



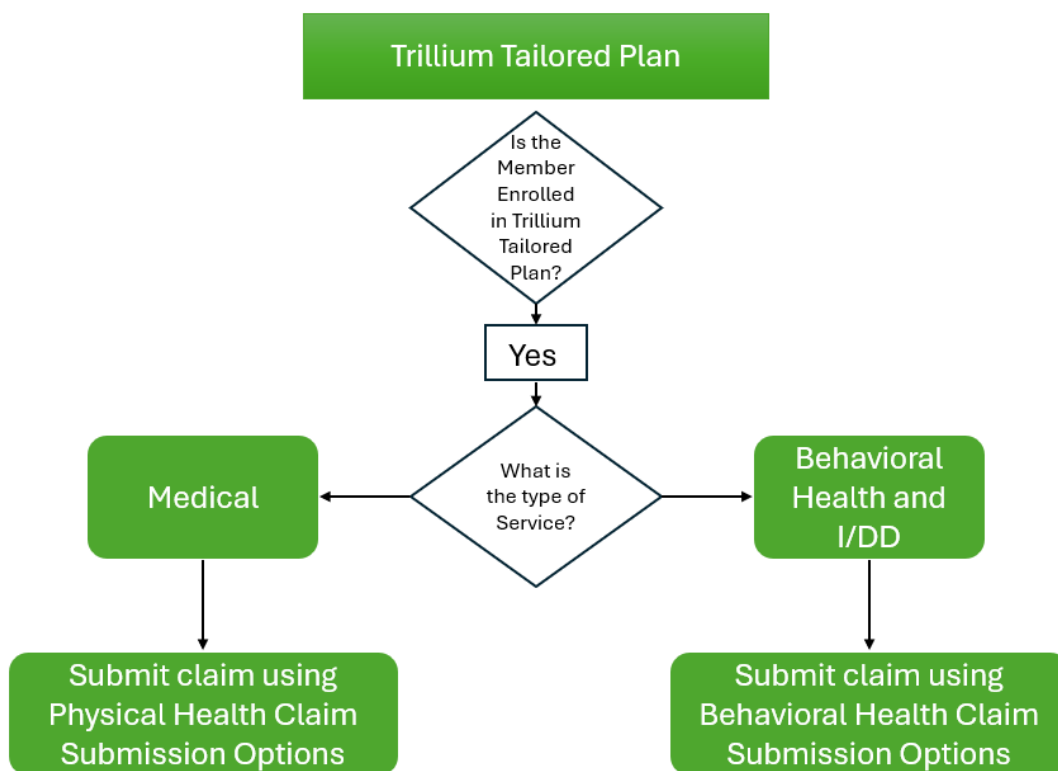
Transforming Lives. Building Community Well-Being.

Tailored Plan & Medicaid Direct Claims Submission Protocol

TAILORED PLAN MEDICAID:

CLAIM SUBMISSION TABLE - Revised October 10, 2024		
Claims Submission Options	Behavioral Health Claims	Physical Health Claims
Direct Data Entry	Trillium's Provider Direct Portal	Trillium's Tailored Plan Physical Health Portal
Clearinghouse/SFTP	Behavioral Health claims can be submitted using one of two clearinghouses: Change Healthcare The SSI Group	Physical Health claims can be submitted through Availity
Payor ID	Change Healthcare: 56089 The SSI Group: 43071	68069
Paper Claims	Trillium Health Resources PO Box 240909 Apple Valley, MN 55124	Carolina Complete Health Attn: Claims PO Box 8003 Farmington, MO 63640-8003
Claims Submission Errors	Behavioral Health claims submitted to Physical Health processing system: Explanation: EX1e – Deny: Please submit to Trillium for processing	Physical Health claims submitted to Behavioral Health processing system: <u>Provider Portal:</u> Claim will receive error message upon attempt to submit of: Please submit to CCH Tailored Plan Physical Health for processing <u>EDI:</u> Claim will receive the following rejection message and be submitted to Physical Health system for processing: Please submit to CCH Tailored Plan Physical Health for processing <u>Processing:</u>

		1371 - Overrid-1377 Please submit to CCH Tailored Plan Physical Health for processing 1377 – Please submit to Carolina Complete Health for processing
--	--	--



Note: This guidance is intended to assist providers in defining claims that are considered behavioral health and is not an exclusive definition.

For additional guidance, please see [NCDHHS Health Plan Billing Guidance](#), Section 3.48 Behavioral Health vs Physical Health Claims Guidance

Electronic Visit Verification (EVV)

Services subject to Electronic Visit Verification (EVV) will need to be submitted through HHAeXchange. Trillium has partnered with an external vendor, HHAeXchange, to provide the EVV tools necessary for designated providers to comply and meet this requirement. General EVV information can also be found on the HHAeXchange North Carolina Provider Information Center, <https://hhaexchange.com/nc/>.

Pharmacy

Pharmacy claims are defined as those claims submitted for rendered pharmaceuticals or pharmacy services, including outpatient pharmacy (point-of-sale claims).

Pharmacy Point of Sale claims are processed through Trillium's partner, PerformRx and may be submitted electronically using the most current NCPDP HIPAA- approved format with Rx BIN Number 019595 and PCN – PRX10811.

NEMT/NEAT

Modivcare is Trillium's contractor to facilitate Non Emergency Medical Transportation (NEMT) and Non Emergent Ambulance Transportation (NEAT) services in North Carolina. Modivcare responsibilities include booking of reservations/rides and to process claims for NEMT/NEAT providers. Providers can bill electronically through Modivcare's web portal, by an Automated Transportation Management System (ATMS), or by submitting paper claims. For any questions on how to bill, Providers should refer to Modivcare's Orientation and Training resources. For claims related questions, please contact Modivcare's Claims Department at 1-800-930-9060. For any other Provider related questions specific to Modivcare rides, please contact: 1-855-397-3604. Additional NC resources may be found in Transportation Provider Manual.

Vision

Vision claims for Medicaid Tailored Plan beneficiaries are processed through Centene Vision, (formerly Envolve), a subsidiary of CCH and may be submitted using HIPAA Standard Electronic Transaction set or can be submitted in a secure web-based Provider Portal (<https://visionbenefits.envolvehealth.com/logon.aspx>). Claims may also be submitted through a clearinghouse. Centene Vision utilizes the clearinghouse Change Healthcare. As long as the provider's clearinghouse has a connection to Change Healthcare, then the claim can be passed on to Centene Vision. Centene Vision's Payer ID is 56190.

Medicaid Direct Services and State Funded Services:

Providers who serve beneficiaries who are excluded or delayed populations from Medicaid managed care, will continue to receive Behavioral Health and I/DD services through Trillium Health Resources. Providers have three ways to submit claims to Trillium using HIPAA Standard Electronic Transaction set:

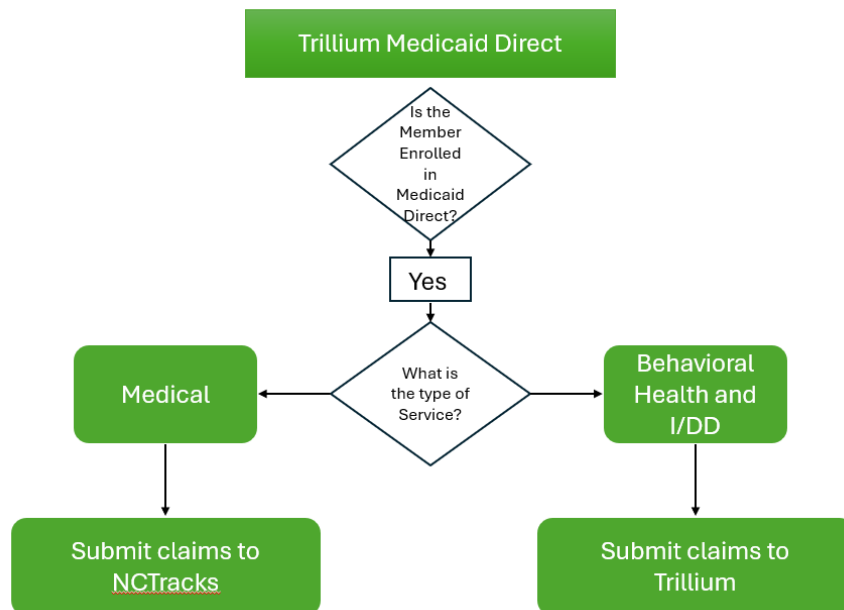
1. through web portal in The Behavioral Health I/DD Secure Provider Portal - Provider Direct,
2. via secure FTP, and
3. a provider can submit their claims through a clearinghouse

If submitting Behavioral Health I/DD claims through a clearinghouse, Trillium has an agreement to utilize Change Healthcare formerly known as Emdeon and The SSI Group. Trillium's Medical Payer ID is 43071 when using The SSI Group or sending directly to Trillium and 56089 when using Change Healthcare (Emdeon).

Services subject to Electronic Visit Verification (EVV) will need to be submitted through HHAExchange. Trillium has partnered with an external vendor, HHAExchange, to provide the EVV tools necessary for

designated providers to comply and meet this requirement. General EVV information can also be found on the HHAeXchange North Carolina Provider Information Center, <https://hhaexchange.com/nc/>.

For these beneficiaries, physical health and pharmacy claims will continue to be submitted to Medicaid Direct.



Additional Resources:

Benefit Plans & Service Definitions	https://www.trilliumhealthresources.org/for-providers/benefit-plans-service-definitions
Billing Codes & Rates & Checkwrite Schedule	https://www.trilliumhealthresources.org/for-providers/billing-codes-rates-check-write-schedule
Electronic Visit Verification	https://www.trilliumhealthresources.org/for-providers/evv
Provider Documents & Forms	https://www.trilliumhealthresources.org/for-providers/provider-documents-forms
NC Medicaid Health Plan Billing Guide	Health Plan Billing Guidance NC Medicaid