



Transforming Lives. Building Community Well-Being.

Medicaid Direct & Tailored Plan Claims Submission Protocol

TAILORED PLAN MEDICAID:

CLAIM SUBMISSION TABLE		
Claims Submission Options	Behavioral Health Claims	Physical Health Claims
Direct Data Entry	Trillium's Provider Direct Portal	Trillium's Tailored Plan Physical Health Portal
Clearinghouse/SFTP	Behavioral Health claims can be submitted using one of two clearinghouses: Change Healthcare The SSI Group	Physical Health claims can be submitted through Availity
Payor ID	Change Healthcare: 56089 The SSI Group: 43071	68069
Paper Claims	Trillium Health Resources PO Box 240909 Apple Valley, MN 55124	Carolina Complete Health Attn: Claims PO Box 8003 Farmington, MO 63640-8003
Claims Submission Errors	Behavioral Health claims submitted to Physical Health processing system: EX1e – Deny: Please submit to Trillium for processing	Physical Health claims submitted to Behavioral Health processing system: 1377 – Please submit to Carolina Complete Health for processing

Hospital Inpatient Charges:

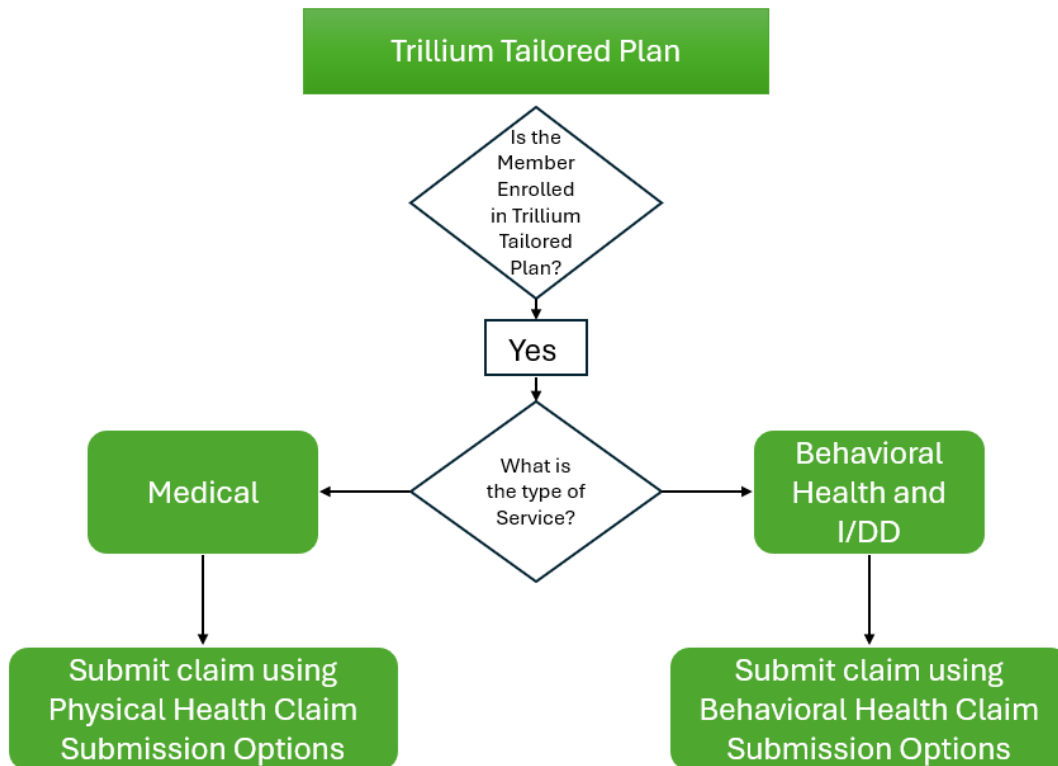
- Hospital Psych claims for Trillium Health Resources Tailored Plan and Medicaid Direct members/recipients with a billing taxonomy of 283Q00000X or 273R00000X can continue to be billed using the Behavioral Health Claim Options outlined in the Claim Submission Table.
- Hospital Rehabilitation claims for Trillium Health Resources Tailored Plan members/recipients with a billing taxonomy of 284300000X or 273Y00000X can bill their claims using the Physical Health Claim Options outlined in the Claim Submission Table.
- Billing taxonomy of 282N00000X or 276400000X, 283Q00000X or 284300000X with
 - MDC 19 and 20- DRG of '0880' THRU '0887', '0894' THRU '0897', '0876' can be billed using the Behavioral Health Claim Options outlined in the Claim Submission Table for Tailored Plan.



- MDC 23-DRG of '0945' '0946' can be billed using the Physical Health Claim Options outlined in the Claim Submission Table.
- 🌱 All other hospital inpatient charges, should be billed using the Physical Health Claim Options outlined in the Claim Submission Table and will process using DRG Payment methodology.
- 🌱 DPU providers will submit their Physical Health claims using the Physical Health Claim Options outlined in the Claim Submission Table.
- 🌱 DPU providers will submit their Behavioral Health claims using the Behavioral Health Claim Options outlined in the Claim Submission Table.
- 🌱 For Tailored Plan services, Non-DPU providers submitting both Physical Health and Behavioral Health services on a single claim will submit their claims using the Physical Health Claim Options outlined in the Claim Submission Table.

Physical Health Providers

For Tailored Plan services, Physical Health providers as defined by their taxonomy code will use the Physical Health Claim Options outlined in the Claim Submission Table. Primary care physicians, pediatricians, family practices, general practitioners, etc. submitting both Physical Health and Behavioral Health services on a single claim will use the Physical Health Claim Options outlined in the Claim Submission Table.



Electronic Visit Verification (EVV)

Services subject to Electronic Visit Verification (EVV) will need to be submitted through HHAExchange. Trillium has partnered with an external vendor, HHAExchange, to provide the EVV tools necessary for designated providers to comply and meet this requirement. General EVV information can also be found on the HHAExchange North Carolina Provider Information Center, <https://hhaexchange.com/nc/>.

Pharmacy

Pharmacy claims are defined as those claims submitted for rendered pharmaceuticals or pharmacy services, including outpatient pharmacy (point-of-sale claims).

Pharmacy Point of Sale claims are processed through Trillium's partner, PerformRx and may be submitted electronically using the most current NCPDP HIPAA- approved format with Rx BIN Number 019595 and PCN – PRX10811.

NEMT/NEAT

Modivcare is Trillium's contractor to facilitate Non Emergency Medical Transportation (NEMT) and Non Emergent Ambulance Transportation (NEAT) services in North Carolina. Modivcare responsibilities include booking of reservations/rides and to process claims for NEMT/NEAT providers.

Providers can bill electronically through Modivcare's web portal, by an Automated Transportation Management System (ATMS), or by submitting paper claims. For any questions on how to bill, Providers should refer to Modivcare's Orientation and Training resources. For claims related questions, please contact Modivcare's Claims Department at 1-800-930-9060. For any other Provider related questions specific to Modivcare rides, please contact: 1-855-397-3604. Additional NC resources may be found in Transportation Provider Manual.

Vision

Vision claims for Medicaid Tailored Plan beneficiaries are processed through Centene Vision, (formerly Envolve), a subsidiary of CCH and may be submitted using HIPAA Standard Electronic Transaction set or can be submitted in a secure web-based Provider Portal (<https://visionbenefits.envolvehealth.com/logon.aspx>). Claims may also be submitted through a clearinghouse. Centene Vision utilizes the clearinghouse Change Healthcare. As long as the provider's clearinghouse has a connection to Change Healthcare, then the claim can be passed on to Centene Vision. Centene Vision's Payer ID is 56190.

Provider Portal Claims

The Behavioral Health I/DD Secure Provider Portal - Provider Direct and the Physical Health Secure Provider Portal are web-based systems available to Trillium providers upon completion of a Trading Partner Agreement (TPA).

Billing through the provider portals is Direct Data Entry (DDE) where an electronic CMS1500 or UB04 form is accessed and billing information is entered and submitted to for reimbursement.

A direct link to these portals are found at Trillium’s website, www.trilliumhealthresources.org under For Providers. The Behavioral Health I/DD Secure Provider Portal - Provider Direct Webinars are available in the Provider Direct Module to assist with completing a CMS1500 and UB04 claim form. CCH provider training resources can be found at <https://network.carolinacompletehealth.com/resources/education-and-training.html>.

Medicaid Direct Services and State Funded Services:

Providers who serve beneficiaries who are excluded or delayed populations from Medicaid managed care, will continue to receive Behavioral Health and I/DD services through Trillium Health Resources. Providers have three ways to submit claims to Trillium using HIPAA Standard Electronic Transaction set:

1. through web portal in The Behavioral Health I/DD Secure Provider Portal - Provider Direct,
2. via secure FTP, and
3. a provider can submit their claims through a clearinghouse

If submitting Behavioral Health I/DD claims through a clearinghouse, Trillium has an agreement to utilize Change Healthcare formerly known as Emdeon and The SSI Group. Trillium’s Medical Payer ID is 43071 when using The SSI Group or sending directly to Trillium and 56089 when using Change Healthcare (Emdeon).

Services subject to Electronic Visit Verification (EVV) will need to be submitted through HHAExchange. Trillium has partnered with an external vendor, HHAExchange, to provide the EVV tools necessary for designated providers to comply and meet this requirement. General EVV information can also be found on the HHAExchange North Carolina Provider Information Center, <https://hhaexchange.com/nc/>.

For these beneficiaries, physical health and pharmacy claims will continue to be submitted to Medicaid Direct.

