



URGENT

NOTIFICATION FOR PROVIDERS

MEDICAID TRANSFORMATION UPDATE:

CREDENTIALING

Due to a contractual amendment between Division of Health Benefits (DHB) and Trillium Health Resources (Trillium), effective 5/1/22, Trillium will accept NC Tracks credentialing as documented in the NC Tracks Provider Enrollment File and/or the NC Tracks Operations Portal. The North Carolina Department of Health and Human Services (the Department), through NC Tracks, will continue to collect information and verify credentials for all providers currently enrolled or seeking to enroll in North Carolina's Medicaid and/or Health Choice programs or as a State-funded service provider.

Trillium will continue to verify that providers have been enrolled in NC Tracks, ensuring required taxonomy, site(s), and service (s) prior to executing a provider contract or accepting an affiliated practitioner into Trillium's network.

Trillium will continue to maintain a closed network of providers and is not required to accept all providers enrolled and credentialed through NC Tracks into the network.

For providers with current credentialing applications under review, Trillium will utilize the NC Tracks Operations Portal to verify credentialing and enrollment and will notify providers of effective dates of network participation via letter.

To affiliate a practitioner with an in-network Trillium provider, please continue to submit a [Request to Affiliate Practitioner Form](#) to Credentialing@TrilliumNC.org.

For providers wishing to join the Trillium network, please visit our website for open recruitment opportunities or submit an email to NetworkServicesSupport@TrilliumNC.org.

For additional questions related to this announcement, please email Credentialing@TrilliumNC.org

PROVIDER AND TAILORED PLAN CONTRACT DEADLINES FOR INCLUSION IN BENEFICIARY CHOICE PERIOD AND AUTO-ASSIGNMENT

Providers who do not contract with Tailored Plans by the deadlines risk losing patients

During the beneficiary choice period (Aug. 15, 2022, through Oct. 14, 2022) for Tailored Plan Launch, beneficiaries can choose a primary care provider (PCP) and Tailored Care Management provider by contacting their Tailored Plan. Beneficiaries who do not make a choice will be automatically assigned (auto-assignment commences on Oct. 15, 2022, and runs for six days) a Tailored Care Management provider and a PCP.

Provider contracts must be signed and mailed to the Behavioral Health and Intellectual/Developmental Disability (I/DD) Tailored Plans by:

- 🌱 **July 16, 2022**, for inclusion in the initial beneficiary choice period.¹
- 🌱 **September 15, 2022**, for PCP inclusion in auto-assignment.
- 🌱 **September 30, 2022**, for Tailored Care Management inclusion in auto-assignment.

The provider contracting deadlines allow health plans time to process provider contracts and ensure that provider records are loaded correctly and transmitted to the Department.

- 🌱 It typically takes at least two to three weeks, but it may take longer.
- 🌱 Additional time is needed to transmit information for inclusion in the beneficiary choice period and auto-assignment processes.
- 🌱 Network files are transmitted daily; therefore, if contracting does not occur by July 16, 2022, providers still have the ability to appear in future directories.

PCPs and Tailored Care Management providers who do not contract with Tailored Plans by the deadlines risk losing patients, as beneficiaries will choose a PCP or Tailored Care Management provider from the assigned Tailored Plan's in-network providers. Beneficiaries will only be automatically assigned to in-network providers.

If a contract is not in place by Dec. 1, 2022, and the provider has not engaged in good faith negotiations, the provider is at risk for being reimbursed at 90% of the current Medicaid fee for service rate and subject to additional prior authorizations.

The Department expects Tailored Plans to negotiate with any willing physical health services or pharmacy services provider in good faith.

- 🌱 Tailored Plans may only exclude eligible providers from their physical health services or pharmacy services networks if the provider refuses to accept network rates.
- 🌱 Tailored Plans have the authority to maintain a closed network for behavioral health, I/DD and traumatic brain injury (TBI) services, and may exclude such providers from their behavioral health, I/DD, or TBI networks if they have a sufficient network of providers of that type.

Medicaid has traditionally experienced high provider enrollment rates, which we want to continue. Health systems and providers are strongly encouraged to continue contract negotiations with Tailored Plans and finalize contracts as soon as possible. Once contracts are executed, health systems and providers become in-network providers with that Tailored Plan.

For more information on contracting with a Tailored Plan, contact them directly. Contact information is available on the [health plan page](#) of the [NC Medicaid website](#).

Questions and answers relating to provider contracting deadlines are available in the [Contracting with Tailored Plans fact sheet](#), [Tailored Plan Provider Contracting Deadlines Questions and Answers](#) and on the [Provider Contracting with Health Plans webpage](#).

As NC Medicaid moves toward Tailored Plan launch, please keep sharing what is working and what is not. Questions or comments may be submitted to the Department at 866-304-7062 or Medicaid.ProviderOmbudsman@dhhs.nc.gov.

 [Provider and Tailored Plan Contract Deadlines for Inclusion in Beneficiary Choice Period and Auto-Assignment](#)

DO NOT REPLY to this email as this is an unmonitored email address. If you have any questions please send an email to IT.Support@TrilliumNC.org.

[URGENT NOTIFICATIONS FOR NETWORK PROVIDERS](#)

