


Welcome to the June Provider Forum

Linda Hawley Isbell, MA, CI
Associate VP of Provider Relations and Engagement and Provider Support Services



Current Service Gaps

 **Adult Partial Hospitalization –**
Carteret, Craven, Dare, Hyde,
Pamlico Counties.

 **Child/Adolescent Partial
Hospitalization –** Carteret,
Craven, Dare, Hyde, Onslow,
Pamlico Counties.

 **Opioid Treatment Program –**
Anson, Beaufort, Bertie, Dare,
Lee, Richmond, Counties.

 **Psychosocial Rehabilitation –**
Dare, New Hanover, and
Currituck Counties.

 **Substance Abuse
Comprehensive Outpatient
Treatment (SACOT) –** Carteret
County.

Please Engage With Us



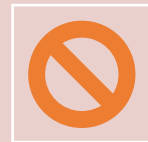
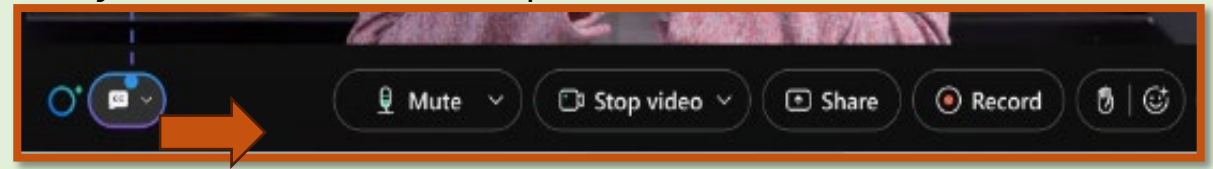
Engaging with our Subject Matter Experts. Options to ask questions: 1) raise your hand and we will call on you, 2) unmute and ask your question, and 3) add your question within the Q&A Bubble.



Questions that require more research, we will review them and provide the answer in the Frequently Asked Questions document (FAQ) posted on our website.



Accessibility features – Closed Captions



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

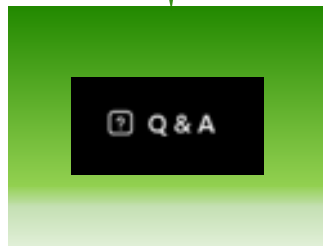


Transcript/highlights

Accessing the Q&A feature in WebEx.



Click on the
Q&A icon



Type your
question here

What is an example of a question? |



Welcome and Overview of Trillium and the Tailored Plan

Chauncey Dameron, MBA

Provider Relations and Engagement Manager

June Provider Forum



Trillium Health
Resources



AGENDA

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CCH Topics

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

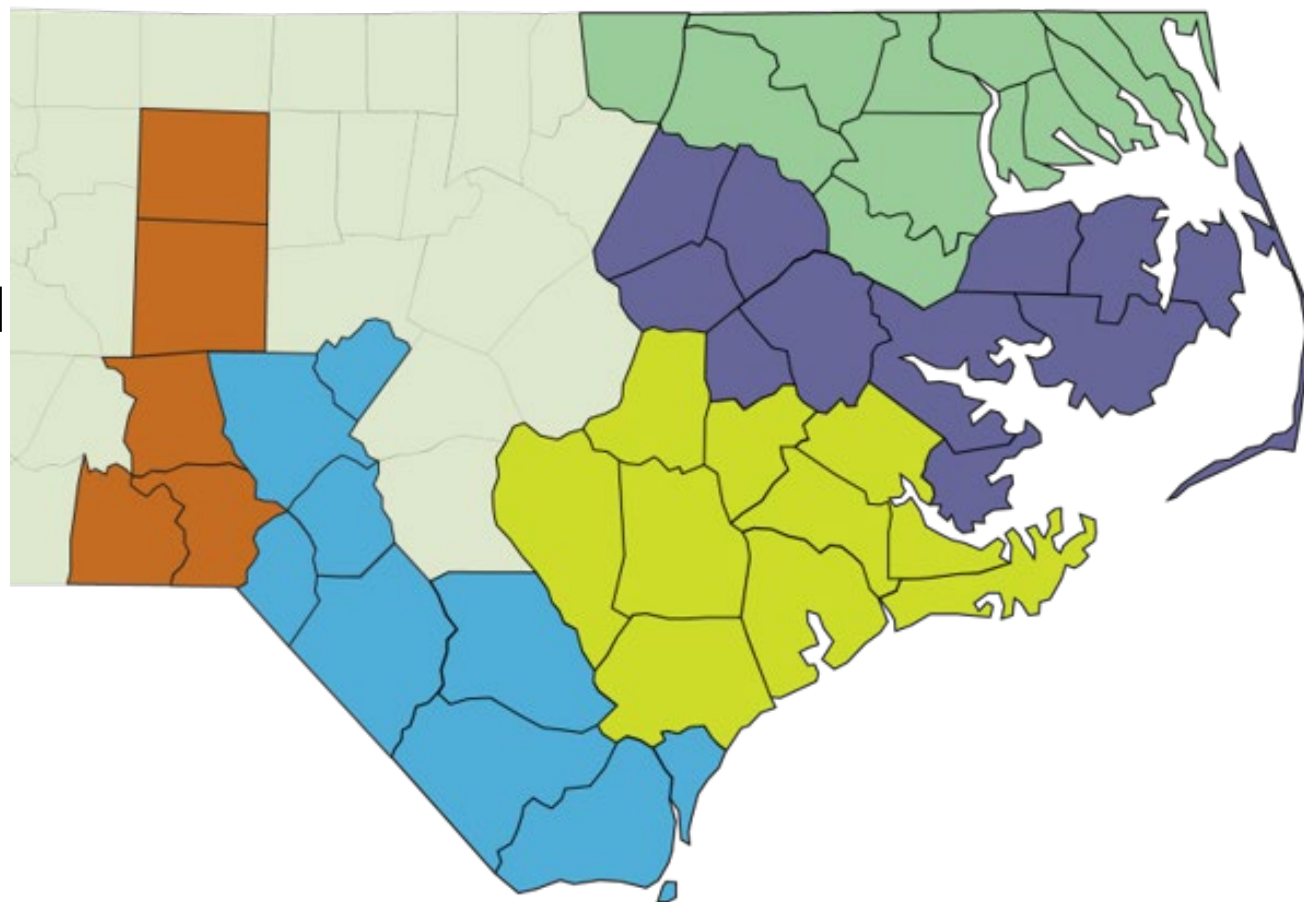
46 Counties

Land mass: 28,977 sq mi

Percentage of land mass in NC: 59.61

Total Population: 3,152,058

Percentage of NC pop: 30%



Members and Recipients






- ✿ Tailored Plan Members: 78,378
- ✿ NC Medicaid Direct Members: approx. 163,000
- ✿ State-funded Recipients: approx. 287,000 uninsured individuals
- ✿ Innovations Waiver Members:
 - Approximately 4,853 slots
 - Estimated 5,304 persons on the Innovations Waiver waiting list, 67% receiving State or (b)(3) services
- ✿ Members receiving TCM (through Trillium or an AMH+ or CMA): 14,412

- ✿ People served:
 - 61% mental illness
 - 16% I/DD
 - 23% SUD
- ✿ *Note: values may exceed 100% due to dual diagnoses

	Medicaid	State*
MH	44,716	9,900
SUD	12,657	8,667
I/DD	14,006	1,059
TOTAL	65,159	17,690

*Numbers as of November 2024 according to Trillium's Persons Served Report (IW and state-funded) and January 2025 according to rate book (TP and NC Medicaid counts)

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

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.



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2025 Provider Survey

Linda Hawley Isbell, MA, CI

Associate VP of Provider Relations and Engagement and Provider Support Services

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. Provider Direct Set Up
6. Questions about the Physical Health Portal through Carolina Complete Health - Refer to February Forum Recording
7. A Demo of the Provider Directory

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.



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Appointment Wait Time Standards

Joanna Bradley, Network Manager



Trillium

HEALTH RESOURCES

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Appointment Wait Time Standards

✿ Per Contract, providers are required to meet service availability and wait time standards as published in the BH/IDD Tailored Plan Provider Manual established in compliance with 42 CFR 438.206 and with Department requirements.

✿ Link to the full Provider Manual <https://www.trilliumhealthresources.org/for-providers/provider-documents-forms>

APPOINTMENT WAIT TIME STANDARDS

Visit Type	Standard
Behavioral Health, I/DD, and TBI Services	
Mobile Crisis Management Services	Within two (2) hours
Facility-Based Crisis Management Services (FBC for Child & Adolescent, FBC for Adults, Non-Hospital Medical Detox)	Emergency Services available immediately {available twenty-four (24) hours a day, three hundred sixty-five (365) days a year}
Emergency Services for Mental Health	Immediately {available twenty-four (24) hours a day, three hundred sixty-five (365) days a year}
Emergency Services for SUDs	Immediately {available twenty-four (24) hours a day, three hundred sixty-five (365) days a year}
Urgent Care Services for Mental Health	Within twenty-four (24) hours
Urgent Care Services for SUDs	Within twenty-four (24) hours
Routine Services for Mental Health	Within fourteen (14) calendar days
Routine Services for SUD Services	Within forty-eight (48) hours



4

Provider Direct Upgrades

Tanya Simons, Project Development Manager-IT

Provider Direct & SFTP Maintenance

- ✿ Trillium Health Resources IT will be performing maintenance updates to our Production servers and SFTP environment over the July 4th holiday weekend.
- ✿ 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.

Note: 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 Provider Direct. Please plan accordingly for Authorizations and Claim submissions.
- ✿ Claims must be submitted prior to **5:00 p.m. on Wednesday, July 2, 2025**, to be included in the July 9, 2025, check-write.
- ✿ Claims received after **5:00 p.m. on Wednesday, July 2, 2025** will be processed once the system is restored and included in the July 16, 2025 check-write.21

- ✿ 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 connecting 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 allowing based on URL (sftp.ncinno.org) rather than IP address.



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Network Opportunities



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Eastpointe and Sandhills Legacy Systems Winddown

Sara Hodges, Project Analyst

Alpha+ and iTransact Decommissioning

- Provider access to Eastpointe Alpha+, Sandhills Alpha+, and Eastpointe Meditrac will end at midnight on Monday, June 30.
- Access to the Eastpointe and Sandhills FTP sites will also end on June 30, as integrations with claims clearinghouses and vendor partners for legacy claims be decommissioned. This includes, but is not limited to, Change Healthcare and HHAeXchange.
- Providers are encouraged to submit retro Medicaid claims for dates of service January 31, 2024, and before for Eastpointe and Sandhills, as well as to export any documents such as Remittance Advice (RAs).
- As of July 1, providers must reach out to ClaimsSupport@TrilliumNC.org to submit claims for legacy Eastpointe and Sandhills. Submissions through claims clearinghouses will not be accepted after this date.
- No changes will be made to current processes for Trillium claims. Provider Direct, Trillium integrations with claims clearinghouses, and Trillium EVV billing through HHAeXchange will not be affected.



7

EPSDT

Dr. Shiela E. Lee, Ed.D., LCMHC, NCC

UM Manager - Child Mental Health/Substance Use

Early and Periodic Screening, Diagnosis and Treatment EPSDT

*Utilization
Management*



NC Medicaid EPSDT Benefit for Children

Early and Periodic
Screening, Diagnosis, and
Treatment (EPSDT)

Federal Medicaid law for
beneficiaries under age 21

Covers all medically
necessary services in
§1905(a), even if not in
NC Medicaid State Plan

Preventative services (e.g.,
Health Check visits):
Prevent, detect, and treat
health concerns early

Health check visits does
not require prior
authorizations: physical
exams, immunizations, lab
tests, health education

EPSDT: Diagnosis & Treatment Services

Covers treatment for conditions found during the EPSDT screenings



Non-covered services may be requested under EPSDT for members under 21



Prior authorization is required for non-covered services



To qualify, services must be:

Medical in nature

Allowed under the 1905(a) of
the SSA

Safe, effective, & not
experimental

Accepted standard of care

EPSDT: Requests for Covered Services



Submit a treatment authorization request (TAR)



Requests must be medically necessary to correct or improve a health condition



Services can exceed benefit limits



Can include services not typically covered by NC Medicaid

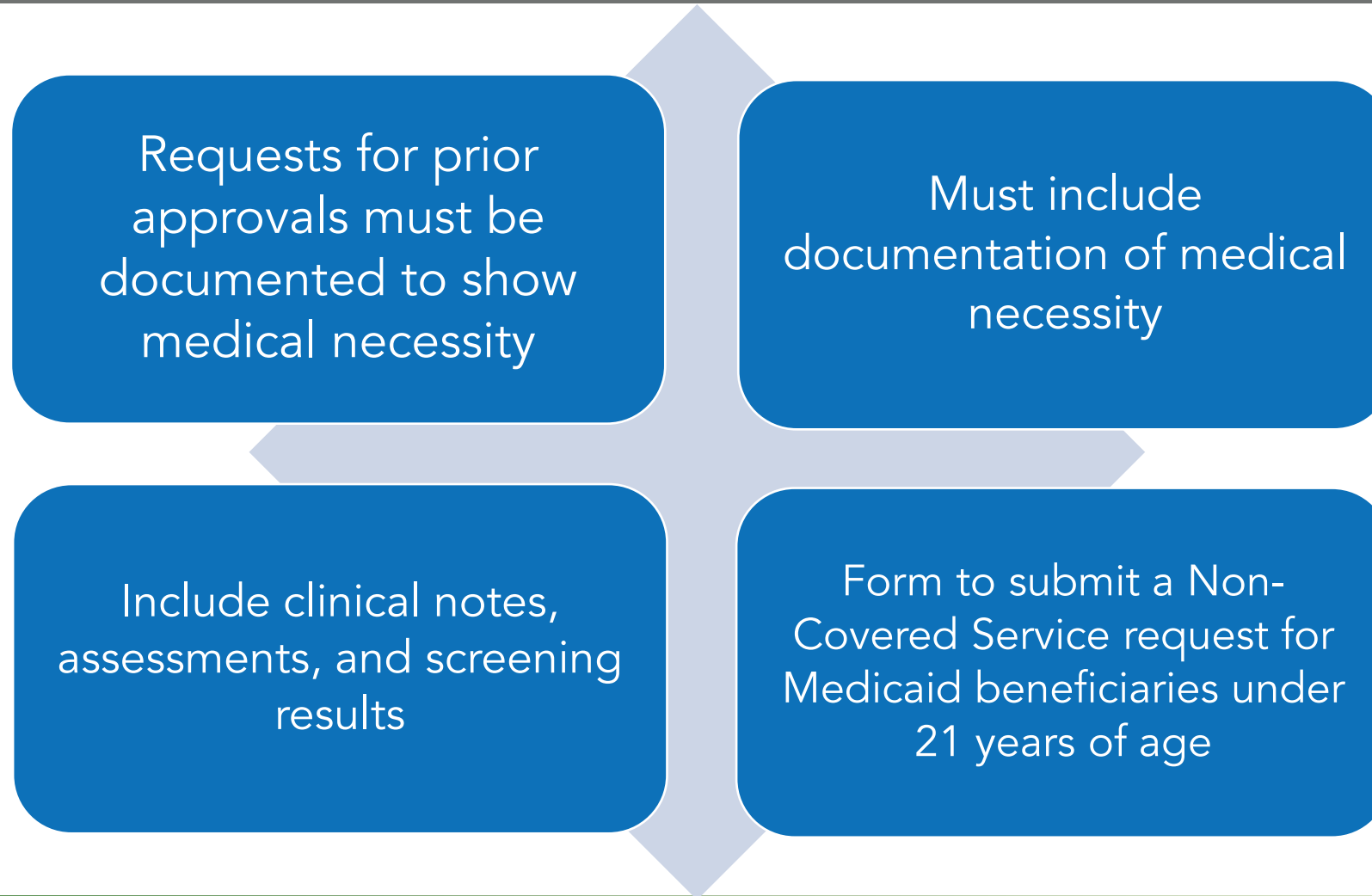


EPSDT may waive limits on location or frequency of care



Services must support health improvement or maintenance

EPSDT: Prior Approvals



EPSDT: Prior Approvals



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About EPSDT

The **Early and Periodic Screening, Diagnosis and Treatment (EPSDT)** entitles Medicaid beneficiaries under the age of 21 to medically necessary screening, diagnostic and treatment services within the scope of Social Security Act that are needed to "correct or ameliorate defects and physical and mental illnesses and conditions," regardless of whether the requested service is covered in the NC State Plan for Medical Assistance. This means that children under 21 years of age can receive services in excess of benefit limits, or even if the service is no longer covered or not covered under the State Plan. To request a service that is not covered by the State Plan but covered under 1905(a) of the Social Security Act, please email Non-Covered State Medicaid Plan Services Request Form for Recipients Under the Age of 21 to UM@TrilliumNC.org.

According to CMS, "ameliorate" means to improve or maintain the beneficiary's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems. Basic EPSDT criteria are that the service must be covered under 1905(a) of the Social Security Act, and that it must be safe, effective, generally recognized as an accepted method of medical practice or treatment, and cannot be experimental or investigational (which means that most clinical trials cannot be covered).

All requests for MH/IDD/SA services for Medicaid-eligible children under the age of 21 are reviewed using EPSDT criteria. Requests for NC Innovations Waiver services are reviewed under EPSDT if the request is both a waiver and an EPSDT service. Most NC Innovations Waiver services are not covered under the Social Security Act (i.e. respite, home modifications and all habilitative services).

Definitions of the Federal Medicaid services can be found in the [Code of Federal Regulations 42 CFR 440.1-440.170](#).

Trillium requires Prior Approval for EPSDT services. Please use the form starting on page 2.

PRIOR APPROVAL

Non-Covered State Medicaid Plan

Services Request Form for Recipients under 21 Years Old



PRIOR APPROVAL

Non-Covered State Medicaid Plan

Services Request Form for Recipients under 21 Years Old

Please submit the completed form **using secure email** to the Trillium Health Resources UM Department, at UM@TrilliumNC.org. You may use additional sheets to supply any other information you think would be helpful. **Include evidence-based literature, if available.**

1. Recipient Information: This must be completed by a physician, licensed clinician, or other provider.

Name: _____

Date of Birth: _____ (mm/dd/yyyy) Medicaid ID Number: _____

Address: _____

2. Medical Necessity: All requested information, including CPT and HCPCS codes, if applicable, as well as provider information, must be completed. Please submit medical records that support medical necessity.

Requestor Name: _____ Requestor Name: _____

NPI: _____ NPI: _____

Address: _____ Address: _____

Telephone: _____ Fax: _____ Telephone: _____ Fax: _____

Requested procedure, product or service: _____ CPT/HCPCS code: _____

3. In what capacity have you treated the recipient? (Include how long you have cared for the recipient and the nature of the care.)

Page 3 of 4

4. What is the recipient's health history?

5. What is/are the recent diagnosis(es) related to this request? (Include the onset and course of the disease and the recipient's current status.)

6. What treatment has been given for the diagnosis(es) above? (Include previous and current treatment regimens, duration, treatment goals, and the recipient's response to treatment(s).)

7. Please provide a description of how the requested procedure, product or service will correct or ameliorate the recipient's defect, physical or mental illness, or condition (the problem.) This description must include a detailed discussion about how the service, product, or procedure will improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Is this request for an experimental or investigational treatment? If ☐ Yes ☐ No
yes, provide name and protocol number _____

8. Is the requested product, service or procedure effective? ☐ Yes ☐ No If no, please explain _____



8

BH/PH Shared Taxonomy

XXXX



9

Cost-saving Extras (i.e. TULA)

XXXX



10

NC Medicaid Guidance on Sunsetting of Innovations Waiver Hurricane Helene/Appendix K Flexibilities

Maureen L. H. MBA

Provider Relations and Engagement Manager

Appendix K Hurricane Helene Flexibilities



Appendix K Hurricane Helene Flexibilities	Will this flexibility change? Yes/No	July 1, 2025, Implementation Guidance
Plan of Care		
Annual reassessments of level of care that exceed the 60-day approval requirement beginning on Sept. 25, 2024, will remain open and services will continue for three months to allow sufficient time for the care manager/care coordinator to complete the annual reassessment paperwork. Additional time may be awarded on a case-by-case basis when conditions from Hurricane Helene impedes this process. Annual reassessments of level of care may be postponed by 90 days to allow sufficient time to complete the annual reassessment and accompanying paperwork.	Yes	Effective July 1, 2025, no level of care redetermination extensions will be allowed. If this flexibility was utilized and the waiver member is outside of the 90-day time frame, a redetermination must be completed.
Allow Supports Intensity Scale (SIS) assessment/reassessment to be waived.	Yes	Effective July 1, 2025, no SIS assessments/reassessments will be waived. If the waiver member has not completed a SIS assessment, one must be scheduled by June 30, 2025.
Allow utilization review of Individual Support Plans (ISP) and/or revised ISPs to be reviewed and approved (if the request meets medical necessity) retroactively to Sept. 25, 2024, for beneficiaries impacted by Hurricane Helene.	Yes	Effective July 1, 2025, ISP's will not be reviewed/approved retroactively.
Allow Utilization Review and approval of ISPs with care manager/care coordinator signature only. If QP (provider agency) is not able to sign the plan. The care manager or care coordinator should make best efforts to coordinate with QP (telephonically or virtually) to review ISP updates.	Yes	Effective July 1, 2025, all signatures as required (per Clinical Coverage Policy 8P) must be included on the ISP.

Appendix K Hurricane Helene Flexibilities



Appendix K Hurricane Helene Flexibilities		Will this flexibility change? Yes/No	July 1, 2025, Implementation Guidance
Services/Service Providers			
Allow beneficiaries to receive fewer than one service per month during this amendment without being subject to discharge.	Yes		Effective July 1, 2025, beneficiaries must receive more than one waiver service monthly.
Waive in person face-to-face monthly/quarterly care manager monitoring requirements with the beneficiary, when the beneficiary is not physically accessible. In these cases, virtual and telephonic monitoring will be conducted in accordance with Health Insurance Portability and Accountability Act (HIPAA) requirements.	Yes		Effective July 1, 2025, monthly and quarterly care coordination meetings shall occur face to face.
Temporarily include retainer payments to address emergency related issues.	Yes		Effective July 1, 2025, retainer payments will no longer be available.
Allow a change in Day Support Group to Day Supports Individual without a change in the Individuals Support Plan (ISP) or prior authorization for waiver beneficiaries impacted by Hurricane Helene. The ISP should be updated as soon as the provider is able to meet with the Waiver beneficiary telephonically or virtually.	Yes		Effective July 1, 2025, a change in the ISP or prior authorization is needed to change Day Support Group to Day Support Individuals.

Appendix K Hurricane Helene Flexibilities

Appendix K Hurricane Helene Flexibilities	Will this flexibility change? Yes/No	July 1, 2025, Implementation Guidance
Services/Service Providers		
Allow Residential Supports in place of Community Living and Supports, when an individual requires out of home placement, and a Relative as Direct Support Provider or Employer of Record (EOR) is not providing services. Allow service transition without a change in the Individual Support plan or prior authorization for Waiver individuals impacted by Hurricane Helene. The ISP should be updated as soon as the provider is able to meet with the Waiver member/family telephonically or virtually.	Yes	Effective July 1, 2025, Residential Supports may not be used in place of Community Living and Supports. Any changes to services will require an ISP change and prior authorization.
Allow replacement or repair of existing home and vehicle modifications damaged by Hurricane Helene when cost of repair or replacement will exceed the Innovations waiver limit.	Yes	Effective July 1, 2025, replacement or repairs of existing home and vehicle modifications must align with the Innovations waiver limit.
Allow relatives or Employer of Records who live in the home of the waiver beneficiary (current waiver only allows for Community Living and Supports) to provide Supported Employment and Supported Living for individuals impacted by Hurricane Helene. This should only be used for cases when the direct support staff is impacted by Hurricane Helene and not able to provide services.	Yes	Effective July 1, 2025, Employers of Record may not provide any waiver services. Relatives residing in the home may only provide Community Living and Support per the waiver requirements.
Waive staff training requirements within 90 days of employment, if staff training is unable to be obtained during the state of emergency.	Yes	Effective July 1, 2025, staff training requirements will not be waived.



11

TBD CCH Topics

Gaines Carey/Jesse Hardin, CCH

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Essential Information for Physical Health Providers



Durable Medical Equipment Overview



Under Tailored Plan, DME is considered a physical health benefit. Providers should submit claims and authorizations using these methods:

Trillium Physical Health Claim Submission	Trillium Physical Health Authorization Submission
<p>Portal: Providers can access the Trillium Physical Health portal online: https://provider.trilliumhealthresources.org/</p> <p>EDI/Clearinghouse: CCH utilizes the clearinghouse Availity. As long as the provider's clearinghouse has a connection to Availity, then the claim can be passed on to CCH. CCH's Medical Payer ID is 68069.</p> <p>Mail: P.O. Box 8003 Farmington, MO 63640-8003</p>	<p>Portal (Preferred): Providers can access the Trillium Physical Health portal online: https://provider.trilliumhealthresources.org/</p> <p>Phone: Outpatient Requests: 1- 855-250-1539</p> <p>Fax: Use the Trillium PA Fax Form (PDF) and submit outpatient requests to: 833-875-0930</p>

DME (continued)



Medical Necessity Guidance:

- Face to Face visit (or telehealth) is required for DME Auth
- Visit must relate directly to medical need for equipment
- Physician must document clinical findings in the medical record
- Must show clear link between equipment and member's medical condition



Refer to the [Durable Medical Equipment Fee Schedule](#) for the rates associated with the equipment, supplies and services



Clinical Coverage Policies:

- [Physical Rehabilitation Equipment and Supplies, 5A-1\(pdf\)](#)- wheelchairs, walkers, and mobility aids
- [Respiratory Equipment and Supplies, 5A-2 \(pdf\)](#)- oxygen equipment, CPAP machines, & respiratory devices
- [Nursing Equipment and Supplies, 5A-3 \(pdf\)](#)- hospital beds, infusion pumps, & incontinence supplies
- [Orthotics and Prosthetics, 5B \(pdf\)](#)-braces, artificial limbs, and relates supportive devices.

Claim Denial Trend- May 2025

Requires Primary EOB; Auth required for EPSDT Consideration	This is a known issue, please refer to our Known Issue Tracker, https://network.carolinacompletehealth.com/resources.html . System configuration logic is being updated. Claims impacted will be identified and will be reprocessed once the system fix is completed. No further action needed from providers at this time.
Non-eligible/non-reimbursable service per plan or regulatory guidelines	The service billed is not covered and non-reimbursable based on NC Medicaid fee schedule. Please check the NC Medicaid fee schedule, Download Fee Schedules - DHB Fee Schedule & Covered Codes Portal . Additionally, review the clinical coverage policy and make sure the procedure is billable by your provider type. Clinical Coverage Policy Index NC Medicaid
Billing Provider Taxonomy Required	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: https://network.carolinacompletehealth.com/content/dam/centene/carolinacompletehealth/pdfs/CCH-Prvr-Taxonomy-Guide.pdf
DENY-BILL NPI+TAXONOMY NOT ON MEDICAID FILE OR NOT ACTIVE ON SVC DATES	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: Provider Enrollment and Data (PDF)
REFERRING PROV NPI NOT ON MEDICAID FILE/NOT ACTIVE ON SVC DATE	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: Provider Enrollment and Data (PDF)

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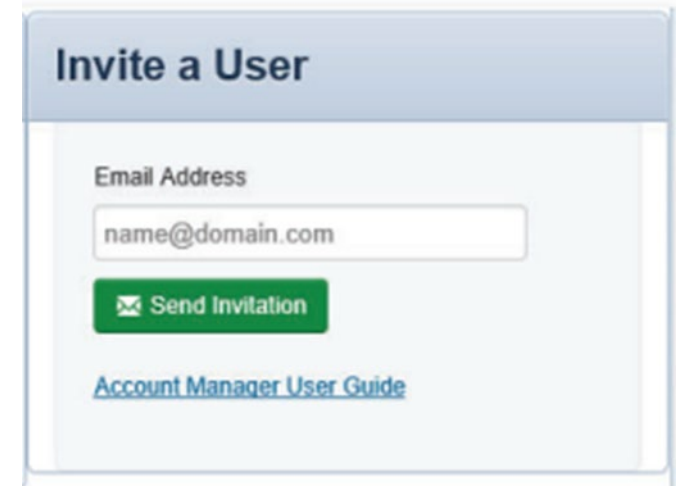


Important Reminders






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.










The screenshot shows a web interface titled "Invite a User". It features a text input field labeled "Email Address" containing the placeholder text "name@domain.com". Below the input field is a green button with a white envelope icon and the text "Send Invitation". At the bottom of the form is a blue hyperlink labeled "Account Manager User Guide".

Trainings Available

-  [Personal Care Services Provider Training \(PDF\)](#)
 - [Recording](#)
 - [Q&A \(PDF\)](#)
-  Trillium Physical Health Provider Orientation [Register in Advance](#)
-  [Trillium New Provider Onboarding Checklist \(PDF\)](#)

Additional Resources

-  Covered services view the Clinical Coverage Policies:
<https://network.carolinacompletehealth.com/resources/clinical-policies.html>
-  [Provider Manual: Updated 2/25/25 \(PDF\)](#)
-  [Tailored Plan Billing with Partners and Trillium for Physical Health Providers \(PDF\)](#)
-  [CCH Billing Guides](#)
-  [CCH Billing Manual](#)
-  [Trillium Durable Medical Equipment \(DME\) Provider Guide \(PDF\)](#)
-  [Trillium Tailored Plan Provider Resources](#)



12

Resources, Questions and Answers

Kimberly Wagner, MBA

Provider Relations and Engagement Manager

Previous Forum Information

<https://www.trilliumhealthresources.org/>

For Providers

Overview

CLINICAL

Behavioral Health Screening Programs
Benefit Plans | Service Definitions
Billing Codes & Rates | Check Write Schedule
Clinical Practice Guidelines
Developmental Centers
EPSDT
Evidence-Based Practices
HEDIS Resources
NC-TOPPS
Prior Authorization Services Instructions
Tailored Care Management for Providers
Tailored Plan Medicaid Providers Pharmacy Benefits
Value-Based Care

RESOURCES

Communications
Contracting with Trillium
Electronic Health Records - Health Information Exchange
Electronic Visit Verification (EVV)
Network Participation Opportunities
Provider Council
Provider Directory
Provider Documents & Forms
Provider Self-Audits
Trillium Funding Opportunities

PROVIDER INFORMATION

Contact Information and Provider Portals
How do I...?
My Learning Campus Providers
Provider Forum

TAILORED PLANS - INFORMATION FOR PROVIDERS

Tailored Plans - Information for Providers
Provider Tailored Plan Contracting Reminders
Tailored Plan Trillium Training
NCDHHS Information



Select
Provider Forum

April 9, 2025

Provider Forum Questions & Answers Coming Soon

Provider Forum Presentation

Provider Forum Recording 



Thank you for your participation.



Connect With Us



[Trillium Health Resources](#)



[Trillium Direct Connect for Enrichment](#)



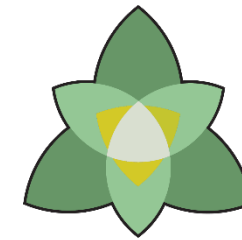
[Trillium Direct Connect for Recovery](#)



[Trillium Health Resources](#)



[Trillium Health Resources](#)



Trillium

HEALTH RESOURCES

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Member & Recipient Service Line

1-877-685-2415

Provider Support Service Line

1-855-250-1539

Administrative & Business Matters

1-866-998-2597