailored Plan claims*** *must be submitted through* ***iTransact****, Trillium's new claims processing system.*

- *Effective Date: July 1, 2026*
- ***System:*** *iTransact*
- *Claim Submission Methods:*
  - ***Electronic Submission:*** *Through the iTransact provider portal.*
  - ***EDI (Electronic Data Interchange):*** *Specific details and payer IDs will be provided before implementation.*

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- *Paper Claims:* Accepted under limited circumstances (details to be shared in provider training sessions).

We will provide training sessions and step-by-step guides to ensure a smooth transition to iTransact before the implementation date.

9. What support will Trillium provide during this transition?

To assist providers, we will offer:

- *Dedicated support staff to answer questions.*
- *Webinars and informational sessions to walk through contract details.*
- *A provider help desk for claims, enrollment, and other inquiries.*

10. Will there be any changes to prior authorization requirements?

You will continue to submit prior authorization requests through Carolina Complete Health until told otherwise.

11. How do I know if I am eligible to join the new network?

Trillium has an open network for any willing and able Medicaid enrolled provider. All providers offering physical health services are invited to contract with Trillium.