

To: All Providers

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Date: April 30, 2025

Subject: Attention Providers Using Alpha+ and iTransact; North Carolina's Improving Health and Promoting Value; Proposed Clinical Coverage Policy Changes; Categorical Risk Level Assignment Changes For Certain NC Medicaid Providers, DMH/DD/SUS Offering Free Materials on Key Programs, Update from NCTracks; Advanced Medical Home Survey; Trillium Support Transition and Re-Entry Simulations; Keys to the Community Training for Providers; Updates on Multi-Factor Authentication for Sandata Electronic Visit Verification System Access; Health Information Exchange Medicaid Services Early Adopters Program is Live; Update to Letterhead on Provider Letters; Improving Member Health through Managed Care Program Enhancements; 1915(i) Resources Ready for Download; Roadmap2Ready: April; NAMIWALKS; Questions Related to Proposed Federal Funding Cuts; Medicare Crossover Claims; Verifying Other Health Insurance for NC Medicaid Managed Care Members; Mental Health Parity and Addiction Equity Act Webpage; Register for Trillium's Provider Forums; Need to Report Fraud, Waste, and Abuse?

NEW

ATTENTION PROVIDERS USING ALPHA+ AND iTRANSACT

As the 365-day timely filing window has closed, access to Eastpointe and Sandhills claims systems for Behavioral Health/IDD providers will end on Monday, June 30, 2025.

Providers are encouraged to export copies of historical Remittance Advices (RAs) from the provider portals or FTP and submit any retro Medicaid claims now.

Providers are also encouraged to finish any remaining EVV submissions through HHAeXchange by June 30 as well before access to the platform ends.

From July 1, 2025 forward, providers should send an email to ClaimsSupport@TrilliumNC.org for assistance submitting retro Medicaid claims for dates of service January 31, 2024 and before for Eastpointe and Sandhills Center. More information will be provided in the coming weeks.



NORTH CAROLINA’S IMPROVING HEALTH AND PROMOTING VALUE POLICY PAPER IS OPEN FOR COMMENT

Providers can go to NCDHHS’s webpage, [An Update on Population Health Approach Guiding NC Medicaid](#). Public Comments Requested by May 30, 2025.

PROPOSED CLINICAL COVERAGE POLICY CHANGES

These two policies are open for public comments. Providers can go to NCDHHS’s webpage called [Proposed Medicaid Policies](#).

PROPOSED POLICY DATE POSTED COMMENT PERIOD ENDS

 IT-2 Special Ophthalmological Services	04/24/2025	06/08/2025
 3K-2 Community Alternatives Program For Disabled Adults	04/24/2025	06/08/2025

CATEGORICAL RISK LEVEL ASSIGNMENT CHANGES FOR CERTAIN NC MEDICAID PROVIDERS

Providers should be aware of recent changes for Skilled Nursing Facilities, Hospice Organizations, and Portable X-ray Suppliers taxonomies.


Section 1902(kk)(1) of the Social Security Act, for provider types that exist in both Medicare and Medicaid, requires the State Medicaid Agency (SMA) to assign providers to the same or higher risk category applicable under Medicare in accordance with 42 CFR § 424.518. As a result, NC Medicaid has updated the categorial risk level assignments for organizations enrolling as Skilled Nursing Facilities, Hospice Organizations, and Portable X-ray Suppliers to be compliant with federal regulations.

WHAT CHANGED

Skilled Nursing Facilities (SNFs)

Effective Jan. 1, 2023: Newly enrolling SNFs or undergoing a change in ownership moved from limited categorical risk level to high risk. SNFs who are revalidating have moved from limited risk to moderate risk.

Hospice Organizations

-  **Effective Jan. 1, 2024:** Newly enrolling Hospice Organizations or undergoing a change in ownership have moved from moderate risk to high risk.

- 🏠 **Hospice Organizations**, who are revalidating, will remain in the moderate risk category.

Portable X-ray Suppliers

Portable X-ray Suppliers have moved from limited risk to moderate risk.

What This Means for Providers

- 🏠 Providers newly enrolled in these taxonomies since the effective dates above now require a site visit if one has not been conducted by Medicare or NC Medicaid in the past five years.
- 🏠 Providers classified as high risk will require:
 - A site visit (if one has not been conducted by Medicare or NC Medicaid in the past **five years**).
 - A Fingerprint-based Criminal Background Checks (FCBC) of individual owners, if FCBC has not been initiated by NC Medicaid in the past five years.

Due to these changes, Skilled Nursing Facilities, Hospice organizations and Portable x-ray suppliers are required to pay a federal fee per application, if not paid to Medicare within the past five years, to offset the cost of conducting the required enrollment screenings.

[Reference Link](#)

DMH/DD/SUS OFFERING FREE, PRINTED MATERIALS ON KEY PROGRAMS

Order free, printed copies of informational fliers and brochures about Tailored Plans, Tailored Care Management, 1915(i) services, and the NC Innovations Waiver. Resources are available in English and Spanish. Each order will include 100 free, printed copies of the resources of your choice. Items will be shipped directly to your organization. Shipping is also free! To receive your materials, [just fill out an order form](#) by **May 16, 2025**. Orders will begin shipping mid-May.

UPDATE FROM NCTRACKS

New Medicaid Bulletin Articles Available as of April 28.

The NC Division of Health Benefits (DHB) has recently published new Medicaid Bulletin articles:

-  [Provider Credentialing Committee Coming Soon](#) - Committee to make final decisions on submitted applications, quality determinations and compliance with regulatory requirements.
-  [An Update on the Population Health Approach Guiding NC Medicaid](#) - Public Comments Requested by May 30, 2025.
-  [Categorical Risk Level Assignment Changes for Certain NC Medicaid Providers](#) - Providers should be aware of recent changes for Skilled Nursing Facilities, Hospice Organizations, and Portable X-ray Suppliers taxonomies.
-  [Updates on Multi-Factor Authentication for Sandata Electronic Visit Verification System Access](#) - NC Medicaid's Electronic Visit Verification (EVV) vendor, Sandata, will implement multi-factor authentication process for those accessing Sandata EVV and the Aggregator portals.
-  [Health Information Exchange Medicaid Services Early Adopters Program is Live](#) - The program is seeking current Medicaid providers to become early adopters of two new use cases of the state-designated health information exchange.

Providers are encouraged to review this information. All bulletin articles, including those related to COVID-19, are available on [DHB's Medicaid Bulletin webpage](#).

[NCTracks Home Form](#)

REMINDERS

ADVANCED MEDICAL HOME (AMH) SURVEY

In an effort to customize the 2026 Advanced Medical Home (AMH) Measure Set to meet the needs of plans and providers, we are sharing a feedback survey. The survey will be open from April 22 to Friday, May 23. Our team will review your feedback, alongside measure steward updates and department priorities, and finalize any updates to the 2026 AMH Measure Set by the end of June 2025.

We appreciate you taking the time to share your input on this important measure set. Thank you!

 [Survey Link](#)

UPCOMING TRILLIUM RE-ENTRY SIMULATIONS

In this Re-entry Simulation, you will learn about the many barriers individuals go through when they are released from jail.





Participants experience the difficulties of finding a job, keeping a stable home, going to treatment regularly, and following rules related to release.

 [May 13--Kenansville](#)

KEYS TO THE COMMUNITY TRAINING FOR PROVIDERS

Join us May 12 and 15 from 9:00 a.m. to 4:00 p.m., and May 16 from 9:00 a.m. to 12:00 p.m.

Transition Management Services (TMS) and Permanent Supportive Housing (PSH) Training bridges critical knowledge gaps, equipping you to:

-  Support clients in maintaining long-term housing stability.
-  Address barriers to housing and healthcare access.
-  Develop personalized plans that connect housing with comprehensive services.
-  Improve client outcomes while achieving Medicaid performance goals.

Don't miss this opportunity to elevate your skills and make a meaningful difference.

[Register Here](#)

UPDATES ON MULTI-FACTOR AUTHENTICATION FOR SANDATA ELECTRONIC VISIT VERIFICATION SYSTEM ACCESS

NC Medicaid's Electronic Visit Verification (EVV) vendor, Sandata, will implement multi-factor authentication process for those accessing Sandata EVV and the Aggregator portals.

This update applies to NC Medicaid users of the Sandata portal or aggregator.

To enhance security and protect agency and patient data, NC Medicaid directed Sandata to implement multi-factor authentication (MFA) functionality to their login process.

MFA, also referred to as two-step verification, adds an additional layer of protection and security to prevent unauthorized users from gaining access to sensitive accounts and data. Sandata will enable both email and authenticator methods for MFA.

Effective April 24, 2025:

- 🌱 MFA will be required for logins to Sandata EVV and the Aggregator portals.
- 🌱 MFA will not be required for electronic visit capture by caregivers.
- 🌱 Once implemented, a first-time user will be prompted to enroll in MFA to set up their account.

More information on MFA, including a detailed job aid, is available on Sandata On-Demand under [MFA documentation](#). Users are encouraged to review this resource in advance.

Does MFA Implementation Affect Your Agency?

- 🌱 Yes, if you use Sandata EVV or Aggregator.
- 🌱 This change is not applicable for Caregivers using electronic visit captures.

[Details available here.](#)

HEALTH INFORMATION EXCHANGE MEDICAID SERVICES EARLY ADOPTERS PROGRAM IS LIVE

The program is seeking current Medicaid providers to become early adopters of two new use cases of the state-designated health information exchange.

The Digital Quality Measures (dQMs) and Health-Related Social Needs (HRSN) screening use cases are part of the HIE Medicaid Services (HMS) program, a new initiative supporting NC Medicaid's quality and population health efforts. **Provider organizations may be eligible for financial incentives for supporting innovation in dQMs and HRSN screening data exchange.**

The HMS Early Adopters program, led by the NC Health Information Exchange Authority (HIEA) and NC Medicaid, provides funding and hands-on support to provider organizations willing to lead the way in advancing these efforts. Early adopters will play a key role in shaping the future of health data exchange in North Carolina.

For more information about the program, including eligibility requirements, key activities and funding amounts, review the [HMS Early Adopters program overview document](#).

Provider organizations interested in participating in the program should [complete this Microsoft Form](#). Applications are accepted on a rolling basis, with the first cohort aiming to be identified in May of this year.

For additional information on the HMS program, including details on any future information sessions, see the [HIE Medicaid Services webpage](#).

[More Information Here](#)

UPDATE TO LETTERHEAD ON PROVIDER LETTERS

As part of an effort to ensure consistency and accuracy across all provider communications, the NCTracks team is updating the letterhead used in provider letters. While most provider letters currently use the CSRA letterhead, a limited number have been sent using NCDHHS letterhead.

Effective April 8, 2025, all provider letters will be updated to use the CSRA letterhead.

[NCTracks Home](#)



IMPROVING MEMBER HEALTH THROUGH MANAGED CARE PROGRAM ENHANCEMENTS

NORTH CAROLINA'S APPROACH TO STANDARD PLAN RE-PROCUREMENT

Since the launch of the NC Medicaid Managed Care Standard Plan program, the North Carolina Department of Health and Human Services (NCDHHS) has gathered valuable insights from Medicaid beneficiaries, providers, health systems, health plans and other partners, and has learned meaningful lessons in administering a Medicaid program under managed care.

[Improving Member Health Through Managed Care Program Enhancements: North Carolina's Approach to Standard Plan Re-Procurement](#), describes key policy priorities that will build on progress achieved over the last several years while strengthening areas offering opportunities for advancement or requiring additional attention and support.

As Medicaid managed care continues to mature in North Carolina, NCDHHS seeks to leverage Standard Plans in more innovative, effective, and efficient ways to improve health guided by the following key objectives:

-  ***Provide beneficiaries with timely access*** to care, a positive and respectful experience, and improved health outcomes
-  ***Advance high-value and efficient care*** through collaborative care delivery that addresses the full spectrum of member needs and improves population health

🌱 *Engage and support providers* and the healthcare workforce while reducing provider administrative burden

🌱 *Support cost effectiveness and predictability* for long-term program sustainability

The program changes for NC Medicaid Managed Care Standard Plans were identified for their potential to improve the member and provider experience, enhance care management and ensure timely access to high-value care. NCDHHS is dedicated to improving the health of all North Carolinians.

The [paper](#) and a [summary](#) are available on the [NC Medicaid Policy Papers webpage](#).

NCDHHS seeks public feedback on this paper by **Wednesday, May 7, 2025**, by:

🌱 **Email:** Medicaid.NCEngagement@dhhs.nc.gov with the subject line “Managed Care Program Enhancements Feedback”

🌱 **U.S. Mail:** Department of Health and Human Services, Division of Health Benefits, 1950 Mail Service Center, Raleigh NC 27699-1950

🌱 **Drop-off:** Department of Health and Human Services, Dorothea Dix Campus, Adams Building, 101 Blair Dr., Raleigh NC

Send questions about NC Medicaid transformation to Medicaid.NCEngagement@dhhs.nc.gov. Find more information about [transformation efforts](#) here.

1915(i) RESOURCES READY FOR DOWNLOAD

1915(i) services are for certain people with NC Medicaid. They are for people who have intellectual/developmental disabilities, traumatic brain injuries, serious mental health conditions or severe substance use disorders. Some people on the waitlist for the NC Innovations Waiver may qualify. These Medicaid services support people in their own homes or communities, instead of care facilities.

1915(i) services are available to eligible people with NC Medicaid through NC Medicaid Direct, Tailored Plans or the Eastern Band of Cherokee Indians Tribal Option.

Please share these bilingual and accessible resources to help your community get the answers they need. The 1915(i) Toolkit is available in **English** and **Spanish**.

The 1915(i) Toolkit includes:

🌱 NEW! [PowerPoint with essential details about 1915\(i\)](#)

🌱 NEW! [1915\(i\) Flyer](#)

- 🌱 NEW! [1915\(i\) Community Living and Supports Flyer](#)
- 🌱 NEW! [Social media copy and graphics](#)
- 🌱 NEW! [Email templates and newsletter graphic](#)
- 🌱 Webinar: [“Accessing Home and Community-Based Services through 1915\(i\)”](#)
- 🌱 and related [Questions and Answers](#)

[Download the toolkit](#)

ROADMAP2READY: APRIL 2025

Each month we will cover a topic that is a part of the Centers for Medicare & Medicaid Services Emergency Preparedness Rule. In March we covered power failures and a toolkit on how to improve your plan. Interested to see what we covered in past posts? [Click here.](#)

**Roadmap
2 Ready**





Unfortunately, sometimes residents or clients can go missing. Ensure that this is included in your facilities procedures and emergency plans. There are many resources and templates available to help create a plan and checklists for your facility.

Here are the [resources that ASPR TRACIE](#) has put together, below are some highlights of what to consider.

- 🌱 **When was the last time this procedure and plan were revised in detail?** Make some time this month to meet with leadership and Emergency Preparedness team to review the plan.
- 🌱 **Is your staff familiar with the procedure and plan?** This may be a good time to send staff a reminder of the procedures in place
- 🌱 **Is there suggestions in place on search patterns or recommendations?** Do you have a blueprint of your floor plan or assigned specific roles to search their designated areas?
- 🌱 **Complete an After-Action Report (AAR)** after a resident goes missing or use this scenario to create a tabletop exercise. It is important to go over what occurred after the fact and find areas that need improvement or updating.

If you are not a residential facility but have a member that may be prone to wandering, check with your local Sheriff Office or Emergency Management office to see if they qualify for programs such as:

-  **Are You OK? Service**--This program is a daily telephone reassurance program offered by some Sheriff's Office. (This program could be called "R U OK")
-  **Project Lifesaver**--Search and rescue program operated by public safety agencies and designed for "at-risk" individuals who are prone to the life-threatening behavior of wandering.

Disaster Plans are due **May 1, 2025**. Even if no updates are needed to your 2025 Disaster Plan, you **must** still resubmit the plan with a new cover page displaying the current year and disaster contact info. **Disaster plans must be submitted through the following link:** [2025 Disaster Plan Submission](#). To confirm your disaster plan was received just check the "send me a copy of my responses" option at the end of the Disaster Plan Submission form.

NAMIWALKS

This yearly event brings together mental health advocates, peers, professionals, and family members to bring awareness, pledge to eradicate stigma in communities, and raise funds to support NAMI programs and services.

Come together to celebrate recovery, advocate for increased access to resources, and contribute to improving the lives of those who live with mental illness and their families. Show your support for mental health in North Carolina and DMH/DD/SUS's community partner, NAMI, by attending.

Date/Time: Saturday, May 17, 2025, 8:00 a.m. to 1:30 p.m.

Location: Perimeter Park, 3015 Carrington Mill Blvd, Morrisville, NC 27560

Registration: [Register for the walk](#)

More Information: [Visit the website](#)

QUESTIONS RELATED TO PROPOSED FEDERAL FUNDING CUTS

Trillium has received several questions related to the federal funding cuts announced on March 24, and we understand the uncertainty this announcement may have caused. Please note, the scope of this potential funding cut is limited.

Trillium has reached out to all providers who may be impacted by this notice. If you have not received direct communication from Trillium on this topic, we do not anticipate any funding changes for your organization currently.

MEDICARE CROSSOVER CLAIMS

Effective 4/1/2025, Trillium Health Resources will begin processing Medicare Crossover claims received by NCTracks.

Both Professional and Institutional secondary claims will be received by Trillium for dual-eligible beneficiaries (Medicare & Medicaid coverage) who have Trillium designated as their Medicaid Managed Care payor.

Providers with dual-eligible beneficiaries will only need to submit claims in the following cases:

- 🏠 If Medicaid requires a different billing format from Medicare for a particular service including the differing of modifiers and claim forms
- 🏠 The members have additional third-party commercial coverage

For any questions regarding claims, please feel free to contact ClaimsSupport@TrilliumNC.org.



VERIFYING OTHER HEALTH INSURANCE FOR NC MEDICAID MANAGED CARE MEMBERS

Use Standard Plan and Tailored Plan provider portals or Real-Time Eligibility Electronic Data Interchange Transactions 270/271.



Providers are reminded to [verify other insurance information for NC Medicaid Managed Care](#) members through the respective Standard Plan and Tailored Plan provider portals or through the PHP's Real-Time Eligibility Electronic Data Interchange (EDI) transactions 270/271.

NC Tracks should only be used to verify other insurance for NC Medicaid Direct members. NC Medicaid health plans have and will continue to be the primary source of truth for identifying and verifying the existence of other health insurance coverage for the managed care member population. Please refer to the March 2023 bulletin, [Identifying Other Found Insurance for NC Medicaid Managed Care Members](#), for the original announcement.

OTHER HEALTH INSURANCE REMINDERS

-  Providers should verify other health insurance information directly with the Medicaid Managed Care Organizations (PHPs) associated with the member prior to submitting claims.
-  Claims submitted to a Medicaid PHP for members with other health insurance must adhere to the coordination of benefits (COB) protocols as outlined by the health plan.

HEALTH PLAN RESPONSIBILITIES

-  Medicaid PHPs are responsible for identifying, verifying and maintaining accurate records of other health insurance coverage for their members.
-  PHPs must communicate any updates of other health insurance to the state Medicaid agency as part of their regular reporting requirements.

NC Medicaid Help Center: 888-245-0179

MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT WEBPAGE

There are federal laws like the [Mental Health Parity and Addiction Equity Act](#) of 2008 that Trillium must follow.

This law requires health plans to treat behavioral health services the same as physical health services. Rules for mental health and substance use services must be like those for medical or surgical services. This includes limitations like copays, visit limits, and prior authorization requirements.

Providers can learn about Mental Health Parity and Addiction Equity Act by registering to attend future trainings by clicking on this link: [New Mental Health Parity and Addiction Equity Act webpage](#). The Mental Health Parity and Addiction Kick Off session that occurred on January 21, 2025, is available for your viewing.

Providers can also submit their Mental Health Parity Provider Questions by using the link which is one of the links below:

-  [View the Parity Kickoff Page](#)
-  [View the Parity Kickoff Recording](#)
-  [Frequently Asked Questions Link](#)

REGISTER FOR TRILLIUM'S PROVIDER FORUMS

Trillium's Provider Forums share the information most relevant to our network. The webinar series takes place on the second Wednesday of each month. It 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 for future forums and review previously held forum information: [Provider Forum](#) webpage.

NEED TO REPORT FRAUD, WASTE AND ABUSE?

EthicsPoint is a secure and confidential system available 24 hours a day, 7 days a week for anyone to report suspected violations of potential fraud, waste and abuse, or confidentiality issues. You can access EthicsPoint through website submission at [EthicsPoint - Trillium Health Resources](#) or by calling toll-free: 1-855-659-7660.