Trillium-TP Claims Migration Session

Recording & AI Use Policy – Participants are not permitted to record this session. Additionally, the use of Artificial Intelligence (AI) features — including, but not limited to, programs and/or applications that assist with transcription and/or recording — is strictly prohibited.

September 8, 2026

Audience

This webinar is intended for behavioral and physical health Tailored Plan providers. Providers with Medicaid Direct and State-funded contracts will not be affected by the changes presented in this presentation.

Overview

Effective October 1, 2026:

Trillium will transition to a unified claims system for Trillium Tailored Plan operations.

- All claims (physical health, behavioral health, and LTSS) for Trillium Tailored Plan members must be submitted directly to Trillium through a single portal.
- Providers will no longer submit physical health claims to Carolina Complete Health for Trillium Tailored Plan members.
- Some physical health authorizations must be submitted to Trillium through the new unified claims system portal. Some authorizations for specialty services will continue to be sent to Carolina Complete Health or other vendors.

Trillium is here to help you through the transition.

Trillium Health Resources continues to evaluate the potential impact of the unified claims system on Providers and Members. Should a delay in launching the system become necessary, we will notify providers promptly through a variety of communication methods.

Agenda

Preparing for System Changes – presented by Bobby Cruthirds

- System Administrator Setup and Training

Preparing for Payment Changes – presented by Selena Wall

- EFT Enrollment

Authorizations – presented by Dr. Paul Garcia

- Prior Authorization Process
- Flexibilities

Claims – presented by Stacy Lassiter

- Claims Submission
- Clearinghouse Setup
- Split Claims
- Interest Payments
- Other Insurance Validation
- Payment Information/ Remittance Advice
- Escalation Process

Stay Current with Updates and Changes

- Provider Manual, Billing Guidance, Additional Resources

Preparing for System Changes

Presented by Luz Terry, Sr. Vice President of Learning & Development and Bobby Cruthirds, Deputy CISO

Trillium
HEALTH RESOURCES

PROVIDER PATHWAY TO THE UNIFIED CLAIMS SYSTEM

A Clear Path to the Right Claims Platform

Complete each stage in order. Your provider contract determines which claims platform you will use.

Trillium HEALTH RESOURCES

1 Start at the Trillium Website

Open the Claims Platform page, then select Provider My Learning Campus.

trilliumhealthresources.org/TailoredPlanClaimsPlatform

2 Establish Your PMLC Account

Create or confirm an active account, then complete assigned training.

staff.mylearningcampus.org/login/signup.php?

3 Complete Provider Onboarding

Complete registration in the Provider Onboarding Portal.

trilliumprovideronboarding.org/

YOUR PROVIDER CONTRACT DETERMINES YOUR PLATFORM

TAILORED PLAN

iTransact

For Tailored Plan providers

MEDICAID DIRECT

Provider Direct

For Medicaid Direct providers

YOUR PATH TO iTRANSACT ACCESS

Step 1: Establish Your Provider My Learning Campus Account

An active account is required before you can access System Administrator Training.

START HERE | Go to https://www.trilliumhealthresources.org/

1

For Providers

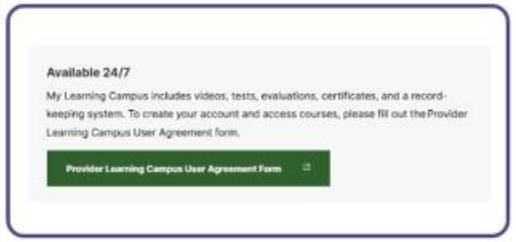
Open the provider menu.

2

My Learning Campus

Select the provider learning portal.

3



Agreement Form

Open the Provider Learning Campus User Agreement Form.

4

Complete & Submit

Finish the form to request your account.

Already have an active account?

You're ready for the required training.

YOUR PATH TO iTRANSACT ACCESS

Step 2: Access Your Assigned iTransact Training

On August 3, all contracted Trillium providers will be enrolled automatically.

AUG 3

ENROLLED AUTOMATICALLY

Look for an enrollment message at the email address connected to your My Learning Campus account.

1. **Use the direct course link in your enrollment email.**
2. **Or open My Learning Campus and select the course under Current Learning.**

TAILORED PLAN PROVIDERS

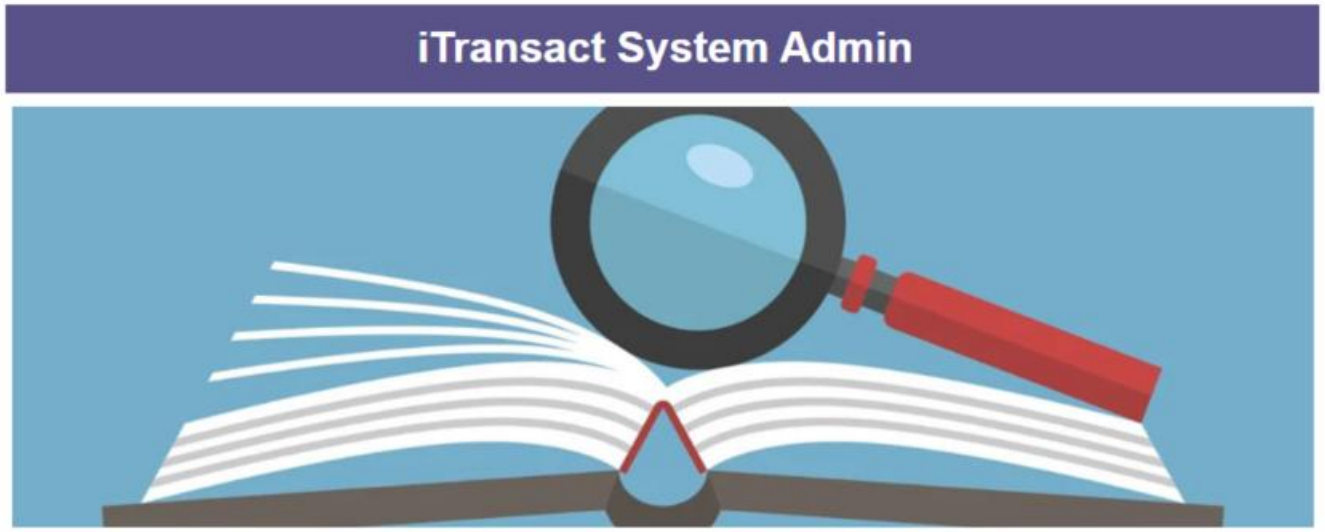
iTransact System Admin Training is required before submitting claims.

MEDICAID DIRECT PROVIDERS

Complete Provider Direct System Admin Training instead.

Step 3: Complete the iTransact System Admin Training

Once your account is active, complete the required 20-minute training beginning August 3.



TRAINING AT A GLANCE

AUGUST 3

Available

≈ 20 MINUTES

Training length

PROVIDER MY LEARNING CAMPUS

Access it here

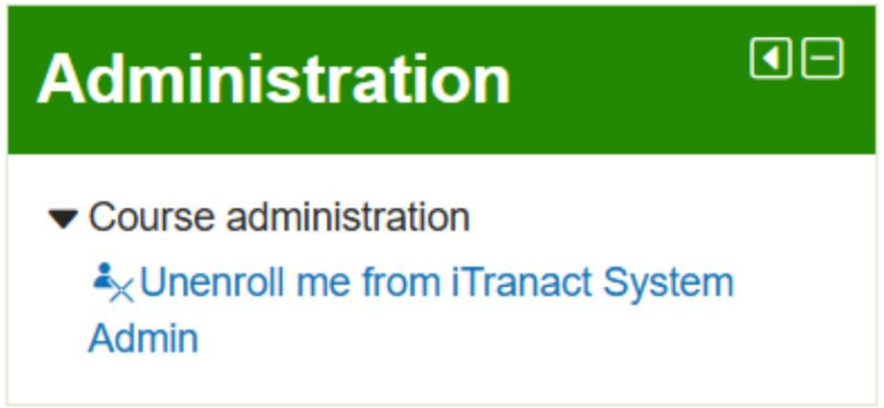
✓ **Complete this required training to continue the iTransact onboarding process.**

YOUR PATH TO iTRANSACT ACCESS

Route the Training to the Right Person

If you were enrolled but are not your organization's system administrator, take these actions.

IN THE COURSE



Select Administration → Unenroll me

1

UNENROLL YOURSELF

Use the Administration link shown to remove the course from your learning record.

2

IDENTIFY THE RIGHT PERSON

Confirm who serves as your organization's primary system administrator.

3

CONFIRM THEIR ACCESS

Ensure they have an active Provider My Learning Campus account and use the steps just shared to access the training.

✓

Tailored Plan providers: The primary system administrator must complete this training before claims are submitted.
Not eligible: Third-party billers cannot serve as iTransact system administrators.

PROVIDER ONBOARDING PORTAL (POB)

Secure Onboarding for the Unified Claims System

One risk-based, automated workflow moves providers from initial contact to secure, production-ready data exchange.

Trillium HEALTH RESOURCES

START

Provider Begins Onboarding

Initial contact and data submission

PROVIDER ONBOARDING PORTAL

$4.5B OPERATING SCALE

1 Identity Verification

NPI, EIN and tax identifiers

2 Technical Readiness

837, 835 and 270/271 validation

3 Agreements & Training

TPAs, e-signatures and training

4 Access & Data Integrity

Entity authentication and access controls

OUTCOME

Provider Ready for Production

Secure access and clean data exchange

STRATEGIC OUTCOMES

FASTER ONBOARDING

Reduces friction and accelerates time-to-value.

CLEAN, VALIDATED DATA

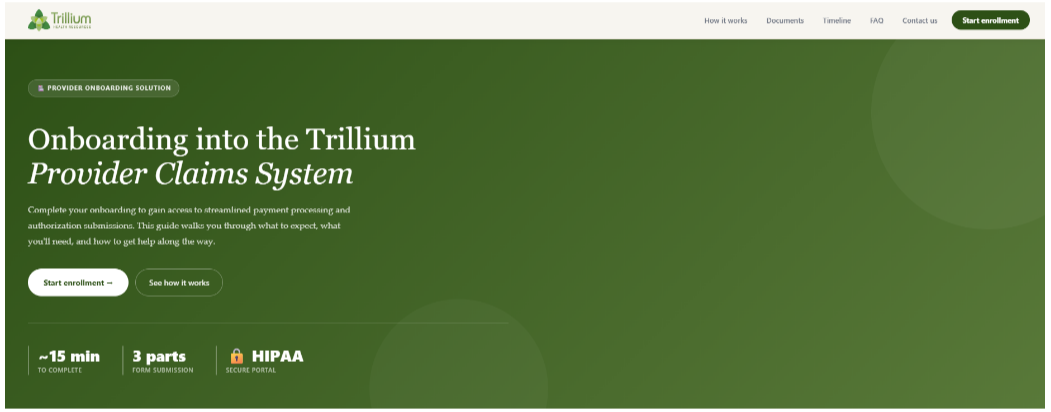
Protects the integrity of core transaction systems.

One secure pathway balances onboarding speed with the data protection required in a Medicaid environment.

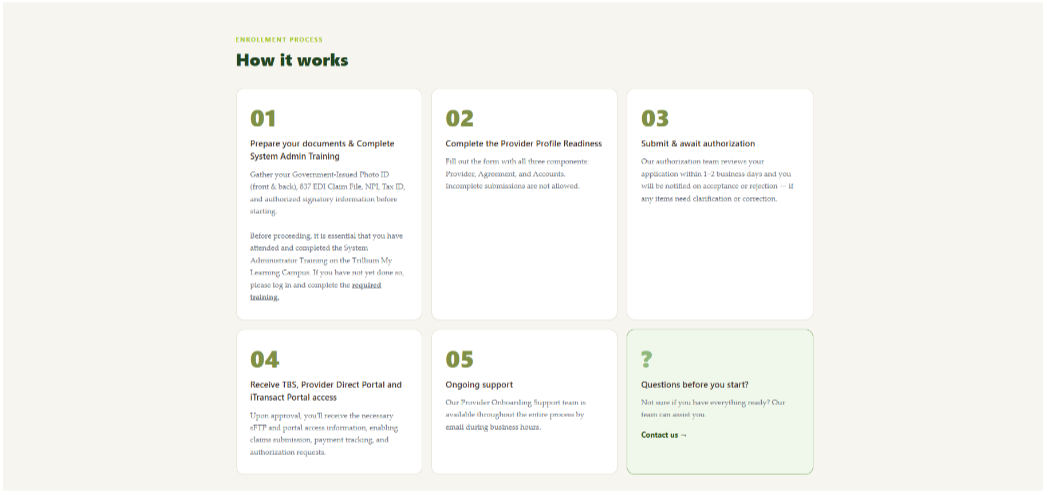
PROVIDER ONBOARDING PORTAL (POB)

Start with the Landing Page and How It Works

1 Provider Onboarding (POB) Landing Page



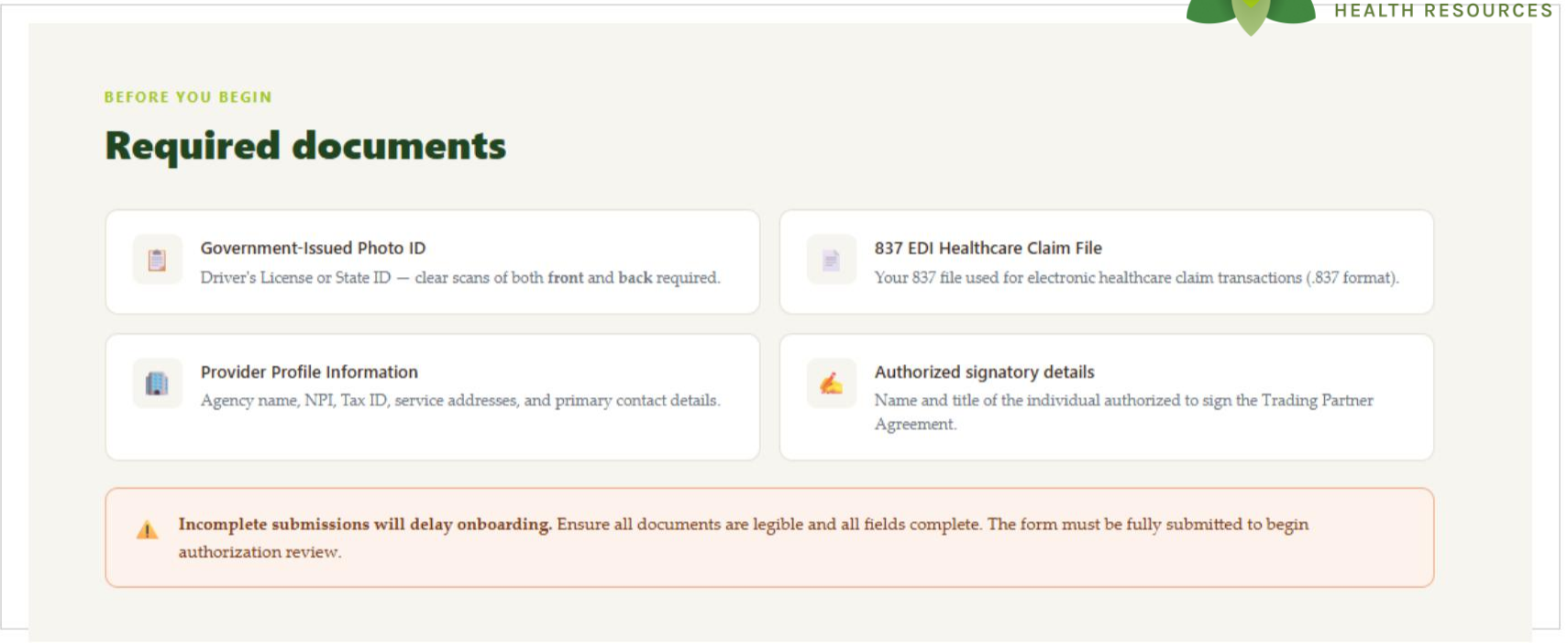
2 POB How It Works



PROVIDER ONBOARDING PORTAL (POB)

Prepare Documents and Understand the Timeline

3 POB Required Documents



4 POB Estimated Enrollment Timeline

Readiness checklist

Check off each item as you confirm you have it ready. The enrollment button unlocks once all items are checked.

⚠ REQUIRED FIRST STEP

You must complete the System Administrator training in Trillium My Learning Campus that corresponds to the system you're requesting access for:

- **Provider Direct System Admin 3.0 Training** — Medicaid Direct (MDIHP) providers
- **iTransact System Admin Training** — Tailored Plan providers

Return here once your course is complete to continue your application.

- [ ] Government-Issued Photo ID — front *and* back
- [ ] 837 EDI Healthcare Claim File (.837)
- [ ] National Provider Identifier (NPI)
- [ ] Federal Tax ID / EIN
- [ ] Authorized signatory name and title
- [ ] ~15 minutes of uninterrupted time

Readiness **0 / 6 items**

I'm ready — begin enrollment form →

Need assistance?

Our Provider Onboarding Support team is here to help at every stage of onboarding.

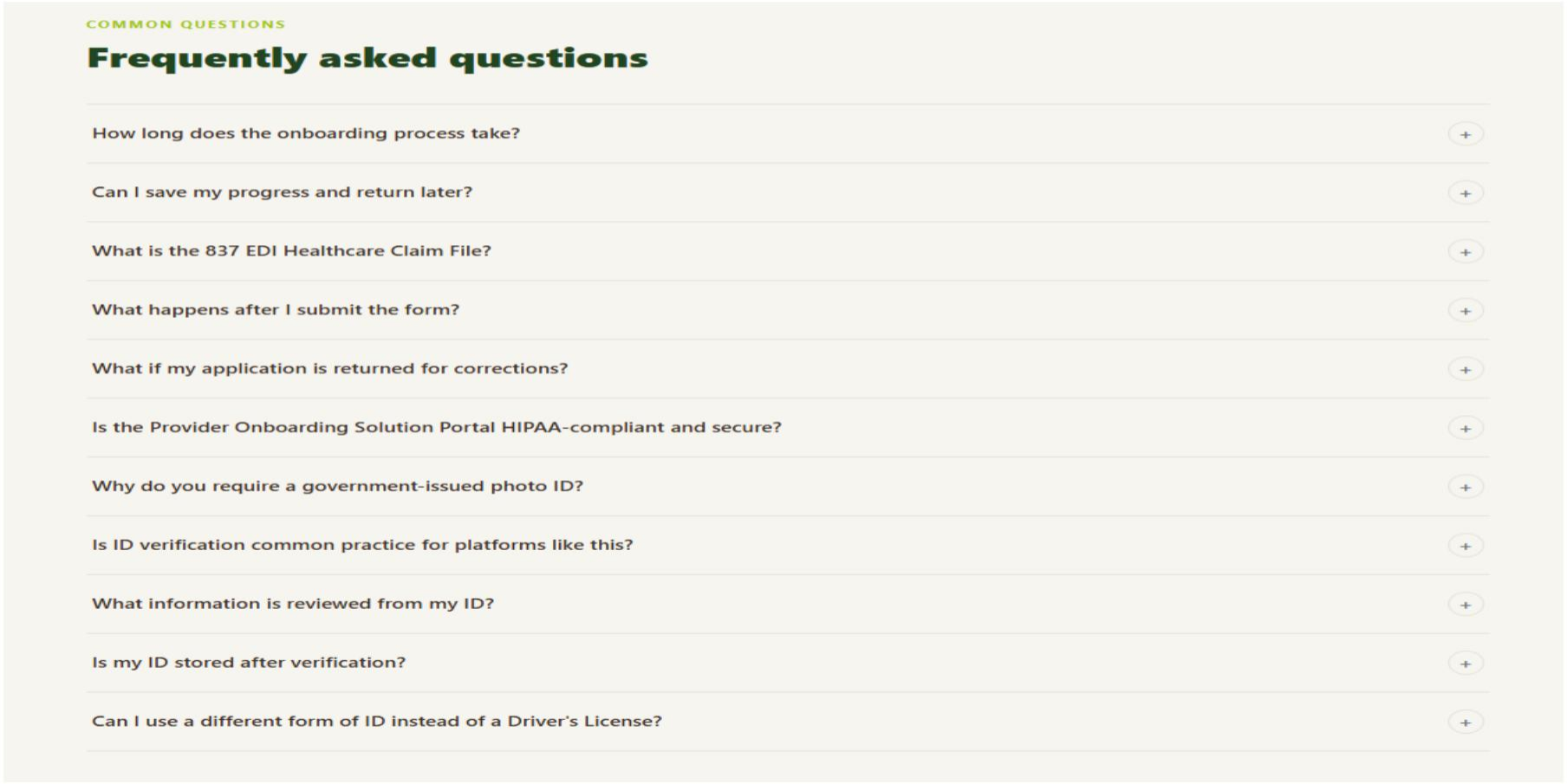
Email us
Replies within 1 business day ›

Provider resources & FAQs
Documents, guides, and tutorials ›

Trillium HEALTH RESOURCES

Find Answers and Get Help Along the Way

5 FAQ – Frequently Asked Questions



COMMON QUESTIONS

Frequently asked questions

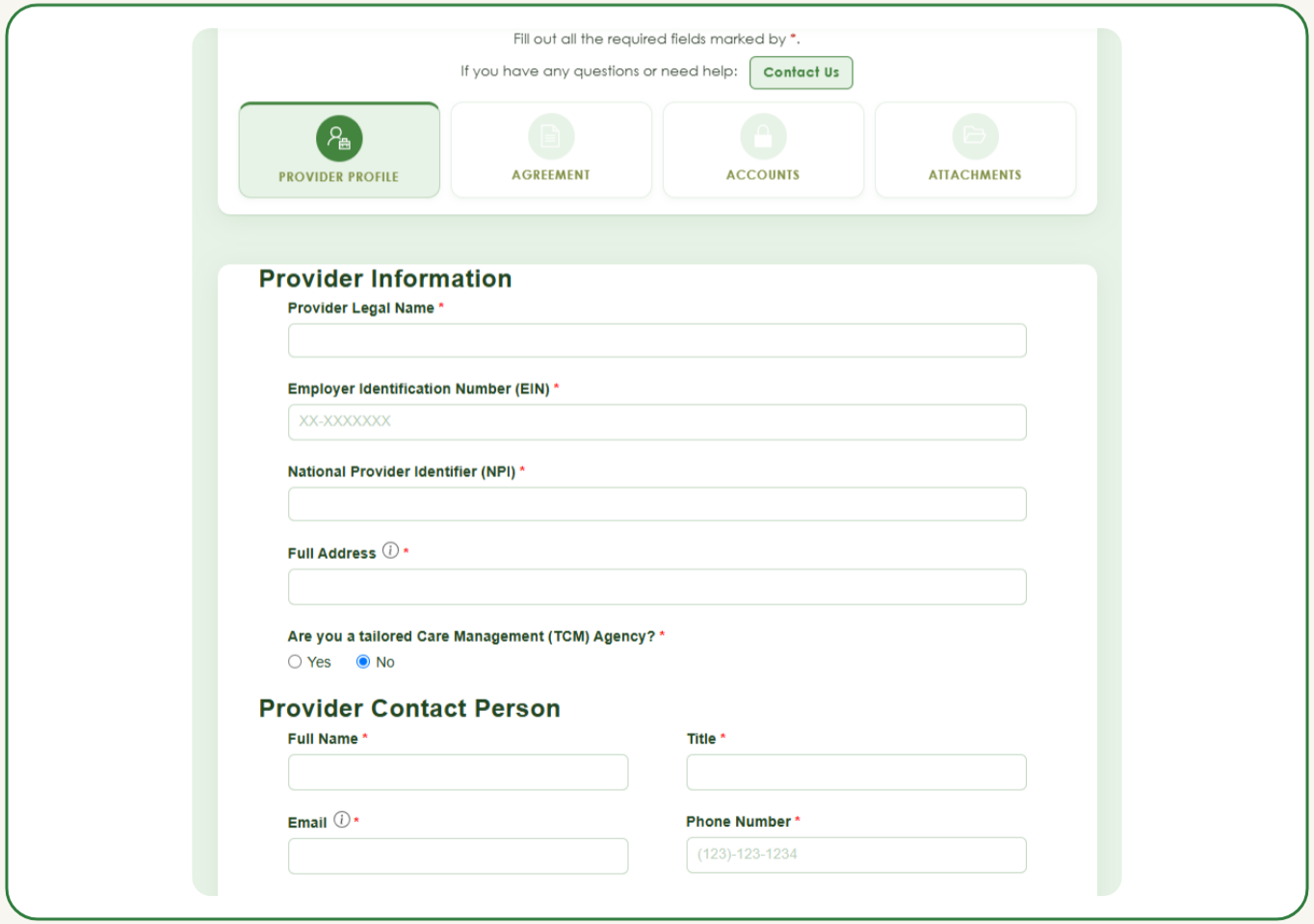
- How long does the onboarding process take? +
- Can I save my progress and return later? +
- What is the 837 EDI Healthcare Claim File? +
- What happens after I submit the form? +
- What if my application is returned for corrections? +
- Is the Provider Onboarding Solution Portal HIPAA-compliant and secure? +
- Why do you require a government-issued photo ID? +
- Is ID verification common practice for platforms like this? +
- What information is reviewed from my ID? +
- Is my ID stored after verification? +
- Can I use a different form of ID instead of a Driver's License? +

PROVIDER ONBOARDING ENROLLMENT FORM

STEP 1 OF 4

Enter Provider and Contact Information

Provide the identifying details used to validate the agency and its designated contact.



1 Provider Information

Agency details

Enter the legal name, Employer Identification Number (EIN), National Provider Identifier (NPI), full service address, and Tailored Care Management (TCM) status.

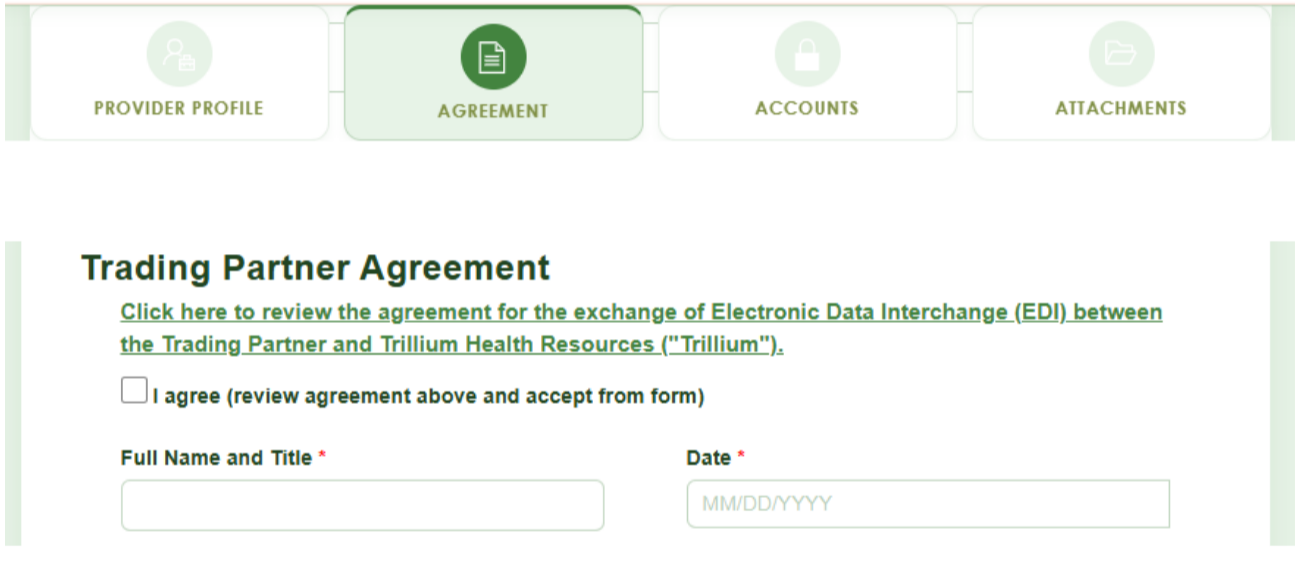
Agency contact person

Provide the designated contact person's name, title, email address, and phone number.

Complete all required fields before moving to the Agreement section.

Review and Acknowledge the Agreement

The Trading Partner Agreement governs HIPAA-compliant EDI transactions between the provider and Trillium.



Agreement section of the enrollment form

2 Agreement

1 Review

Open the Trading Partner Agreement and read it carefully before proceeding.

2 Acknowledge

Select “I agree” to acknowledge acceptance of the agreement.

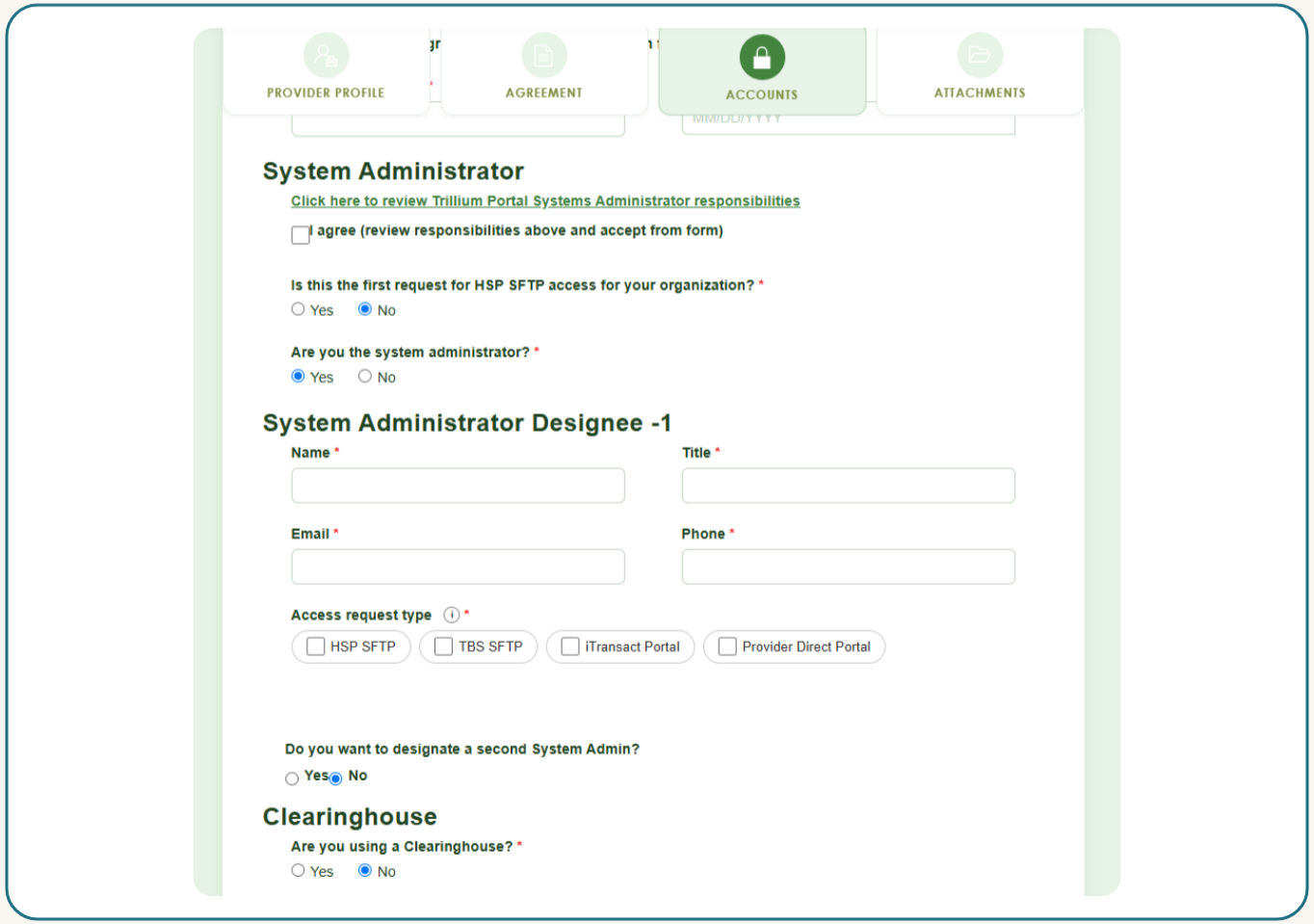
3 Identify the signer

Enter the signer’s full name, title, and date.

The form cannot advance without the required acknowledgment.

Designate the System Administrator

The designated administrator manages the organization's ongoing access to the Unified Claims System.



3 Accounts

System Administrator

Designate the primary System Administrator and, if applicable, a second administrator.

Access type

Select the appropriate platform and connection access type(s) for the organization.

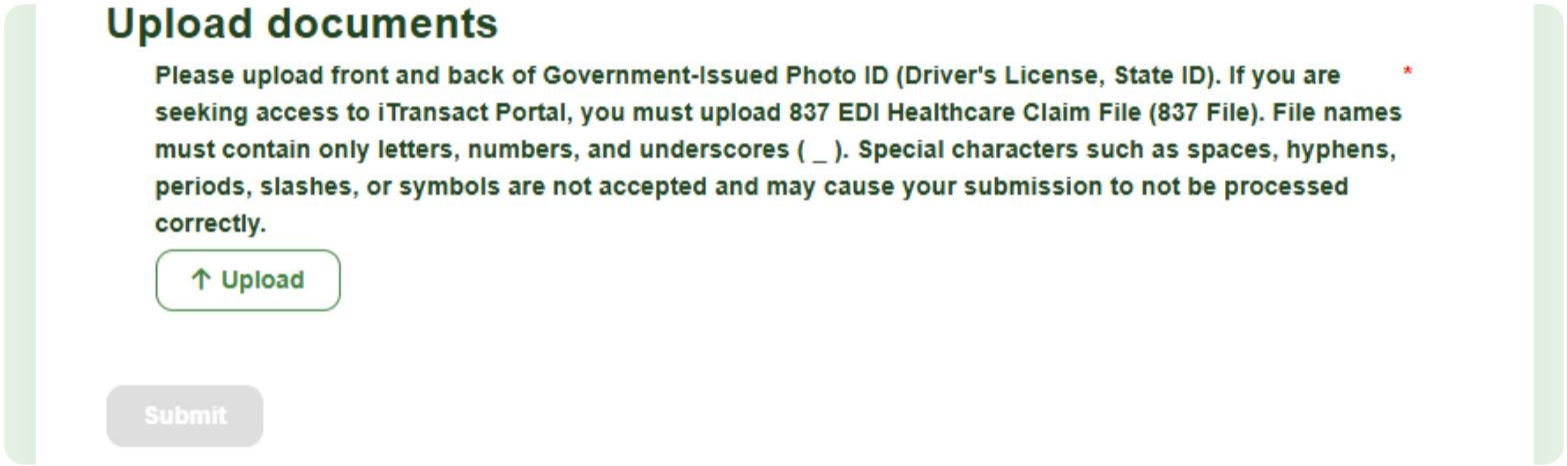
Clearinghouse and EDI

Provide the organization's clearinghouse and EDI connection details.

Choose the person who will manage access on an ongoing basis.

Upload Required Documents and Submit

The complete form must be submitted before the authorization review can begin.



4 Upload Documents

Required for all submissions

Upload the front and back of the designated System Administrator's government-issued photo ID.

Required for iTransact access

Also upload an 837 EDI Healthcare Claim File.

Complete and submit

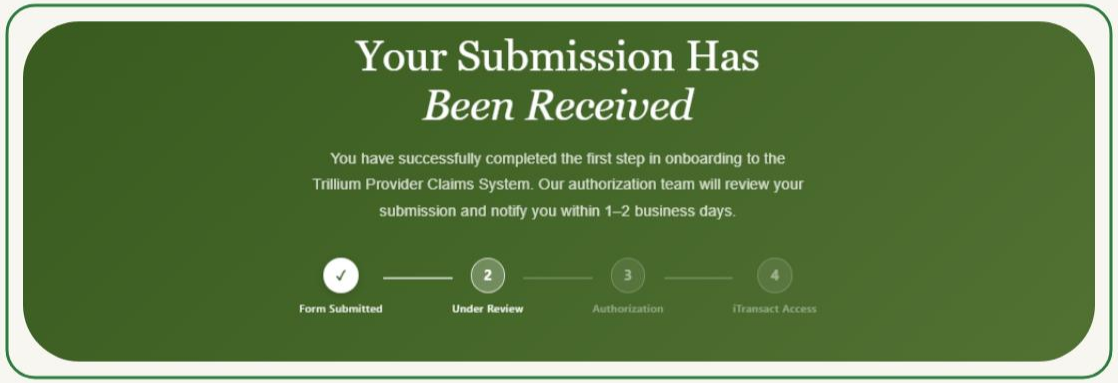
Use letters, numbers, and underscores in file names. The form takes about 15 minutes when documents are ready.

Submission Receipt and Next Steps

The submission page confirms receipt and explains what happens next.

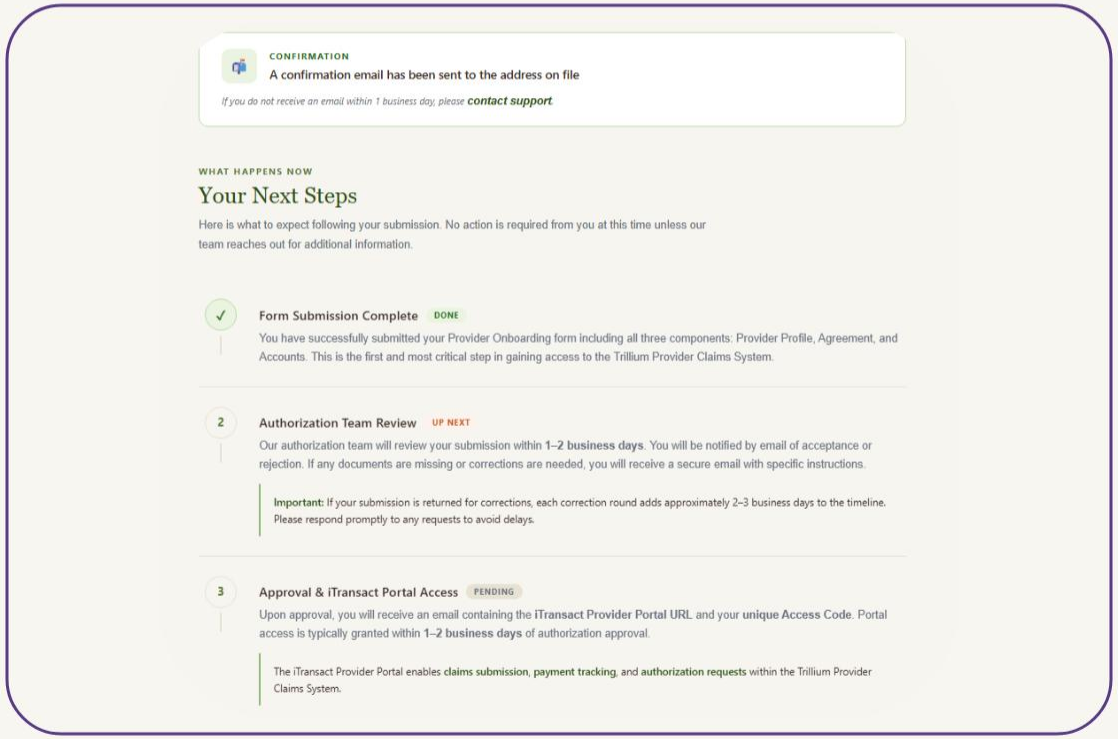
1 Receipt

Form received; review will occur within 1–2 business days.



2 Next Steps

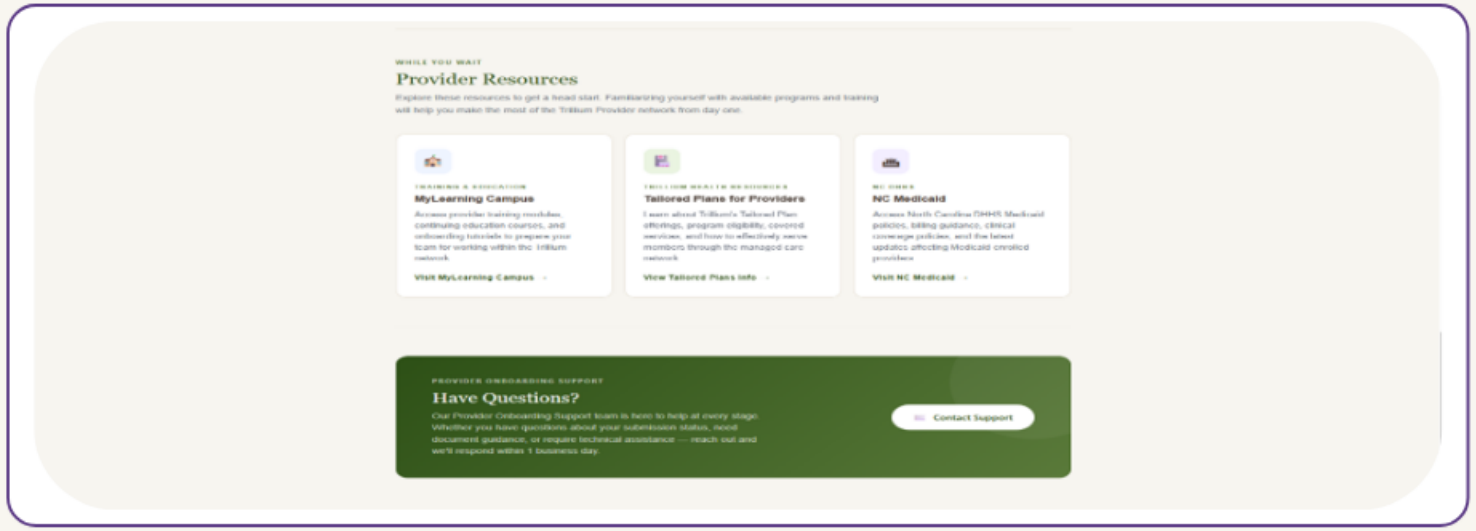
No action is needed unless the authorization team contacts you.



1 **Form submitted** | 2 **Team review** | 3 **Approval & access** | 4 **Fully onboarded**

Provider Resources Available While You Wait

Providers can begin exploring key programs, training, and support resources before onboarding is complete.



Available resources

My Learning Campus

Training modules, orientation courses, and continuing education.

Tailored Plan

Plan offerings, program eligibility, and managed-care information.

NC Medicaid

Policies, billing guidance, updates, and provider resources.

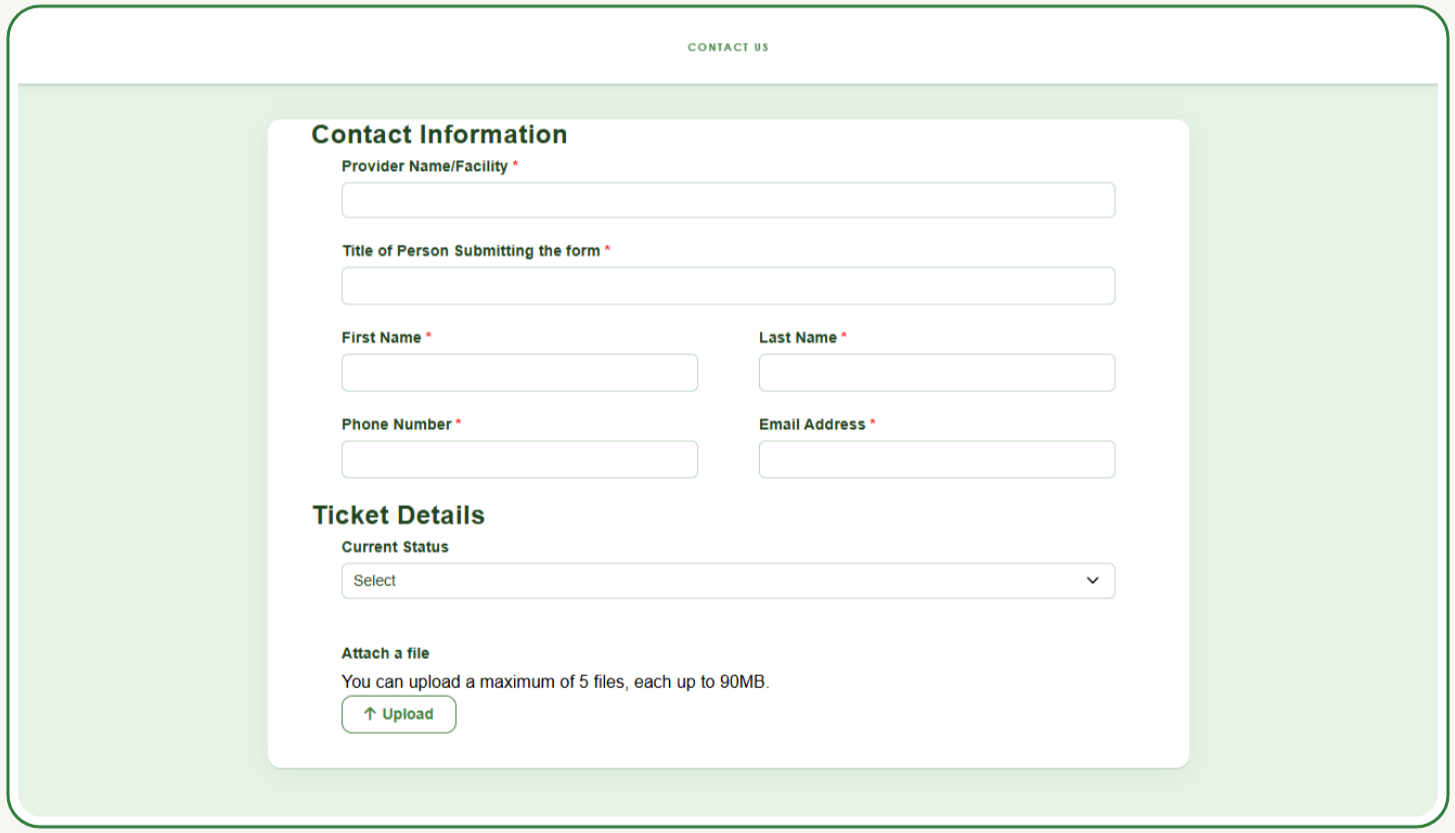
Questions?

The Provider Onboarding Support team can assist with submission status, required documentation, and technical questions.

PROVIDER ONBOARDING PORTAL (POB)

Issue and Support Workflow

Providers can request help, receive status updates, and move through a tracked onboarding process.



How Providers Contact Us

Providers submit questions or issues through the contact form available on every portal page. Each submission automatically creates a Help Desk ticket for tracking and routing.

How Providers Receive Updates

Automated emails provide status updates for background checks, approvals, and onboarding completion.

How We Keep Providers on Track

- Defined workflow states move submissions from intake through completion.
- Errors are flagged for manual review.
- Post-onboarding checks confirm completion and identify gaps.
- Provider feedback informs updates to training, documentation, and portal workflows.

Every request is captured, routed, monitored, and used to strengthen the provider onboarding experience.

Preparing for Payment Changes

Presented by Selena Wall, Financial Reporting Manager

Trillium HEALTH RESOURCES

EFT Enrollment

For Providers to successfully set up to receive payments via EFT please utilize the below link:

Trillium Provider Setup

- On this form Providers will be required to provide the following information:
  - Business name
  - Name as found on the W9 (as reported to the IRS)
  - Tax ID number
  - Whether that tax ID is a Social Security Number or Employer Identification Number as registered with the IRS
  - Business phone number and mailing address
  - Primary contact name, phone number, and email address
  - The email address for remittance advices, 835s/RAs
  - Banking information
  - Completed Trillium EFT Authorization form, bank letter/direct deposit letter or void check, and a completed W9
  - Date of completion
- Any banking information or remittance email changes will need to be submitted to: TP.Finance@TrilliumNC.org.

Note: If you are already set up to receive EFT with Trillium you do not need to complete these steps as long as the Federal Tax ID is the same in both systems and your banking information has not changed.

Providers are encouraged to have completed the form by September 15.

Trillium Provider Setup

Trillium Provider Setup

Please use this form to request a new provider setup.

Information is required to be completed before payments can be made.
Please direct any questions or changes to TP.Finance@trilliumnc.org

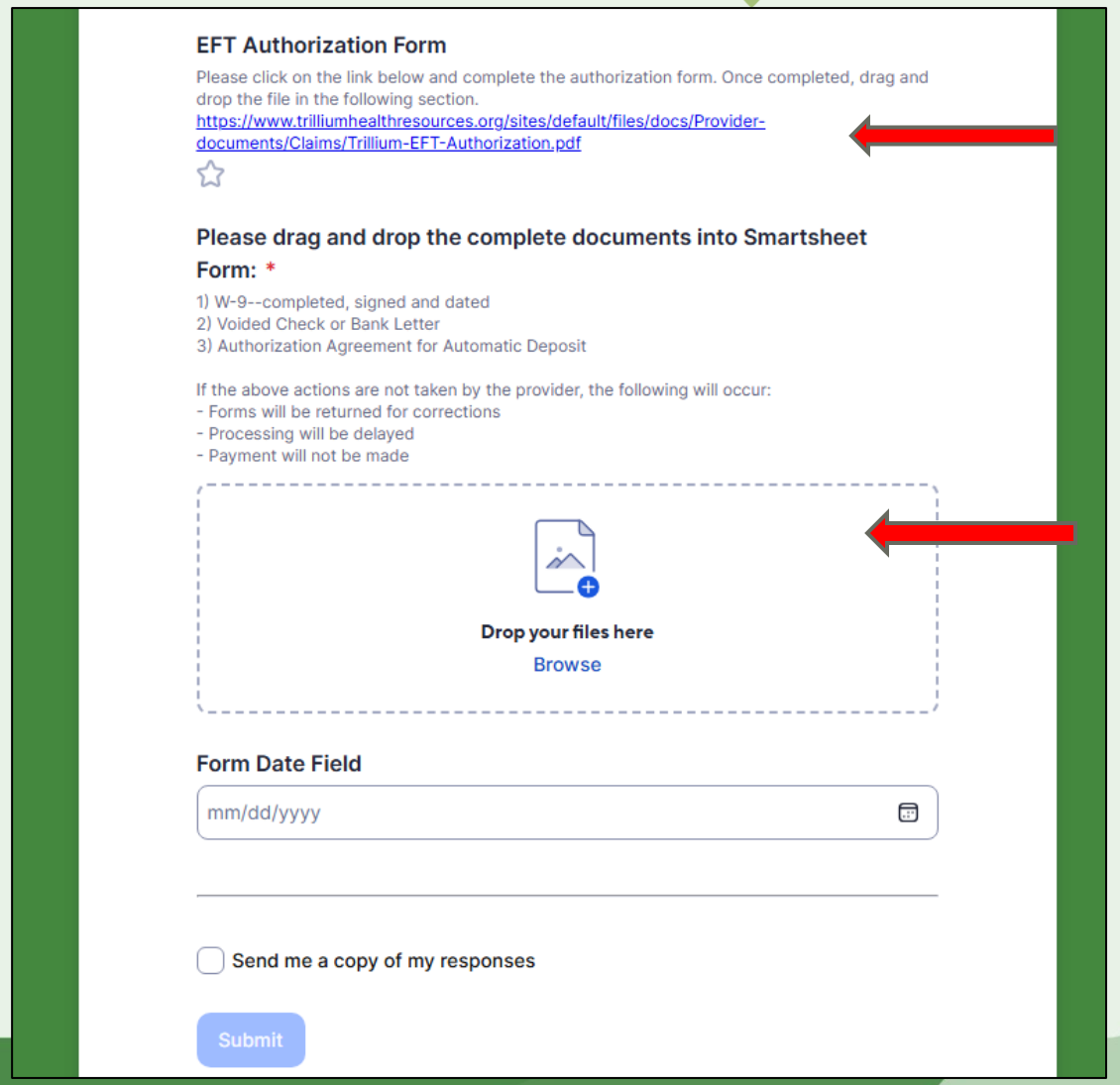
Fields marked with an asterisk (*) are required.

Business Name *
Please record your name for our records.

Name as it appears on W-9 *
Limit Special Characters to only "&" and "-"

Federal Tax ID *

Please select one: *
- Social Security Number (SSN)
- Employer Identification Number (EIN)



EFT Authorization Form

Please click on the link below and complete the authorization form. Once completed, drag and drop the file in the following section.
https://www.trilliumhealthresources.org/sites/default/files/docs/Provider-documents/Claims/Trillium-EFT-Authorization.pdf

Please drag and drop the complete documents into Smartsheet

Form: *

1) W-9--completed, signed and dated
2) Voided Check or Bank Letter
3) Authorization Agreement for Automatic Deposit

If the above actions are not taken by the provider, the following will occur:
- Forms will be returned for corrections
- Processing will be delayed
- Payment will not be made

Drop your files here
Browse

Form Date Field
mm/dd/yyyy

Send me a copy of my responses

Submit

Trillium EFT Authorization Form

Trillium HEALTH RESOURCES

Transforming Lives. Building Community Well-Being.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

Point of Contact with Trillium Health Resources: _____

I hereby authorize Trillium Health Resources to initiate credit entries to my (Please select one of thwo options)

- ☐ Checking
- ☐ Savings

Account indicated below and the bank named below, hereinafter called DEPOSITORY, to credit the same to such account.

Depository Bank Name _____

City _____ State _____

Routing No._____ Account No. _____

This authority is to remain in full force and effect until Trillium Health Resources has confirmed receipt of written notification of termination.

Vendor/Provider Name _____

Contact Name: _____

Full Mailing Address _____

Phone Number: _____ Fax: _____

Date_____ **Signed** _____

Email address: _____

Please list any additional contacts requiring receipt of email for deposit notifications;

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

REQUIRED - Please attach the following to your completed form;

- Voided check or letter from the depository bank for authorization purposes
- Current W9 Form with signature and date

Unless instructed otherwise, return completed form along with required documentation to:

Email: FinanceForms@TrilliumNC.org
Fax: 252.215.6876 or
Mail: 144 Community College Road, Ahoskie NC 27910

If forms are incomplete they will be returned for corrections and this delays processing

You do not need to send forms to the email noted , please upload to the Smartsheet link instead.

Authorizations

Presented by Dr. Paul Garcia, Vice President of Utilization Management and Benefits

Trillium
HEALTH RESOURCES

Utilization Management Services

Most physical health authorizations should be submitted to Trillium starting October 1. These services include **inpatient, post-acute care, labs, specialty care, home infusions, ophthalmology,** and **cell and gene therapy.** Other services should be directed to other vendors as described below:

Authorization Portal	Service
Carolina Complete Health	• Durable Medical Equipment (DME), including Orthotics, Prosthetics, and Hearing Aid Services • PCS, Private Duty Nursing, Home Health, Hospice • Transplants and CAR-T-Cell therapy
Centene Vision	• Vision
EviCore	• Genetic Testing
Evolent	• Outpatient Imaging • Outpatient and Elective Inpatient Musculoskeletal Surgery and Interventional Pain Management • Radiation Oncology (outpatient)
Turning Point	• Outpatient and Non-emergent Inpatient Interventional Cardiology Procedures

Authorization Submission

Beginning October 1, physical health authorizations for services listed on the previous slide need to be directed to Trillium.

Though direct entry (preferred)

- iTransact Portal - https://provider.trilliumitransact.com/

Faxed to:

- 252-215-6875

Flexibilities

Trillium will implement **Flexibilities** beginning **October 1, 2026,** through **January 4, 2027**. During this period, no **prior authorization will be required for outpatient specialized services,** including:

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Audiology Therapy

These flexibilities are intended to support continuity of care during the transition period and ensure members can access necessary services without interruption.

If you have an approved authorization for a Trillium Tailored Plan member, it will be honored through the transition period. Any prior authorizations approved by CCH or their subcontractors will also be honored.

Claims

Presented by Stacy Lassiter, Claims Manager

Trillium
HEALTH RESOURCES

Claims Submission

Effective October 1, 2026, all Trillium Tailored Plan claims except Non-Emergency Medical Transportation (NEMT), Vision, and Pharmacy (point-of-sale) claims should be submitted to Trillium. There are no changes to current business processes for NEMT, Vision, and pharmacy (point-of-sale). processes.:

Electronic Data Interchange (EDI) via clearinghouses: New payer ID is 43072	• Optum - Change HealthCare • The SSI Group • Availity
Direct EDI	• Secure File Transfer Protocol (SFTP)
Direct Entry	• iTransact Portal - https://provider.trilliumitransact.com/
Mailed paper to:	• Trillium Health Resources PO Box 240909 Apple Valley, MN 55124

Clearinghouse Set-up

Clearinghouse	Tailored Plan Payer ID	Website Links
Optum - Change HealthCare	43072	www.changehealthcare.com
The SSI Group	43072	www.thessigroup.com
Availity	43072	www.availity.com

If you are currently using a clearinghouse other than ones listed above and wish to continue using them, you will need to provide them with the applicable Trillium Payer ID so they may connect with one of the clearinghouses above. These changes must be completed by October 1 to bill Trillium for Tailored Plan claims.

Clearinghouse payer IDs for NC Medicaid Direct and State funded claims will remain the same.

Split Claims Process

- Inpatient DRG claims payment is based on the date of admission. The entire claim will be submitted to and covered by the payer for which the member has at the time of admission.
- If a member moves to or from Trillium TP coverage during a stay, providers should submit the entire claim to Trillium. The portion of the claim covered by Trillium will be paid and the portion not covered by Trillium will be denied.
- Claims submitted to MediTrac for members not enrolled in Tailored Plan will be denied.
- TP member claims submitted to TBS will receive a denial stating: Please submit to MediTrac/iTransact for Trillium Tailored Plan claims processing.

Interest Payments

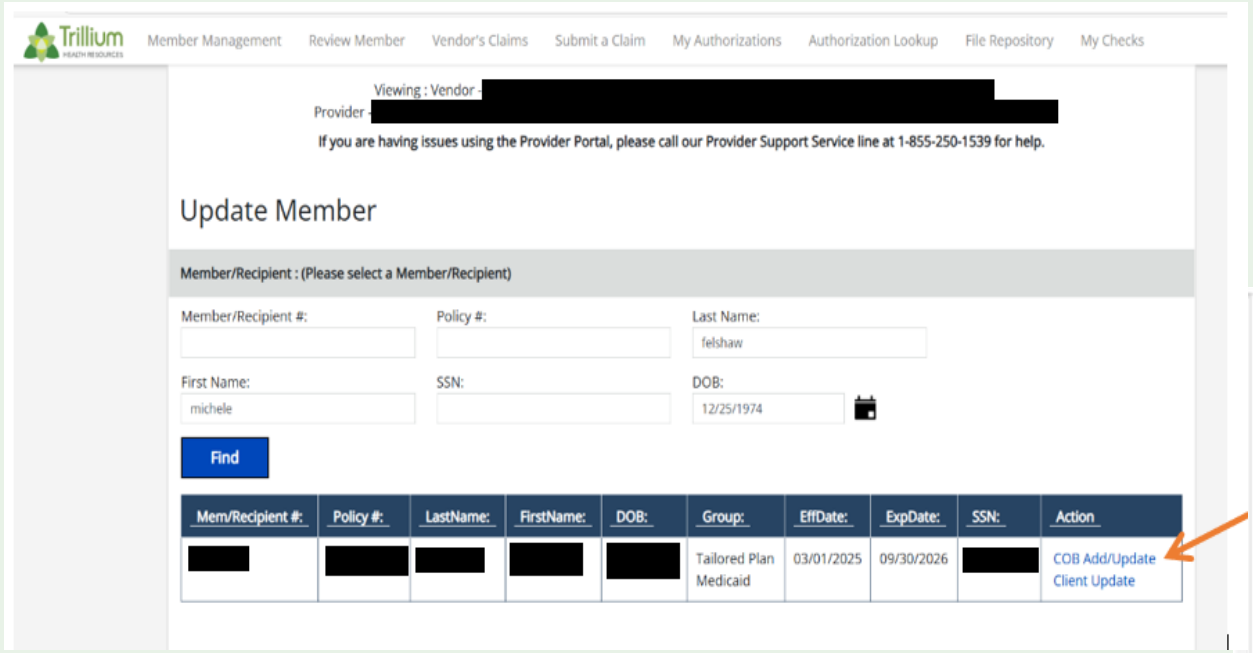
Interest will be paid to providers on the portion of the claim payment that is paid late at the annual percentage rate of 18% beginning on the first day following the date that the claim should have been paid or was underpaid.

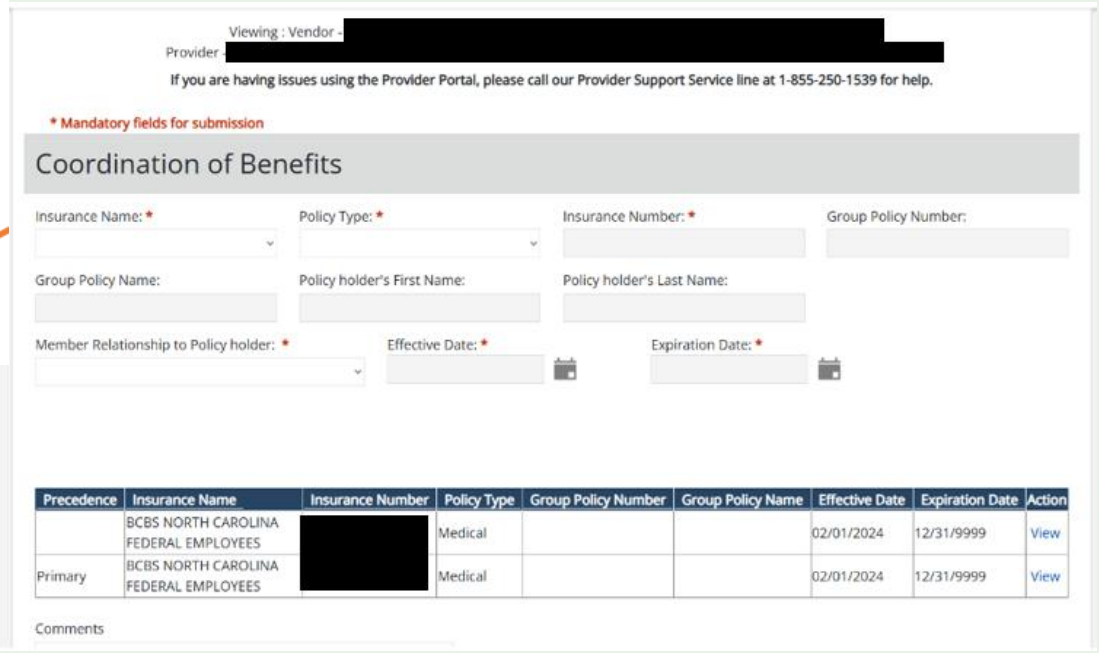
Third Party Liability/Coordination of Benefits

Providers will have the ability to view and verify other insurance through the Provider Portal, iTransact>Member Management>Member Update>COB Add/Update

iTransact will allow Providers to add and update other insurance policies through the COB Add/Update module. Adds and changes submitted through iTransact Portal will be validated by Trillium Eligibility & Enrollment Staff prior to approving the request.

Third Party Liability/Coordination of Benefits





Payment information/Remittance Advice

Providers will receive their remittance advice (RA) and 835 the following date after check write. The RA and 835 will be placed in the providers sFTP site as well as on the provider portal iTransact.

- Trillium - 835 Response File Routing Change Form

RA companion guide maybe found on our website. An updated version addressing changes will be made available in September.

Trillium's 2026 Checkwrite schedule can be found on the website

- Trillium_Checkwrite_Schedule

Escalation Process

The following resources are available to assist providers to resolve claims payment issues:

- For any claim related questions and concerns, providers can contact our Claims Relations Team at ClaimsSupport@trilliumnc.org.
- Trillium's Known Issues Tracker includes a listing of known system issues.
- Providers experiencing a hardship can submit Hardship Payment Requests via the Smartsheet form. Instructions on completing the form can be found **here**.
- Providers needing to submit historical claim adjustments can complete the following Smartsheet form starting on October 1.

Appeals & Grievances

While there are many upcoming changes with the launch of the unified claims system, Trillium's appeals and grievances processes will remain the same.

Members and providers can learn more about appeals & grievances processes and access submission forms on the Trillium website.

Stay Current with Updates and Changes

Trillium
HEALTH RESOURCES

Provider Manual, Billing Guidance, & Additional Resources

- Trillium's Provider Manual
- Trillium's Billing Guide
- PHP Health Plan Billing Guide
- Prompt Payment Tipsheet
- Taxonomy Code on Claim Submission Fact Sheet
- Electronic Visit Verification (EVV)
- Benefit Plans | Service Definitions
- Billing Codes & Rates | Check Write Schedule
- Trillium's Reimbursement Policy is located on our secured provider portals, links to the portals will be found on our Provider Contact Information and Portals webpage, the portals will also include additional trainings and Job Aids
- Additional Resources can be found on our For Providers, Documents And Forms webpage
- RA Companion Guide
- Historical Claim Adjustment Form

Updated documents will be made available in September to ensure that the right information is available at the right time.

Provider Network Readiness

- **Communication Strategy & Planning**
  - Developed and secured Department approval (June 22) for the Provider Communication Plan and Strategy
  - Created Talking Points for staff, key stakeholders, and partners to ensure consistent messaging
  - Increased staff and provider communication frequency as launch approaches
- **Staff Readiness**
  - Established Tailored Plan Unified Claims System Office Hours to prepare staff to answer provider questions
  - Convened internal workgroups, including a joint workgroup with our Standard Plan Partner, to triage and address anticipated provider questions and needs
  - Reviewed and shared Talking Points for key partners and staff to ensure clear, consistent messaging when responding to provider questions

Provider Network Readiness

Digital Resources & Website

- Launched the Tailored Plan Claims Platform webpage (https://www.trilliumhealthresources.org/TailoredPlanClaimsPlatform), featuring presentations, recordings, and the launch timeline
- Centralized Special Announcements on the Tailored Plan Claims Platform webpage
- Developed and published FAQs for provider reference

Provider Documentation

- Revised the Provider Manual, Quick Reference Guide, and Claims Billing Guide; final versions will be posted closer to launch
- Partnered with Standard Plan Partner to cross-post document links on their website, ensuring full provider reach
- Created a provider checklist to support readiness

Provider Network Readiness

- **Provider Engagement & Outreach**
  - Cohosted two Provider Orientation Sessions via live webinar with Standard Plan Partner to inform providers of upcoming changes to the unified claims system
  - Met with major stakeholders — including the Hospital Association, CCPN, and NCPEDS — to communicate system changes, including a dedicated informational session for NCPEDS
  - Recruited provider volunteers to conduct testing and provide feedback during onboarding and claims testing
  - Planning ongoing informational sessions with providers to walk through upcoming changes

Provider Network Readiness

Ongoing Provider Communications: Communication frequency will increase in August and September as launch approaches. Trillium will use the following channels to inform and support providers through the transition, including but not limited to:

- **Provider Portal Alerts** – Real-time notices posted on the Trillium provider portal for immediate visibility of updates and deadlines
- **Email Blasts** – Targeted emails from Trillium and CCH notifying affected provider groups of key transition information, action steps, and resources
- **Webinars / Provider Forums** – Live sessions, cohosted by Trillium, the Department, and CCH, offering in-depth guidance and direct engagement with staff
- **FAQ Document** – Comprehensive answers to common provider concerns, available on the Trillium website
- **Provider Newsletter** – Transition updates featured in Trillium's regular newsletter for broad network awareness
- **Tip Sheets / Job Aids / Tutorial Videos** – Step-by-step guides tailored to each provider type; training takes approximately 10 minutes and will be hosted on MyLearningCampus
- **Direct Outreach (High-Volume Providers)** – Personalized outreach from Provider Relations to high-volume and at-risk providers to ensure readiness
- **Dedicated Claims Transition Tile** – A new website tile will centralize access to transition resources, directing providers to a landing page with guidance and materials specific to their provider type; available before the October 1, 2026 go-live and maintained post-transition. CCH will direct provider questions to this resource.
- **Communication Bulletins & Special Notifications** – Ongoing updates on key milestones, system changes, and action items before and after the October 1, 2026 go-live\Quick Reference Guide Revision – The QRG will be updated to reflect the new platform and submitted for Departmental approval prior to distribution; the portal section will include a full functionality overview and direct web link

Questions?

More information will be available on the Tailored Plan Claims Platform Migration page on the Trillium website. Answers to your questions will be posted here.

Sign up for our Provider Communications for regular updates!