



URGENT

NOTIFICATION FOR PROVIDERS

ATTENTION PROVIDERS

PROVIDER REVERIFICATION

[Provider Reverification and Billing Modification REMINDER](#)

The federal COVID-19 Public Health Emergency (PHE) will end on May 11, 2023. The Centers for Medicare & Medicaid Services (CMS) allows all providers for whom re-verification was delayed due to the federal PHE a specified period to complete the re-verification process.

Once the federal PHE ends May 11, 2023, re-verification is not optional. Providers for whom re-verification was delayed are being organized into groups to ensure the timely completion of the re-verification process.

Providers should monitor their secure NCTracks Message Inbox for notifications and the Re-verification section of their NCTracks Status and Management page for the option to reverify.

For help with the re-verification process, providers can refer to the [Provider Re-credentialing/Re-verification webpage](#) in the NCTracks public-facing portal. Providers are also encouraged to review Provider Announcements, User Guides and Frequently Asked Questions.

Billing Requirement Modifications Due to COVID-19 PHE Set to Expire

As the end of the COVID-19 PHE approaches NC Medicaid will end the temporary emergency flexibilities implemented in response to the COVID-19 PHE, including the disposition of three claims processing edits.

Edits 02437 and 02425 - "Service Facility Provider Invalid or Not Active on Dates of Service" and "Service Facility Provider Invalid or Not Active on Dates of Service."

QMB Recipient” will change from pay and report to deny, as NPI validation will be required once the PHE ends.

These edits were relaxed during the pandemic to permit any individual practitioner to deliver services at locations not enrolled in NC Medicaid.

Providers are encouraged to ensure service facility providers reported on claims are actively participating with NC Medicaid to avoid a claim denial.

Edit 07025 - “Rendering Provider Not Affiliated with Billing Provider” will change from pay and report to deny, as the requirement for an individual provider to affiliate with a billing organization will also be required once the PHE has ended. This edit was relaxed during the pandemic to permit any provider group to bill on behalf of an individual provider delivering services at another location/group practice with which the individual is not affiliated.

Providers should ensure they are correctly affiliated to organizations billing on their behalf to avoid a claim denial. For more information, please see [Billing Requirement Modifications Effective May 12, 2023 | NC Medicaid \(ncdhhs.gov\)](https://www.ncdhhs.gov/billing-requirement-modifications-effective-may-12-2023)

SPLITTING CLAIMS FOR MEDICAID DIRECT IMPLEMENTATION

Due to updated guidance received, effective April 1, 2023 with the launch of Medicaid Direct implementation, providers submitting all claims including inpatient facility claims will need to split their claims by date of service (DOS). All claims with a DOS prior to 4/1/2023 should be billed separately from claims with a DOS of 4/1/2023 and forward. Inpatient facility claims will no longer be processed based on admission date. Failure to do so will result in the denial and/or recoupment of the claims.

If you have questions, please contact the Provider Support Service Line at 1-855-250-1539.

DO NOT REPLY to this email as this is an unmonitored email address. Any questions about this Urgent Notification that does not already have an email listed for questions from that specific section, may be sent to the following email:

NetworkManagement@TrilliumNC.org. These questions will be answered in a Q&A format and published on Trillium’s website.

URGENT NOTIFICATIONS FOR NETWORK PROVIDERS

