



## SPECIAL ANNOUNCEMENT

Thank you for your patience through the launch process for iTransact these past months. While this email will be last one as part of our official launch campaign, we will continue sharing important updates in our regular Provider Communications Bulletins.

### Provider Payment Update

Due to an unexpected processing delay associated with our new claims payment system, providers may notice that their scheduled payments have not been deposited as early as usual today, October 29.

We anticipate that payments will be deposited into provider bank accounts later today.

We apologize for the inconvenience and appreciate your patience as we complete this transition.

### Accessing RAs

Remittance Advice (RA) documents available on the iTransact provider portal are provided in PDF format for easy viewing and downloading. To access these documents, please ensure that Adobe Reader is installed on your device.

- [MediTrac/iTransact – Remittance Advice \(RA\) Companion Guide](#)

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## iTransact is used for Trillium Tailored Plan Members ONLY

### iTransact Quick Tips for Submitting a Claim

- Billing and Rendering Provider Taxonomy Codes are required for every claim submission.

- When submitting clinician-based services, a Rendering Provider must be selected.
- The default Place of Service is set to **11 (Office)**. This can be updated either in the default settings or within the claim line details.
- In the Service Line Description section, the **Unit of Measure (UOM)** field is used for NDC submissions. If a UOM is selected, you will be prompted to enter a corresponding **Code Qualifier**.

## iTransact Quick Tips for Vendor Claims

- The vendor, provider, and office information will display at the top of the screen. To view all available options, clear the fields in the optional **Provider** and **Office Name** sections. This will restore the full list of associated providers.
- Denied claims cannot be corrected. They must be resubmitted or re-entered as a new claim.
- The **Correct Claim** option should only be used for claims that have been paid.
- Documents can be attached either during claim submission or after the claim has been created using the **Attach Document** feature.
- Remittance Advices (RAs) are available under the **My Checks** tab.
- The **My Documents** section contains Explanation of Payment (EOP) documents, Explanation of Benefits (EOB) documents, and letters of refund.

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## Action Required: Submit Financial Forms

If your organization is a physical health provider that began participating in Trillium's network through CCH and has not completed a separate contracting process directly with Trillium, you must submit the required financial forms directly to Trillium as soon as possible.

- Submit your forms here: [Trillium Provider Setup Form](#)

## Why Is This Required?

When your organization joined Trillium's network through its existing agreement with CCH, your financial documentation was not provided to Trillium, including required documents such as the W-9 form. Trillium needs this information to complete your provider financial setup and process payments.

## Important: Impact on Payments

To avoid payment delays, please complete this requirement by November 6, 2026.

## Who Does Not Need to Take Action?

Tailored Plan behavioral health providers do not need to submit financial forms. These providers are already contracted with Trillium, and no additional financial documentation is required at this time.

## Questions or Need Assistance?

If you are unsure whether this requirement applies to your organization or need help completing the forms, Trillium's Vendor team is available to assist.

- Email: [TP.Finance@TrilliumNC.org](mailto:TP.Finance@TrilliumNC.org)

Thank you for your prompt attention to this matter and for your continued partnership in serving our members.

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## Provider Onboarding Tips

Additional setup may be required if you use clearinghouses or SFTP for claims submission.

- [Trillium Provider Claims Connectivity Guide](#)

As a reminder, providers using clearinghouses must complete provider onboarding, regardless of whether the provider portal is used, to ensure that 835s are delivered successfully.

Note that watching the training video in MyLearning Campus does not complete the provider onboarding requirements. Providers must complete the provider onboarding form upon completing the training.

## Authorization Tips of the Week

### Use the iTransact Portal

Both Tailored Plan claims and some Tailored Plan authorizations flow through iTransact.

For faster and more accurate processing, providers are encouraged to submit Tailored Plan authorizations for inpatient, post-acute care, and specialized services through the iTransact portal. The portal saves you time by preventing you from submitting authorizations for services that are No Prior Authorization (NPA) required, and checks that all required information is present.

If you don't have iTransact access, another option is to use the [Temporary In-Network Provider Treatment Authorization Request form](#) on our website. Directions are on the left-hand side of the page. Note that authorization requests will only be allowed through this form during the transition period.

### Pharmacy Authorizations

Did you know that many drugs and pharmacy services may not require prior authorization? Providers are highly encouraged to use the iTransact portal for authorization submission because the portal will flag services that do not require prior authorization, saving time and resources. For more information about what services require prior authorization check the [prior authorization lookup tool on the website](#).

## Accessing Support

Unsure of your onboarding status, struggling with access to iTransact, or have issues with SFTP setup? [Contact us](#).

Tips for faster ticket responses:

- Add more information to your ticket or request a response by responding to the original automated ticket creation email thread

- Reference your ticket number in follow-up communications so that duplicate actions will not be taken.
- Check the [Known Issues Tracker](#) on the website to see if Trillium is already aware of the issue

Missing our phone calls? Trillium numbers can sometimes be identified as "Potential Spam," "No Caller ID," or "Block" from 888-735-9151. Please check with your carrier or IT department to ensure that return calls are not being blocked.

**DO NOT** respond to this email. Questions about new unified claims system? Please reach out to Network Services at [NetworkServicesSupport@TrilliumNC.org](mailto:NetworkServicesSupport@TrilliumNC.org), or the Provider Support Service Line at 1-855-250-1539.

