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# Physical Health Personal Care Services



- 🌱 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

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?

- 🌱 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

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

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																																																													
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# NC Medicaid Hurricane Flexibilities



## 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 11<sup>th</sup> bulletin](#), with updates shared in the [December 12<sup>th</sup> 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





# How to Initiate and Continue PCS

- 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](mailto: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

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



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

- 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



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

- 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

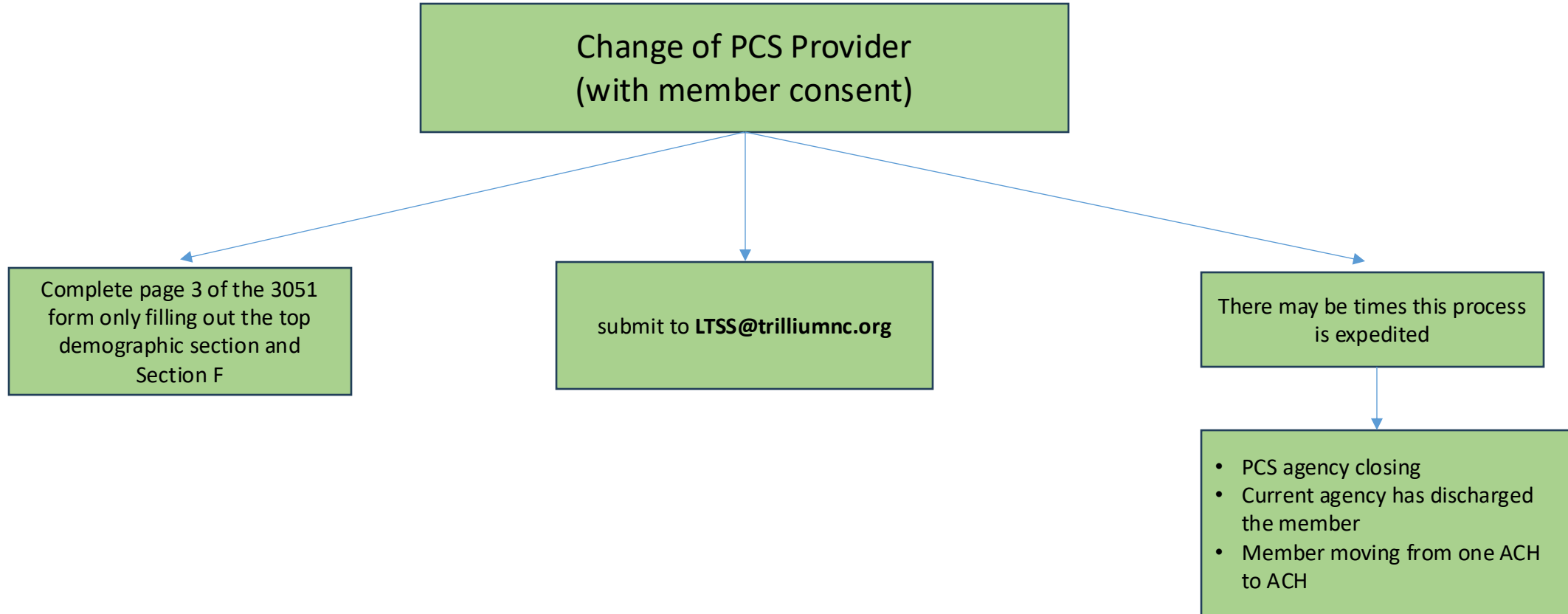
# 3051 Review Process and Eligibility Criteria



- 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.

# LTSS PCS Process



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

Beneficiary Name: \_\_\_\_\_ MID#: \_\_\_\_\_

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

**Step 1** REQUEST TYPE: (select one)  Change of Status: Non-Medical  Change of Provider DATE OF REQUEST: \_\_\_\_\_  Expedited Assessment Required

Questions: [Click Here to Submit Questions](#) Form Submission Email: [LTSS@Trilliumnc.org](mailto: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: \_\_\_\_\_



# 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](mailto: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:*

<b>Beneficiary requires an increased level of supervision.</b>	Initial: _____
<b>Beneficiary requires caregivers with training or experience</b> 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: _____
<b>Beneficiary requires a physical environment, regardless of setting, that includes modifications and safety measures</b> 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: _____
<b>Beneficiary has a history of safety concerns</b> 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: \_\_\_\_\_

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

**Practitioner Signature AND Credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*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



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

Tip: add [no-reply@mail.entrykeyid.com](mailto:no-reply@mail.entrykeyid.com) to your email contacts


## Log In

Username (Email)

**LOG IN**


**Create New Account**

---

single password  reliable security  
EntryKeyID

[Help](#) [Privacy Policy](#) [Terms of Use](#) © 2021 Centene





## Create your Account

Enter Email Address

Let's get started – creating an account is quick and easy.

Email Address \*

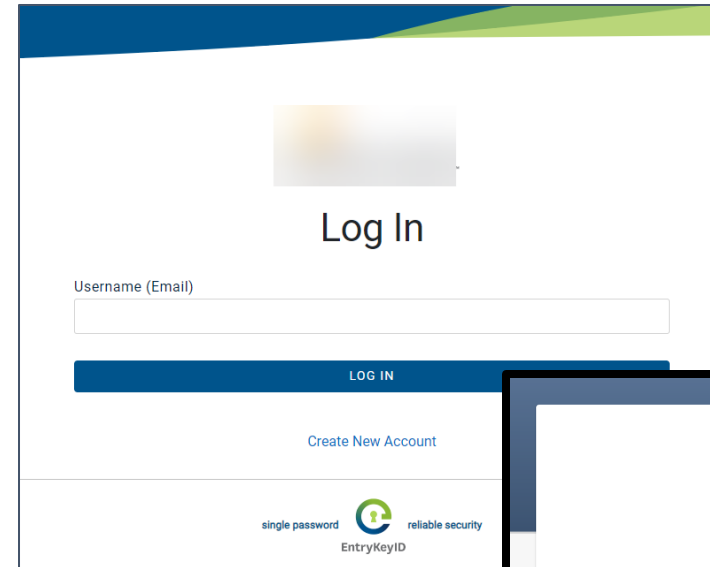
**CONTINUE**

CANCEL

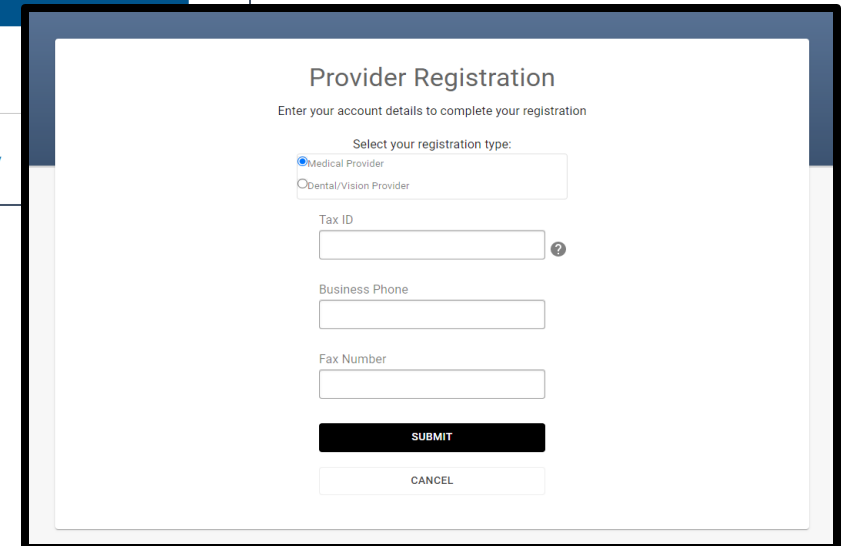


# Initial Portal Registration

- **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](mailto:ProviderEngagement@cch-network.com)



The screenshot shows the 'Log In' page of the portal. It features a blue header with a green and yellow gradient. Below the header is a 'Log In' button. Underneath is a text input field labeled 'Username (Email)'. Below the input field is a blue bar with 'LOG IN' in white text. Below that is a blue link for 'Create New Account'. At the bottom, there is a logo for 'EntryKeyID' with the text 'single password' and 'reliable security'.

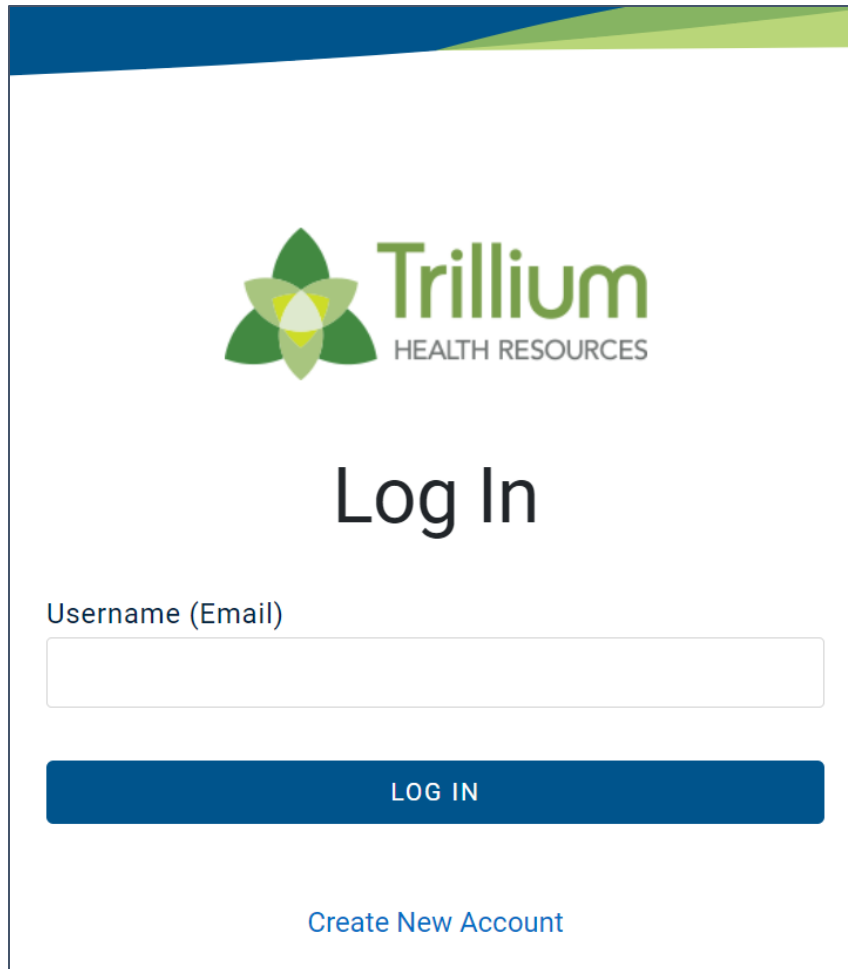


The screenshot shows the 'Provider Registration' page. It has a blue header with a green and yellow gradient. Below the header is the title 'Provider Registration' and the subtitle 'Enter your account details to complete your registration'. There is a section for 'Select your registration type:' with two radio buttons: 'Medical Provider' (selected) and 'Dental/Vision Provider'. Below this are three text input fields: 'Tax ID', 'Business Phone', and 'Fax Number'. At the bottom are two buttons: 'SUBMIT' and 'CANCEL'.



**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



The screenshot shows the Trillium Health Resources login interface. At the top, there is a blue and green header. Below it is the Trillium Health Resources logo. The main heading is "Log In". There is a text input field labeled "Username (Email)". Below the input field is a blue "LOG IN" button. At the bottom, there is a link that says "Create New Account".


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](https://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](mailto: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

- 🌱 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.



**Invite a User**

Email Address

 Send Invitation

[Account Manager User Guide](#)


# Viewing Assessments and Authorizations


## Step 1: View Member Health Record

### Quick Actions

Do a quick eligibility check, find patient benefits information, create a new claim or recurring claim or an authorization.

**1** Member ID or Last Name \*

**2** Member Date of Birth    
MM/DD/YYYY

**3** Select Action Type \*  
 

- View Eligibility & Patient Information
- Create New Claim
- Create Recurring Claim
- Create Authorization

### Claims Overview

Shows claims for the last 30 days from today's date.

REJECTED	DENIED	PENDING
----------	--------	---------

# Patient Overview

Viewing Eligibility For : [Dropdown] Medicaid [GO]

Back to Eligibility Check [Patient Name]

- Overview**
- Cost Sharing
- Assessments
- Health Record
- Care Plan
- Authorizations
- Referrals
- Coordination of Benefits
- Claims
- Document Resource Center
- Notes

**Eligibility Status:** This patient is eligible as of today, May 27, 2020. [Print Eligibility Overview](#)

**Patient Information** | **PCP Information**

**Patient Information:** Name [Redacted], Gender M, Birthdate [Redacted], Age [Redacted], Member # [Redacted], Address [Redacted]

**PCP Information:** Name TERRIE [Redacted], Address [Redacted], Practice Type [Redacted] MEDICINE, Phone Number [Redacted]

[View PCP History](#)

**Eligibility History**

Start Date	End Date	Product Name
Dec 1, 2018	Ongoing	SSI Non-Dual
May 1, 2018	Nov 30, 2018	TANF

[more](#)

[View Clinical Information](#) | **Click more, to view full Eligibility History**

**Other Links:** [Allergies](#) (None On File), [Care Gaps](#), [EPSDT](#)

# View Assessments

🌱 LTSS Assessments will be housed under Previous Assessments

[Back to Eligibility Check](#) **XXXXXXXX, XXXXXXX**

Overview	<p><b>Please tell us about your patient's health</b></p> <p><b>Child Welfare Referral Assessment</b> A Child Welfare Referral helps determine why a member is being referred to case management. <a href="#">Fill Out Now!</a></p> <p><b>Person Centered Service Plan (PCSP) Signature Addendum</b> Please take a few minutes to fill out the form below. <a href="#">Fill Out Now!</a></p>	<b>Previous Assessments</b>																												
Cost Sharing		<table border="1"><thead><tr><th>Assessment Name</th><th>Submit Date</th></tr></thead><tbody><tr><td><a href="#">Person Centered Service Plan v2 (PCSP)</a></td><td>01/22/2025</td></tr><tr><td><a href="#">Back-up and Emergency Plans v3</a></td><td>01/21/2025</td></tr><tr><td><a href="#">Person Centered Service Plan v2 (PCSP)</a></td><td>07/23/2024</td></tr><tr><td><a href="#">Back-up and Emergency Plans v3</a></td><td>07/22/2024</td></tr><tr><td><a href="#">Post Discharge TOC Assessment V4</a></td><td>06/07/2024</td></tr><tr><td><a href="#">HCBS Functional Tool v1</a></td><td>01/23/2024</td></tr><tr><td><a href="#">NC Patient Risk List Assessment v2</a></td><td>01/23/2024</td></tr><tr><td><a href="#">Back-up and Emergency Plans v3</a></td><td>01/23/2024</td></tr><tr><td><a href="#">Post Discharge TOC Assessment V4</a></td><td>10/19/2023</td></tr><tr><td><a href="#">Post Discharge TOC Assessment V4</a></td><td>08/24/2023</td></tr><tr><td><a href="#">Post Discharge TOC Assessment V4</a></td><td>11/27/2022</td></tr><tr><td><a href="#">Post Discharge TOC Assessment V4</a></td><td>08/11/2022</td></tr><tr><td><a href="#">Post Discharge TOC Assessment V4</a></td><td>05/25/2022</td></tr></tbody></table>	Assessment Name	Submit Date	<a href="#">Person Centered Service Plan v2 (PCSP)</a>	01/22/2025	<a href="#">Back-up and Emergency Plans v3</a>	01/21/2025	<a href="#">Person Centered Service Plan v2 (PCSP)</a>	07/23/2024	<a href="#">Back-up and Emergency Plans v3</a>	07/22/2024	<a href="#">Post Discharge TOC Assessment V4</a>	06/07/2024	<a href="#">HCBS Functional Tool v1</a>	01/23/2024	<a href="#">NC Patient Risk List Assessment v2</a>	01/23/2024	<a href="#">Back-up and Emergency Plans v3</a>	01/23/2024	<a href="#">Post Discharge TOC Assessment V4</a>	10/19/2023	<a href="#">Post Discharge TOC Assessment V4</a>	08/24/2023	<a href="#">Post Discharge TOC Assessment V4</a>	11/27/2022	<a href="#">Post Discharge TOC Assessment V4</a>	08/11/2022	<a href="#">Post Discharge TOC Assessment V4</a>	05/25/2022
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<b>Assessments</b>																														
Health Record																														
Care Plan																														
Authorizations																														
Referrals																														
Coordination of Benefits																														
Claims																														
Document Resource Center																														
Notes																														

# View Authorizations

[Back to Authorizations](#)

When viewing a member's authorizations, the list will display the last 18 months, regardless of the submitting provider.

**Overview**

Cost Sharing

Assessments

Health Record

Care Plan

**Authorizations**

Referrals

Coordination of Benefits

Claims

Power Account Service Estimate

Document Resource Center

Notes

STATUS	AUTH NBR	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE
APPROVE	IP190	02/04/2020	12/31/9999	E87.6	INPATIENT	Medical
APPROVE	IP179	10/29/2019	11/01/2019	I50.9	INPATIENT	Medical
APPROVE	IP167	07/19/2019	07/22/2019	L03.115	INPATIENT	Medical
APPROVE	OP16	07/09/2019	09/06/2019	Z48.01	OUTPATIENT	Home Health
PARTIAL_APPROVE	IP162	06/08/2019	06/25/2019	L03.90	INPATIENT	Medical
APPROVE	IP161	05/21/2019	05/24/2019	L03.90	INPATIENT	Medical
APPROVE	IP158	04/24/2019	04/29/2019	I50.9	INPATIENT	Medical

[Create a New Authorization](#)

Click an Auth NBR to view the authorization details

Click **Create a New Authorization**, to submit a web authorization request for the member

**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

- [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




# Billing for Personal Care Services

- ♻️ **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](https://provider.trilliumhealthresources.org)
- ♻️ Additional PCS Provider Resources:
  - [network.carolinacompletehealth.com/resources/home-health-and-personal-care-services.html](https://network.carolinacompletehealth.com/resources/home-health-and-personal-care-services.html)

# Billing for Personal Care Services

- 🌱 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](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](#)


Lo

Navigation

- [User Guide: Fee Schedule & Covered Code Portal](#)
- [Download Fee Schedules](#)
- [Online Fee Lookup](#)
- [Covered Procedure Codes](#)
- [Covered Revenue Codes](#)

### Covered Procedure Codes

Welcome to the Online Covered Procedure Code site for North Carolina Medicaid. Users can search for covered procedure code and modifier combinations for specified plans in the lookup tool, or by downloading the Covered Procedure Code documents. The Covered Procedure Code documents will be updated as needed. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the NC Medicaid Web Site for additional information. Please refer to the NC Medicaid Bulletins for additions, changes and deletions to these documents.

**Exemptions**  
Medicaid Direct and the Medicaid Managed Care health plans must have processes in place for case-by-case medical necessity review and coverage of unlisted items and services for beneficiaries under 21 years of age, in compliance with federal EPSDT regulations.

Medicaid Direct and the Medicaid Managed Care health plans must also have processes in place for case-by-case medical necessity review and coverage of unlisted home durable medical equipment, supplies, orthotics, and prosthetics for adult beneficiaries aged 21 years and older in compliance with the home health federal regulations at 42CFR, §440.70.

Please visit the [Covered Revenue Code](#) webpage for a list of covered revenue codes.

[Managed Care Procedure Codes - Revised 2024-07-29 20:10:50](#)
[Medicaid Direct Procedure Codes - Revised 2024-07-29 20:17:29](#)

☰ Managed Care Procedure Codes

Plan

99509

Apply Filters

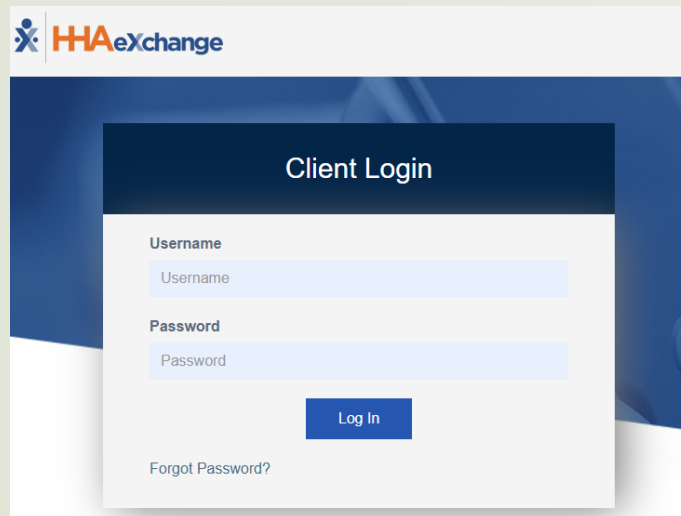
Clear Filters

Procedure Code Grouping	Procedure Code	Procedure Description	Modifier	MC Standard Plan Medicaid	MC Tailored Plan Medicaid	MC Tailored Plan with Innovations W
Medicine Services and Procedures CPT® Code range 90281 – 99199; 99500 – 99607 ... (+ 0001A - ...)	99509	HOME VISIT DAY LIFE ACTIVITY	HB	Covered	Covered	Covered
Medicine Services and Procedures CPT® Code range 90281 – 99199; 99500 – 99607 ... (+ 0001A - ...)	99509	HOME VISIT DAY LIFE ACTIVITY	HQ	Covered	Covered	Covered
Medicine Services and Procedures CPT® Code range 90281 – 99199; 99500 – 99607 ... (+ 0001A - ...)	99509	HOME VISIT DAY LIFE ACTIVITY	HI	Covered	Covered	Covered
Medicine Services and Procedures CPT® Code range 90281 – 99199; 99500 – 99607 ... (+ 0001A - ...)	99509	HOME VISIT DAY LIFE ACTIVITY	HA	Covered	Covered	Covered
Medicine Services and Procedures CPT® Code range 90281 – 99199; 99500 – 99607 ... (+ 0001A - ...)	99509	HOME VISIT DAY LIFE ACTIVITY	TT	Covered	Covered	Covered
Medicine Services and Procedures CPT® Code range 90281 – 99199; 99500 – 99607 ... (+ 0001A - ...)	99509	HOME VISIT DAY LIFE ACTIVITY	HH	Covered	Covered	Covered
Medicine Services and Procedures CPT® Code range 90281 – 99199; 99500 – 99607 ... (+ 0001A - ...)	99509	HOME VISIT DAY LIFE ACTIVITY	SC	Covered	Covered	Covered
Medicine Services and Procedures CPT® Code range 90281 – 99199; 99500 – 99607 ... (+ 0001A - ...)	99509	HOME VISIT DAY LIFE ACTIVITY	HC	Covered	Covered	Covered

# Functionality of Each Portal:

## Use the HHAeXchange Portal to:

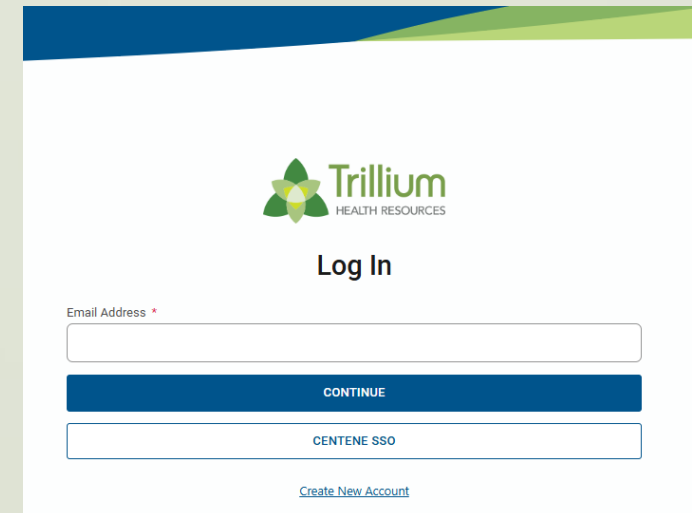
- 🌱 Intended for EVV required services only
- 🌱 Submit EVV visit data
- 🌱 Submit claims for PCS 99509 HA or HB by provider taxonomy 253Z00000X



The screenshot shows the HHAeXchange Client Login page. At the top left is the HHAeXchange logo. The main heading is "Client Login". Below this are two input fields: "Username" and "Password". A blue "Log In" button is positioned below the password field. At the bottom left, there is a link for "Forgot Password?".

## 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



The screenshot shows the Trillium Secure Physical Health Portal login page. At the top center is the Trillium Health Resources logo. The main heading is "Log In". Below this is an "Email Address" input field with a red asterisk indicating it is required. A blue "CONTINUE" button is located below the email field. At the bottom, there is a "CENTENE SSO" input field and a link for "Create New Account".

# HHAeXchange Billing Resources



## 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](#)

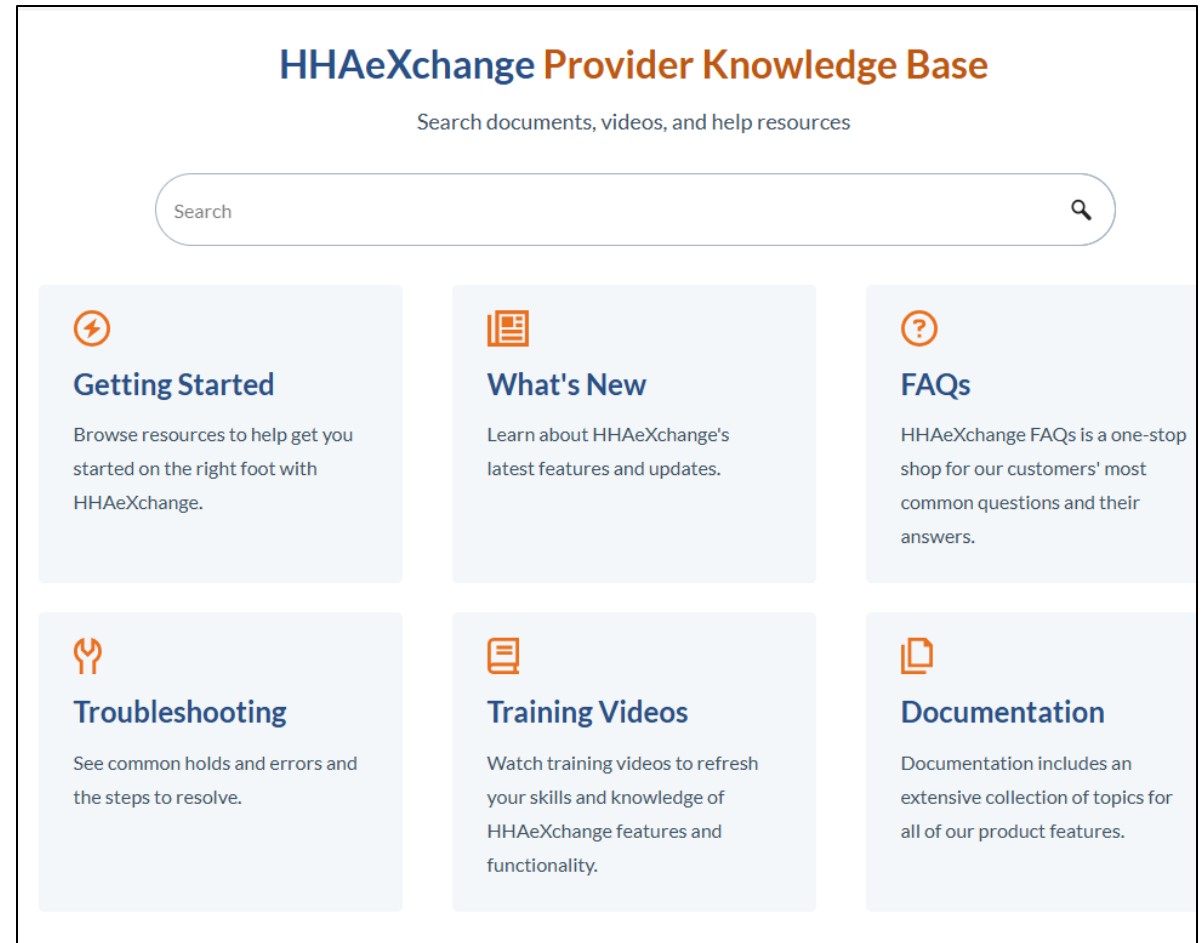


## [Knowledge Base for providers with 3<sup>rd</sup> party EVV provider](#)



## 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](#)



The screenshot displays the 'HHAeXchange Provider Knowledge Base' interface. At the top, the title 'HHAeXchange Provider Knowledge Base' is shown in blue and orange, with a subtitle 'Search documents, videos, and help resources'. Below the title is a search bar with the placeholder text 'Search' and a magnifying glass icon. The main content area is divided into six light blue boxes, each with an icon and a title:

- Getting Started** (lightning bolt icon): Browse resources to help get you started on the right foot with HHAeXchange.
- What's New** (document icon): Learn about HHAeXchange's latest features and updates.
- FAQs** (question mark icon): HHAeXchange FAQs is a one-stop shop for our customers' most common questions and their answers.
- Troubleshooting** (wrench icon): See common holds and errors and the steps to resolve.
- Training Videos** (video icon): Watch training videos to refresh your skills and knowledge of HHAeXchange features and functionality.
- Documentation** (document icon): Documentation includes an extensive collection of topics for all of our product features.

# HHAeXchange Knowledge Base

## Search for Key Words

## Navigate Topics on Left-side Menu

Your search for "Diagnoses Codes" returned 28 result(s).

### Billing Diagnosis Codes

There are two **Diagnosis Codes** categories: **Billing Dx Codes** and **Clinical Dx Codes**. **Billing Dx Codes** must be entered into the HHAeXchange system prior to generating an invoice. The system assigns a **Billing Dx Code** at the time of Invoice generation. The **Billing Dx Code** can be set in the sections ...

[Documentation/Billing/Bill-C-Diagnosis-Codes-S.htm](#)

### How do I update a Billing Dx (diagnosis) Code for an internal member?

**Billing Dx Codes** must be available in the system when you generate an invoice so the system can assign a **Billing Dx Code** to the invoice based on the code's priority for the Agency and for the Member (Patient). If a generated invoice doesn't have a **Billing Dx Code**, or if the **Billing Dx Code** is ...

[Documentation/Patient/FAQ-Pat-C-Update-Bill-Dx-Code-Internal-S.htm](#)

### Provider-Managed Billing Diagnosis Codes

This feature is activated by HHAeXchange System Administration. Contact HHAeXchange Support Team for details, setup, and guidance. **Billing Diagnosis Codes** are determined by the Payer and sent in the Authorization at the time of placement. Providers servicing Linked Contracts receive Billing ...

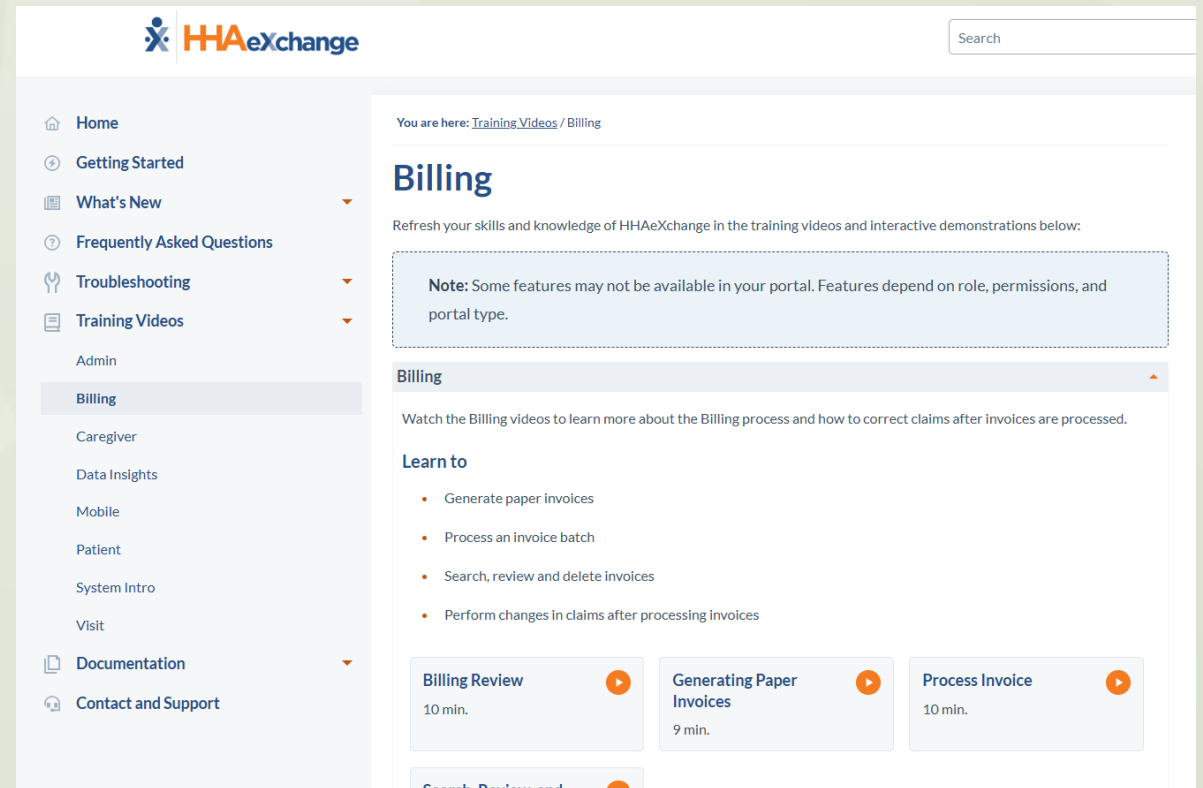
[Documentation/Patient/Pat-C-Provider-Billing-Diagnosis-P.htm](#)

### Auto-Placement by Service Code

This feature is enabled and managed by Payers (MCOs) and available to Members of a participating Payer network. To determine eligibility, the Member's Medicaid ID and/or the First Name, Last Name, and DOB must match the Payer system. Contract Service Code – Allow Auto Placement The Auto-Placement by ...

[Documentation/Patient/Pat-B-Auto-Placement-Service-Code-S.htm](#)

### How do I set billing DX codes?



The screenshot shows the HHAeXchange Knowledge Base interface. At the top, there is a search bar and the HHAeXchange logo. A left-side navigation menu is visible, listing various topics such as Home, Getting Started, What's New, Frequently Asked Questions, Troubleshooting, Training Videos, Admin, Billing, Caregiver, Data Insights, Mobile, Patient, System Intro, Visit, Documentation, and Contact and Support. The 'Billing' topic is currently selected and highlighted. The main content area displays the 'Billing' page, which includes a breadcrumb trail 'You are here: Training\_Videos / Billing', a title 'Billing', and a note: 'Note: Some features may not be available in your portal. Features depend on role, permissions, and portal type.' Below the note, there is a section titled 'Billing' with a sub-section 'Learn to' containing a list of tasks: 'Generate paper invoices', 'Process an invoice batch', 'Search, review and delete invoices', and 'Perform changes in claims after processing invoices'. At the bottom, there are three video thumbnails: 'Billing Review' (10 min), 'Generating Paper Invoices' (9 min), and 'Process Invoice' (10 min).

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# Payment



# Provider Payments

- 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



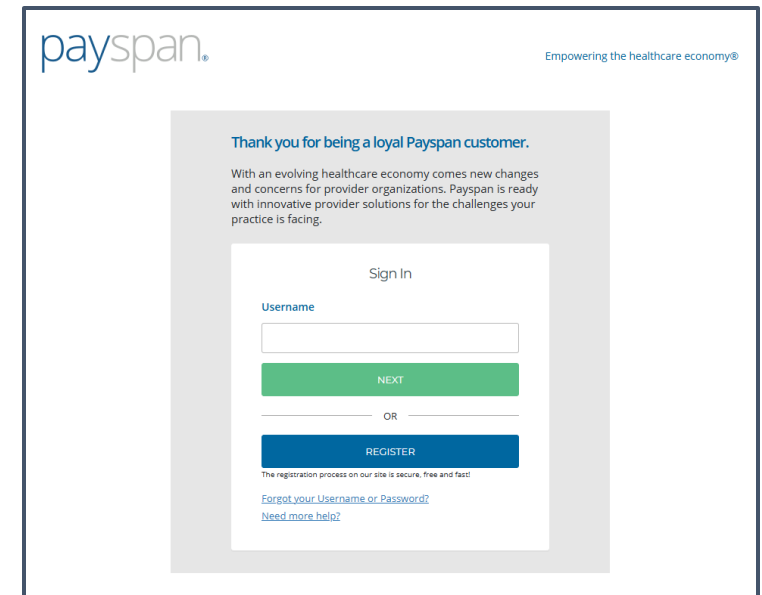
# Electronic Funds Transfer

**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

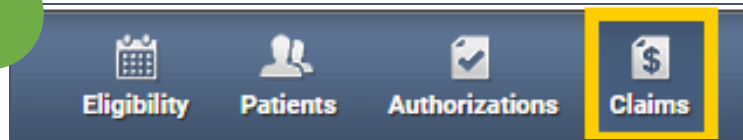
For training links visit our website under [Education and Training](#)



The screenshot shows the Payspan web portal interface. At the top left is the "payspan." logo, and at the top right is the tagline "Empowering the healthcare economy®". The main content area features a message: "Thank you for being a loyal Payspan customer. With an evolving healthcare economy comes new changes and concerns for provider organizations. Payspan is ready with innovative provider solutions for the challenges your practice is facing." Below this message is a "Sign In" section with a "Username" label and an input field, followed by a green "NEXT" button. Below the "NEXT" button is an "OR" separator, followed by a blue "REGISTER" button. At the bottom of the registration section, there is a small note: "The registration process on our site is secure, free and fast!" and two links: "Forgot your Username or Password?" and "Need more help?".

# Access EOPs in Physical Health Portal

1



Click 'Claims' in the header menu

2

## Manage Finances

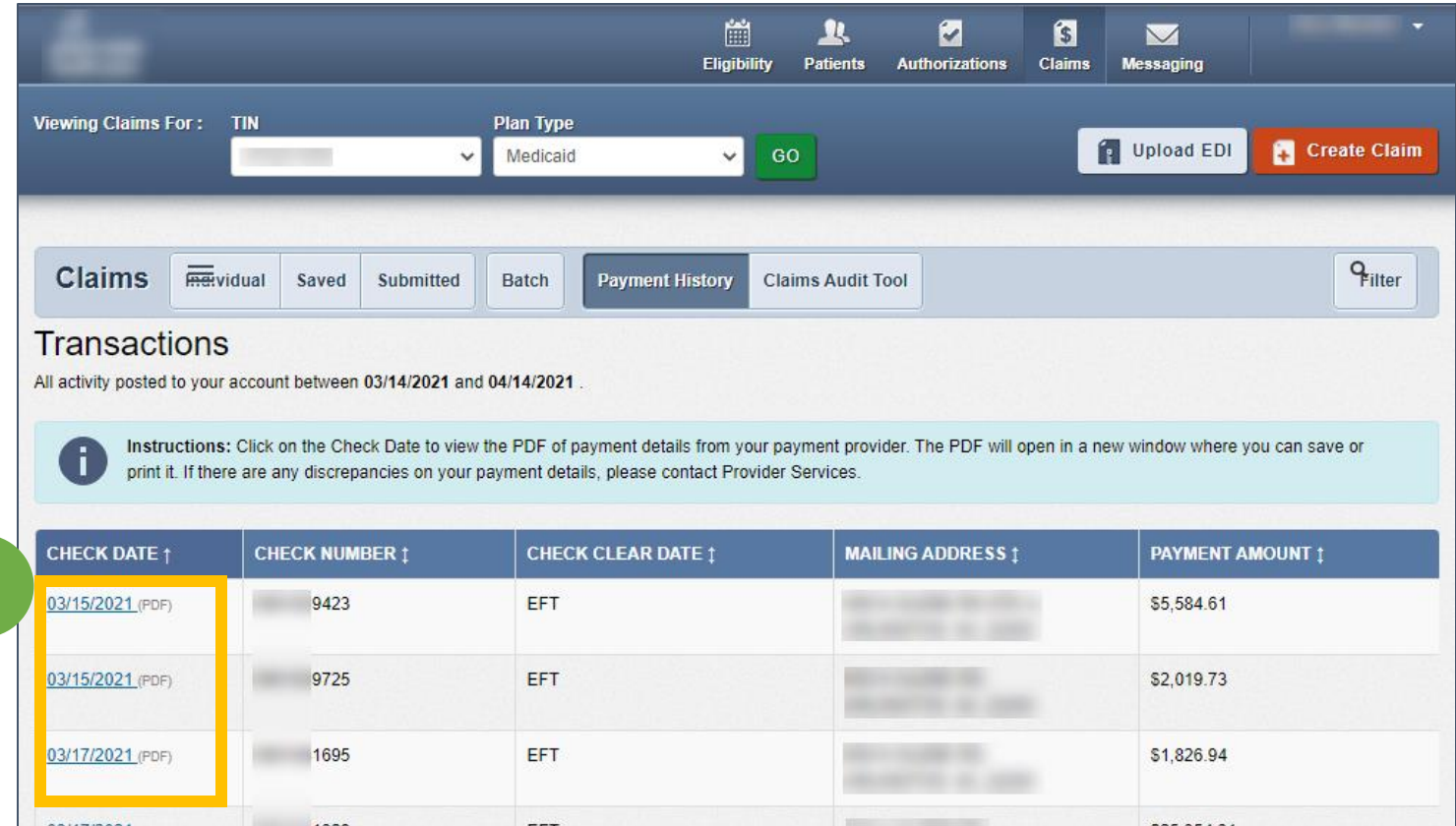
### Explanation of Payment (EOP)

View all recent payment transactions, including downloadable EOPs, check numbers, dates and payment amounts.

[View all EOP](#)

Scroll down and click 'View all EOP'

3



The screenshot shows the 'Claims' page interface. At the top, there are navigation tabs for Eligibility, Patients, Authorizations, Claims, and Messaging. Below this is a search area for 'Viewing Claims For:' with a TIN dropdown and a 'Plan Type' dropdown set to 'Medicaid', followed by a 'GO' button. There are also 'Upload EDI' and 'Create Claim' buttons. Below the search area are tabs for 'Claims', 'Individual', 'Saved', 'Submitted', 'Batch', 'Payment History', and 'Claims Audit Tool'. A 'Filter' button is on the right. The main content area is titled 'Transactions' and includes an information icon and instructions: 'Click on the Check Date to view the PDF of payment details from your payment provider. The PDF will open in a new window where you can save or print it. If there are any discrepancies on your payment details, please contact Provider Services.' Below the instructions is a table with the following data:

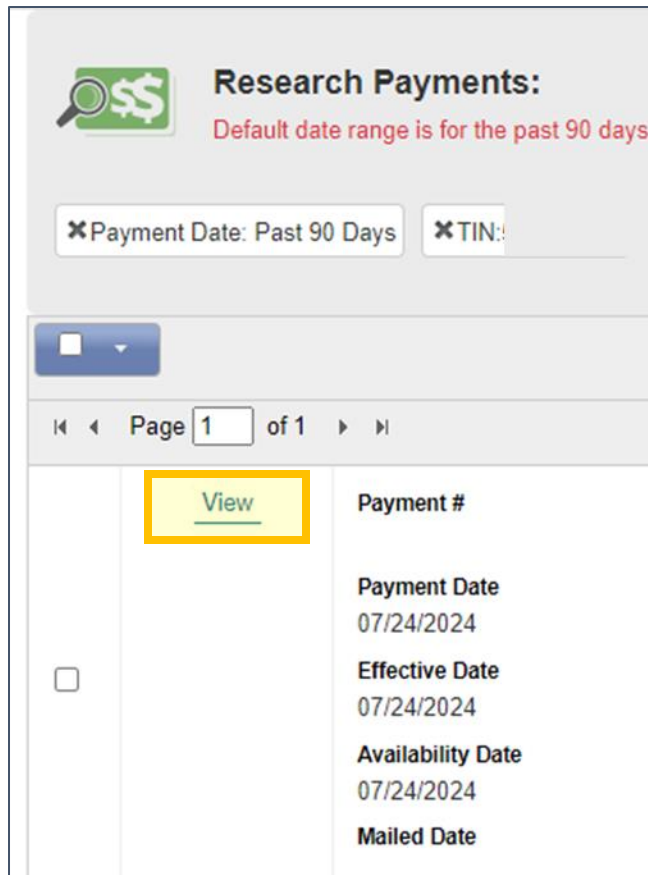
CHECK DATE ↑	CHECK NUMBER ↓	CHECK CLEAR DATE ↓	MAILING ADDRESS ↓	PAYMENT AMOUNT ↓
<a href="#">03/15/2021 (PDF)</a>	9423	EFT	[REDACTED]	\$5,584.61
<a href="#">03/15/2021 (PDF)</a>	9725	EFT	[REDACTED]	\$2,019.73
<a href="#">03/17/2021 (PDF)</a>	1695	EFT	[REDACTED]	\$1,826.94

The 'CHECK DATE' column contains links to PDF files, and the first link '03/15/2021 (PDF)' is highlighted with a yellow rectangular box.

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

# Access ERA in Payspan

1



**Research Payments:**  
Default date range is for the past 90 days.

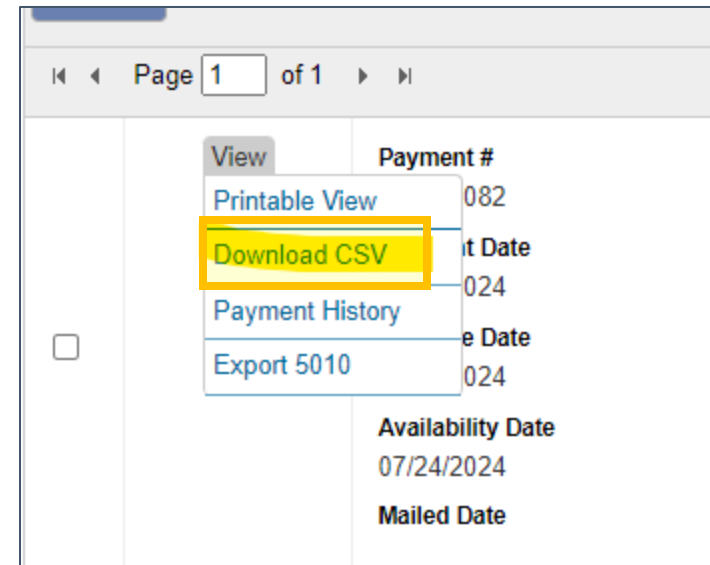
✕ Payment Date: Past 90 Days ✕ TIN: \_\_\_\_\_

Page 1 of 1

	View	Payment #
<input type="checkbox"/>	<a href="#">View</a>	

Scroll down and click 'View all EOP'

2



Page 1 of 1

View	Payment #
<a href="#">Printable View</a>	082
<a href="#">Download CSV</a>	024
<a href="#">Payment History</a>	024
<a href="#">Export 5010</a>	024

Availability Date  
07/24/2024

Mailed Date

Download CSV

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# Per Diem Rate Change for Congregate Setting PCS



# Per Diem Rate Change: Congregate Setting



- **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



## 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



## 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

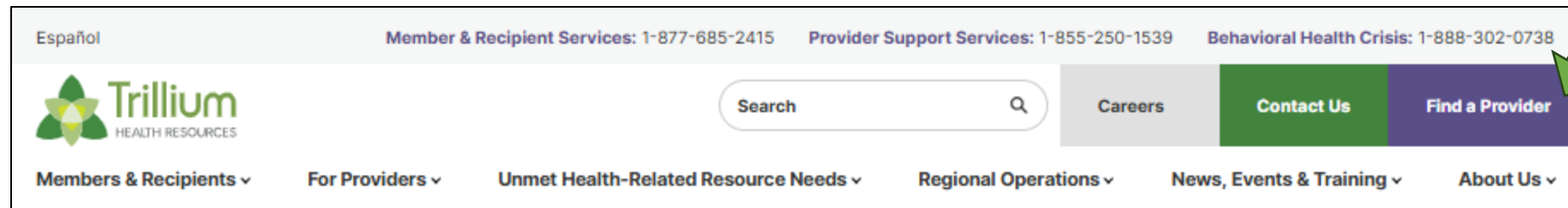




# Frequently Asked Questions

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

- Visit <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

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

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](mailto:ClaimsSupport@TrilliumNC.org)*

# Frequently Asked Questions

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



Submitting <a href="#">Trillium's 3051 Form</a>	<a href="mailto:LTSS@trilliumnc.org">LTSS@trilliumnc.org</a>
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 <a href="#">PCS inquiry form</a>
HHAeXchange Client Support	<a href="#">Client Support Portal</a>
Technical support for the Trillium Physical Health Portal	CCHN Provider Engagement Team: <a href="mailto:ProviderEngagement@cch-network.com">ProviderEngagement@cch-network.com</a>
Billing Questions/Support	Trillium Provider Support Service Line: <a href="tel:1-855-250-1539">1-855-250-1539</a> *(Have your TIN and NPI ready for provider verification)

# Additional Provider Learning Opportunities



- 🌱 **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\\_LBu15r5mR4OJwRS0xS6r2g](https://centene.zoom.us/webinar/register/WN_LBu15r5mR4OJwRS0xS6r2g)
- 🌱 **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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Building Community Well-Being.



# Questions

