

# Trillium

HEALTH RESOURCES

Transforming Lives. Building Community Well-Being.

# April Provider Forum





## AGENDA

01

Welcome and Overview of Trillium's Tailored Plan

02

Provider Directory Demonstration

03

NEMT

04

Identifying a Member's Care Manager

05

Submitting IT Tickets

06

Third-Party Billing

07

Individual Placement and Support



## AGENDA

- 08 Expedited Appeals Criteria and
- 09 Designating an Authorized Representative for an Appeal
- 10 Essential Information for Physical Health Providers
- 11 PCS Billing Guidance
- 12 New Provider Survey Coming Soon
- 13 Resources for Providers
- 14 Questions & Answers

# 1

## Welcome and Overview of Trillium and the Tailored Plan

Linda Hawley Isbell, MA, CI

*Associate VP of Provider Relations and Engagement and Provider Support Services*

Chauncey Dameron, MBA, & Kimberly Wagner, MBA

*Provider Relations and Engagement Managers*

# About Trillium Health Resources



- Trillium Health Resources is a Tailored Plan and Managed Care Organization (MCO) that manages serious mental health, substance use, traumatic brain injury, and intellectual/developmental disability services in North Carolina.
- For individuals receiving Medicaid through the Tailored Plan, we cover physical health care and pharmacy services as well.
- We also help uninsured individuals through state-funded services.

# Regional Information

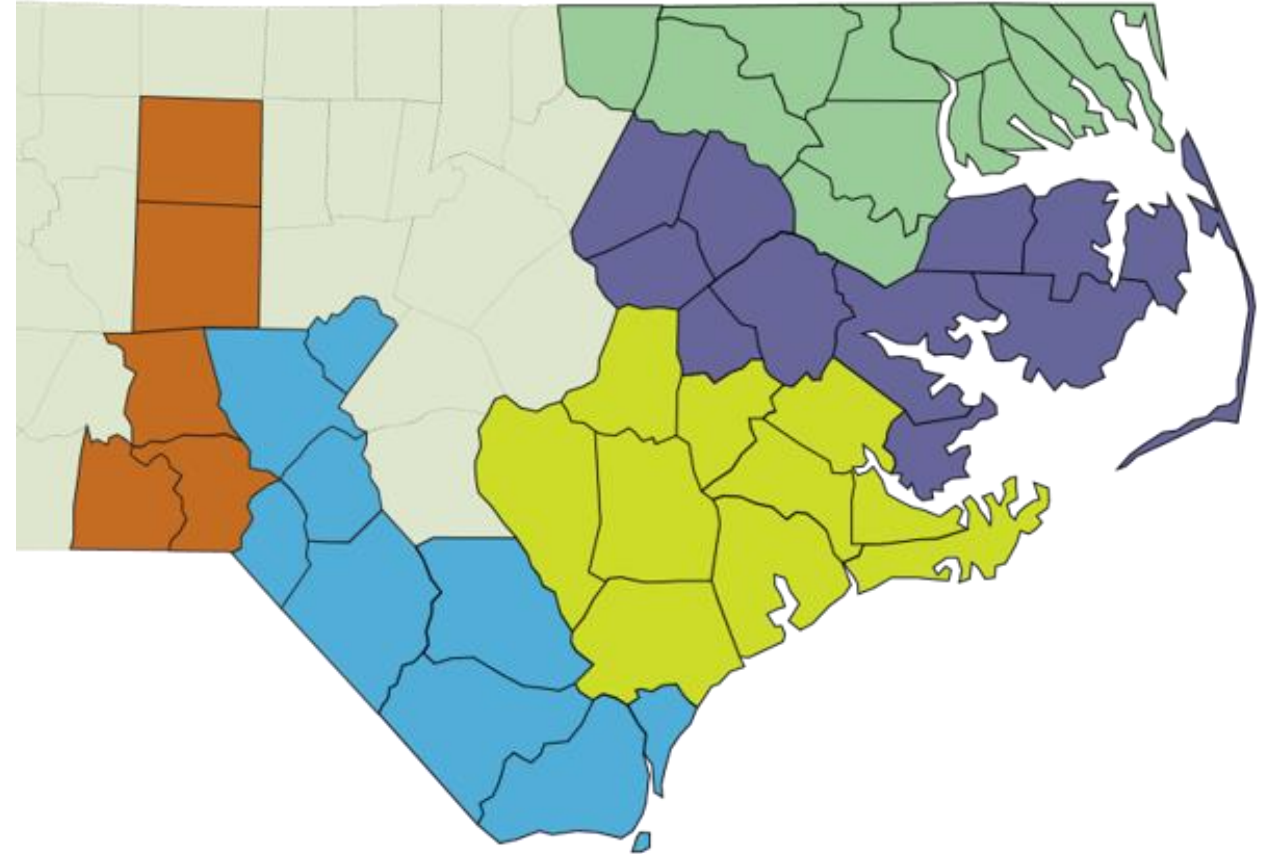
46 Counties

Land mass: 28,977 sq mi

Percentage of land mass in NC: 59.61%

Total Population: 3,152,058

Percentage of NC pop: 30%



# Network

- Physical health providers: 54,105
- Behavioral health providers: 14,103
- Vision providers: 452
- Pharmacy and medical supplies: 2,788
- Counties covered by providers: 100

# Question & Answer and Live Discussion



Submit questions via the Q&A icon throughout the meeting and allotted time for the answers at the end of the presentation.



We will have Subject Matter Experts responding in the chat to questions throughout the meeting.



If there are questions that require more research, we will review them and provide the answer in the Frequently Asked Questions Document (FAQ) that is posted on our website.



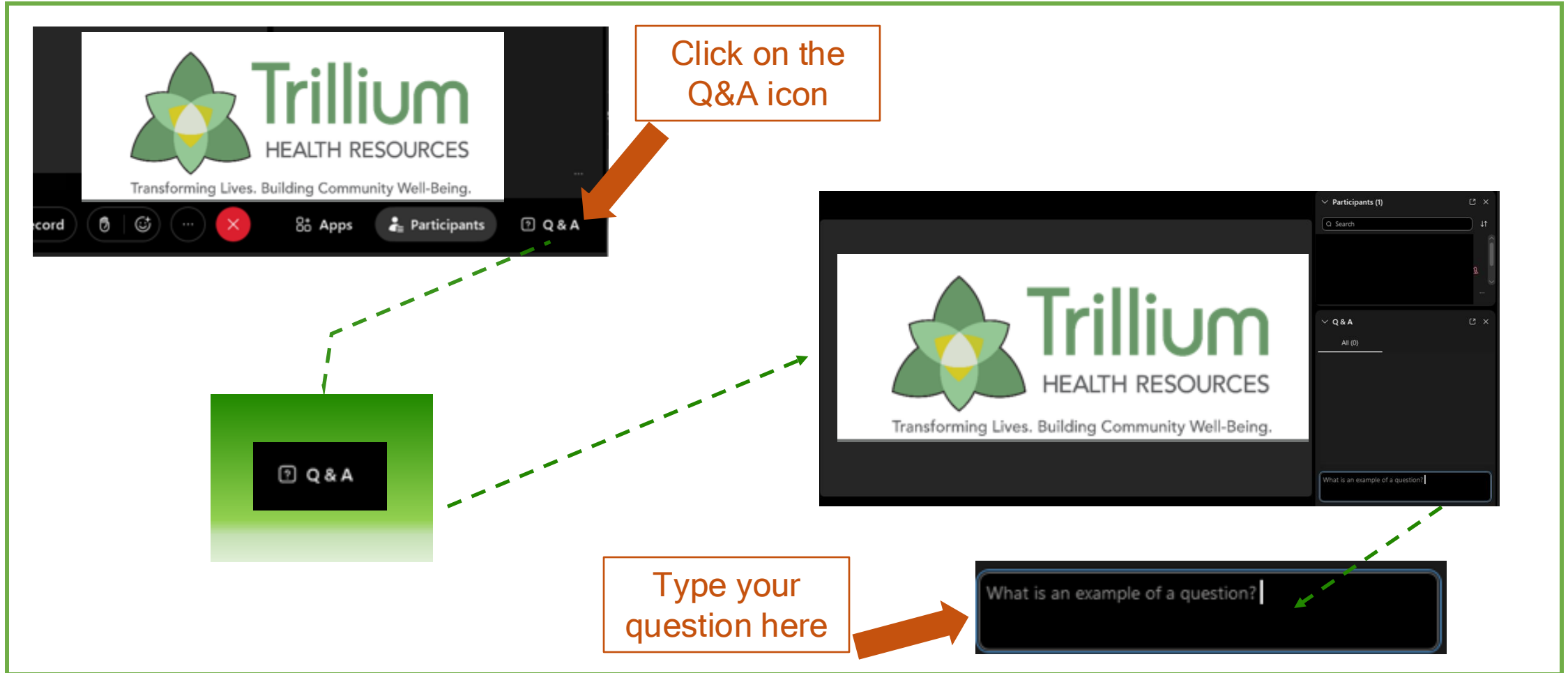
The use of artificial intelligence (AI) features including, but not limited to, programs, and/or apps to assist with transcription and/or recording during any Trillium WebEx Meeting is not permitted. This meeting includes the following features:

Recording

Transcript/highlights



# Accessing the Q&A feature in WebEx.



# Provider Forums

During the fall of 2024 we conducted a survey to collect data on the topics that you, our provider network would like to receive technical assistance and education on.

## Top 7 Topics

1. Claims Denials - Refer to February Forum Recording
2. Review of the Trillium Tailored Plan - Refer to February Forum Recording
3. How to Add or Remove Services- Refer to February Forum Recording
4. Personal Care Services - Refer to February Forum Recording
5. TBS Set Up - *Upcoming May 14<sup>th</sup> Provider Forum*
6. Questions about the Physical Health Portal through Carolina Complete Health - Refer to February Forum Recording
7. A Demo of the Provider Directory - On Today's Agenda

There are many other topics that were identified in the survey that we would include in upcoming forums along with other hot topics as they come up.



# Tailored Plan Partnerships



# Trillium's Tailored Plan Partners

## Carolina Complete Health (CCH):

Trillium's Standard Plan Partner; responsible for our Physical Health Network including Primary Care, Specialty Care, Durable Medical Equipment (DME), Vision, Long-Term Services and Supports (LTSS) Non-Emergency Medical Transportation (NEMT), and Non-Emergency Ambulance Transportation (NEAT).

## Centene Vision Services:

Trillium's Vision partner (formerly Envolve), through our agreement with CCH; responsible for our Optometry Network.

## PerformRx:

Trillium's Pharmacy Benefit Manager partner; responsible for our Pharmacy Network.

## Modivcare:

Trillium's NEMT partner, through our agreement with CCH; responsible for our NEMT Network.

## NC Department of Health and Human Services:

Trillium's oversight entity; responsible for managing the delivery of health and human-related services for all North Carolinians.

# 2

## Provider Directory Demonstration





Julie Kokocha, M.Ed., BS, AHFI

*Associate VP of Network Accountability • Network Management Leadership*

# Provider Directory Availability

- ✿ Trillium's Provider Directory is available electronically and in a paper version.
  
- ✿ Trillium's Electronic Provider Directory:
  - Located on Trillium's website- <https://www.trilliumhealthresources.org/>
  - Searchable
  - Results can be saved
  
- ✿ Trillium's Printed Provider Directory:
  - Members can request a paper copy through the Member & Recipient Service Line ([1-877-685-2415](tel:1-877-685-2415))
  - A paper copy is available without charge upon member request

# Provider Directory Key Points

-  The Provider Directory lists fully contracted Behavioral Health, I/DD, Physical Health, and Pharmacy providers by sites.
-  The Provider Directory is updated daily with approximately 85,000 provider listings.
-  The Provider Directory displays information supplied by providers via the NCTracks system.
-  Providers must maintain and update their data in NCTracks for all Directory items except 2 data points (provider's website and cultural competency training).

# Electronic Provider Directory Resources



- ✿ Provider Directory webpage contains:
  - Demo Video
  - Search Tips sheet
  - Glossary of Terms
  - Options to report issues
  - Export to print feature allows users to save a copy of their search or print the provider directory results



# Two Search Options

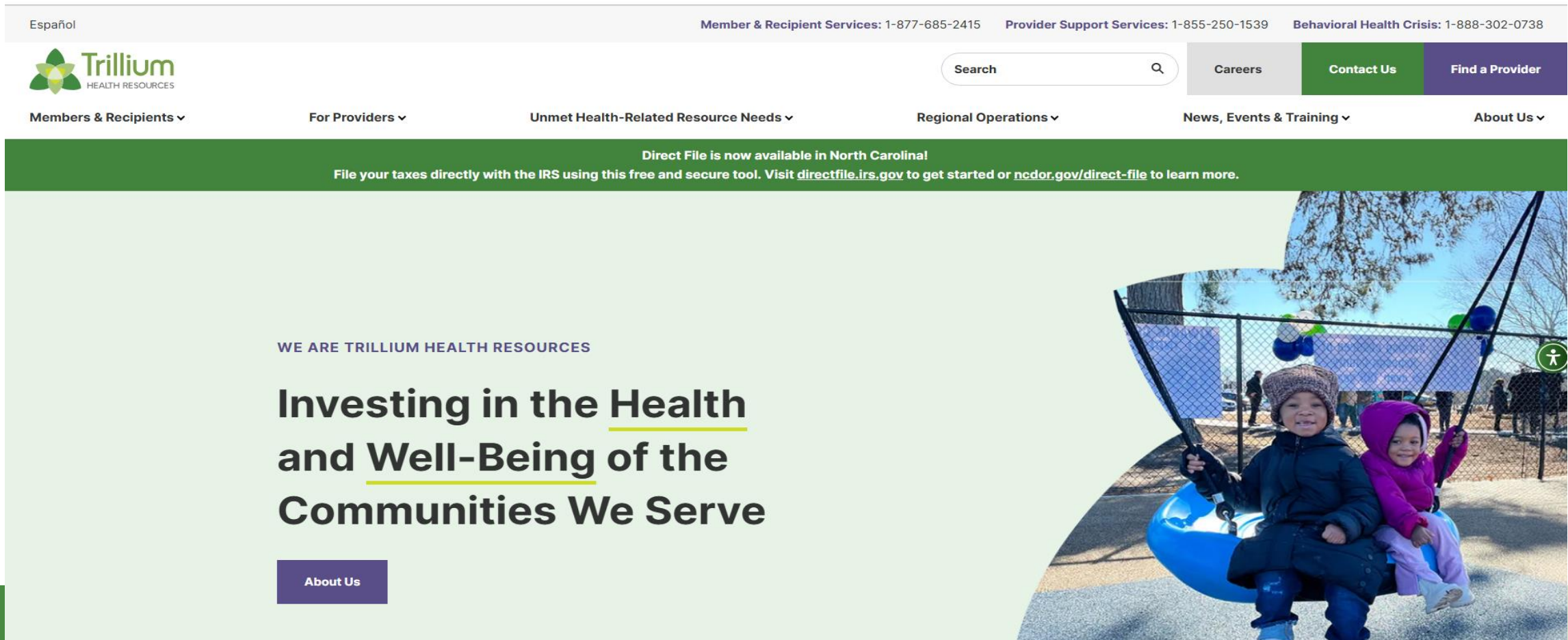
 There are two ways to search:

- **Option A:** A user can find a provider by searching by a specific provider type and location by clicking on a provider picture and clicking the green “NEXT” bar at the bottom.
- **Option B:** A user can skip the search pictures and view the entire Provider Directory by clicking “CLICK FOR FULL PROVIDER SEARCH”.

# Electronic Provider Directory Location



- 🌿 Navigate to Trillium Health Resources' website <https://www.trilliumhealthresources.org/>
- 🌿 Click on the purple "Find a Provider" box located on the top right side of the page.



# Provider Directory Demonstration

- 🌱 Today's demonstration will:
  - Review the basic layout of the Provider Directory
  - Detail the search options
  - Outline the key features
  - Illustrate an example

# 3

## Individual Placement and Supported Employment

Katie Hewitt

*Head of Practice Management • Network Management - Contracting & VBP*

# Employment First

- ✿ March of 2019, Governor Cooper signed Executive Order 92, declaring Employment First for North Carolinians with Disabilities.
- ✿ “Employment First” = national movement that recognizes all citizens, including individuals with significant disabilities, are capable of participation in integrated employment and community life.
- ✿ 1.3 million of North Carolinians have a disability.
  - Only 35% of individuals with a disability are employed,
  - Compared to a 76% employment rate for individuals without a disability.

<https://oshr.nc.gov/state-employee-resources/diversity-inclusion/resources/employment-first>

# Benefits of Employment

- 🌱 Employment is recovery, which helps people have valued social roles and community inclusion
- 🌱 Daily routine and structure
- 🌱 Build natural supports
- 🌱 Sense of purpose and contribution
- 🌱 Financial



# Introduction to 1915(i) IPS-SE

- ✿ State Funded or Medicaid 1915(i) Clinical Coverage Policy 8H-2.
- ✿ IPS-SE is an evidence-based model that was developed by the Dartmouth Psychiatric Research Center. Evidence-based model = Provider fidelity reviews.
- ✿ IPS teams assist individuals with SMI/SPMI and/or severe SUD in choosing, acquiring, and maintaining competitive integrated employment in their communities.
- ✿ IPS-SE is person-centered with a focus on employment.
  - Education supports are part of IPS-SE when the educational program is related to a person's career goal.
- ✿ IPS is not a clinical service. IPS-SE teams partner with behavioral health providers who support the individual's clinical needs.
- ✿ IPS-SE is funded by NC Core Milestones. Milestone information is NOT documented in the Clinical Coverage Policy.

## Clinical Coverage Policy 8H-2 Entrance Criteria:

- 16 years of age and older; and
- One or more of the following diagnoses: SMI, SPMI and/or severe SUD; and
- Expressed the desire to work; and
- Have one or more of the following:
  - an established pattern of unemployment, underemployment, or sporadic employment; or
  - educational goals that relate to employment goals; and
- A need for assistance in obtaining or maintaining employment in addition to what is typically available from the employer because of functional limitations related to their diagnosis.

\*Individuals with sole IDD or TBI diagnoses would not qualify for IPS-SE. CCP 8H-1 is SE for individuals with IDD and TBI.

\*Individual with dual IDD and BH diagnoses should be assessed considering both service definitions and which service would be most appropriate based on individual's clinical needs.



# IPS-SE Team Composition

## IPS Team Lead

- Guides services and supervises the team

## Employment Support Professional

- Job development and search, follow-along supports

## Employment Peer Mentor

- Supports the Member with their lived experience

## Benefits Counselor

- Dispel the myths that gaining employment = loss of benefits

## Program Assistant

- Support administrative needs of the team

- IPS teams must apply a **zero-exclusion** criteria, meaning that *readiness factors* will NOT disqualify a beneficiary from engaging in employment. *Readiness factors* may include:
- active substance use,
  - criminal background,
  - mental health symptoms,
  - treatment/medication non-adherence,
  - personal presentation,
  - medical conditions/physical limitations,
  - access to transportation

**It's essential that TCMs understand zero-exclusion criteria and not apply their own biases to the individual's readiness for employment. If we don't keep our biases in check, we are at risk of discriminating.**

# NC Core Milestone Payment Model

## NC Collaborative for Ongoing Recovery through Employment (NC CORE)

- Not funded fee-for-service → Outcome driven reimbursement through Milestones
- Braided reimbursement between LME/MCO and Division of Employment and Independence for People with Disabilities (EIPD), formerly Division of Vocational Rehabilitation (DVR).

IPS-SE NC Core Milestones do **NOT** require a prior authorization😊

NC Core is not referenced in CCP 8H-2

**This is important information that you will not find in the CCP:**

1915i Service Code	Milestones	Milestone Description	Payer
H2023 U4	Milestone 1	Engagement with Informed Decision Making	Trillium
H2023 U4	Milestone 2	Collaboration with Career Profile	Trillium
NA	Milestone 3A - C	Job Search, Employer Networking, 3 Days On Job Support	EIPD
NA	Milestone 4	Recovery	EIPD
NA	Milestone 5A - C	IPS Vocational Recovery 30 days, 60 days and 90 days	EIPD
H2023 U4	Milestone 6	Long-Term Job Retention	Trillium
H2023 U4	Milestone 7	Career Advancement	Trillium
H2023 U4	Milestone 8	Educational Advancement	Trillium
H2023 U4	Milestone 9	Vocational Recovery and Independence	Trillium

# Medicaid 1915(i) IPS-SE and TCM

To receive Medicaid 1915i IPS-SE services the Member must be eligible for 1915i and have a Care Plan.

## 1915(i) Assessment:

- TCMs complete the 1915(i) assessment to determine eligibility of IPS-SE 1915(i) benefits. During the assessment you may identify individuals who have an interest in employment.
- TCMs send the 1915(i) assessment to Carelon for review to determine eligibility for 1915(i) services.

## Care Plan:

- Once the Member is eligible for 1915i benefits, the TCM completes the Care Plan.
- The Care Plan must reflect the Member's **Employment Goal** and **NC CORE H2023 U4 Milestones 1 - 9**.
- The Care Plan is the **Service Order** for IPS-SE and must be shared with IPS-SE team before they can begin services.
- The Care Plan is valid for one year. TCMs will need to update Care Plans annually and share new copy with IPS-SE provider.
- The IPS-SE fidelity model measures 'rapid engagement' in the service, so timely access to the Care Plan is essential for the IPS-SE provider fidelity.

Remember - IPS-SE NC Core Milestones do NOT require a prior authorization 😊

- ✿ The United States of America v The State of North Carolina Settlement Agreement (Settlement Agreement) 2012 - present: “the State will develop and implement measures to provide Supported Employment Services (SE) to individuals with a Serious Mental Illness (SMI) who are in or at risk of entry to an ACH”.
- ✿ Transition to Community Living

- ✿ IPS-SE is tricky business!
  - Trillium's Network Practice Management is a dedicated team to support providers, internal Trillium Teams and External Stakeholders.
- ✿ For 1915i IPS-SE, the Care Plan is the Service Order, the IPS-SE providers cannot provide services until they receive the completed Care Plan from TCM.
- ✿ Contact Info: [Katie.Hewitt@trilliumnc.org](mailto:Katie.Hewitt@trilliumnc.org)

4

## NEMT

Katy Eads, LPA

*Clinical Support Director • Clinical Operations - Population Health*




# Non-Emergency Medical Transportation (NEMT)



- 🌿 Non-Emergency Medical Transportation (NEMT)/ Non-Emergency Medical Transportation (NEAT) provides transportation to members for medically necessary covered services.
- 🌿 NEMT is available Tailored Plan beneficiaries.
- 🌿 For **NC Medicaid Direct** and Eastern Band of Cherokee Indians (EBCI) Tribal Option members, the beneficiary's local Department of Social Services (DSS) provides NEMT services.
- 🌿 <https://medicaid.ncdhhs.gov/county-playbook-medicare-managed-care/nemt>
- 🌿 <https://www.trilliumhealthresources.org/members-recipients> - link to Trillium Webpage with NEMT Brochure

# NEMT Commonly Asked Questions

 What number do members or care managers call to schedule Nonemergency Medical Transport or NEMT?

- Call 877-685-2415 and you will hear a menu of options press the prompt for transportation.
- After pressing the prompt for transportation, you will be connected to Modivcare's NEMT Call Center. Members or care managers may use this same number if their ride is late, or they do not show "where's my ride" Modivcare will attempt to find another ride if the ride can not be recovered, they will work with the member if the appointment must be rescheduled.



# NEMT Commonly Asked Questions

✿ Can NEMT take me to the grocery store or to work?

- No, NEMT is a benefit that provides transportation to members to and from Medicaid covered services in which transportation is not provided. NEMT can be used to pick up medication from the pharmacy.



# NEMT Commonly Asked Questions



Can member's receive gas vouchers?

- No, however members, family members or friends providing transportation can be reimbursed for mileage. Mileage reimbursement will need to be arranged by calling prior to your appointment.
- The trip need to be documented just like other scheduled trips and the driver will need to complete the needed documentation for reimbursement.
- Reimbursement is in the form of a check from Modivcare. Mileage Reimbursement Program Instructions as well as the Trip Log and instructions how to complete a Trip Log can be found online at <https://www.mymodivcare.com/members/nc>



# NEMT Commonly Asked Questions

- ✿ Do minors have to be accompanied by an adult ?
  - Yes.
  
- ✿ Can more than one person accompany a member to an appointment?
  - Modivcare will try to work to meet the individual needs of the member, when possible, please let Modivcare know when you are asking for an exception such as more than one person traveling with the member.

# NEMT Commonly Asked Questions

- ✿ What do members or care managers do if members have special needs or requests?
  - When the member, care manager or provider calls to schedule the appointment they will be asked some screening questions to determine the member's service level need and preferences. If the member has a need or preference not identified in the screening questions, please let the call agent know on the call.
  
- ✿ Examples include:
  - The member needs assistance getting to and from the car.
  - Provider X has been driving the member to their appointments for the last 10 years and the member would prefer to ride with that driver
  - The member has always ridden on the bus, and they become anxious when another contracted transportation provider is scheduled.
  - The member had a bad experience with driver X and prefers not to ride with the driver.
  
- ✿ If the member has had a bad experience, it is important to let Modivcare know. When possible, please share which will allow Modivcare to follow-up with the call agent or driver. If you don't know the name of the driver, then you can share the date and time of your trip.

- ✿ When do I need prior authorization for NEMT?
  - For trips over 75 miles one way, for overnight accommodations, air travel or travel related expenses such as meals or parking

- ✿ Who acquires prior authorization for NEMT?
  - Modivcare will work to obtain any prior authorization it is not the responsibility of the member or care manager.
  - The member or LRP does have to call Modivcare prior to the appointment for Modivcare to obtain prior authorization and/or schedule any accommodations. For routine appointments two days notice is needed but no more than 30 days.

- ✿ Is there a special number for providers or facilities to use when calling to schedule reoccurring appointments such as dialysis and daily medication assisted therapy?
  
- ✿ Yes, Modivcare has a facilities phone and fax number:
  - Facility line: 1- 855-397-3606
  - Facility fax: 1- 855-397-3607



# NEMT

Is there a special number for providers or facilities to use when calling to schedule reoccurring appointments such as dialysis and daily medication assisted therapy?

🌱 Yes, Modivcare has a facilities phone and fax number.

- Facility line: 1- 855-397-3606
- Facility fax: 1- 855-397-3607



# 5

## Identifying a Member's Care Manager

Katy Eads, LPA

*Clinical Support Director • Clinical Operations - Population Health*

# PCP/Provider Request for a Care Manager Name or Assignment Process



- ✿ Trillium Health Resources developed a process for when a Primary Care Physician (PCP) Office or Behavioral Health Provider need to obtain the name of a member's Care Manager or Care Management assignment.
- ✿ The process was developed so there is a streamlined process for PCPs/Providers/Office Administrative staff to use to outreach to care management.
- ✿ First step is for the PCP or Behavioral Health Provider going to NC Tracks and verifying the member's Managed Care Organization/Tailored Plan (MCO/TP) and the assigned Tailored Care Management Entity. It is important the listed MCO/TP is Trillium Health Resources, and the Tailored Care Management Entity is Trillium Health Resources.
- ✿ Contacting Provider Support Services by phone or email and Provider Support Services will provide the provider with the link to the PCP/Provider Request for Care Manager Name or Assignment Referral Form, or
- ✿ Locating the form directly on the Trillium Health Resources Website under "For Providers, Resources, Provider Documents & Forms, Care Coordination Forms"
- ✿ Link to form: [PCP/Provider Request for Care Manager Name or Assignment Referral Form \(smartsheet.com\)](https://smartsheet.com)

# PCP/Provider Request for a Care Manager Name or Assignment Process (cont.)



- ✿ After the referral form is submitted, the clinical support team will review the PCP/Provider Request for a Care Manager Name or Assignment referral and provide a response within three business days.
- ✿ The response received will depend on if the member is assigned to Trillium Health Resources or a Provider Based Care Management Entity for Tailored Care Management.
- ✿ If the member is assigned to a Provider Based Care Management Entity (AMH+ or CMA), the clinical support team will provide the name and contact information of the Provider Based Care Management Entity to the individual who submitted the referral email.
- ✿ If the member is assigned to Trillium Health Resources and has an assigned care manager, the clinical support team will provide the name of the care manager. The clinical support team will alert the care manager of the request from the PCP/Provider

# PCP/Provider Request for a Care Manager Name or Assignment Process (cont.)



- ✿ If the member is assigned to Trillium Health Resources but does not yet have an assigned care manager, the clinical support team will submit the referral for care management services. The clinical support team will alert the referring individual a referral has been submitted.
- ✿ The time frame from the clinical support team's submission of the referral for care management to assignment of a care manager is 3-5 business days. If a care manager is assigned the clinical support team will contact the referring individual and provide the name of the care manager. It is important to note, the care manager will outreach to the member prior to outreach to the individual who submitted the referral.
- ✿ If a care manager is not assigned, the clinical support team will alert the referring person the referral for tailored care management was declined.
- ✿ The PCP/Provider Request for CM Name or Assignment process is for routine care management requests. If the member situation is **emergent or urgent** where it is felt a care management assignment needs to be expedited, or you are a hospital and need to refer a member on an inpatient unit or ED, please contact the Member & Recipient Services line at 1-877-685-2415.

# PCP/Provider Request for a Care Manager Name or Assignment Process Helpful Tips



- ✿ It is recommended you alert the member of the submission of the PCP/Provider Request for a Care Manager Name or Assignment referral form. Informing the member of the submission and can assist the TCM Entity with member engagement.
- ✿ If you do not receive an initial email response to your PCP/Provider Request for a CM Name or Assignment within 3 Business days, check your spam/junk folder. All emails which have PHI/PII are sent encrypted.
- ✿ If you have a Personal Care Services question or need, please refer to Trillium Health Resources website for information: <https://www.trilliumhealthresources.org/personal-care-services-pcs>
- ✿ NC DHHS and Trillium Health Resources Website has a lot of helpful information on Tailored Care Management for providers and members/recipients.
  - NC DHHS TCM information website link: <https://medicaid.ncdhhs.gov/tailored-care-management>
  - Trillium provider TCM information website link: <https://www.trilliumhealthresources.org/providers/tailored-care-management-for-providers/tailored-care-management-resources>
  - Trillium member/recipient TCM information website link: <https://www.trilliumhealthresources.org/members-recipients/tailored-care-management>

# 6

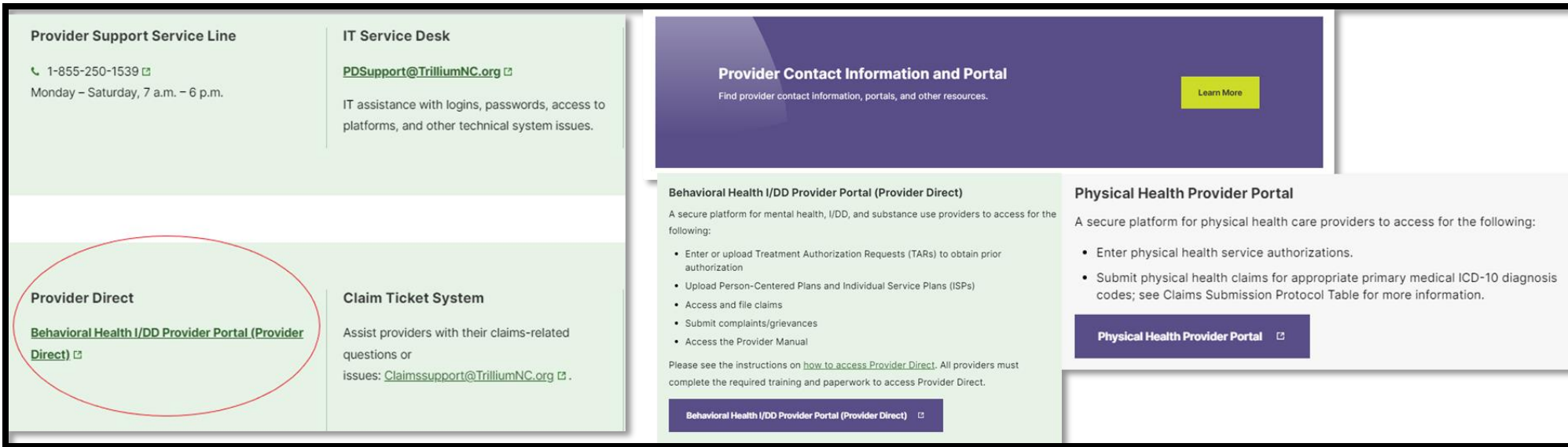
## Submitting IT Tickets

Stacey Henderson

*IT Programs Director • IT Development*

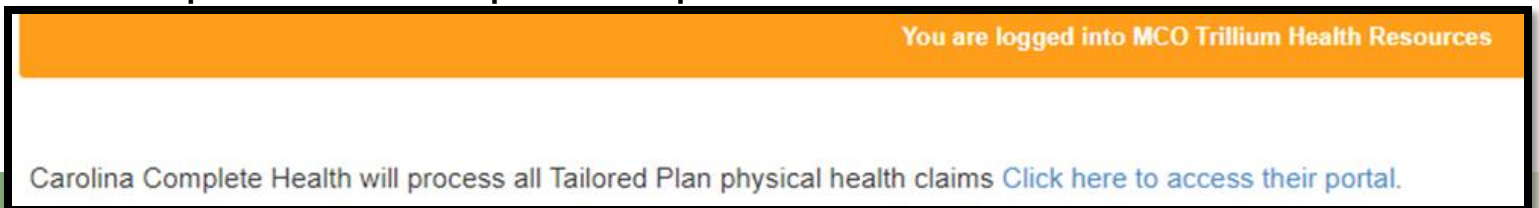
# Accessing the BH I/DD Provider Portal - Provider Direct

- ✿ To access the secure provider portal, please visit Trillium’s website at [www.trilliumhealthresources.org](http://www.trilliumhealthresources.org) and select “For Providers”
- ✿ Hyperlink to Provider Direct is displayed mid-way down on the “For Providers” page OR you can click on “Provider Contact Information and Portal”



The screenshot shows the 'For Providers' page layout. On the left, there are sections for 'Provider Support Service Line' (1-855-250-1539), 'IT Service Desk' (PDSupport@TrilliumNC.org), and 'Claim Ticket System'. The 'Provider Direct' link is circled in red. In the center, there is a purple box for 'Provider Contact Information and Portal' with a 'Learn More' button. Below this, there are two columns: 'Behavioral Health I/DD Provider Portal (Provider Direct)' and 'Physical Health Provider Portal'. The 'Behavioral Health I/DD Provider Portal' section lists steps for accessing the portal and includes a link to 'Behavioral Health I/DD Provider Portal (Provider Direct)'. The 'Physical Health Provider Portal' section lists steps for accessing the portal and includes a link to 'Physical Health Provider Portal'.

- ✿ In addition, a direct link to Carolina Complete Health’s provider portal is available within each screen within Trillium’s Provider Direct portal



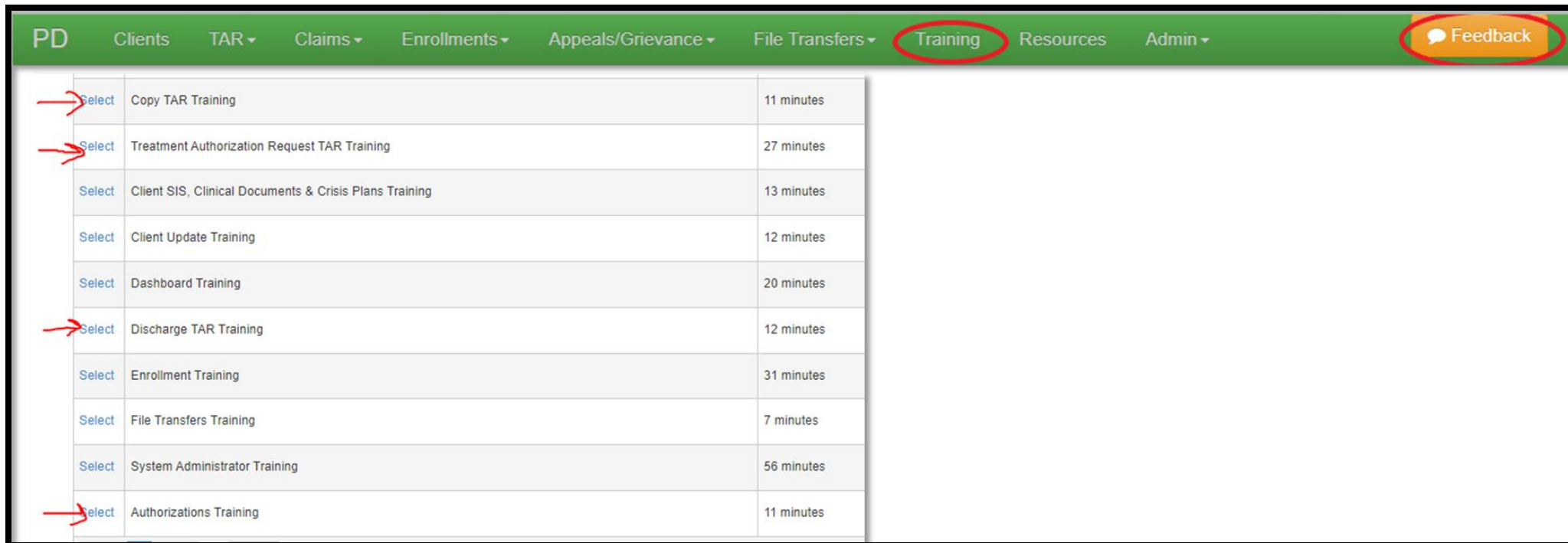
You are logged into MCO Trillium Health Resources

Carolina Complete Health will process all Tailored Plan physical health claims [Click here to access their portal.](#)



# Training Resources with PD and Submitting a Ticket for Tech Support

- 🌱 Training Materials for many Provider Direct functionalities can be found within Provider Direct for quick access
- 🌱 If you need technical assistance, you can reach out to PD Support via the FEEDBACK button within Provider Direct or email [pdsupport@trilliumnc.org](mailto:pdsupport@trilliumnc.org)



The screenshot shows the Provider Direct (PD) interface. The top navigation bar includes: PD, Clients, TAR, Claims, Enrollments, Appeals/Grievance, File Transfers, Training (circled in red), Resources, and Admin. A Feedback button (circled in red) is located in the top right corner. Below the navigation bar is a table of training resources:

Select	Training Title	Duration
→ Select	Copy TAR Training	11 minutes
→ Select	Treatment Authorization Request TAR Training	27 minutes
Select	Client SIS, Clinical Documents & Crisis Plans Training	13 minutes
Select	Client Update Training	12 minutes
Select	Dashboard Training	20 minutes
→ Select	Discharge TAR Training	12 minutes
Select	Enrollment Training	31 minutes
Select	File Transfers Training	7 minutes
Select	System Administrator Training	56 minutes
→ Select	Authorizations Training	11 minutes

# 7

## Third-Party Billers & Processes for Business Associate Agreement/Qualified Service Organization

Jacqueline Thomas  
*Claims Supervisor*

# Third-Party Billers



To ensure that Protected Health Information (PHI) is not violated according to the Health Insurance Portability and Accountability Act (HIPAA), Trillium Health Resources is unable to share information or speak with a provider's third-party biller, without a Business Associate Agreement (BAA) in place between the provider agency and the third-party biller.

Substance abuse disclosure requires a Qualified Service Organization (QSO) agreement to be signed between the provider agency and the third-party biller.

When a third-party biller calls or requests PHI, they will be asked if they have a BAA or QSO with the provider agency they are calling for and the information will be verified.

A BAA/QSO agreement is good for the time-period listed in the agreement, which will vary based on the agreement.

# Verification of Third-Party Billers



In order to provide any information to a third-party biller (*or any caller*), they are required to verify TWO of the following pieces of information from Trillium's software platform for the provider:

- National Provider Identifier (NPI)
- Federal Tax ID number
- Provider Name, Address, & Phone Number

The BAA/QSO will be confirmed before disclosure of any PHI. Trillium Health Resources staff are only allowed to disclose PHI when the proper documentation is in place.

When a third-party biller cannot be verified, they will be informed that information cannot be shared, noting that there is not a BAA/QSO in place.

# Where to Send Forms



Business Associate Agreements (BAA) and  
Qualified Service Organization Agreements (QSO)  
can be emailed to [ClaimsSupport@trilliumnc.org](mailto:ClaimsSupport@trilliumnc.org)

Business Associate Contract Information is available at <https://www.hhs.gov/hipaa/for-professionals/covered-entities/sample-business-associate-agreement-provisions/index.html>

# 8

## Expedited Appeals Criteria

Sarah Glanville, MSW, LCSW, M.Ed.  
*Appeals Director*

# Medicaid Member Appeals

 Members have the right to appeal an adverse decision to:

- ❖ Deny or Partially Deny Requested Services, Procedures, or Equipment
- ❖ Terminate or Suspend Current Services, Procedures, or Equipment
- ❖ Deny Payment of a Claim

# Two Levels of Appeal

## Internal Plan Appeal

- ✿ *Must* be done before an OAH Appeal
- ✿ Request an Appeal from Trillium Health Resources

TRILLIUM HEALTH RESOURCES APPEAL REQUEST FORM	
Date: <b>[DATE OF LETTER]</b>	Decision made by: Trillium Health Resources
MEMBER: <b>[MEMBER NAME]</b>	<b>[ADDRESS LINE 1]</b> <b>[ADDRESS LINE 2]</b> <b>[CITY, STATE, ZIP]</b>
GUARDIAN: <b>[LEGAL GUARDIAN IF APPLICABLE]</b>	
MID#: <b>[MEMBER Medicaid #]</b>	
PA #: <b>[TAR NUMBER]</b>	
<b>DIRECTIONS:</b> To request an Appeal, complete this form and return it to Trillium Health Resources at the address or fax number below. You may return this form by fax, by mail, or by hand delivery. You can also call us at 1-877-685-2415 to ask for an Appeal. The last day to appeal is <b>[60<sup>th</sup> DAY FROM DATE ON LETTER]</b> .	
<input type="checkbox"/> I WILL BE SUBMITTING DOCUMENTS TO SUPPORT MY APPEAL	
Trillium Health Resources Attention: Appeals 201 W. 1st Street Greenville, NC 27858-1132 Telephone: 1-877-685-2415 Fax: 1-252-215-6879	

## Office of Administrative Hearings (OAH)

- ✿ State Fair Hearing
- ✿ Request *after* an internal appeal if unsatisfied with outcome of internal appeal



NORTH CAROLINA  
**Office of  
Administrative Hearings**



# Two Timeframes for Appeals

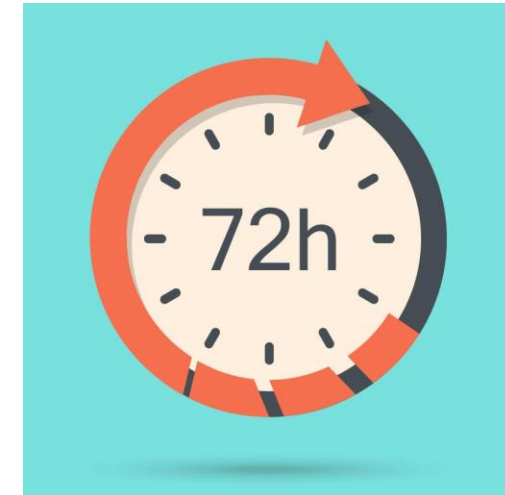
## Standard

- 🌱 30 Days to Process
- 🌱 Used for Non-Emergency Situations



## Expedited

- 🌱 72 Hours to Process
- 🌱 Used *only* for Emergency Situations



# Expedited Appeal Criteria



 The standard appeal timeframe could *seriously jeopardize* the member's:

- ❖ Life
- ❖ Physical Health
- ❖ Mental Health
- ❖ Ability to Attain, Maintain, or Regain Maximum Function

# Should it be expedited?

## Yes

- 🌱 Life-Saving Medication
- 🌱 Organ Transplant
- 🌱 Suicidality

## No

- 🌱 Claim Denied for No Prior Authorization
- 🌱 Initial Prescription of Weight Management Medication
- 🌱 Mattress Ordered as DME
- 🌱 Outpatient Therapy Services

Disclaimer: Those listed above are examples and not an exhaustive list. There may be circumstances under which all these scenarios may warrant an expedited appeal.

**What if I don't want to wait 30 days for an answer?**

## Peer-to-Peer Reviews

- 🌱 Fastest way to resolve an adverse decision
- 🌱 Talk directly to a clinical reviewer
- 🌱 Real-time decision

## Trillium Average Standard Appeal Time:

- 🌱 Pharmacy: **3.5 Days**
- 🌱 Physical Health: **4 Days**
- 🌱 Behavioral Health: **7 Days**



**Trillium**

HEALTH RESOURCES

Transforming Lives. Building Community Well-Being.

## Why It's Important

- ✿ Expedited appeals are more resource intensive.
- ✿ Quick decisions are not always the most informed decisions.
- ✿ Standard appeals give the member and provider more time to gather additional clinical information to support the request.

 42 CFR § 431.410

 NC General Statute 108D-14

 <https://www.oah.nc.gov/>

# 9

## Member Appeals: Authorized Representative

Sarah Glanville, MSW, LCSW, M.Ed.  
*Appeals Director*





# Medicaid Member Appeals

 Members have the right to appeal an adverse decision to:

- ❖ Deny or Partially Deny Requested Services, Procedures, or Equipment
- ❖ Terminate or Suspend Current Services, Procedures, or Equipment
- ❖ Deny Payment of a Claim



# Who Can File an Appeal?

-  Member
-  Guardian
-  Provider, *with written consent*
-  Authorized Representative, *with written consent*

“ If State law permits and *with the written consent of the enrollee*, a provider or an authorized representative may request an appeal or file a grievance, or request a State fair hearing, on behalf of the enrollee.”





42 CFR § 438.402

(emphasis added)



# What is accepted as written consent?

Any document with:

-  Name of Person Giving Consent
-  Statement Allowing a Representative to File the Appeal
-  Name of the Authorized Representative
-  Valid Signature of Member or Guardian

I will (PLEASE CHECK ONE):	<input type="checkbox"/> Represent myself	<input checked="" type="checkbox"/> Be represented by someone else
If you know now who will be your representative, complete the section below:		
Name of Representative:		
Relationship to You:		
Address:		
Telephone:		
_____	_____ (____) _____	
Signature of Member or Legal Guardian	Date	Telephone Number
<small>Trillium Health Resources Administrative/Business Calls: 866.998.2597</small>		

## What is a Valid Signature?

Sarah  
Glanville,  
Appeals  
Director

Digitally signed  
by Sarah Glanville,  
Appeals Director  
Date: 2025.04.07  
15:08:59 -04'00'





- ✿ “A handwritten signature requires a handwritten date by the signatory.”
- ✿ “An electronic signature is the attribute affixed to an electronic document to bind it to a particular party.”
- ✿ “An electronic signature shall include a date stamp.”

- NC DHHS Records Management and Documentation Manual

## What is Not a Valid Signature?

- ❁ A name typed with a fancy font
  - ❖ *Sarah Glanville, 4/9/2025*
- ❁ A scribble to look like a signature
  - ❖ We have member and guardian signatures on file.

## What if the Signature is Invalid?

-  We make attempts to contact the member to validate the signature.
-  If we are unable to validate the signature, the appeal request is considered invalid.
-  The member still has the right to appeal up to the “appeal by” date on the adverse determination letter.
-  We can use any information provided by the unauthorized representative as “additional information” when we receive a valid appeal request.

 42 CFR § 438

 NC DHHS Records Management and Documentation Manual,  
Effective December 1, 2016

10

## Essential Information for Physical Health Providers

Jesse Hardin

*CCH Senior Director, Communications and Training*



# Create New Account: <https://provider.trilliumhealthresources.org/>

Tip: add [no-reply@mail.entrykeyid.com](mailto:no-reply@mail.entrykeyid.com) to your email contacts


## Log In

Username (Email)

**LOG IN**


**Create New Account**

---

single password  reliable security  
EntryKeyID

[Help](#) [Privacy Policy](#) [Terms of Use](#) © 2021 Centene





## Create your Account

Enter Email Address

Let's get started – creating an account is quick and easy.

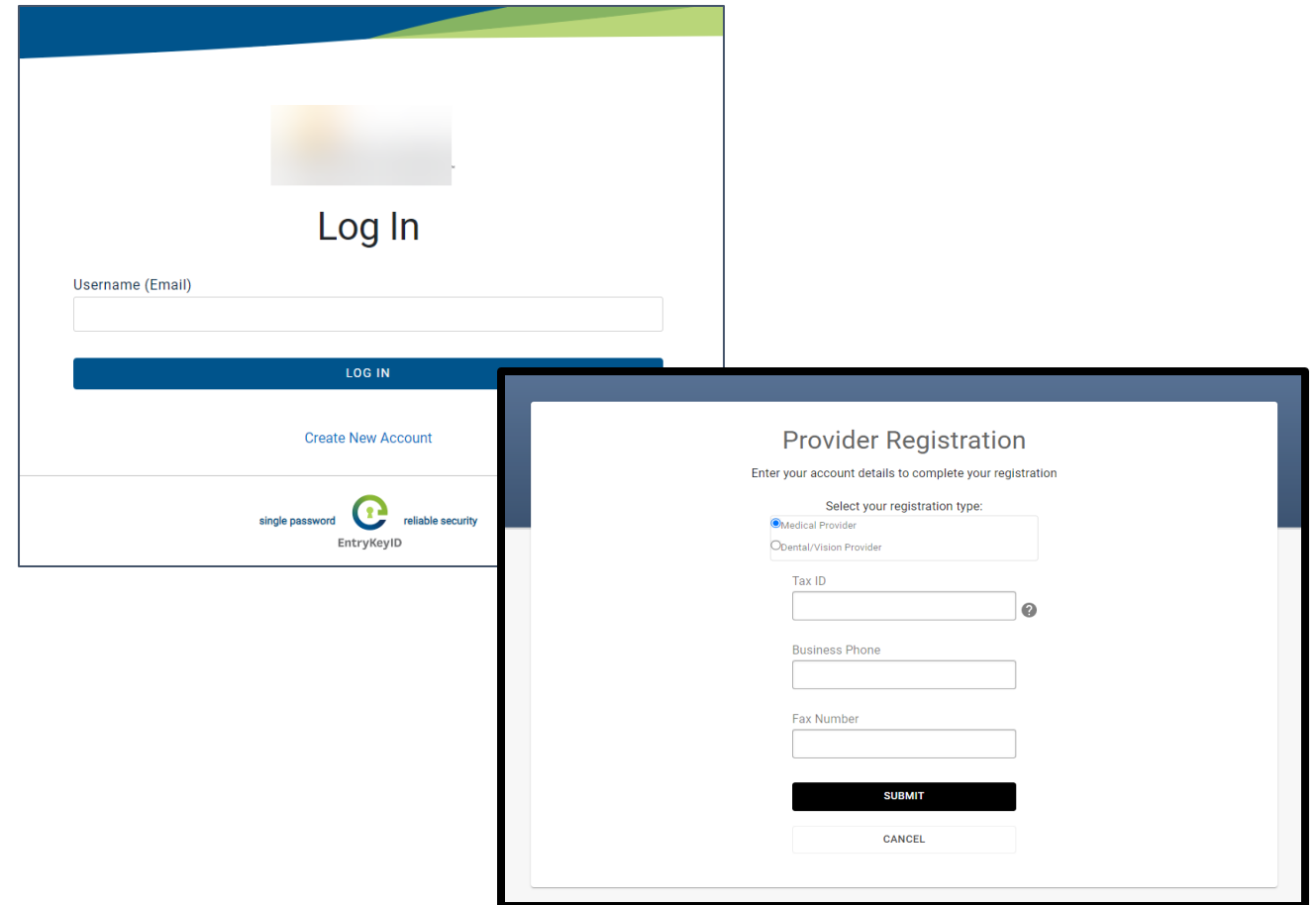
Email Address \*

**CONTINUE**

CANCEL

# Initial Portal Registration

- **Portal Registration:** Once the EntryKeyID account setup is completed, the portal user will log in with their Username and password. The Portal Registration page will display.
- Once you have completed registration, your portal **Account Manager** can verify your access.
- If an **Account Manager** is not yet established, that individual should reach out to CCHN Provider Engagement for set-up.

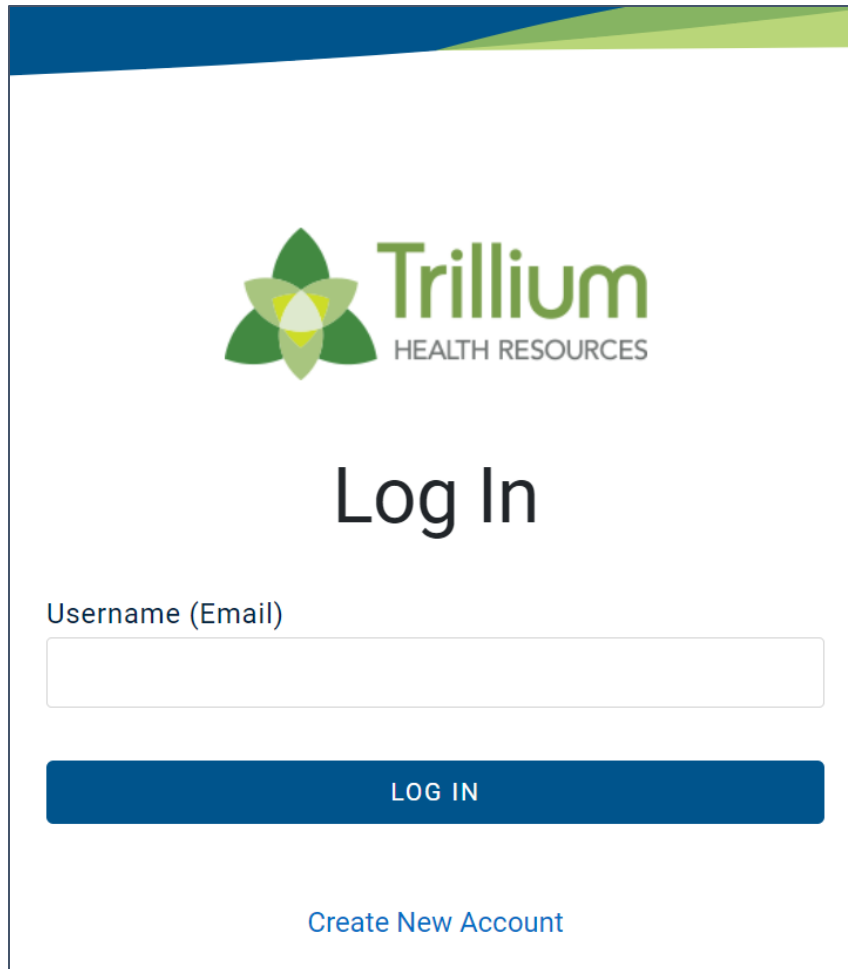


The image shows two overlapping screenshots of the portal interface. The background screenshot is the login page, featuring a 'Log In' button, a 'Username (Email)' input field, a 'LOG IN' button, and a 'Create New Account' link. Below these is the 'single password EntryKeyID reliable security' logo. The foreground screenshot is the 'Provider Registration' page, titled 'Provider Registration' with the subtitle 'Enter your account details to complete your registration'. It includes a 'Select your registration type:' section with radio buttons for 'Medical Provider' (selected) and 'Dental/Vision Provider'. Below this are input fields for 'Tax ID', 'Business Phone', and 'Fax Number'. At the bottom are 'SUBMIT' and 'CANCEL' buttons.



**Tip:** To register for the portal, the provider organization's TIN *must* be loaded in our back-end system(s).

# Overview: Physical Health Portal Set-up



The screenshot shows the Trillium Health Resources Log In page. At the top, there is a blue and green header. Below it is the Trillium Health Resources logo. The main heading is "Log In". There is a text input field labeled "Username (Email)". Below the input field is a blue "LOG IN" button. At the bottom, there is a link that says "Create New Account".

Secure Portal address: <https://provider.trilliumhealthresources.org/>

1. **Assign Portal Account Manager:** To access the Trillium Physical Health Portal, in-network contracted providers must identify one individual who will serve as the Portal Account Manager. The Account Manager will be responsible for managing all other users for that provider organization.
2. **Create an account:** Visit [provider.trilliumhealthresources.org](https://provider.trilliumhealthresources.org/) to create a new account associated with your email address.
3. **Verify email:** Verify your email address by entering the one time code sent by EntryKeyID.
4. **Register TIN:** Under the 'Success!' message, click continue to enter the Tax ID for the contracted entity, business phone and fax. Click 'Submit.'
5. **Email Provider Engagement:** After registering, email your assigned Provider Engagement Administrator to request verification of your portal registration request and assignment as Portal Account Manager. **CCHN is responsible for verifying/setting up the first Account Manager.**

**Note:** Providers should not use the Carolina Complete Health Standard Plan portal to submit Tailored Plan claims.

# Portal Account Manager

- A Portal Account Manager is a role assigned to a primary contact within a provider organization
- The Account Manager is responsible for the day-to-day support of all Secure Provider Portal user accounts that are registered under the same TIN
- Email your assigned Provider Engagement Administrator or [ProviderEngagement@cch-network.com](mailto:ProviderEngagement@cch-network.com) to establish the first account manager for your TIN

# Portal Access for Third-party Billers

- 🌱 Third-party billing entities supporting Trillium providers third-party have accounts to the Secure Provider Portal when validated by the practice's **Portal Account Manager**.
- 🌱 The Account Manager should Invite a User by sending an invitation to the email address for the third-party biller.
- 🌱 This generates an email link to the Trillium PH Secure Provider Portal.
- 🌱 User should continue to Create an Account, verifying their email, then returning to enter TIN, Phone, and Fax.
- 🌱 **After this point, the third-party biller should contact the Portal Administrator at the practice to verify their account request.**
- 🌱 Upon verification, the user will be able to login to the portal and have functionality to submit and view claims.



**Invite a User**

Email Address

 Send Invitation

[Account Manager User Guide](#)

# Claim Denial Trends

<p>DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED</p>	<p>The CPT and services require prior authorization before performing or billing these services. There's no approved authorization on file for the services billed; however, you have the right to file an appeal regarding the decision via the attached Claims Reconsideration &amp; Grievance Form.</p> <p>To prevent this from happening in the future visit Trillium's Health Resources Pre-Auth tool prior to rendering service at <a href="https://www.carolinacompletehealth.com/trillium-preauth.html">https://www.carolinacompletehealth.com/trillium-preauth.html</a></p> <p>Additional prior resources can be located on our Authorization Services page at <a href="https://www.trilliumhealthresources.org/prior-authorization-services">https://www.trilliumhealthresources.org/prior-authorization-services</a></p> <p><b>If you have questions about prior authorizations, please call:</b>          Member and Recipient Service Line: <a href="tel:1-877-685-2415">1-877-685-2415</a>          Provider Support Service Line: <a href="tel:1-855-250-1539">1-855-250-1539</a></p>
<p>DENY: BILL PRIMARY INSURER 1STRESUBMIT WITH EOB</p>	<p>Prior to submitting claim, verify member's eligibility to determine if there is a primary payer. Federal regulations require Medicaid to be the "payer of last resort," meaning that all third-party insurance carriers must pay before Medicaid processes the claim. Please refer to <a href="#">Coordination of Benefits Walkthrough (PDF)</a> for guidance on submitting COB claims in the Trillium Physical Health Portal.</p> <p>Providers should verify other health insurance on the Trillium Physical Health Portal.</p>
<p>SERVICE OR SERVICE/MODIFIER COMBO NOT FOUND ON FEE SCHEDULE</p>	<p>Trillium Health Resources adheres to the State Fee Schedule for physical health claim processing. See State website for fee schedules, covered services, and appropriate modifiers: <a href="https://ncdhhs.servicenowservices.com/fee_schedules">https://ncdhhs.servicenowservices.com/fee_schedules</a></p>
<p>DENY-BILL NPI+TAXONOMY NOT ON MEDICAID FILE OR NOT ACTIVE ON SVC DATES</p>	<p>Please ensure your provider data has active credentialing status with NC Tracks and the data on the claim matches what is in NC Tracks. Missing rendering and/or missing billing taxonomy is a common cause of claim processing delays and denials. Taxonomy numbers must also align with your provider data in NCTracks. Please also advise your Clearinghouse to make sure the changes made to taxonomy placement are permanent on your account going forward. Provider Guide: <a href="https://network.carolinacompletehealth.com/content/dam/centene/carolinacompletehealth/pdfs/CCH-Prvr-Taxonomy-Guide.pdf">https://network.carolinacompletehealth.com/content/dam/centene/carolinacompletehealth/pdfs/CCH-Prvr-Taxonomy-Guide.pdf</a></p>
<p>REFERRING PROV NPI NOT ON MEDICAID FILE/NOT ACTIVE ON SVC DATE</p>	<p>Please ensure your provider data has active credentialing status with NC Tracks and the data on the claim matches what is in NC Tracks. Provider Guide: <a href="https://network.carolinacompletehealth.com/content/dam/centene/carolinacompletehealth/pdfs/CCH-Prvr-Taxonomy-Guide.pdf">https://network.carolinacompletehealth.com/content/dam/centene/carolinacompletehealth/pdfs/CCH-Prvr-Taxonomy-Guide.pdf</a></p>

11

## PCS Billing Guidance

Jesse Hardin

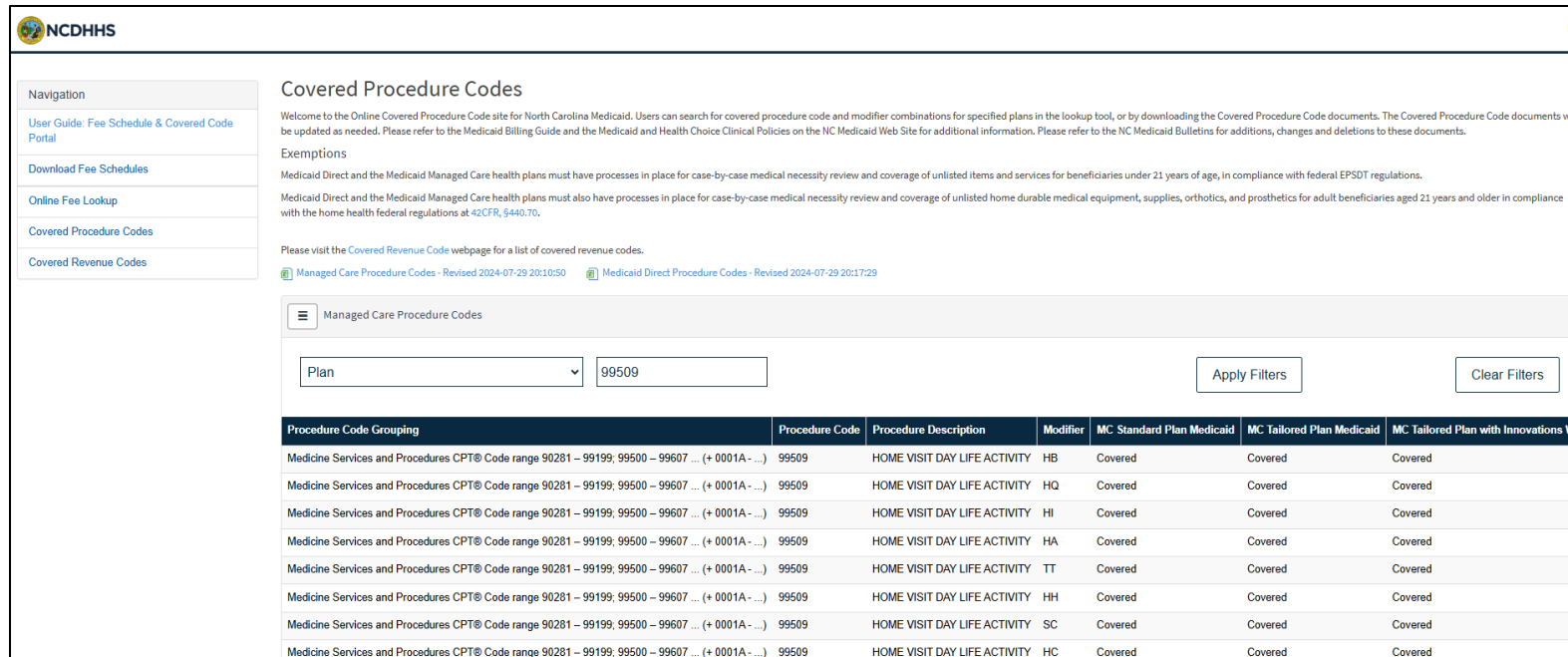
*CCH Senior Director, Communications and Training*

# PCS Billing Guidance

- ♻️ **EVV:** PCS billed by taxonomy 253Z00000X with CPT 99509 and an HA or HB modifier are subject to EVV requirements and claims must be submitted through HHAeXchange.
  - All providers are expected to be fully compliant with EVV requirements.
  - EVV data must be validated prior to claims adjudication.
  - Claims without the required EVV criteria will deny.
  - Trillium partners with [HHAeXchange](#) as its EVV partner.
- ♻️ **Non-EVV:** Other PCS services (i.e Congregate Care settings) can be billed through the Trillium Physical Health Secure Provider Portal if they are part of the physical health service benefit.
  - Claims can be submitted through the portal: [provider.trilliumhealthresources.org](https://provider.trilliumhealthresources.org)
- ♻️ **Additional PCS Provider Resources:**
  - [network.carolinacompletehealth.com/resources/home-health-and-personal-care-services.html](https://network.carolinacompletehealth.com/resources/home-health-and-personal-care-services.html)
  - <https://network.carolinacompletehealth.com/content/dam/centene/carolinacompletehealth/pdfs/Trillium-PCS-Provider-Training.pdf>
  - [Trillium PCS Q &A](#)



- 🌱 How to know which service and modifier combo to use:
- 🌱 Trillium physical health claims are processed and paid according to the NC Medicaid Fee Schedule.
- 🌱 Using the State's Service Now webpage ([https://ncdhhs.servicenowservices.com/fee\\_schedules](https://ncdhhs.servicenowservices.com/fee_schedules)) you can search codes to determine if they are covered, view modifiers, and fee schedules.
- 🌱 Providers should also reference [Clinical Coverage Policy 3L Attachment A: Claims-Related Information](#)



The screenshot shows the NCDHHS website interface for Covered Procedure Codes. It includes a navigation sidebar, a main content area with introductory text and links, and a search filter section. The search filter shows 'Plan' set to '99509'. Below the filter is a table of procedure codes.

Procedure Code Grouping	Procedure Code	Procedure Description	Modifier	MC Standard Plan Medicaid	MC Tailored Plan Medicaid	MC Tailored Plan with Innovations W
Medicine Services and Procedures CPT® Code range 90281 – 99199; 99500 – 99607 ... (+ 0001A - ...)	99509	HOME VISIT DAY LIFE ACTIVITY	HB	Covered	Covered	Covered
Medicine Services and Procedures CPT® Code range 90281 – 99199; 99500 – 99607 ... (+ 0001A - ...)	99509	HOME VISIT DAY LIFE ACTIVITY	HQ	Covered	Covered	Covered
Medicine Services and Procedures CPT® Code range 90281 – 99199; 99500 – 99607 ... (+ 0001A - ...)	99509	HOME VISIT DAY LIFE ACTIVITY	HI	Covered	Covered	Covered
Medicine Services and Procedures CPT® Code range 90281 – 99199; 99500 – 99607 ... (+ 0001A - ...)	99509	HOME VISIT DAY LIFE ACTIVITY	HA	Covered	Covered	Covered
Medicine Services and Procedures CPT® Code range 90281 – 99199; 99500 – 99607 ... (+ 0001A - ...)	99509	HOME VISIT DAY LIFE ACTIVITY	TT	Covered	Covered	Covered
Medicine Services and Procedures CPT® Code range 90281 – 99199; 99500 – 99607 ... (+ 0001A - ...)	99509	HOME VISIT DAY LIFE ACTIVITY	HH	Covered	Covered	Covered
Medicine Services and Procedures CPT® Code range 90281 – 99199; 99500 – 99607 ... (+ 0001A - ...)	99509	HOME VISIT DAY LIFE ACTIVITY	SC	Covered	Covered	Covered
Medicine Services and Procedures CPT® Code range 90281 – 99199; 99500 – 99607 ... (+ 0001A - ...)	99509	HOME VISIT DAY LIFE ACTIVITY	HC	Covered	Covered	Covered

# Per Diem Rate Change: Congregate Setting

- **Effective Date:** 04/01/2025
- **Impacted Providers:** Personal Care Services for Beneficiaries in Congregate Settings
  - Special Care Home - 99509-SC
  - Adult Care Homes - 99509-HC
  - Combination Homes - 99509-TT
  - Supervised Living Facilities for adults with MI/SA - 99509-HH
  - Supervised Living Facilities for adults with I/DD- 99509-HI
  - Family Care Homes - 99509-HQ
- **Impacted Procedure Codes:** Only procedure code 99509 and modifiers SC, HC, TT, HH, HI, HQ will be impacted by the change

# Per Diem Rate Change: Congregate Setting

- Providers will submit one line per date of service.
- Provider bills on same claim form (no change)
- Providers bill their usual and customary charge. No calculations are required by providers.
- When billing per diem, each day of care should be listed on a separate line.
- A claim line that spans multiple dates or includes a unit greater than one will deny.
- Claims lines submitted for dates of service on or after the effective date must be billed for a single date of service and bill 1 unit.
- Claims created in advance under the current guidelines of 1 unit = 15 minutes will not be compatible with the new billing guidelines of 1 unit per day.

24. A.	DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES			E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
	From MM	DD	YY	To MM	DD	YY			CPT/HCPCS	MODIFIER							
1	04	01	25	04	01	25	14		99509	HQ			\$XX.XX	1		NPI	
2	04	02	25	04	02	25	14		99509	HQ			\$XX.XX	1		NPI	
3	04	03	25	04	03	25	14		99509	HQ			\$XX.XX	1		NPI	
4	04	04	25	04	04	25	14		99509	HQ			\$XX.XX	1		NPI	
5																NPI	
6																NPI	
25. FEDERAL TAX I.D. NUMBER		SSN		EIN		26. PATIENT'S ACCOUNT NO.			27. ACCEPT ASSIGNMENT? (For govt. claims, see back)			28. TOTAL CHARGE		29. AMOUNT PAID		30. Rsvd for NUCC Use	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)						32. SERVICE FACILITY LOCATION INFORMATION						33. BILLING PROVIDER INFO & PH # ( )					
SIGNED						DATE						a. NPI		b. NPI			

NUCC Instruction Manual available at: [www.nucc.org](http://www.nucc.org) PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

- Representation of how to bill the service line(s) on the claim.
- Providers should enter appropriate diagnoses code(s) and all other required claim fields.

- ❁ **Sign Up for Important Updates and Communications!**
  - Visit our webpage  
<https://network.carolinacompletehealth.com/provider-updates/cchn-bulletins-and-newsletters.html>
  - Complete the sign-up form here  
<https://www.surveymonkey.com/r/JLR2G6GCCH>
- ❁ **Provider Orientation for New Physical Health Providers**
  - Occurs the Fourth Tuesday of every month at Noon
  - [Register Here](#)




12

## New Provider Survey

Linda Hawley Isbell, MA, CI

*Associate VP of Provider Relations and Engagement and Provider Support Services*

# New Provider Survey Coming Soon

-  Who can participate?
-  When to expect the notification?
-  Why your input matters?

# 13

## Resources for Providers

Kimberly Wagner, MBA

*Provider Relations and Engagement Manager*



## Resources for Providers

- ❖ All Behavioral Health contracted providers are assigned a Provider Relations and Engagement Coordinator as your first point of contact for any questions. [Provider Relations & Engagement Coordinators for Behavioral Health Providers](#)
- ❖ Call the Provider Support Service Line (PSSL) at (855) 250-1539
  - ❖ PSSL is available Monday through Saturday from 7 a.m. to 6 p.m. including federal holidays.
- ❖ Email Provider Relations and Engagement at [NetworkServicesSupport@TrilliumNC.org](mailto:NetworkServicesSupport@TrilliumNC.org)
- ❖ Review the Trillium Health Resources website [www.TrilliumHealthResources.org](http://www.TrilliumHealthResources.org)





# Register Now for the May Forum

-  Go to [www.TrilliumHealthResources.org](http://www.TrilliumHealthResources.org)
  - Select “For Providers”
  - Locate “Provider Forum” in the Provider Information section
-  Information on this page includes registration for future forums plus recordings, presentations, and Q & A from previous forums.

14

## Q&A

Kimberly Wagner, MBA

*Provider Relations and Engagement Manager*

Chauncey Dameron, MBA






*Provider Relations and Engagement Manager*



# Thank you for your participation.



## Connect With Us

-  [Trillium Health Resources](#)
-  [Trillium Direct Connect for Enrichment](#)
-  [Trillium Direct Connect for Recovery](#)
-  [Trillium Health Resources](#)
-  [Trillium Health Resources](#)



Transforming Lives. Building Community Well-Being.

**Member & Recipient Service Line**

**1-877-685-2415**

**Provider Support Service Line**

**1-855-250-1539**

**Administrative & Business Matters**

**1-866-998-2597**