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# Physical Health Personal Care Services

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NCQA
MANAGED BEHAVIORAL HEALTHCARE ORGANIZATION
FULL

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# Agenda

- Review operational information
  - What is a Tailored Plan?
  - Hurricane Helene Flexibilities
  - Member eligibility
  - Billing
  - Portals
  - Payment
- Per Diem Rate Change for Congregate Care Settings
- Frequently Asked Questions
- Open Q&A

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# Training Goals

Participants will understand how to:

1. Initiate Personal Care Services for Trillium Tailored Plan Members
2. Bill for PCS according to EVV and Non-EVV criteria
3. Navigate the Trillium Secure Provider Portal including finding assessments and authorizations
4. Receive payment via Electronic Funds Transfer
5. Download Explanation of Payment/Electronic Remittance Advice

# What is a Tailored Plan?

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- A Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plan (Tailored Plan) is a North Carolina Medicaid Managed Care health plan. It offers physical health, pharmacy (prescriptions), care management and behavioral health services. It is for members with serious mental illness, severe substance use disorders, intellectual/developmental disabilities (I/DD) or traumatic brain injuries (TBI). Tailored Plans offer added services for members who qualify.
- **Tailored Plans started July 1, 2024.**
- Some members were automatically enrolled in a Tailored Plan based on their needs in April of 2024.
- Who qualifies for a Tailored Plan?
  - Members who get Innovations Waiver services
  - Members who get Traumatic Brain Injury (TBI) Waiver services
  - Members who may have a serious mental illness, severe substance use disorder, intellectual/developmental disability (I/DD) or traumatic brain injury (TBI).

# Tailored Plan Covered Services

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Tailored Plans offer the same services as Standard Plans, plus additional services for a serious mental illness, severe substance use disorder, intellectual/developmental disability (I/DD) or traumatic brain injury (TBI)

- Tailored Plan Services **not** covered by Standard Plans:
  - Assertive community treatment
  - Child and adolescent day treatment services
  - Community support team (CST)
  - Intensive in-home services
  - Multi-systemic therapy services
  - Psychiatric residential treatment facilities (PRTFs)
  - Psychosocial rehabilitation
  - Residential treatment facility services
  - Substance abuse medically monitored residential treatment
  - Substance abuse non-medical community residential treatment

- Services **only** offered by Tailored Plans
  - Innovations Waiver services
  - Intermediate Care Facility for individuals with Intellectual Disabilities (ICF-IID) services
  - State-Funded (non-Medicaid) services
  - TBI Waiver services
  - Transitions to Community Living (TCL) program services

# Verifying a Member's Eligibility

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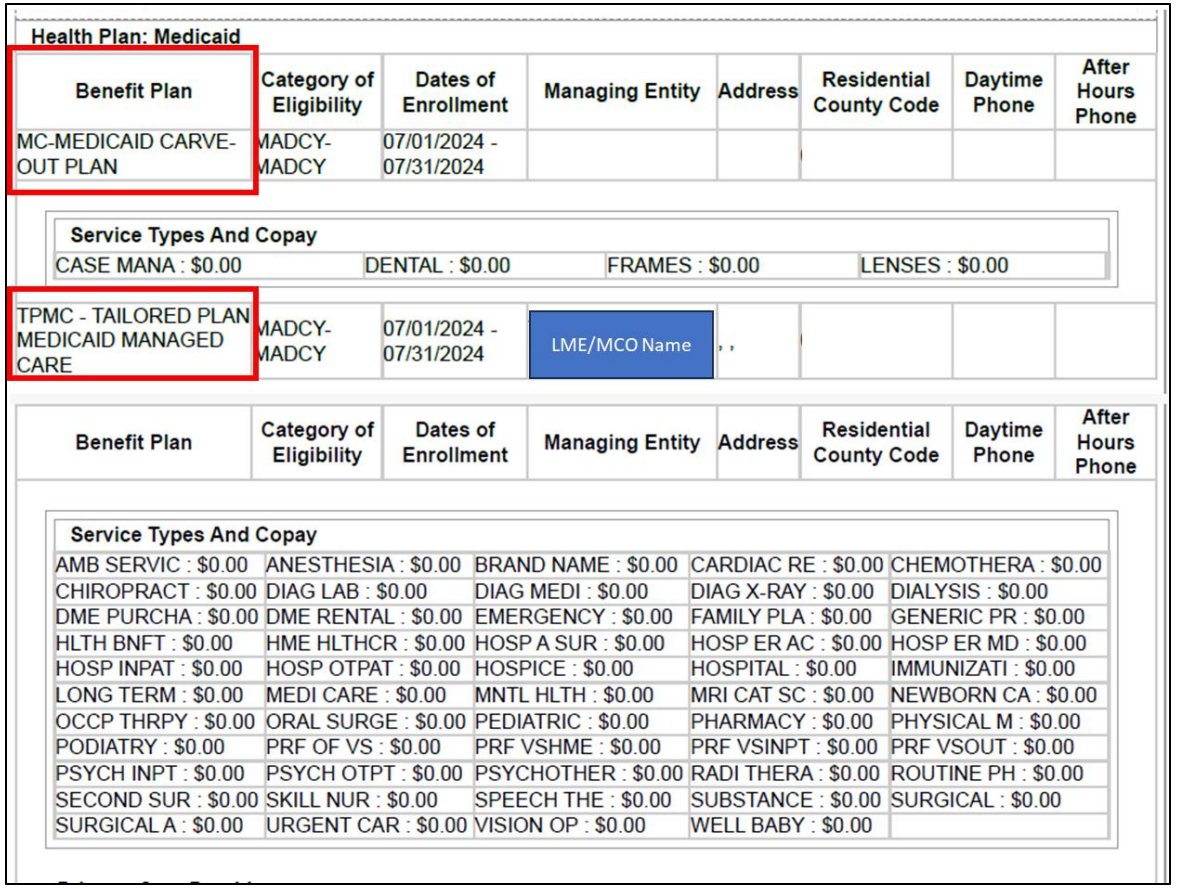
- Providers should continue using NCTracks to determine which plan a member is attributed to.
- How to submit an eligibility inquiry on NCTracks
- EXAMPLE:
  - Benefit Plan may say "Medicaid" or "MC-Medicaid Carve-out Plan"
  - Look for "Tailored Plan"
- The tailored plan assigned in the NCTracks eligibility return is based on the administrative county of the client. This may be different from the county of residence.



**Health Plan: Medicaid**

| Benefit Plan | Category of Eligibility | Dates of Enrollment | Managing Entity | Address | Residential County Code | Daytime Phone | After Hours Phone |
|---|---|---|---|---|---|---|---|
| MC-MEDICAID CARVE-OUT PLAN | MADCY-MADCY | 07/01/2024 - 07/31/2024 | | | | | |

**Service Types And Copay**

| | | | |
|---|---|---|---|
| CASE MANA : $0.00 | DENTAL : $0.00 | FRAMES : $0.00 | LENSES : $0.00 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| TPMC - TAILORED PLAN MEDICAID MANAGED CARE | MADCY-MADCY | 07/01/2024 - 07/31/2024 | LME/MCO Name | , , | | | |

| Benefit Plan | Category of Eligibility | Dates of Enrollment | Managing Entity | Address | Residential County Code | Daytime Phone | After Hours Phone |
|---|---|---|---|---|---|---|---|

**Service Types And Copay**

| | | | | |
|---|---|---|---|---|
| AMB SERVIC : $0.00 | ANESTHESIA : $0.00 | BRAND NAME : $0.00 | CARDIAC RE : $0.00 | CHEMOTHERA : $0.00 |
| CHIROPRACT : $0.00 | DIAG LAB : $0.00 | DIAG MEDI : $0.00 | DIAG X-RAY : $0.00 | DIALYSIS : $0.00 |
| DME PURCHA : $0.00 | DME RENTAL : $0.00 | EMERGENCY : $0.00 | FAMILY PLA : $0.00 | GENERIC PR : $0.00 |
| HLTH BNFT : $0.00 | HME HLTHCR : $0.00 | HOSP A SUR : $0.00 | HOSP ER AC : $0.00 | HOSP ER MD : $0.00 |
| HOSP INPAT : $0.00 | HOSP OTPAT : $0.00 | HOSPICE : $0.00 | HOSPITAL : $0.00 | IMMUNIZATI : $0.00 |
| LONG TERM : $0.00 | MEDI CARE : $0.00 | MNTL HLTH : $0.00 | MRI CAT SC : $0.00 | NEWBORN CA : $0.00 |
| OCCP THRPY : $0.00 | ORAL SURGE : $0.00 | PEDIATRIC : $0.00 | PHARMACY : $0.00 | PHYSICAL M : $0.00 |
| PODIATRY : $0.00 | PRF OF VS : $0.00 | PRF VSHME : $0.00 | PRF VSINPT : $0.00 | PRF VSOUT : $0.00 |
| PSYCH INPT : $0.00 | PSYCH OTPT : $0.00 | PSYCHOTHER : $0.00 | RADI THERA : $0.00 | ROUTINE PH : $0.00 |
| SECOND SUR : $0.00 | SKILL NUR : $0.00 | SPEECH THE : $0.00 | SUBSTANCE : $0.00 | SURGICAL : $0.00 |
| SURGICAL A : $0.00 | URGENT CAR : $0.00 | VISION OP : $0.00 | WELL BABY : $0.00 | |

# NC Medicaid Hurricane Flexibilities

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**Waiver Period for Personal Care Services**

- In alignment with NC Medicaid Hurricane Helene Flexibilities, Personal Care Services will remain on an authorization waiver until 2/28/25. Details on this can be found in the October 11th bulletin, with updates shared in the December 12th bulletin.
- Please note: Providers do not need to request re-authorization of PCS services. This is supported by physical health LTSS Care Managers with the members and the Utilization Management team directly. Medical providers *should* submit a 3051 form annually.

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# Initiate and Continue PCS

## Submitting the 3051-Form

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# How to Initiate and Continue PCS

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- To request an independent assessment for a Trillium member, the MD caring for the member should complete Trillium's 3051 Form. The completed form should be emailed to LTSS@trilliumnc.org
  - *The form must have the referring practitioner's signature. Signature stamps are not acceptable. The signature must be handwritten to be acceptable.*
- The member's medical provider should re-submit the 3051 form on an annual basis and as needed for a change in medical/functional condition which often occurs during a hospitalization or changes in support.
  - *All new referrals and medical change of status requests will require the referring entity to provide both the medical diagnosis description and diagnosis codes.*
- PCS Providers do not need to request re-authorization of PCS services. This is supported by LTSS Care Managers and the Utilization Management team directly.
  - *Medical Providers may receive a request to submit an updated 3051. Please respond promptly if requested to continue services.*

Member Needs PCS Services

Medical Provider submits 3051 Form to LTSS@trilliumnc.org

3051 Accepted

No → Returned For Corrections

- If form is not complete (missing information, etc.) the 3051 is faxed back to the physician with an explanation of the missing information.
- Unable to Process – a request is considered "Unable to Process" when missing two or more of the identifying pieces of information

Yes

3051 Submitted To Assessor For Processing

Face to Face Visit Scheduled With Member For Assessment

UM Conducts Review of PCS Request against the NC Medicaid State Plan PCS Clinical Coverage Policy No: 3L

Not Approved → Request is denied/Partially denied

- The provider may request a P2P within 5 business days. Instructions will be found on the denial letter.
- If the provider wants to appeal the decision, the provider can call Trillium
- A member can also request a State Fair Hearing

PCS Plan Developed; Member Linked to PCS Provider. PCS provider receives a fax of the approved authorization.

Provider is notified via email when 3051 is received by Trillium

**Reminder**: To update your fax number, please update NCTracks

# 3051 Review Process and Eligibility Criteria

- All required areas must be completed.
- Forms signed by Medical provider (MD, NP, or PA)
- Form is legible.
- Last visit to physician is within 90 days of receipt.*
- Beneficiary must have active Medicaid with Trillium Tailored Plan.
- The beneficiary must reside in an allowed setting (primary private residence or licensed residential setting per policy 3L).

* If a beneficiary has not been seen by their PCP within 90 days of the request date, the patient must schedule an appointment with the doctor and the MD resubmit the 3051-form with the new date before the request can be processed.

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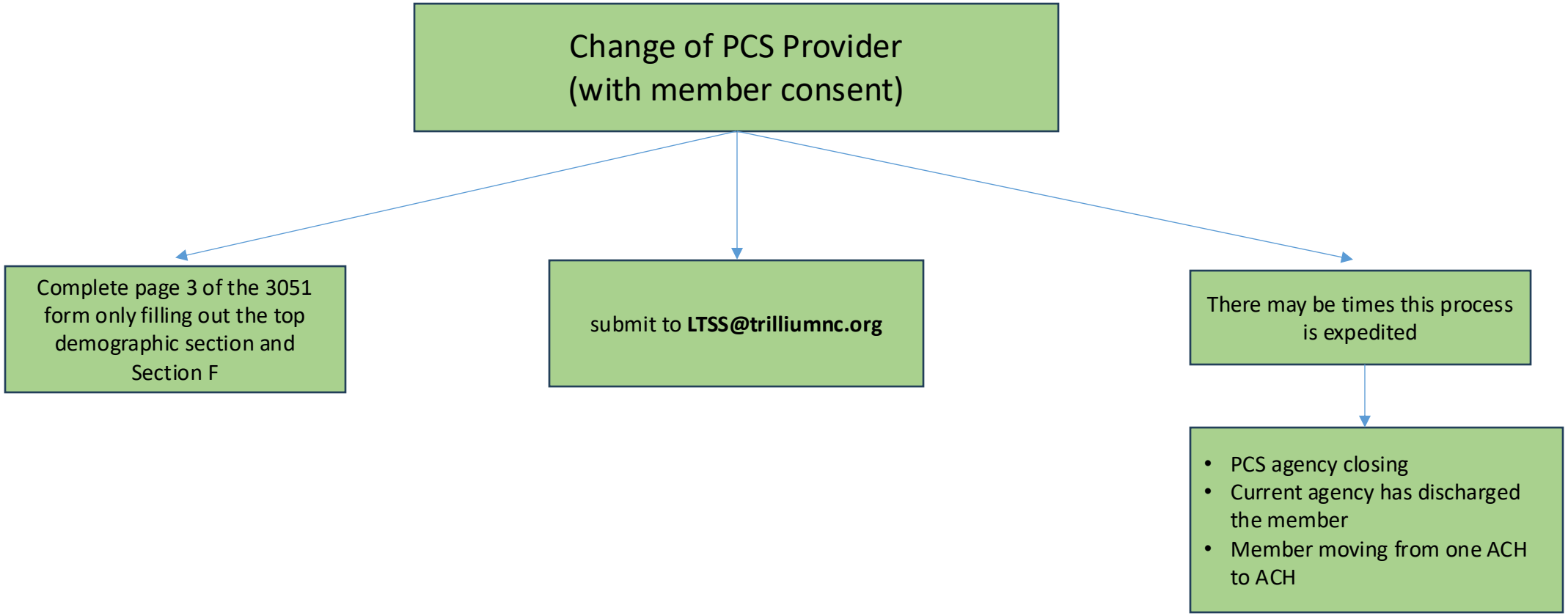
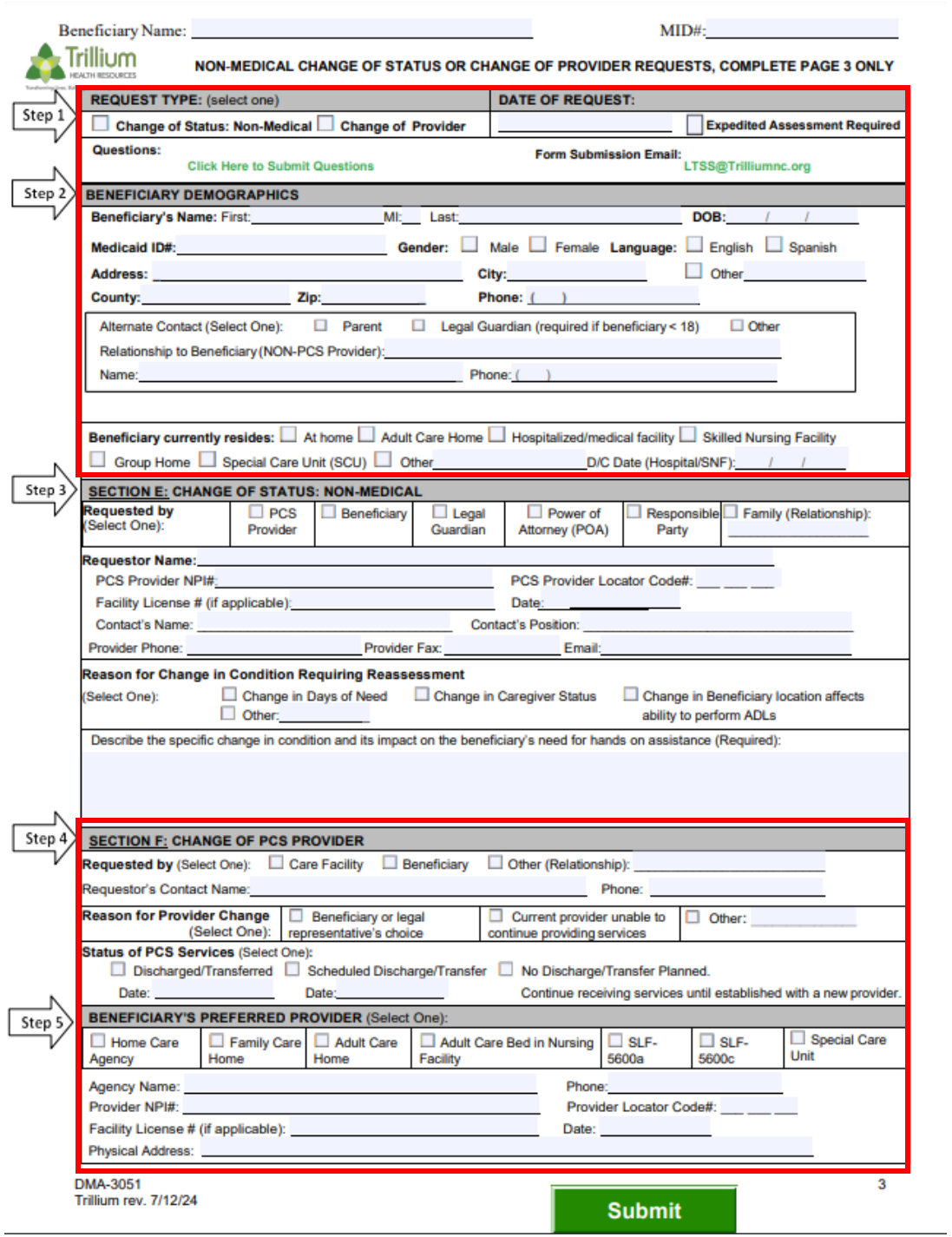
# LTSS PCS Process



# Page 3 of the 3051-Form for Change of Provider



Beneficiary Name: _____ MID#: _____

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**NON-MEDICAL CHANGE OF STATUS OR CHANGE OF PROVIDER REQUESTS, COMPLETE PAGE 3 ONLY**

Step 1

**REQUEST TYPE:** (select one) | **DATE OF REQUEST:**

☐ Change of Status: Non-Medical ☐ Change of Provider _____ ☐ Expedited Assessment Required

**Questions:** Click Here to Submit Questions

**Form Submission Email:** LTSS@Trilliumnc.org

Step 2

**BENEFICIARY DEMOGRAPHICS**

**Beneficiary's Name:** First:_____ MI:__ Last:_____ **DOB:**__/__/____

**Medicaid ID#:**_____ **Gender:** ☐ Male ☐ Female **Language:** ☐ English ☐ Spanish

**Address:** _____ **City:**_____ ☐ Other_____

**County:**_____ **Zip:**_____ **Phone:** (___) _____

Alternate Contact (Select One): ☐ Parent ☐ Legal Guardian (required if beneficiary < 18) ☐ Other

Relationship to Beneficiary (NON-PCS Provider):_____

Name:_____ Phone:(___) _____

**Beneficiary currently resides:** ☐ At home ☐ Adult Care Home ☐ Hospitalized/medical facility ☐ Skilled Nursing Facility

☐ Group Home ☐ Special Care Unit (SCU) ☐ Other_____ D/C Date (Hospital/SNF):__/__/____

Step 3

**SECTION E: CHANGE OF STATUS: NON-MEDICAL**

| Requested by (Select One): | ☐ PCS Provider | ☐ Beneficiary | ☐ Legal Guardian | ☐ Power of Attorney (POA) | ☐ Responsible Party | ☐ Family (Relationship): _____ |
|---|---|---|---|---|---|---|

**Requestor Name:**_____

PCS Provider NPI#:_____ PCS Provider Locator Code#: ___ ___ ___

Facility License # (if applicable):_____ Date:_____

Contact's Name: _____ Contact's Position: _____

Provider Phone: _____ Provider Fax: _____ Email:_____

**Reason for Change in Condition Requiring Reassessment**

(Select One): ☐ Change in Days of Need ☐ Change in Caregiver Status ☐ Change in Beneficiary location affects ability to perform ADLs ☐ Other:_____

Describe the specific change in condition and its impact on the beneficiary's need for hands on assistance (Required):

Step 4

**SECTION F: CHANGE OF PCS PROVIDER**

**Requested by** (Select One): ☐ Care Facility ☐ Beneficiary ☐ Other (Relationship): _____

Requestor's Contact Name:_____ Phone: _____

| Reason for Provider Change (Select One): | ☐ Beneficiary or legal representative's choice | ☐ Current provider unable to continue providing services | ☐ Other: _____ |
|---|---|---|---|

**Status of PCS Services** (Select One):

☐ Discharged/Transferred ☐ Scheduled Discharge/Transfer ☐ No Discharge/Transfer Planned.

Date: _____ Date:_____ Continue receiving services until established with a new provider.

Step 5

**BENEFICIARY'S PREFERRED PROVIDER** (Select One):

| ☐ Home Care Agency | ☐ Family Care Home | ☐ Adult Care Home | ☐ Adult Care Bed in Nursing Facility | ☐ SLF-5600a | ☐ SLF-5600c | ☐ Special Care Unit |
|---|---|---|---|---|---|---|

Agency Name: _____ Phone:_____

Provider NPI#: _____ Provider Locator Code#: ___ ___ ___

Facility License # (if applicable): _____ Date: _____

Physical Address: _____

DMA-3051
Trillium rev. 7/12/24

3

Submit

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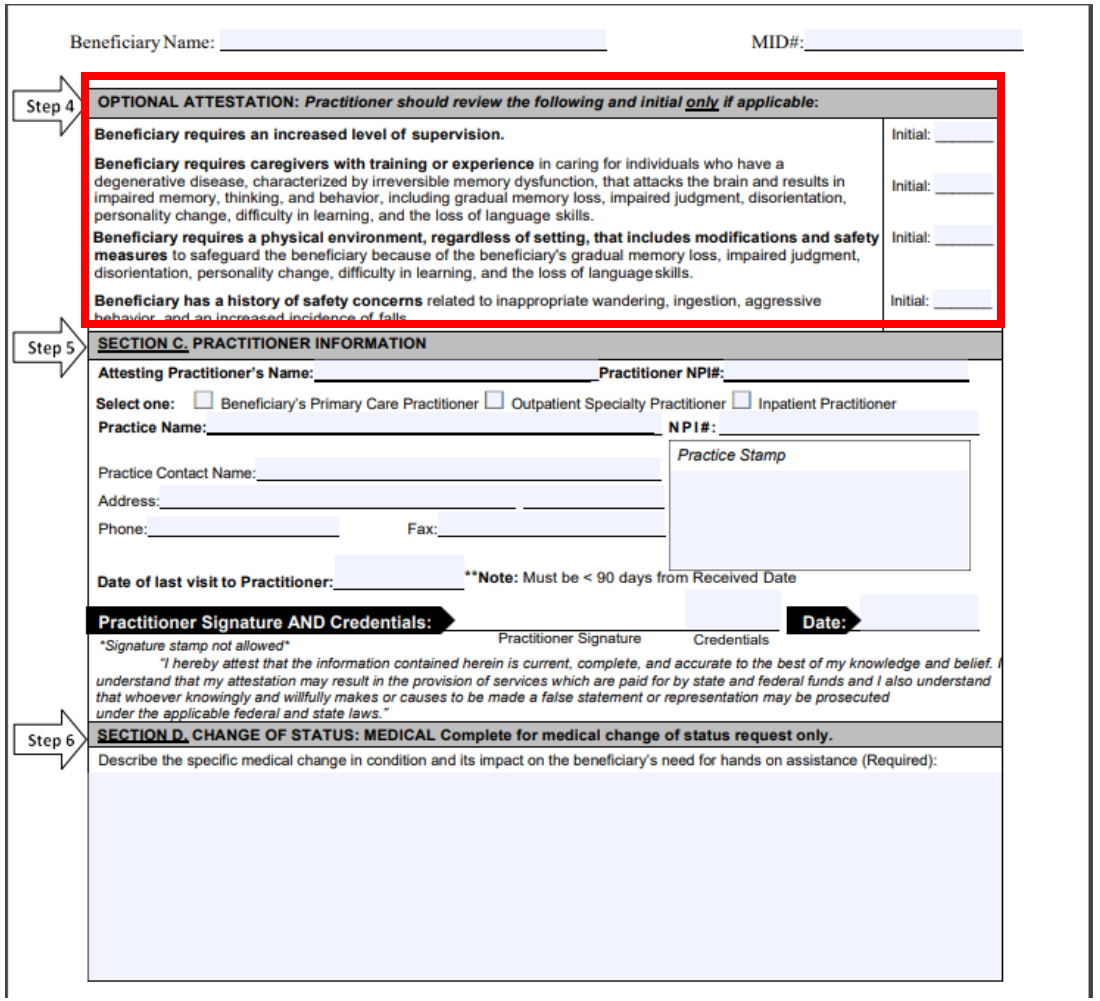
# Requesting Additional Hours

- If the beneficiary is eligible for additional hours under Session Law 2013-306, the physician must complete the "optional attestation" section of the form to be considered for additional hours of PCS.
- Submit to **LTSS@trilliumnc.org**

1. Requires an increased level of supervision (observation resulting in an intervention) as assessed during an independent assessment conducted by NC Medicaid or a DHHS designated contractor;
2. Requires caregivers with training or experience in caring for individuals who have a degenerative disease characterized by irreversible memory dysfunction, that attacks the brain and results in impaired memory, thinking, and behavior, including gradual memory loss, impaired judgment, disorientation, personality change, difficulty learning, and the loss of language skills;
3. Regardless of setting, requires a physical environment that addresses safety and safeguards the beneficiary because of the beneficiary's gradual memory loss, impaired judgment, disorientation, personality change, difficulty learning, and loss of language skill; and
4. Health record documentation or verifiable information provided by a caregiver obtained during the independent assessment reflects a history of escalating safety concerns related to inappropriate wandering, ingestion, aggressive behavior, and an increased incidence of falls.



Beneficiary Name: _____ MID#: _____

Step 4

**OPTIONAL ATTESTATION:** ***Practitioner should review the following and initial only if applicable:***

| | |
|---|---|
| **Beneficiary requires an increased level of supervision.** | Initial: _____ |
| **Beneficiary requires caregivers with training or experience** in caring for individuals who have a degenerative disease, characterized by irreversible memory dysfunction, that attacks the brain and results in impaired memory, thinking, and behavior, including gradual memory loss, impaired judgment, disorientation, personality change, difficulty in learning, and the loss of language skills. | Initial: _____ |
| **Beneficiary requires a physical environment, regardless of setting, that includes modifications and safety measures** to safeguard the beneficiary because of the beneficiary's gradual memory loss, impaired judgment, disorientation, personality change, difficulty in learning, and the loss of language skills. | Initial: _____ |
| **Beneficiary has a history of safety concerns** related to inappropriate wandering, ingestion, aggressive behavior, and an increased incidence of falls. | Initial: _____ |

Step 5

**SECTION C. PRACTITIONER INFORMATION**

**Attesting Practitioner's Name:** _____ **Practitioner NPI#:** _____

**Select one:** ☐ Beneficiary's Primary Care Practitioner ☐ Outpatient Specialty Practitioner ☐ Inpatient Practitioner

**Practice Name:** _____ **NPI#:** _____

Practice Contact Name: _____

Address: _____

Phone: _____ Fax: _____

*Practice Stamp*

**Date of last visit to Practitioner:** _____ ****Note:** Must be < 90 days from Received Date

**Practitioner Signature AND Credentials:** _____ **Date:** _____

Practitioner Signature Credentials

**Signature stamp not allowed**

*"I hereby attest that the information contained herein is current, complete, and accurate to the best of my knowledge and belief. I understand that my attestation may result in the provision of services which are paid for by state and federal funds and I also understand that whoever knowingly and willfully makes or causes to be made a false statement or representation may be prosecuted under the applicable federal and state laws."*

Step 6

**SECTION D. CHANGE OF STATUS: MEDICAL Complete for medical change of status request only.**

Describe the specific medical change in condition and its impact on the beneficiary's need for hands on assistance (Required):

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# Secure Portal and Electronic Visit Verification

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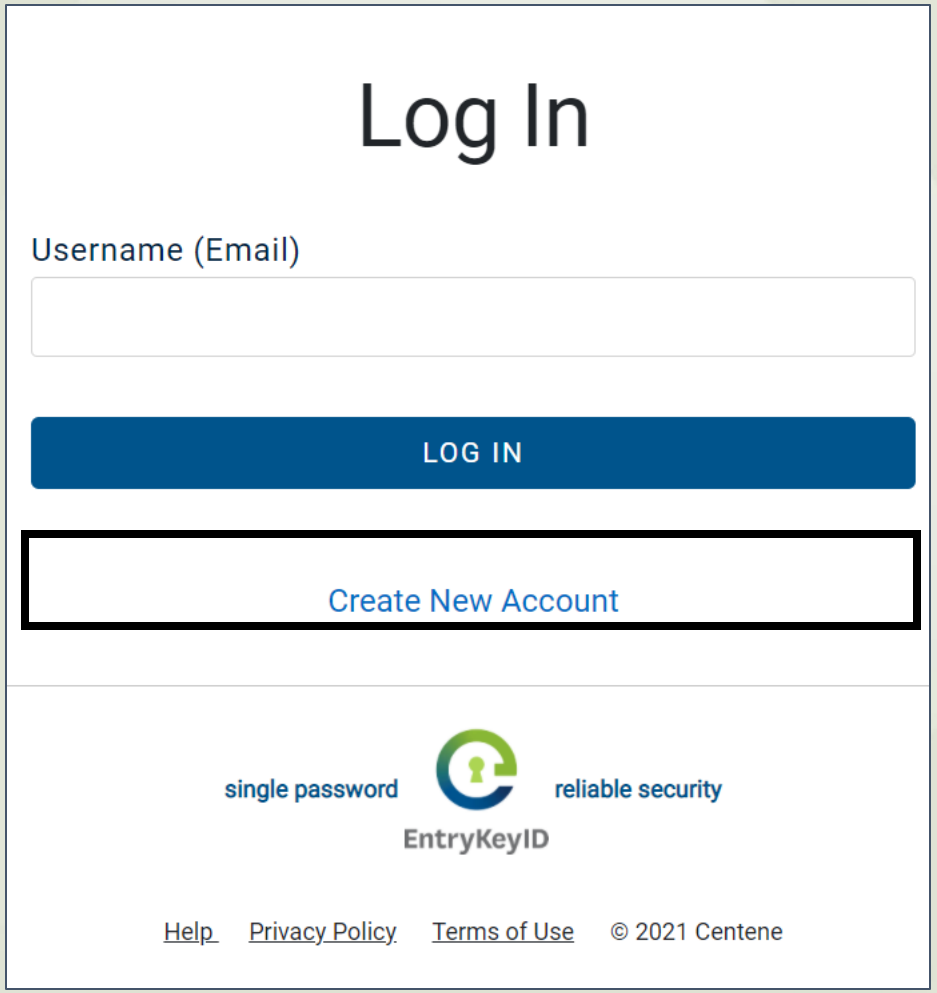
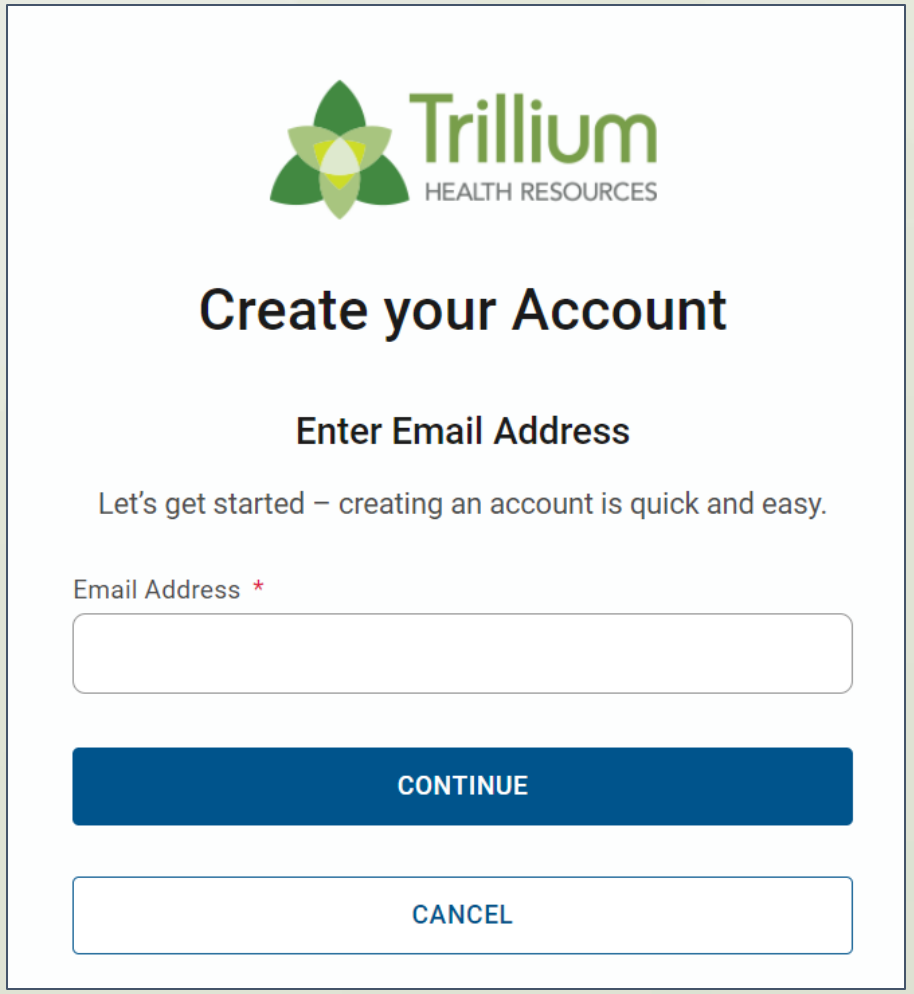
# Create New Account: https://provider.trilliumhealthresources.org/

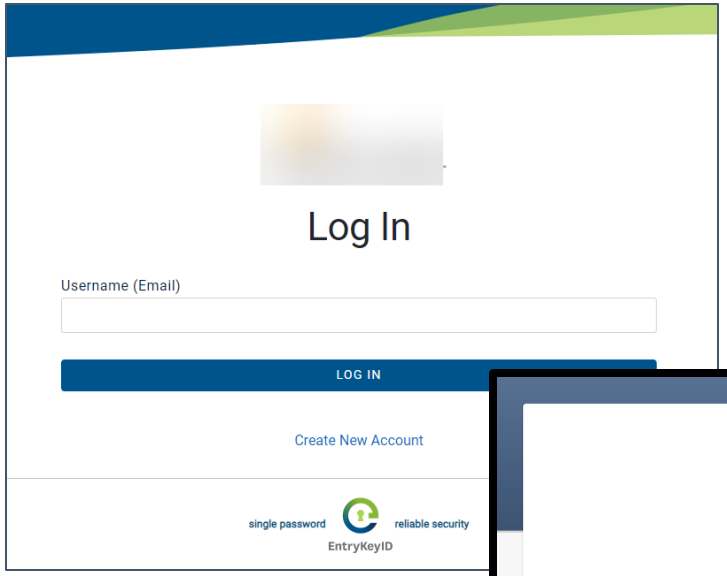
Tip: add no-reply@mail.entrykeyid.com to your email contacts

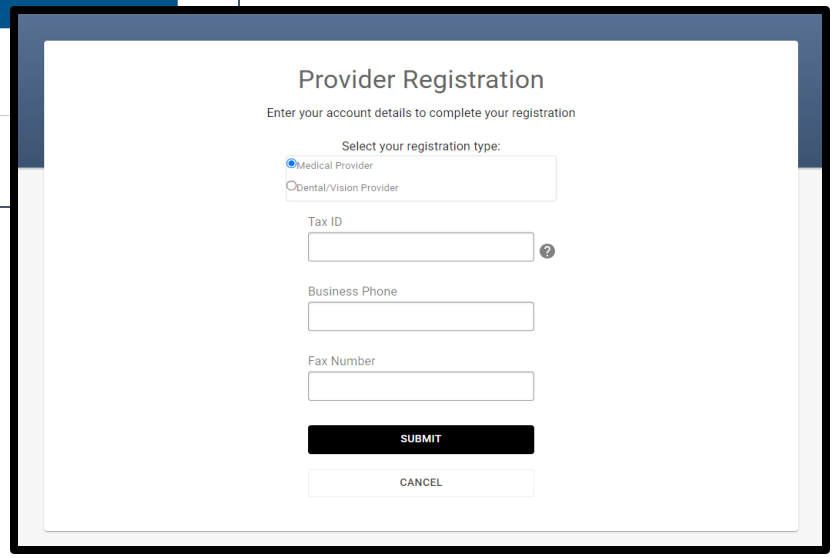


# Initial Portal Registration

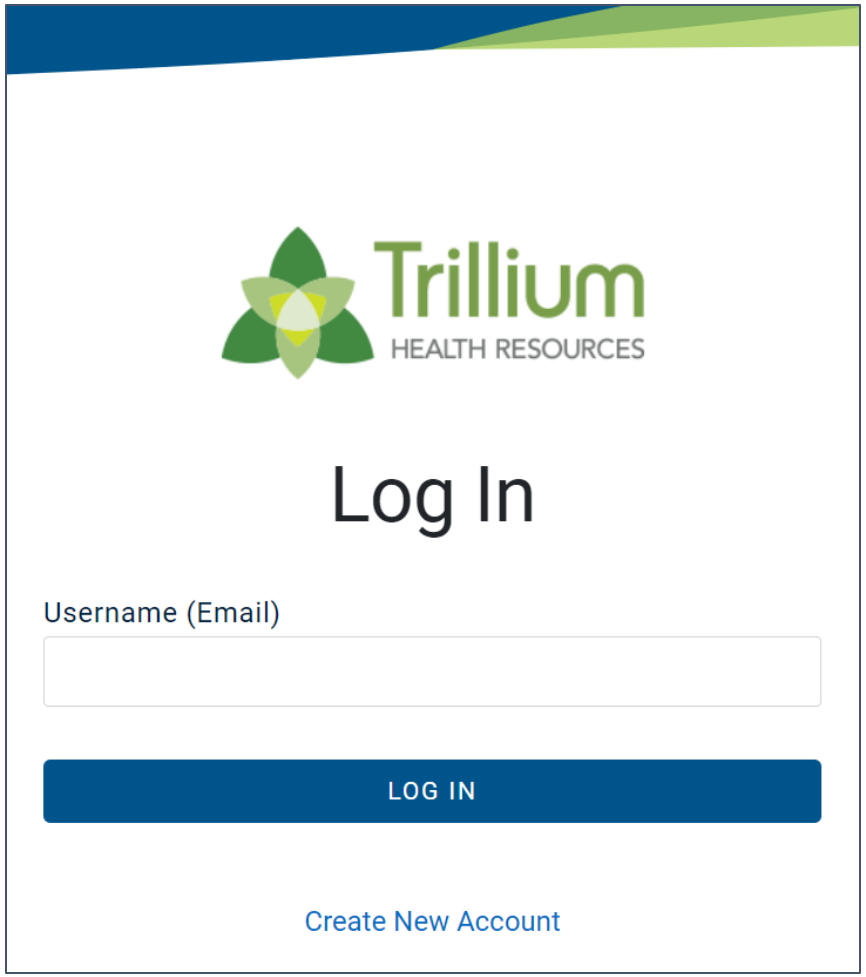
- **Portal Registration**: Once the EntryKeyID account setup is completed, the portal user will log in with their Username and password. The Portal Registration page will display.
- Once you have completed registration, your portal **Account Manager** can verify your access.
- **If an Account Manager is not yet established,** that individual should reach out to CCHN Provider Engagement for set-up. ProviderEngagement@cch-network.com




**Tip**: To register for the portal, the provider organization's TIN ***must*** be loaded in our back-end system(s).

# Overview: Physical Health Portal Set-up




Secure Portal address: https://provider.trilliumhealthresources.org/

1. **Assign Portal Account Manager:** To access the Trillium Physical Health Portal, in-network contracted providers must identify one individual who will serve as the Portal Account Manager. The Account Manager will be responsible for managing all other users for that provider organization.
2. **Create an account:** Visit provider.trilliumhealthresources.org to create a new account associated with your email address.
3. **Verify email:** Verify your email address by entering the one-time code sent by EntryKeyID.
4. **Register TIN:** Under the 'Success!' message, click continue to enter the Tax ID for the contracted entity, business phone and fax. Click 'Submit.'
5. **Email Provider Engagement:** After registering, email your assigned Provider Engagement Administrator to request verification of your portal registration request and assignment as Portal Account Manager. CCHN Is responsible for verifying/setting up the first Account Manager. ProviderEngagement@cch-network.com

**Note:** Providers should not use the Carolina Complete Health Standard Plan portal to submit Tailored Plan claims.

# Portal Access for Third-party Billers

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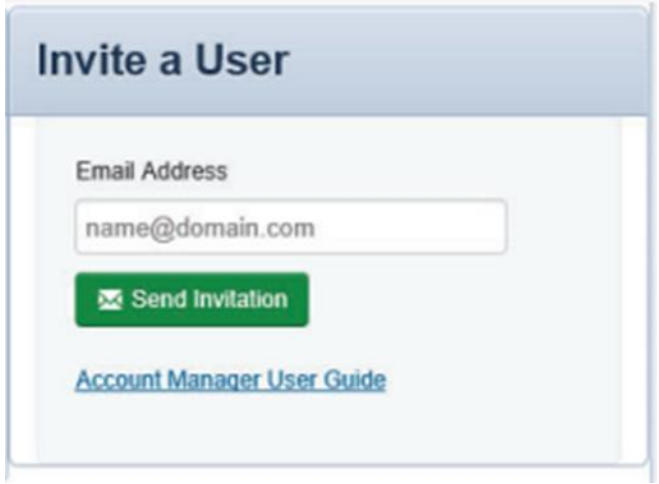
- Third-party billing entities supporting Trillium providers third-party have accounts to the Secure Provider Portal when validated by the practice's **Portal Account Manager.**
- The Account Manager should Invite a User by sending an invitation to the email address for the third-party biller.
- This generates an email link to the Trillium PH Secure Provider Portal.
- User should continue to Create an Account, verifying their email, then returning to enter TIN, Phone, and Fax.
- **After this point, the third-party biller should contact the Portal Administrator at the practice to verify their account request.**
- Upon verification, the user will be able to login to the portal and have functionality to submit and view claims.



# Viewing Assessments and Authorizations

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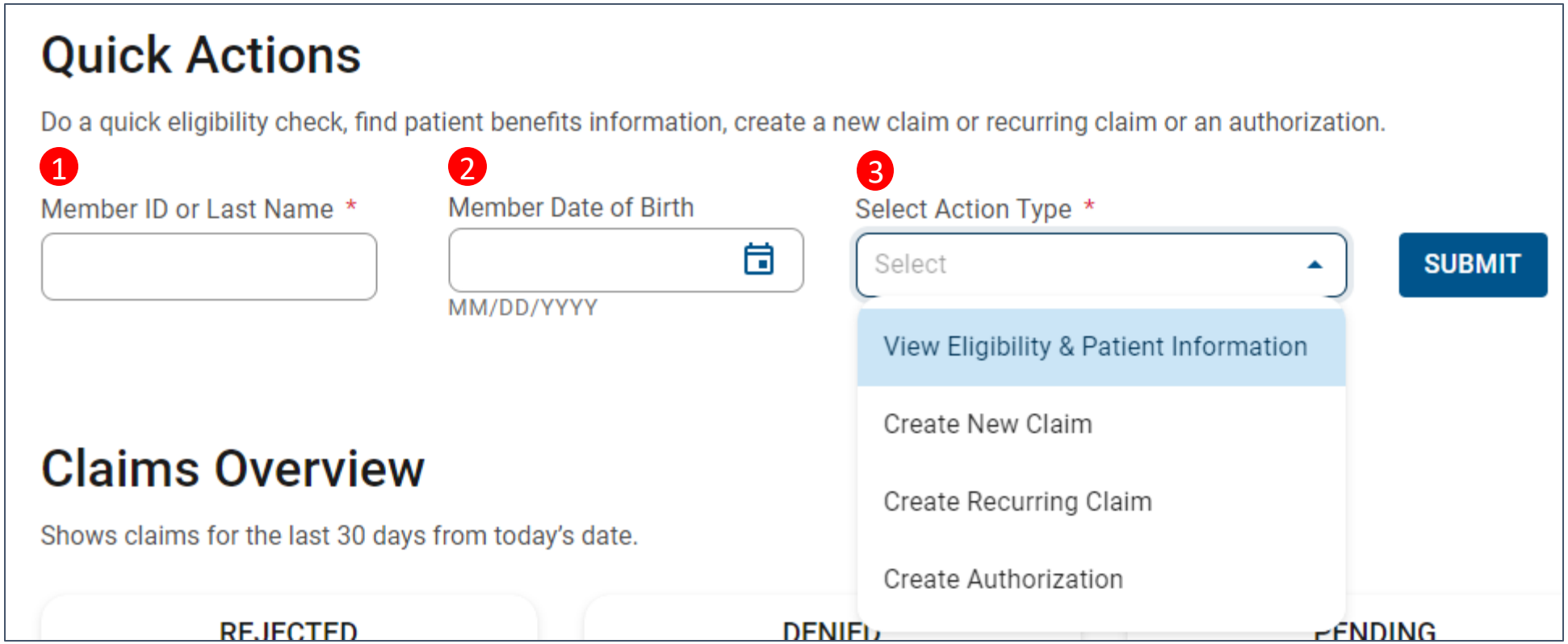
- Step 1: View Member Health Record



# Patient Overview

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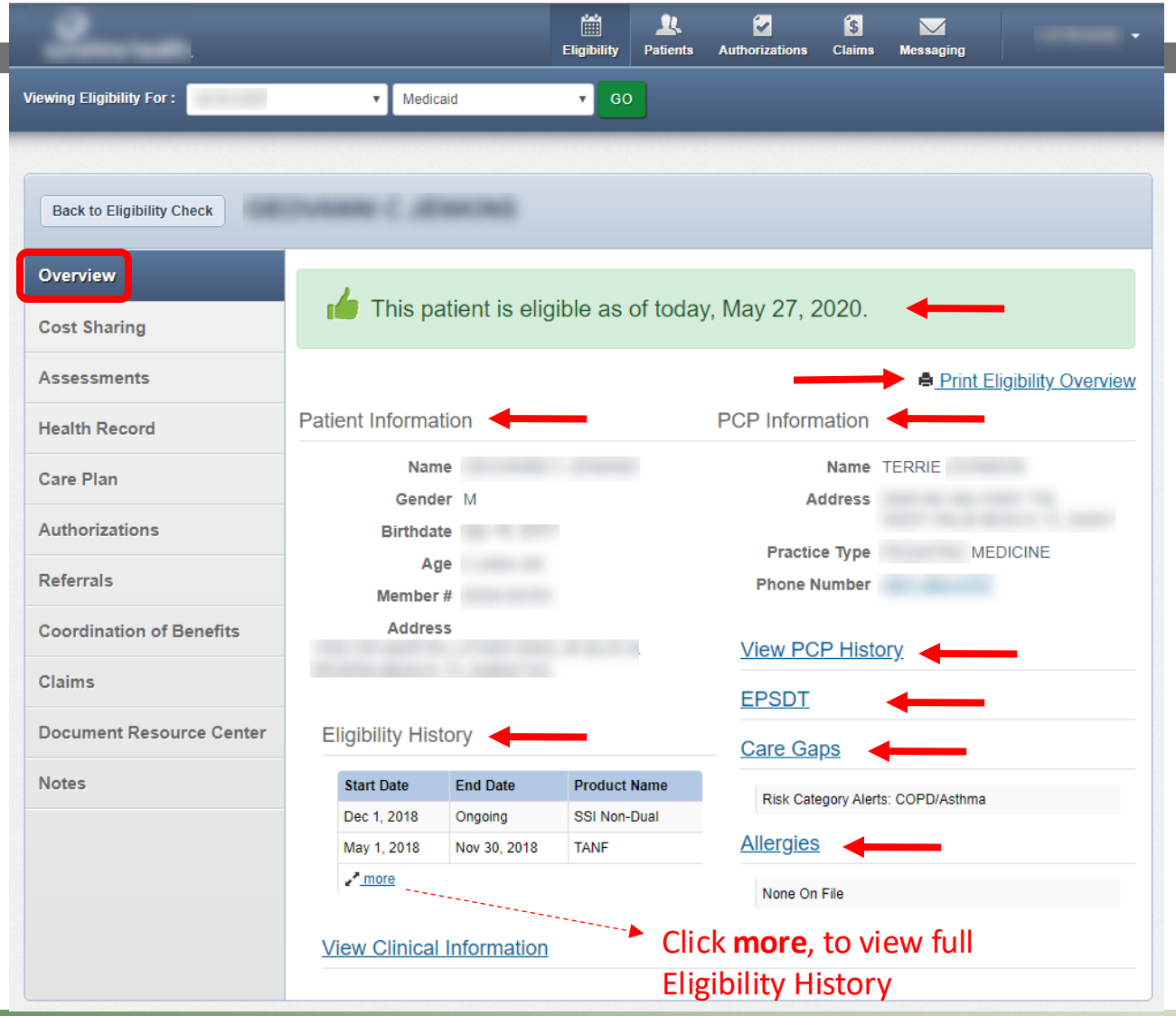

# View Assessments

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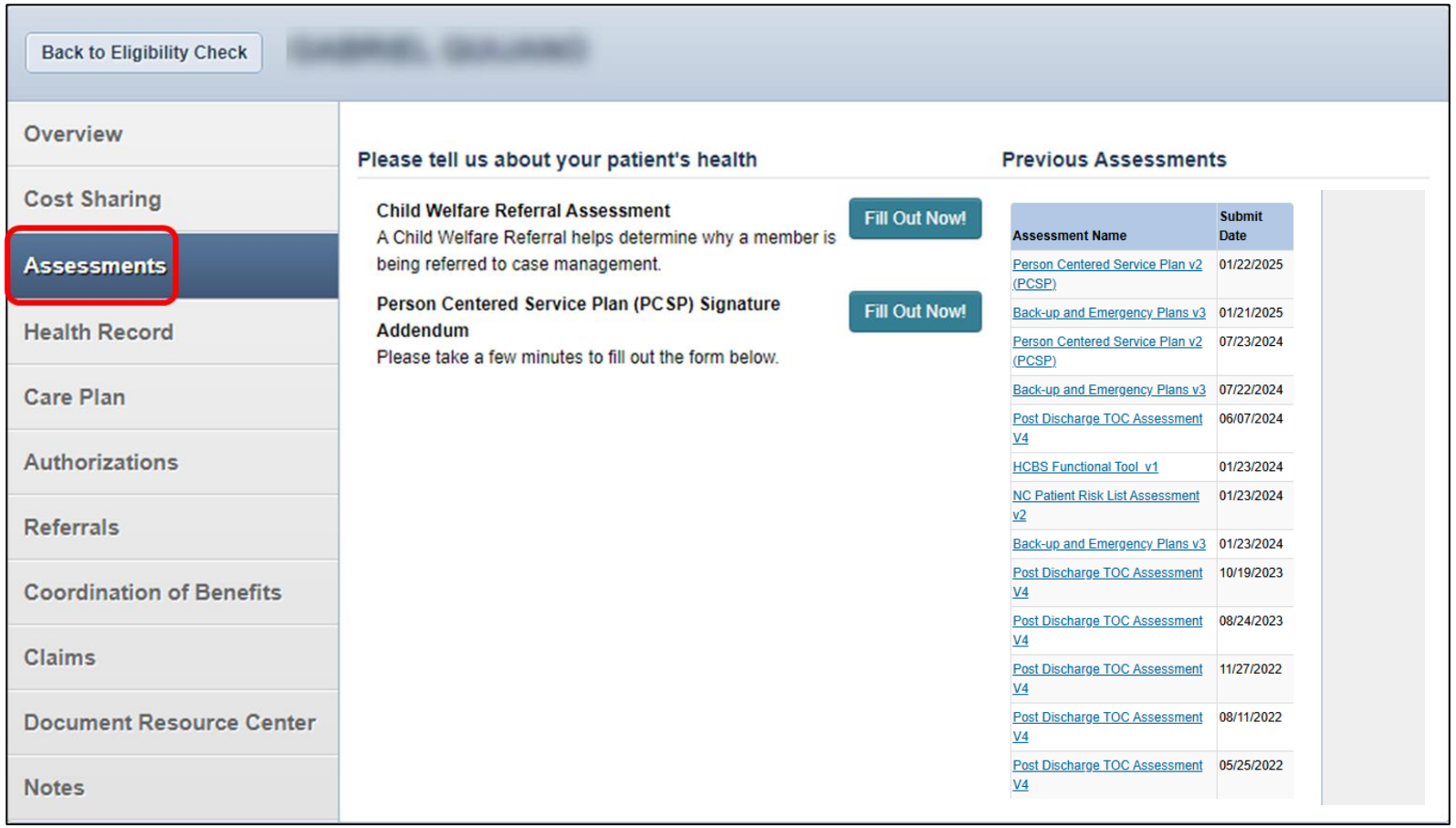
- LTSS Assessments will be housed under Previous Assessments



# View Authorizations

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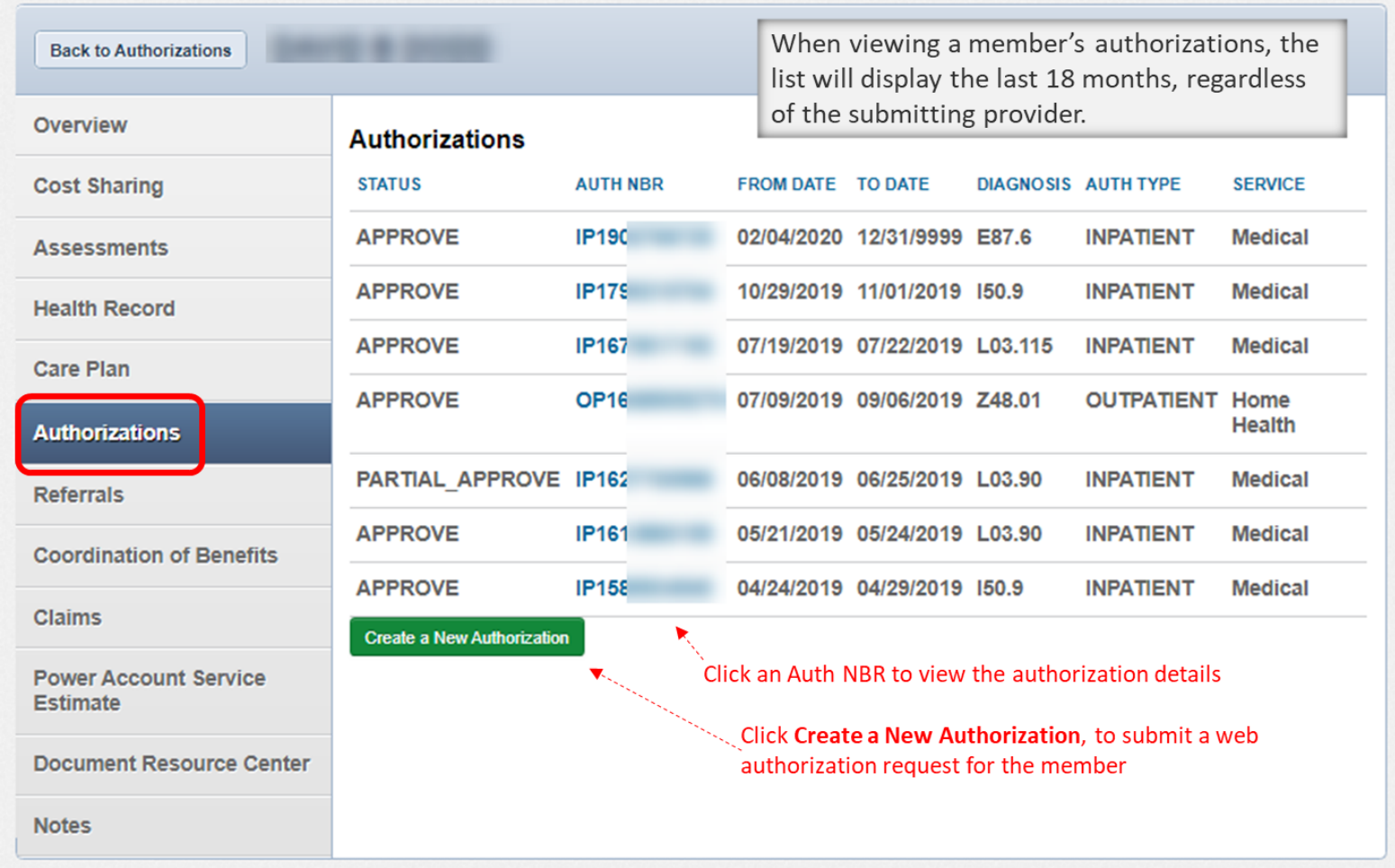


**PCS Provider Tip:** When the authorization is winding down, as you meet with the member let them know care management will be reaching out to them to complete their annual assessment. It is very important for the member to stay engaged with care management to complete necessary assessments.

# Provider Portal Resources

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- Portal Administrator Guide (PDF)
- Registering and Logging In (PDF)
- Checking Member Eligibility and Health Record (PDF)
- Viewing Assessments and Authorizations (PDF) 
- Submitting a Claim (PDF)
- Secure Portal Slide Guide (PDF)

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# Billing and Payment

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# Billing for Personal Care Services

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- **EVV**: PCS billed by taxonomy 253Z00000X with CPT 99509 and an HA or HB modifier are subject to EVV requirements and claims must be submitted through HHAeXchange.
  - All providers are expected to be fully compliant with EVV requirements.
  - EVV data must be validated prior to claims adjudication.
  - Claims without the required EVV criteria will deny.
  - Trillium partners with HHAeXchange as its EVV partner.
- **Non-EVV:** Other PCS services (i.e Congregate Care settings) can be billed through the Trillium Physical Health Secure Provider Portal if they are part of the physical health service benefit.
  - Claims can be submitted through the portal: provider.trilliumhealthresources.org
- Additional PCS Provider Resources:
  - network.carolinacompletehealth.com/resources/home-health-and-personal-care-services.html

# Billing for Personal Care Services

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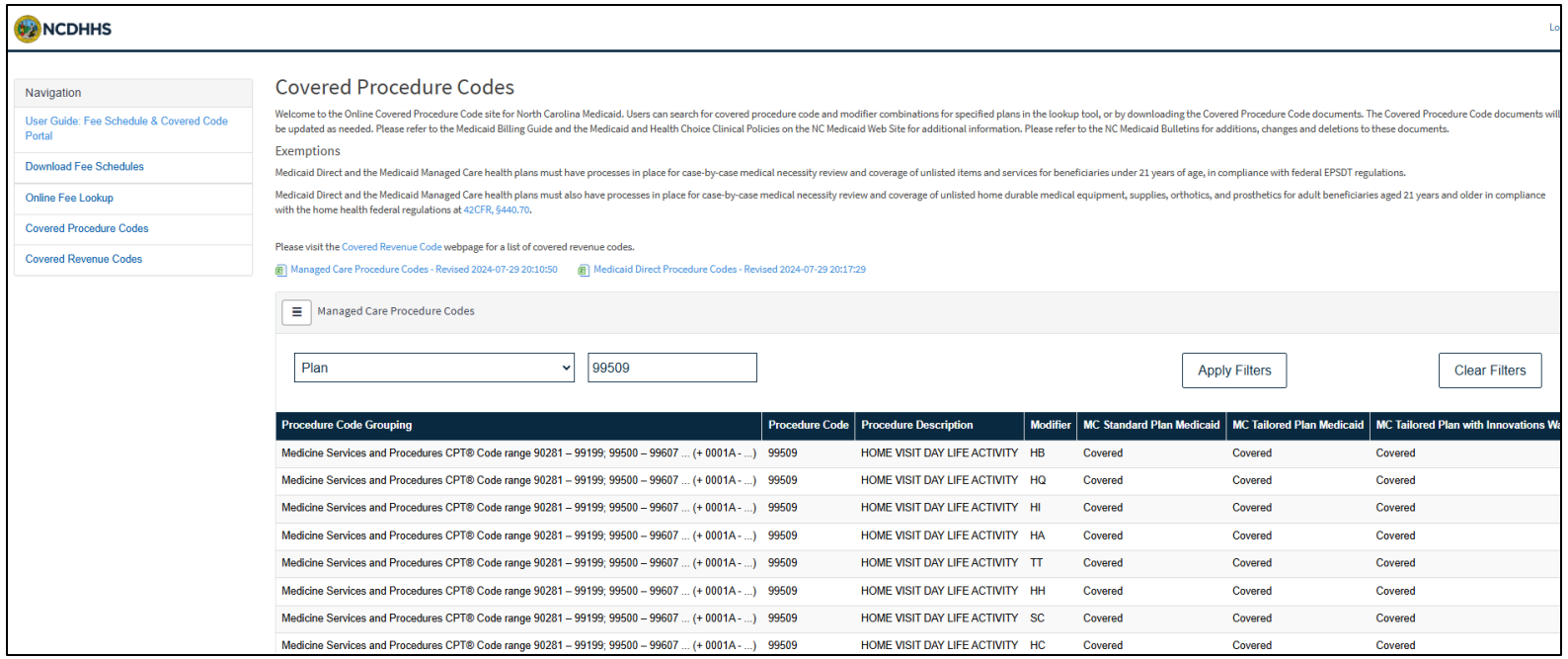
- How to know which service and modifier combo to use:
- Trillium physical health claims are processed and paid according to the NC Medicaid Fee Schedule.
- Using the State's Service Now webpage (https://ncdhhs.servicenowservices.com/fee_schedules) you can search codes to determine if they are covered, view modifiers, and fee schedules.
- Providers should also reference Clinical Coverage Policy 3L Attachment A: Claims-Related Information



# Functionality of Each Portal:

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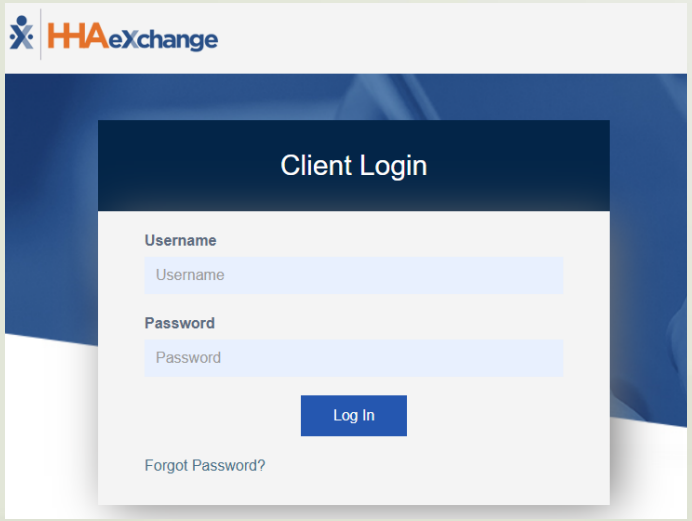
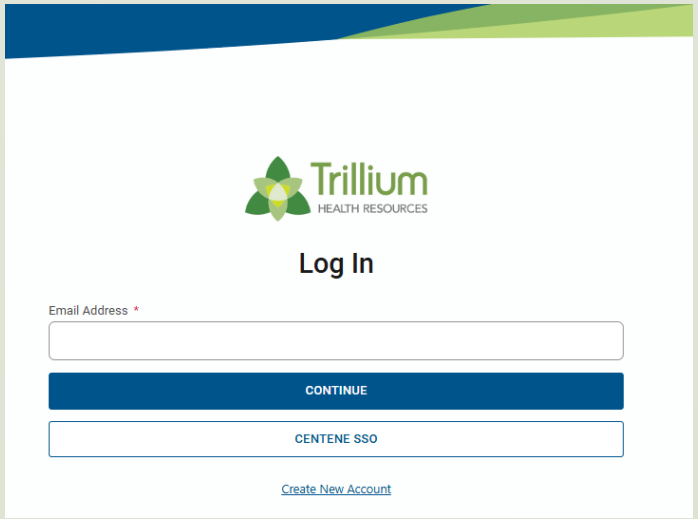
## Use the HHAeXchange Portal to:

- Intended for EVV required services only
- Submit EVV visit data
- Submit claims for PCS 99509 HA or HB by provider taxonomy 253Z00000X




## Use the Secure Physical Health Portal to:

- View member health record for auths and assessments
- Submit physical health PCS claims not subject to EVV requirements
- View payment history and EOP



# HHAeXchange Billing Resources

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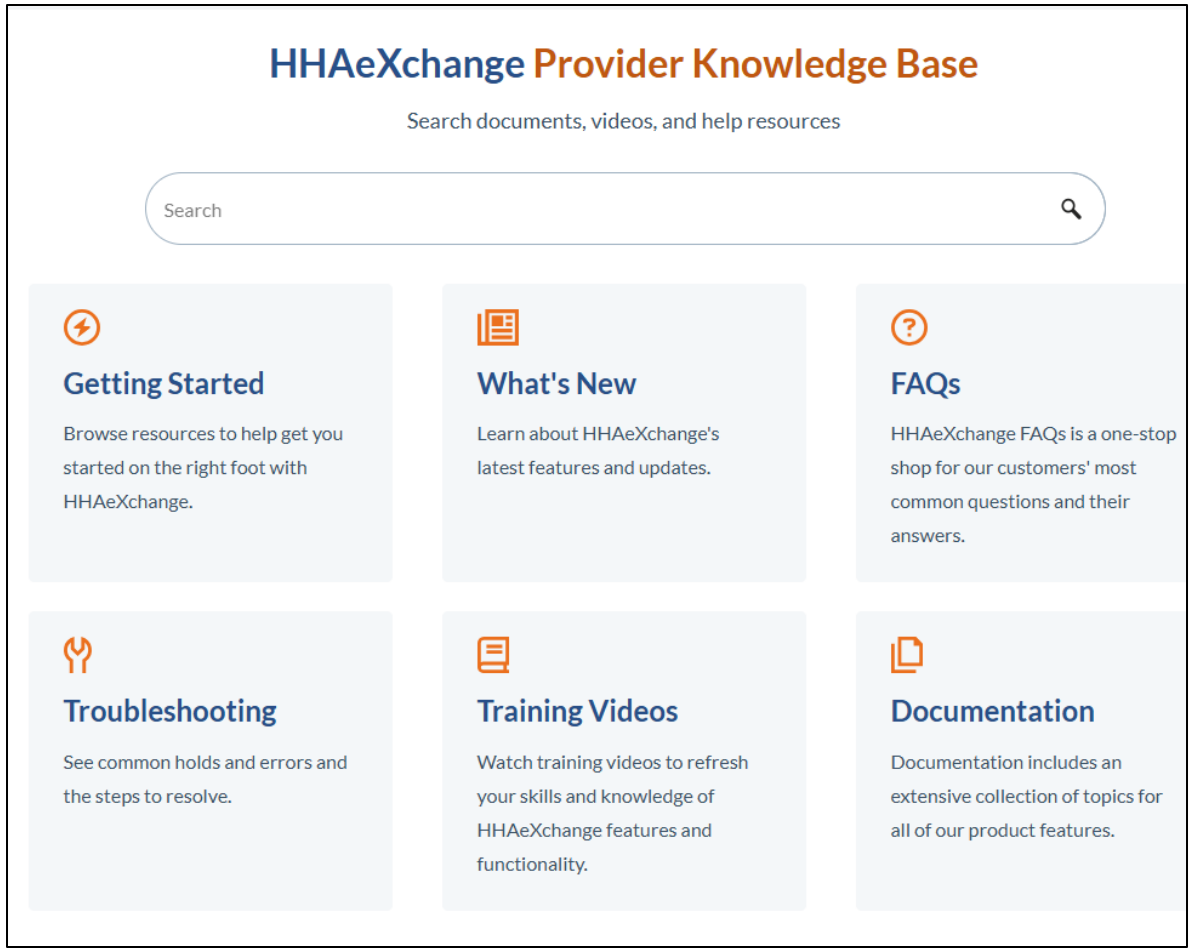
- HHAeXchange Customer Support:
  - The Client Support Portal is the fastest method for us to answer and address issues. Through a simple set of questions and selections, we can easily determine assignment and answer questions directly online without waiting.
- Billing Refresher Training
- Job Aids and HHA Provider Knowledge Base
- Knowledge Base for providers with 3rd party EVV provider
- System User Training:
  - If your HHAX portal was created before 9/4/24: North Carolina PHP on Vimeo
  - If your HHAX portal was created after 9/4/24: Sign Up For HHAeXchange University



# HHAeXchange Knowledge Base

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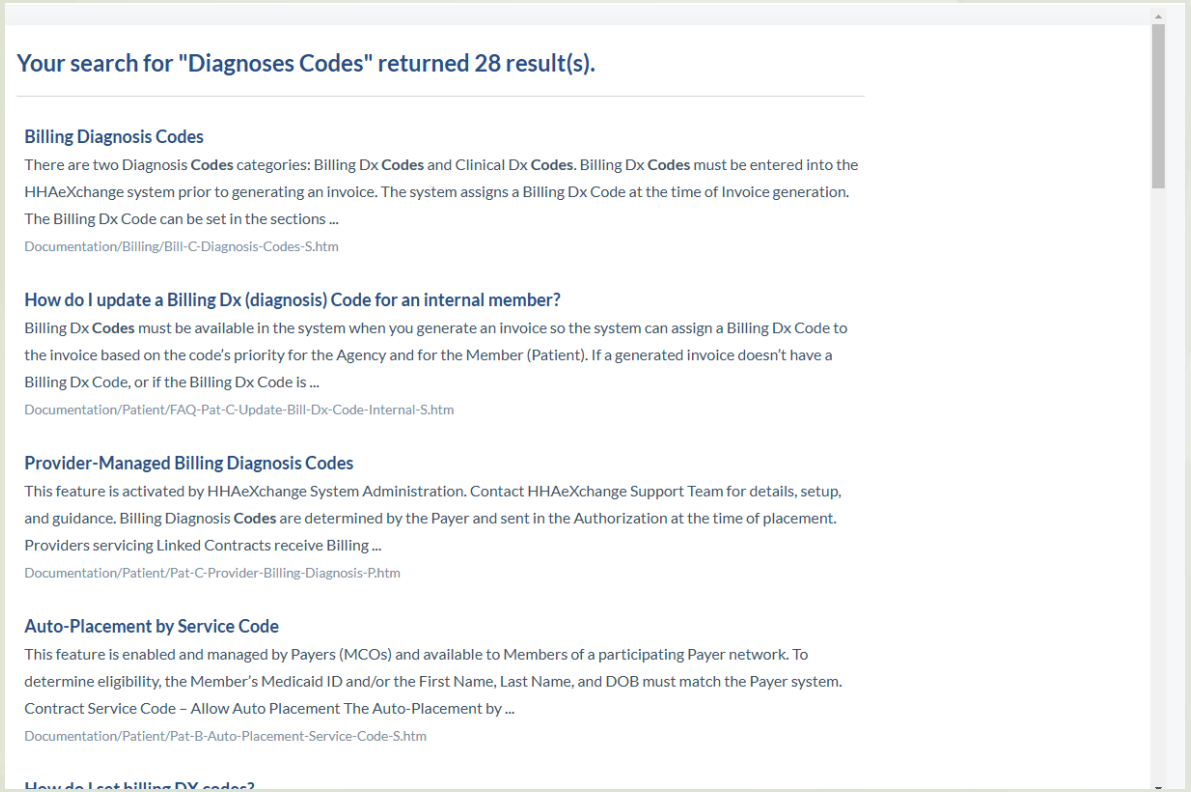
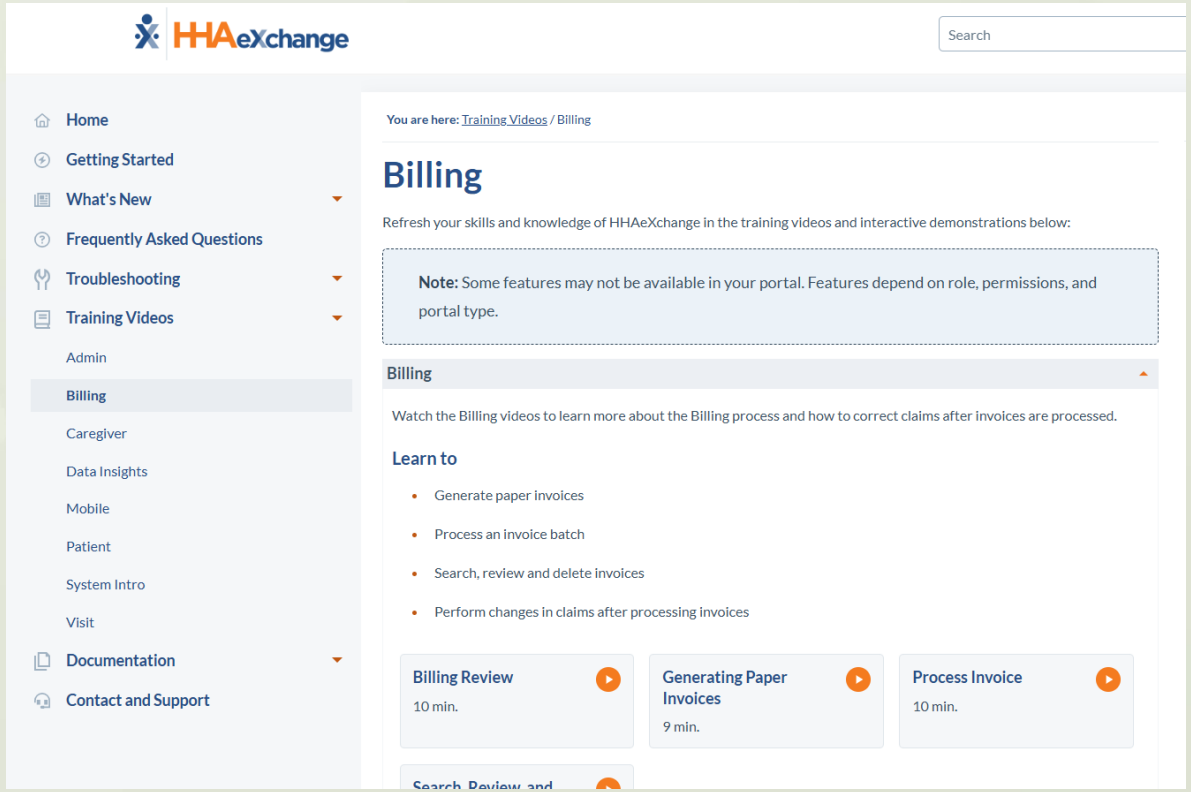
## Search for Key Words




## Navigate Topics on Left-side Menu



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# Payment

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# Provider Payments

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- Clean claims will be resolved (finalized paid or denied) 95% within 15 calendar days and 99% within 30 calendar days following receipt of the claim.
- Trillium physical health check run is weekly on Wednesdays, with payment issued to providers the following day.
- Remittance Advice, also referred to as an 835 or Explanation of Payment (EOP), are issued with payment and can be accessed several ways:
  - Portal: https://provider.trilliumhealthresources.org/
  - Payspan: https://www.payspanhealth.com/
  - Physical copy if you receive paper check

# Electronic Funds Transfer

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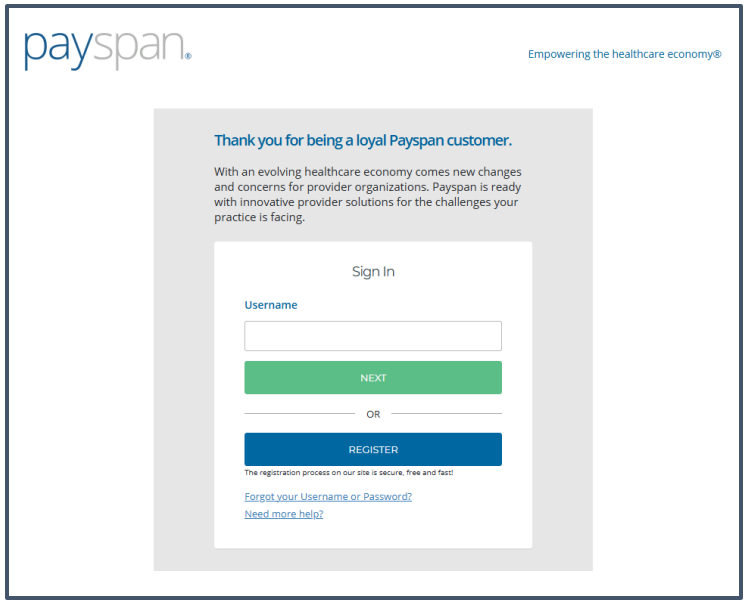
**To contact Payspan:** Call 1-877-331-7154, Option 1 – Monday thru Friday 8:00 am to 8:00 pm est.

**Payspan offers monthly training sessions for providers covering the following topics:**

- How to register with Payspan (New User)
- How to add additional registration codes to an existing Payspan account
- How to navigate through the Payspan web portal
- How to view a payment
- How to find a remit
- How to change bank account information
- How to add new users

For training links visit our website under Education and Training



# Access EOPs in Physical Health Portal

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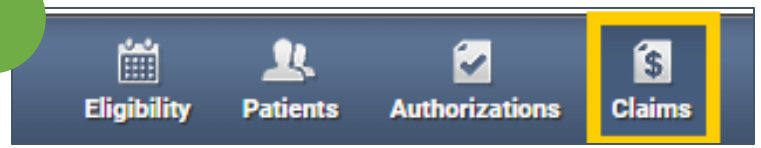
1

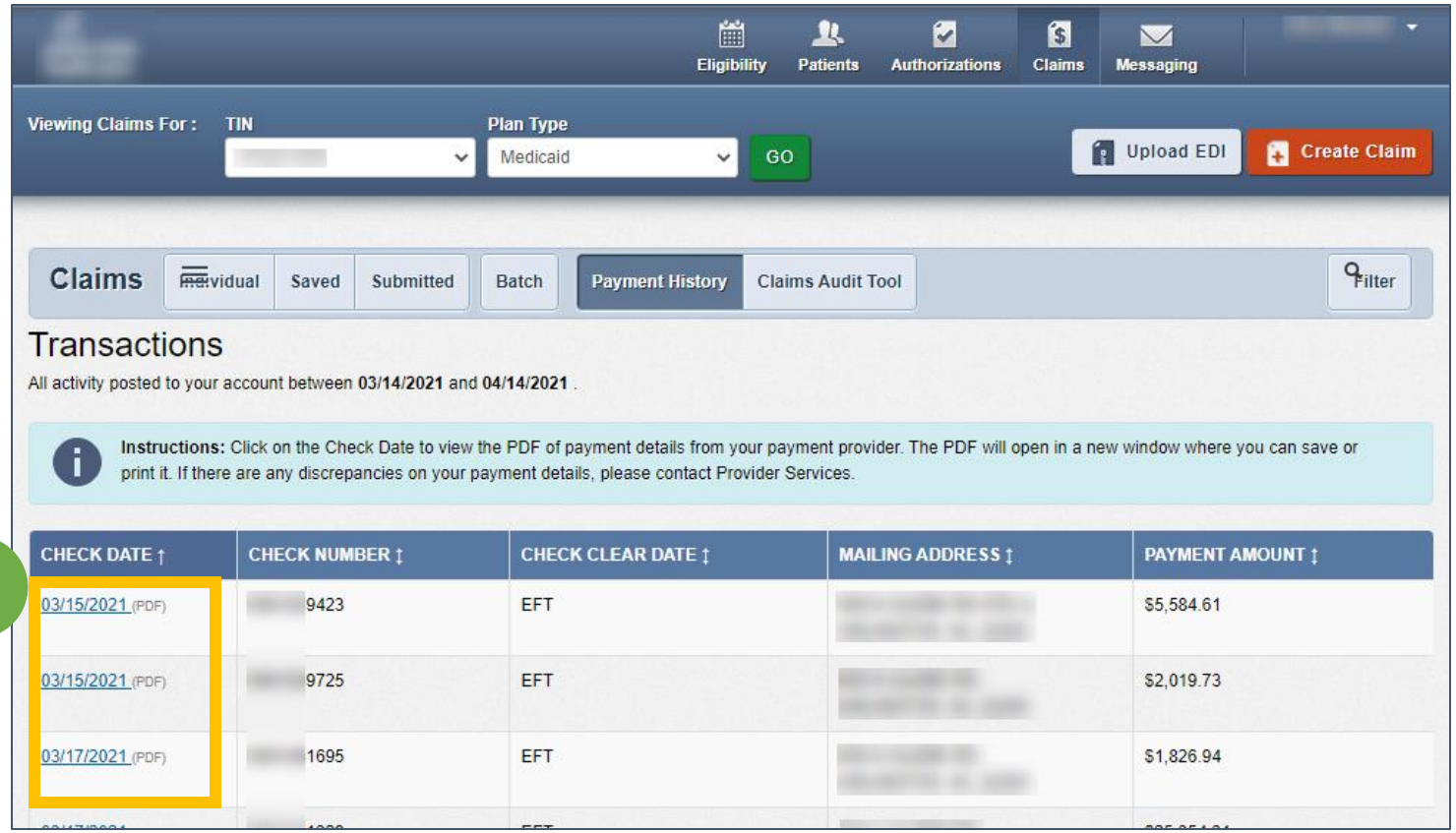



Click ‘Claims’ in the header menu

2


Scroll down and click ‘View all EOP’

3




Click the Check Date links which will download a PDF of the EOP

# Access ERA in Payspan

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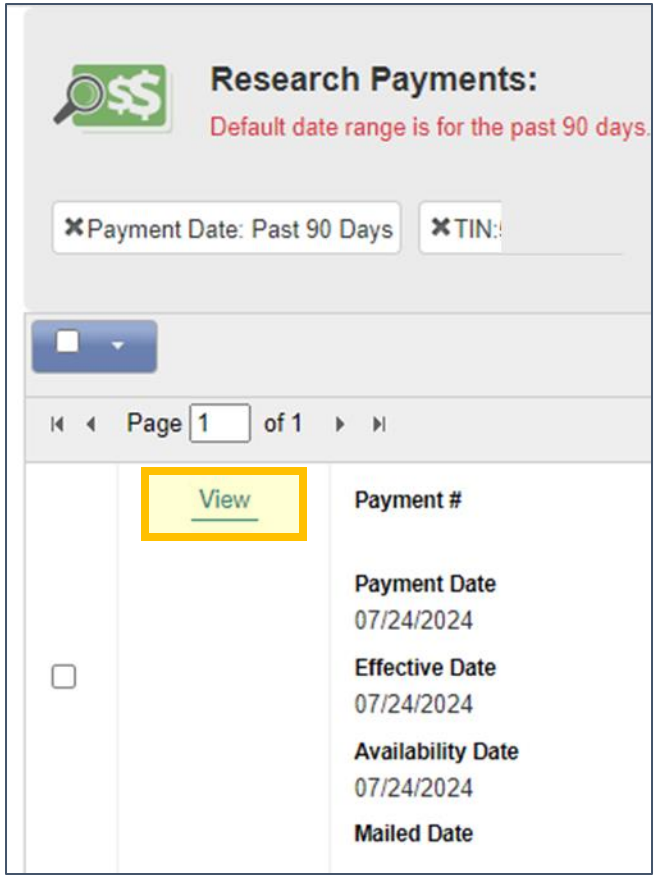
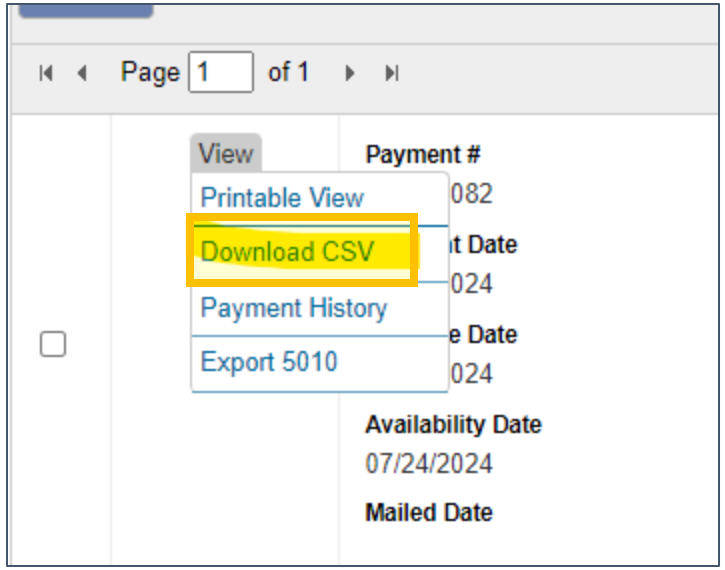
1




Scroll down and click ‘View all EOP’

2




Download CSV

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# Per Diem Rate Change for Congregate Setting PCS

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# Per Diem Rate Change: Congregate Setting

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- **Effective Date:** 04/01/2025
- **Impacted Providers**: Personal Care Services for Beneficiaries in Congregate Settings
  - Special Care Home – 99509-SC
  - Adult Care Homes – 99509-HC
  - Combination Homes – 99509-TT
  - Supervised Living Facilities for adults with MI/SA – 99509-HH
  - Supervised Living Facilities for adults with I/DD- 99509-HI
  - Family Care Homes – 99509-HQ
- **Impacted Procedure Codes:** Only procedure code 99509 and modifiers SC, HC, TT, HH, HI, HQ will be impacted by the change

# Per Diem Rate Change: Congregate Setting

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**Provider Billing Tips:**

- Continue using the same claim form type.
- When billing per diem, each day of care should be listed on a separate line.
- **A claim line that spans multiple dates or includes a unit greater than one, will deny.**
- Claims lines submitted for dates of service on or after the effective date must be billed for a single date of service and bill 1 unit.
- Claims created in advance under the current guidelines of 1 unit = 15 minutes will not be compatible with the new billing guidelines of 1 unit per day

**For Dates of Service Before April 1, 2025:**
1 Unit per 15 Minutes

**For Dates of Service Beginning April 1, 2025:**
1 Unit per 1 Day

# Per Diem Rate Change: Congregate Setting

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**FREQUENTLY ASKED QUESTIONS**

- Q: Can multiple claims be billed at one time?
  - A: Yes, 1 claim line = 1 date of service, and a full month of claim lines (28, 29, 30 or 31 lines) can be on a claim.
- Q: Can a claim be submitted weekly?
  - A: Yes
- Q: Should the calculated daily rate be included in the claim when filing?
  - A: No, the provider should bill 1 unit per day and Carolina Complete Health's billing system will calculate the daily rate.
- Q: With this new change, does billing have to be completed monthly, only?
  - A: No, billing can be completed at the same cadence as before; however, 1 unit must be billed per day.
- Q: Will the last day of the month be automatically cutback to the lower percentage if the approved PCS hours are runs out before the end of the month?
  - A: Yes

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# Frequently Asked Questions

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# Frequently Asked Questions

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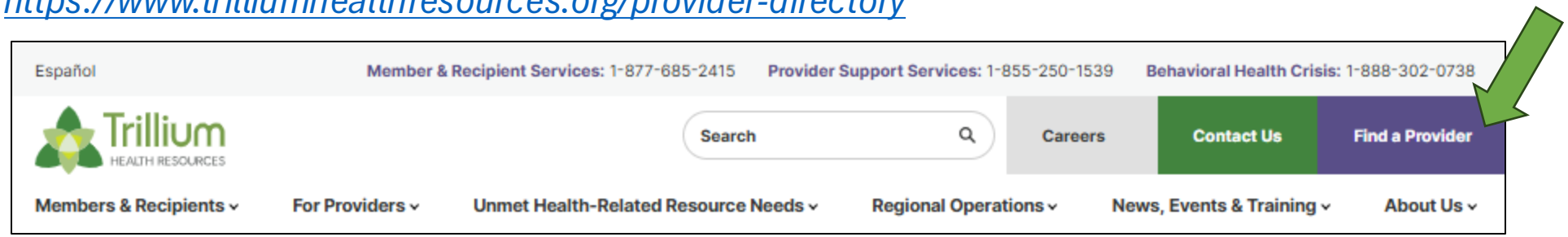
How can I locate a list of Home Health agencies that are accepting Trillium Tailored Plan?

- *Visit [https://www.trilliumhealthresources.org/provider-directory](https://www.trilliumhealthresources.org/provider-directory)*




"Many of my group home residents are now on Tailored Plan and I can not bill their Personal Care Services through NCTracks anymore. When I bill manually through Trillium's Physical Health Provider Direct for them, what service code, taxonomy code, rate will I be using?"

- *For dates of service 07/01/24 and after, Tailored Plan physical health in-home PCS should be billed using HHAeXchange (for 99509 with HA or HB modifier and taxonomy 253Z00000X).*
- *Other PCS not subject to EVV requirements may be billed directly to the Trillium Physical Health portal for Carolina Complete Health to process.*
- *Providers should bill their usual and customary service codes and rates. Trillium physical health claims are paid utilizing the NC Medicaid Fee Schedule.*

# Frequently Asked Questions

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How do I become contracted with Trillium as a PCS or HH provider?

- *Complete the Contract Request Form with Trillium's physical health PHP partner, Carolina Complete Health: https://network.carolinacompletehealth.com/join-cchn/contract-request-form.html*

How does the provider know which diagnoses code to use on the claim?

- *Diagnosis codes are the specific ICD-10 codes used to identify a patient's medical diagnosis when billing for services.*
- *Trillium adheres to Medicaid clinical coverage policy 3L.*

What is the procedure code and modifier code that supposed to be used when billing Trillium for Personal Care Services?

- *Procedure codes and modifiers are consistent with NC Medicaid Fee Schedule and NC Medicaid Covered Codes: NC Medicaid Fee Schedules*

# Frequently Asked Questions

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What do I do if I do not see my member in the HHAeXchange portal?

- *First, check in your HHA portal for pending placements. Use the Accepting Placements job aid to accept your placements.*
- *If, after completing these steps, you are still unable to view your members in HHA, contact the Tailored Plan with the following information:*
  - *Agency Name*
  - *Tax ID#*
  - *Member Name*
  - *Medicaid ID*
  - *Start of Care Date*
  - *Agency Address*
- *Contact Trillium via email: ClaimsSupport@TrilliumNC.org*

# Frequently Asked Questions

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If the client has 3051-Form filled out for Medicaid already, do they have to file one with Trillium if member is now Trillium TP?

- *During the TOC period the existing 3051 will cover the ongoing services. After this period of time, upon re-assessment a new 3051 will be requested to start the annual cycle.*

We currently have 1 resident with Tailored Plan Trillium, what do we need to do to ensure PCS continues for this patient?

- *Encourage the member to remain engaged with their LTSS Care Manager who will do regular assessments.*
- *Care Management Team will reassess the member and re-authorize PCS at a minimum of annually and if anything changes in the member's medical or functional condition which often occurs due to hospitalization or change in supports.*
- *The member's medical provider (i.e. PCP) should re-submit a 3051 annually.*
- *Last visit to physician should be within 90 days of submitting the 3051.*
- *The member's PCP or requesting MD is responsible for 3051 submission and renewal. For renewals, this process will be initiated by the CM assessor and UM team unless the provider has already submitted pro-actively.*

# Key Contacts and Resources

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| | |
|---|---|
| Submitting Trillium's 3051 Form | LTSS@trilliumnc.org |
| Questions about PCS? | If you have questions about PCS, you may call Trilliums' Provider Support Service Line at 855-250-1539 or you can submit questions online at through the PCS inquiry form |
| HHAeXchange Client Support | Client Support Portal |
| Technical support for the Trillium Physical Health Portal | CCHN Provider Engagement Team: ProviderEngagement@cch-network.com |
| Billing Questions/Support | Trillium Provider Support Service Line: 1-855-250-1539<br>*(Have your TIN and NPI ready for provider verification) |

# Additional Provider Learning Opportunities

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- **Provider Information Sessions:** Carolina Complete Health Network will host an information session for Trillium physical health providers. This is suitable for new providers and existing providers that would like a refresher or have general questions. This will take place on the fourth Tuesday of each month at 12PM
  - Register: https://centene.zoom.us/webinar/register/WN_LBuI5r5mR4OJwRS0xS6r2g
- **Provider Forums** share the information most relevant to Trillium's network. The webinar series takes place on the second Wednesday of each month. A panel of Trillium staff will share information providers identify as vital to their work. Provider feedback, recent updates, and upcoming items will drive monthly topics. Each forum will conclude with a Question and Answer session.
  - Register: https://www.trilliumhealthresources.org/event/provider-forum

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# Questions

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