Question and Answer:

Trillium Tailored Plan Physical Health Personal Care Services

- Training date: 2/27/25
- Slides, Recording

Eligibility & Service Coverage:

Is assisted living a physical health care service?

- **Yes, if you are providing personal care services in your facility.**

Does Trillium pay for patients that have Medicare and Medicaid?

- **Members who are dually eligible for Medicare and Medicaid may be excluded from managed care. However, dual members who receive Innovations Waiver services or Traumatic Brain Injury (TBI) Waiver services qualify for Tailored Plans. Also, please note if there is another coverage, Medicaid is always the secondary payer.**

Are all Trillium clients Medicaid clients?

- **Trillium serves Medicaid clients under different Medicaid programs: Medicaid Direct and Tailored Plans.**

Where can we find if we can services children on LTSS services?

- **Please ensure that you are credentialed with NC Medicaid and maintain accurate provider data in NC Tracks including the age range you serve.**

How can we get more clients in our area?

- **Members choose their PCS provider. Neither CCH nor Trillium refer members to specific providers.**

Referral & Member Coordination

Will Trillium send referrals for PCS members?

- **Members choose their PCS provider and they'll be sent a copy of the authorization.**

Are providers able to refer a dual enrollee for services that have Medicare Advantage?

- **Yes.**

What is the process for when a PCS patient switches from one MCO to another? For example, a patient that was Alliance in January and for February they moved to Trillium.

- **PHPs coordinate together and there is a warm handoff and transition of care process between entities.**

Additional Services

Are there any respite hours available?

- **For specific eligibility and availability of respite services, we recommend consulting the member's Care Coordinator or reaching out to Trillium Health Resources for guidance.**

General Provider Support & Miscellaneous

How do I get the beneficiary with Medicare and Medicaid back to Medicaid direct with NC tracks?

- **Refer to the "Request to move to a Tailored Plan" on the NC Medicaid Plans website:** https://ncmedicaidplans.gov/en/submit-forms-online

For clarity, is the assessing care manager Trillium or the assigned TCM?

- **Members with an identified need for LTSS are assigned a care manager through the health plan.**

Where can I find the plan of care for the clients who are on the tailored plan?

- **Providers can view care plans and assessments through the Secure Provider Portal.** Secure Provider Portal Guide Viewing Assessments and Authorizations Provider Guide

Where do we find out how many hours the clients are going to receive and the tasks required when there is nothing showing under assessments?

- **The authorized hours are in the authorization which is in the provider portal.** Secure Provider Portal Guide Viewing Assessments and Authorizations Provider Guide

Does TCM providers have access to the assessments?

- **Providers can view care plans and assessments through the Secure Provider Portal.** Secure Provider Portal Guide Viewing Assessments and Authorizations Provider Guide

Trillium and HHAeXchange & EVV

We currently have a client in HHAexchange - is there an assessment by Trillium - have hours?

- **Providers can view care plans and assessments through the Secure Provider Portal.** Secure Provider Portal Guide Viewing Assessments and Authorizations Provider Guide

Will there be referrals coming from the HHAexchange or Trillium portal? If we utilized the HHAexchange, what information is only found in the Trillium portal?

- **When the authorization for PCS is approved and a member linked to an agency (member choice), the PCS provider will receive a faxed approved auth. The PCS provider can also monitor the authorization status using the Trillium physical health portal.**
- **The Trillium physical health portal allows you to see authorizations, claims/payment history, and member health recording including assessments.** Secure Provider Portal Guide Viewing Assessments and Authorizations Provider Guide

Who qualifies for non EVV PCS services? Do you need additional credentialing or anything else as a Medicaid provider with CCH and Trillium?

- **No additional credentialing. PCS services that require EVV are 99509 HA or HB modifier. Any other 99509 modifiers do not require EVV, ie, Congregate Care settings.**

If we are currently using Sandata for other beneficiaries prior to these tailored plan changes, we want to know how we verify the clock in and out if there's no call in to hhaexchange?

- **If you use a 3rd party vendor, such as Sandata, then Sandata should submit your agency's EVV data to HHAeXchange using Trillium HHAX IDs which can be found in HHAX's EDI Code Table found here under EDI section - https://www.hhaexchange.com/info-hub/north-carolina-tailored-plan**

Billing & Claims Processing

How long does it take for providers to get paid? Is there a way that providers can be assigned claim specialists who can help providers submit claims and rectify issues?

- **Clean claims are finalized (paid or denied) 99% within 15 calendar days. Unclean claims can be in a pend status for up to 90 days or as soon as the provider submits the additional requested information needed to adjudicate the claim. Medical claims for Trillium are paid on a weekly basis; with check-run on Wednesdays, and payment issued to providers the following day. Please contact Provider Relations at NetworkRelations@cch-network.com for any questions about billing and/or claims. Each provider is assigned a Provider Relations representative.**

What is the correct way of billing, how to request for new PCS assessment for a new resident, after billing, how long does it take to get paid?

- **Please review the PCS provider training slides and recording for detailed guidance on how to bill and how to request new PCS assessment.**
- **Clean claims are finalized (paid or denied) 99% within 15 calendar days. Unclean claims can be in a pend status for up to 90 days or as soon as the provider submits the additional requested information needed to adjudicate the claim. Medical claims for Trillium are paid on a weekly basis; with check-run on Wednesdays, and payment issued to providers the following day. Please contact Provider Relations at NetworkRelations@cch-network.com for any questions about billing and/or claims. Each provider is assigned a Provider Relations representative.**

What are the claims procedure codes modifiers for 1500 claim form?

- **Providers should reference the NC Medicaid Fee Schedules for covered codes and applicable modifiers.**

Which entity is billed for these services, the MCO or CCH?

- **While physical health claims are processed by CCH for Trillium Tailored Plan physical health, claims are submitted either through EVV to Trillium Health Resources or**

through the Trillium physical health secure portal (for services that are not held to EVV requirements).

Where can we find the correct Diagnosis code to associate with the authorization?

- **We are not able to tell you which diagnosis to use- you would use the appropriate diagnosis for the member's condition as to why PCS is being requested. Please refer to the ICD-10 manual**

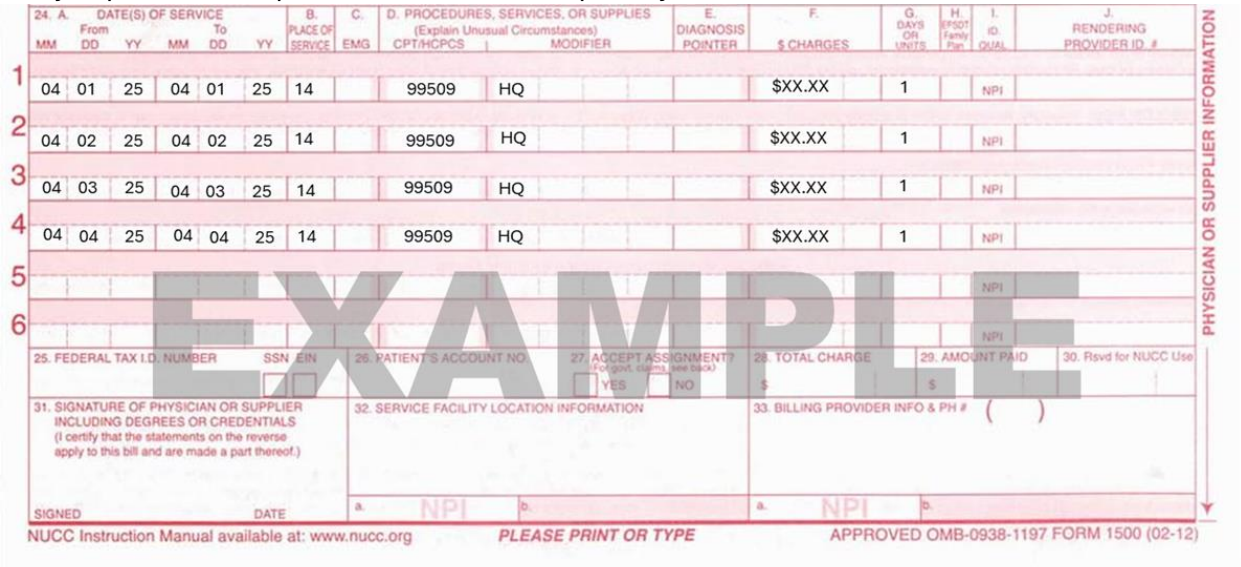
Do we not bill PCS services with Trillium plan through Sembracare?

- **If you use a 3rd party vendor, such as Sembracare, then Sembracare should submit your agency's EVV data to HHAeXchange using Trillium HHAX IDs which can be found in HHAX's EDI Code Table found here under EDI section - https://www.hhaexchange.com/info-hub/north-carolina-tailored-plan**

After 4/1/25 what will we enter on the dollar amount of the daily claim line?

- **Providers should bill their usual and customary charge. More information may be found on this reimbursement change in this state bulletin - https://medicaid.ncdhhs.gov/blog/2024/12/20/updated-personal-care-services-rate-reimbursement-methodology-individuals-living-congregate-settings**

Will you provide examples of how to bill 1 unit per day for the entire month?



- Representation of how to bill the service line(s) on the claim.
- Providers should enter appropriate diagnoses code(s) and all other required claim fields.

How do we bill retro- active claims for 99950 HB?

- **Contracted providers have 365 calendar days from the date of services to bill a first-time claim. PCS providers should bill according to the guidance in this training, adhering to EVV requirements if applicable. Please review the PCS provider training slides and recording for detailed guidance on how to bill.**

When the billing switches over to per day and we provide services to a client in the morning, but they go to the hospital in the evening will we still get paid for that day?

- **Congregated PCS services/providers will get the per diem (daily) rate based on the DOS span of the approved auth divided by approved units in the Auth. If then, they are admitted to the hospital for something other than those PCS services, they will still get paid just like they would today as it is a different provider/facility billing the hospital visit.**

Assessments

If a client has already received a reassessment, but the PCS provider has not received assessment info, does the provider need to submit 3051, or just sign in for assessment info to continue services?

- **The PCS provider can login to the Trillium Physical Health Secure Portal to view assessments. If the provider has already submitted a 3051 form, they do not need to re-submit, unless requested or they are submitting as part of an annual reassessment.** Secure Provider Portal Guide Viewing Assessments and Authorizations Provider Guide

If there is not an Assessment listed in the trillium portal, what steps do we take to receive copies of the Assessments?

- **Reach out via email at LTSS@Trilliumnc.org**

Does PCS Assessment information transfer to HHAexchange ?

- **The assessment will not transfer to HHAeXchange. Only the authorization is sent to HHA.**

Authorizations

If a member is currently receiving PCS and authorization is up, who is contacting the client and provider to renew the 3051?

- **The assessing care manager and the utilization review team member will be doing this outreach as we are tracking these in advance of any expiration dates**

We have seen retro-active changes of PCS clients. What is the best way to handle approaching this need for a back-dated authorization?

- **Please request a retro-authorization how you would typically request an authorization- just notate this is a retro request somewhere in the submission. Authorization submission methods for Trillium physical health can be found here: https://network.carolinacompletehealth.com/Trillium**

What is the best way to request a copy of the PCS Authorization for our members? We need these on file and do not have this for many of our current members.

- **Providers can view authorization details in the portal. There is not a function to download the file. What we've found is if you view the authorization details in the**

portal, you can Print Screen or take a screen shot of the page and copy/paste into a word doc, then save and/or print as needed.

Does Trillium remind the provider or member of upcoming annual date and is the annual date based on the July 2024 start of TPs or a year from the last auth end date?

- **The annual date is based upon the last assessment date. This date can change if the member is -re-assessed mid-year/ad hoc b/c of a change in condition or hospitalization. Typically, the authorization dates will guide when the next authorization will be completed.**

What should providers do if their PA was not extended in HHAX after the 1/31/25 initial end date?

- **Please contact Trillium at ClaimsSupport@TrilliumNC.org with the member's information.**

I have a resident who transitioned 7/1 into trillium, and then was assessed in August by a trillium CM. Will their authorizations then last until August 2025?

- **Please verify within the Trillium physical health portal for authorization end dates. PCS authorizations are not a standard time frame and can vary.**

Are most of the PCS authorization from Trillium 12 months / 52 weeks long?

- **Timeframes for PCS authorizations vary, but most are approved for around 6 months at a time. As the authorization expiration window approaches, CM will outreach to the member to complete another assessment. Please verify within the Trillium physical health portal for authorization end dates. PCS Auths are not a standard time frame and can vary.**

Will providers maintain access to historical assessments/authorizations in the portal if the member has been discharged or moved providers?

- **Yes, for up to 18 months.**

PCS& 3051 Forms

Medicaid Direct does not require annual 3051 forms. Many physicians only sign 3051's when a resident first moves in. Are Trillium reps reaching out directly to communities to let us know that new 3051s are needed?

- **The assessing care manager and the utilization review team members will be doing this outreach as we are tracking these in advance of any expiration dates.**

Are the Trillium team members reaching out to the ALF (Assisted Living Facility) about annual 3051s being needed?

- **Yes.**

In some cases, Trillium has reached out to medical providers about 3051, but the PCS provider has not been contacted. How can we ensure PCS providers are also informed if a 3051 form is needed?

- **Per the DHHS 3L clinical coverage policy the following applies for the 3051 completion: 5.4.2 Requirement for Physician Referral The beneficiary shall be referred to PCS by his or her primary care practitioner or attending physician utilizing the Physician Referral approved by NC Medicaid. a. The Physician Referral approved by NC Medicaid is the NC Medicaid-3051 PCS Request for Independent Assessment for Personal Care Services Attestation for Medical Need. b. Medicaid shall accept the signature of a physician, nurse practitioner or physician assistant on the referral in accordance with G.S. §90-18.3 of the Physician Practice Act.**

Why is the 3051 required annually?

- **DHHS has noted that an annual 3051 from the primary care or ordering MD is needed to maintain the PCS services. Overall, the PCP should be engaged in the member's care if they are receiving ongoing services. This is an annual engagement step to ensure PCP awareness of member's ongoing support needs.**

Portal

How do we get the registration link to set or reset portal access to update address and add ACH information?

- **Trillium provider portal can be accessed: https://provider.trilliumhealthresources.org/**
- **Instructions for Registering and Logging In (PDF)**
- **ACH is support by Payspan:**
  - **Payspan Quick Reference Flyer (PDF)**
  - **Payspan Training and User Guide (PDF)**

Is there a service plan (from the Trillium Assessment) available in the Trillium portal? Are there any care documentation records required to be sent to Trillium and how is that submitted?

- **Providers can view care plans and assessments in the Trillium physical health portal. For guidance view: Checking Member Eligibility and Health Record (PDF)** and **Secure Provider Portal Guide Viewing Assessments and Authorizations Provider Guide (PDF)**