



## Questions & Answers

### What is Changing?

#### 1. Why is this change happening?

*This transition will enhance administrative efficiency, transparency, and accountability in claims processing and payment. Please note that the services you provide will not change — only the process for submitting authorizations and claims.*

*This change will not affect claims for Non-Emergency Medical Transportation (NEMT), Vision, and Pharmacy (point-of-sale) claims.*

#### 2. How does this impact me as a provider?

*Effective October 1, 2026, Trillium will transition to a unified claims system for Tailored Plan operations only. All providers of behavioral health, physical health, and long-term services and supports (LTSS) will submit claims through a single portal called iTransact or through Trillium SFTP/clearinghouses.*

*This adjustment will not affect providers who hold an NC Medicaid Direct or State-funded only contract with Trillium.*

#### 3. How should I prepare for the transition?

*To prepare for the transition, Trillium encourages providers to:*

- Regularly check the Unified Claims System landing page for updates
- Sign up for regular emails
- Submit updated payment information
- Take system administrator training available in August
- Complete the system administrator setup form available in August
- Take system-specific trainings on using the iTransact portal prior to launch

#### 4. What support will Trillium provide during this transition?

*Trillium will continue to update the website with new information and send regular email updates to keep providers informed.*



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Providers can attend upcoming information session and webinars on the following dates. Click here to [register](#).

- Information session w/CCH on June 23 at noon
- Information session w/CCH on July 28 at noon

Providers should complete the required System Administrator training scheduled to begin in August.

### 5. Will the informational sessions be recorded for later viewing?

Yes, they will be.

### 6. The members I serve are only on the Medicaid Direct and State benefit plans. How do these changes affect me?

This adjustment will not affect providers who hold an NC Medicaid Direct or State-funded only contract with Trillium.

## Membership

### 1. How can I see a member's benefit plan to confirm whether they are a Tailored Plan member?

Tailored Plan providers will have the ability to see a member's benefit plan and to view other insurance via the secure Provider Portal, iTransact under the Member Management menu option.

## Claims

### 1. Which claims should be sent to Trillium effective October 1? Will all CME medical claims now need to be completed with Trillium website, instead of on Availity with Carolina Complete?

Effective October 1, 2026, all Tailored Plan claims, no matter what date of service, will be submitted to Trillium with the exception of NEMT, Vision, and Point-of-Sale Pharmacy.

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### 2. What are the different ways I can submit a claim to Trillium?

Effective October 1, 2026, all Trillium Tailored Plan claims except Non-Emergency Medical Transportation (NEMT), Vision, and Pharmacy (point-of-sale) claims can be submitted to Trillium by:

- Clearinghouses
- Direct 837
  - Secure File Transfer Protocol (SFTP)
- Direct Entry
  - iTransact Portal
- Paper Claims

Trillium Health Resources  
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If you are currently using a clearinghouse or third-party biller other than one 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.

### 3. How will this effect our billing process if we use a clearing house?

If you are currently using a clearinghouse/ third-party biller other than one 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.

### 4. Where should behavioral health claims be submitted?

Tailored Plan Behavioral Health claims should be submitted using one of the methods in the above question.

There is no change to NC Medicaid Direct or State Funded claim submissions.

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### **5. Are there any changes coming to NEMT, pharmacy, or vision?**

*No changes to NEMT, pharmacy (point-of-sale) or vision.*

*NEMT claims will still be submitted to Modivcare.*

*Vision claims will still be submitted to Centene Vision.*

*Pharmacy point-of-sale claims will still be submitted to Trillium's pharmacy benefit manager.*

### **6. Will the new platform be used for checking claim status as well?**

*Claim Status may be checked by using the iTransact Provider portal or Remittance Advice.*

### **7. Do we have to participate if we bill through HHAexchange, and will HHAexchange still be used for EVV? How do we handle billing if we use SAM, the paid version of Sandata, which drafts invoices automatically?**

*Services subject to Electronic Visit Verification (EVV) will need to be submitted through HHAeXchange. For Trillium Tailored Plan claims, providers will continue to use the Trillium EVV Portal with HHAeXchange.*

### **8. Will there be a reference document to guide us through the changes needed for claims processing?**

*Trillium has information available on our website, via communication blasts and in addition, Trillium will be hosting provider forums in the upcoming months where information shall be shared.*

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### Network

- 1. Are physical health providers currently participating with Carolina Complete Health required to complete a direct contract with Trillium/Andros in order to continue seeing and billing for Trillium Tailored Plan members? Is the agreement being presented strictly for physical health participation and claims processing, or does it include behavioral health network participation requirements? Would signing this agreement create any behavioral health obligations or credentialing requirements for our practice? Are there any immediate actions required from our office at this time to avoid disruption in claims processing or network participation?**

**What are next steps for a pediatric physical health provider only to continue to provide the same care to Trillium members after 10/1/2026?**

*Physical health providers currently contracted with Trillium/Carolina Complete Health are not required at this time, but are strongly encouraged, to sign a direct contract with Trillium Health Resources for physical health services. The transition to a direct Trillium contract will not change the services you provide to Trillium members. This is part of the broader transition to the unified claims system launching on October 1, 2026. Once a provider signs a Trillium contract, the administrative relationship shifts to Trillium. This transition will allow Trillium to enhance provider relationships, streamline billing and paperwork processes, and better support your practice.*

*Trillium's new partner, Clearlink Partners, is focused on facilitating contracting with physical health and long-term services and supports (LTSS) providers. Clearlink Partners has begun reaching out directly to providers to help complete this process.*

*This transition does not create additional behavioral health service obligations, nor does it require participation in Trillium's behavioral health network beyond any existing contractual relationships you may already have. Providers with an*

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existing Tailored Plan Behavioral Health Contract will continue to have access to the streamlined amendment option.

To learn more about contracting changes for the Trillium Physical Health Network, please visit: [Physical Health Contracts](#) webpage.

### **2. Are providers required to register for this new system in addition to Provider Direct? Is there a link that we follow to register?**

Physical health providers currently contracted with Trillium/Carolina Complete Health are not required at this time but are strongly encouraged. Finance

## Finance

### **1. Are there any changes to reimbursement rates or fee schedules?**

Rates will remain unchanged unless the North Carolina Department of Health and Human Services (NCDHHS) implements a rate change through their monthly rate updates.

### **2. How can I enroll in EFT for payment?**

Please provide your banking information with the required documentation attached at the following link: [Trillium Provider Setup](#)

### **3. I already receive EFT payments from CCH. Do I need to submit a new W-9 to Trillium?**

Yes, we will need to receive your W9, with your correct 1099 mailing address, to not delay payments.

### **4. What is the payment schedule for claims billed through the new system?**

The claims payment schedule can be found at: [billing Codes-Rates and Check Write Schedule](#) webpage.

This schedule allows for a review of any payments affected by holidays and is updated each calendar year.

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### **5. If Trillium already has our EIN, do we need to complete the information at the Trillium Provider Setup?**

*Yes, in order to prevent payment delays we will need the requested information completed in full.*

## Authorizations

### **1. Which authorizations should be sent to Trillium effective October 1? How can I check which authorizations go where?**

*Some physical health authorizations will transition to Trillium effective October 1. Trillium will continue our partnership with Evolent. Authorization services will also continue as planned with EviCore and Turning Point. More information will be communicated with specifics about which services Trillium will authorize, and which services Carolina Complete Health will authorize.*

### **2. I'm specifically interested in prior authorizations for genetic testing. Will that continue to be handled by CCH or will it be handled by Partners?**

*Genetic testing will be handled by CCH with their vendor EviCore.*

### **3. Will this transition affect speech therapy services?**

*Yes, outpatient Speech Therapy will be processed by Trillium UM starting October 1, 2026.*

### **4. Will there be changes to prior authorization requirements?**

*Any changes to prior authorization requirements will be communicated through current channels.*

### **5. Where can I view whether a service requires authorization?**

*The prior authorization lookup tool on the Trillium website will display information regarding whether prior authorization is required for a service.*

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### **6. What flexibilities will be implemented for member continuity of care?**

*Trillium will implement transition of care flexibilities. More information will be communicated through current channels.*

### **7. How should appeals be submitted for authorizations made by CCH or other vendors effective October 1?**

*The Tailored Plan appeals process will not change.*

## iTransact Support/ System Access

### **1. When will I be able to access the new system?**

*Provider system onboarding will begin on Monday, August 3.*

## Training

### **1. When can I expect to receive training on the new system?**

*Prior to go-live. Please look for upcoming announcements.*

### **2. What training will be available?**

*System Administrator training. Others related to the new system will be made available soon.*

## Member Engagement

### **1. Are there any steps for members to take?**

*Members are not required to submit claims on their behalf, so there is no action for members to take.*