Trillium Unified Claims System Information Session

July 28, 2026

Disclaimer

Providers 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.

Agenda

Authorizations – presented by Dr. Paul Garcia

- Prior Authorization Process

Claims – presented by Stacy Lassiter

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

Preparing for Payment Changes – presented by Kayla Pomeroy

- EFT Enrollment

Preparing for System Changes – presented by Bobby Cruthirds

- System Administrator Setup and Training

Stay Current with Updates and Changes

- Provider Manual, Billing Guidance, Additional Resources

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Overview of the New Unified Claims System

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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.

Authorizations

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

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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, physician administered drug program (PADP)**, 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.

Through direct entry (preferred)

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

Faxed to:

- 252-215-6875

Claims

Presented by Stacy Lassiter, Claims Manager

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Claims Submission

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

Electronic Data Interchange (EDI) via clearinghouses: New payer ID is 43072	• Optum - Change HealthCare • The SSI Group • Availity
Direct EDI	• Secure FTP
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 can 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

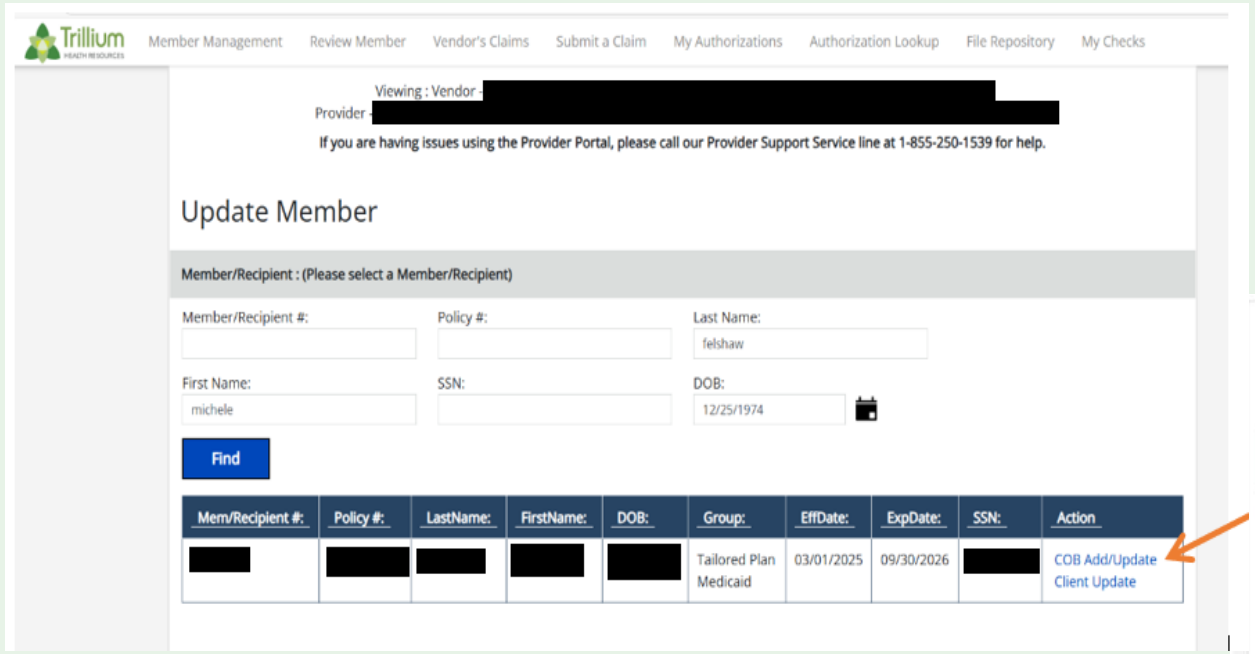
Interest will be paid to providers on the portion of the claim payment that is paid late at the annual percentage rate of 18% beginning on the first day following the date that the claim should have been paid or was underpaid

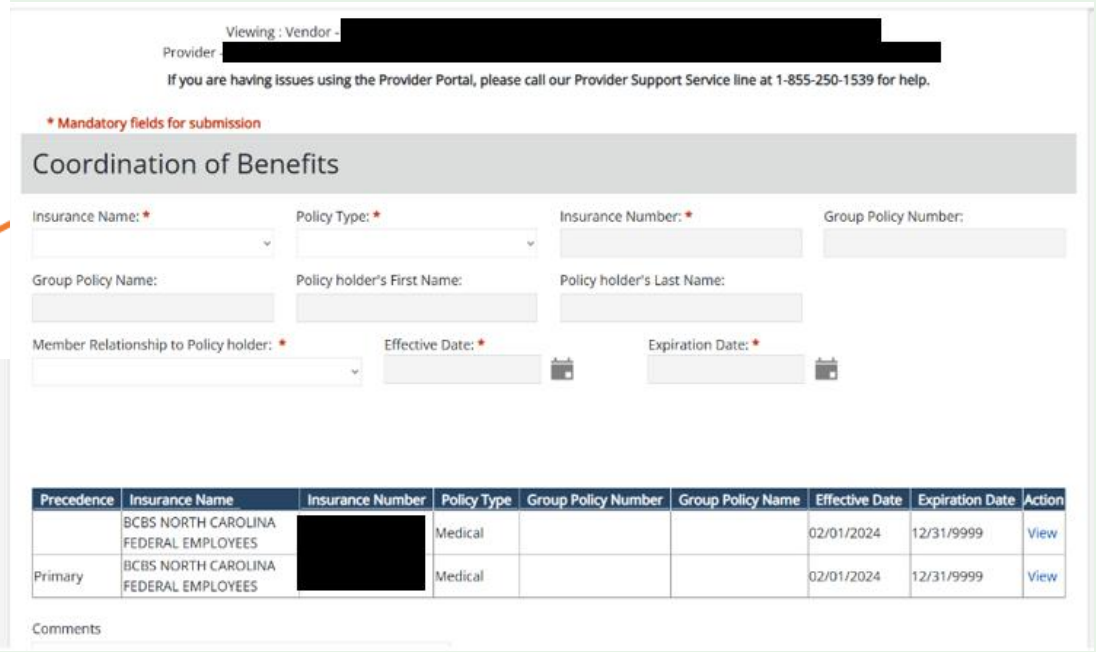
Third Party Liability/Coordination of Benefits

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.

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.
- Providers needing to submit historical claim adjustments can complete the following Smartsheet form, instructions on completing the form can be found **here**.

Preparing for Payment Changes

Presented by Kayla Pomeroy, Finance Project Analyst

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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.

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 pro ing

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

carolina complete health

Preparing for System Changes

Presented by Bobby Cruthirds, Deputy CISO

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System Administrator Setup and Training

- Beginning August 3, 2026, you can start the onboarding process to gain access to streamlined payment processing and authorization submissions in the unified claims system. We are launching a new automated form that will walk you through the process in 15 minutes.
- Completing Trillium's Provider Training for System Administration and iTransact is the first and mandatory step before accessing the enrollment form.
- Training prepares your team to manage your agency's access and permissions within Trillium's systems and to navigate the iTransact Provider Portal — the platform you will use for claims submission, payment tracking, and authorization requests after you are approved. Training will be available through MyLearningCampus.
    - The webpage with information can be found at https://www.trilliumhealthresources.org/for-providers/my-learning-campus-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

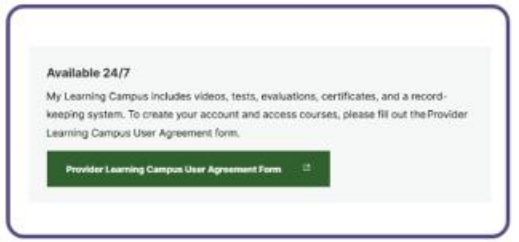
Open the provider menu.

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.

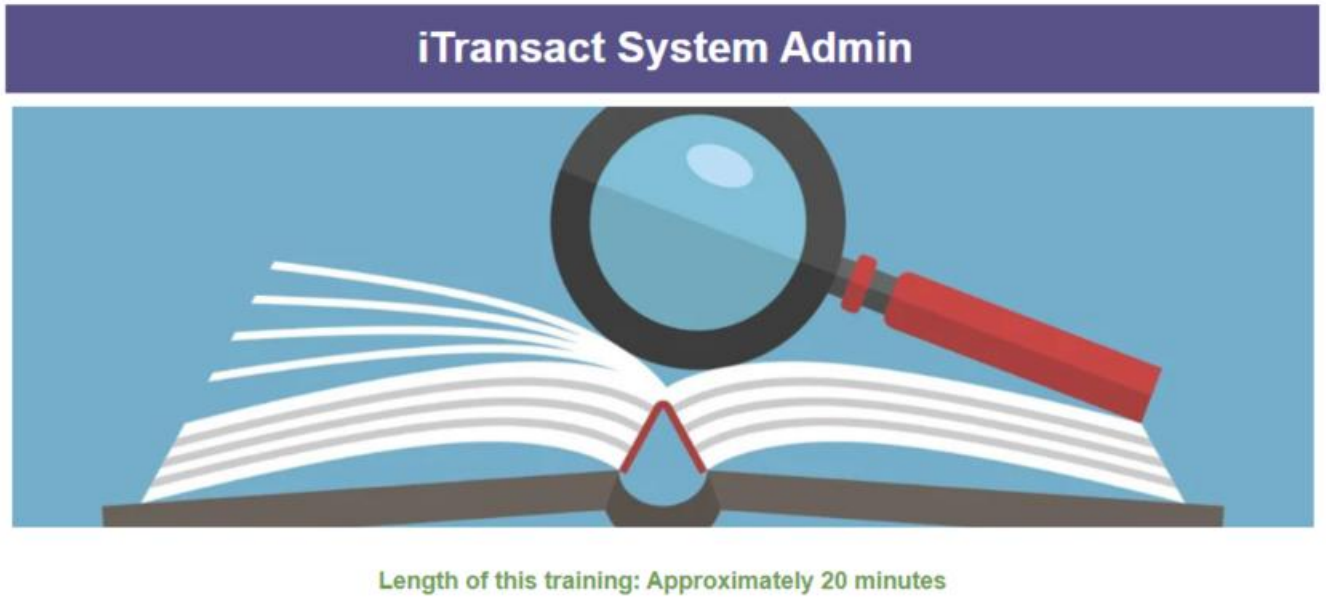
MEDICAID DIRECT PROVIDERS

Complete Provider Direct System Admin Training instead.

YOUR PATH TO iTRANSACT ACCESS

Step 3: Complete the iTransact System Admin Training

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



Length of this training: Approximately 20 minutes

TRAINING AT A GLANCE

AUGUST 3

Available

≈ 20 MINUTES

Training length

PROVIDER MY LEARNING CAMPUS

Access it here

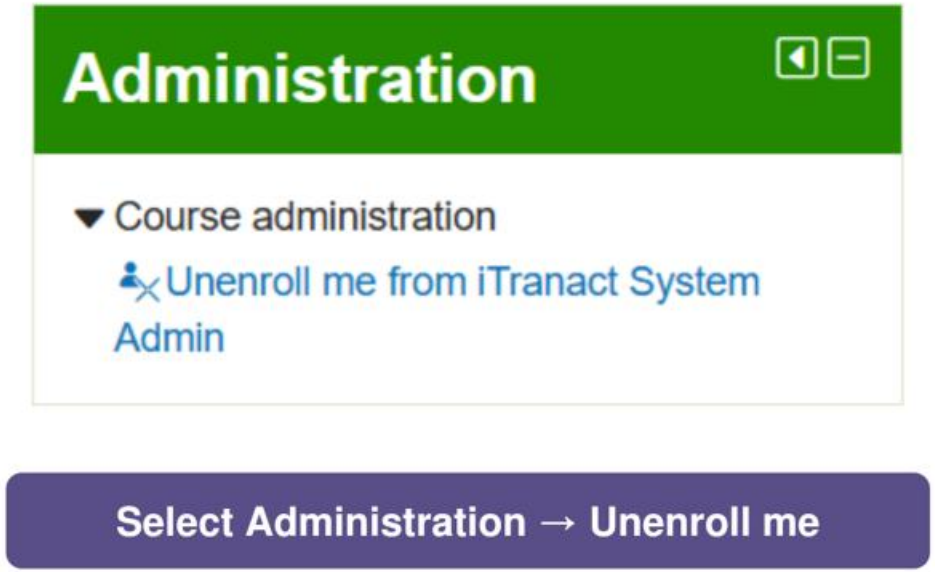
✓ **Complete this required training to continue the iTransact onboarding process.**

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 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.

✓

For Tailored Plan providers, the designated system administrator must complete the training before claims are submitted.

Stay Current with Updates and Changes

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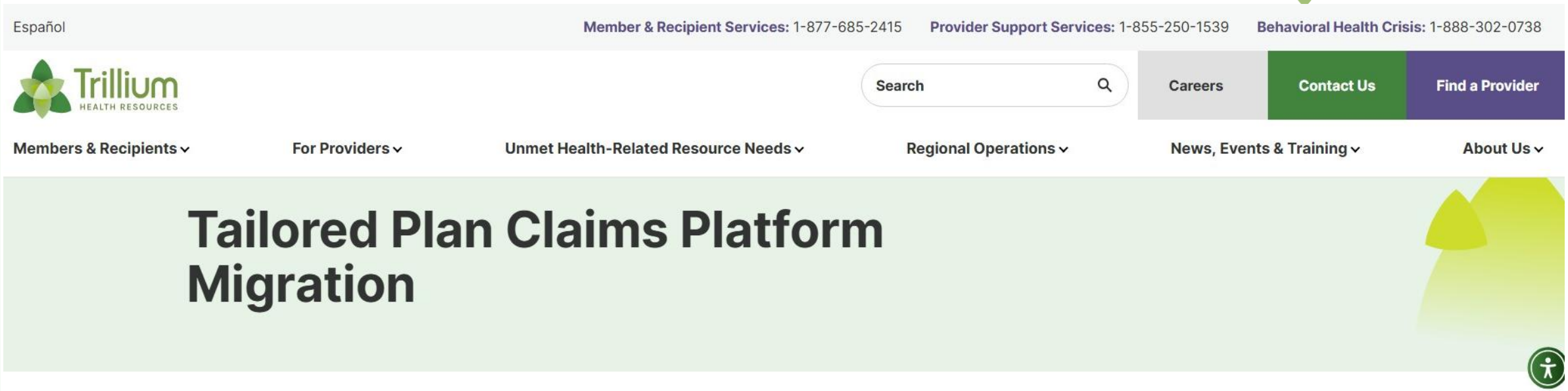
Provider Manual, Billing Guidance, & Additional Resources

- Trillium's Provider Manual
- Trillium's Billing Guide (updated link pending)
- 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 (link pending)
- Historical Claim Adjustment Form (link pending)

Tailored Plan Claims Platform Migration Site Tour



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.

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

Currently, physical health and LTSS providers who deliver services to Trillium Tailored Plan members submit claims to Carolina Complete Health for payment. Beginning October 1, 2026, all claims for these services must be submitted to Trillium. This transition will enhance administrative efficiency, transparency, and accountability in claims processing and payment. At this time, the primary change for providers is the way claims will be submitted.

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!

Use the QR code to sign up