Tailored Plan Managed Care Claims and Prior Authorizations Submission: Frequently Asked Questions – Part 2

Question	Alliance Response	Partners Response	Trillium Response	Vaya Response
What are the options (electronic, facsimile, paper) for filing a claim with the Tailored Plan?	Providers may route claims to the ACS in one of three ways: **Electronic Claims Submission:** Alliance Health will receive claims via Electronic Data Interchange EDI submissions (837) and via the (ACS) Provider Portal. 1. The provider may request a provider portal login with a link to ACS by submitting a Provider Portal Login request form. This form is available on https://alliancehealthplan.org. The login credentials will be provided to the user via an email from OKTA after the Provider Portal Login request has been approved. The credentialed provider portal user may access ACS	Providers may submit claims electronically or by mail. **Electronic Claims Submission:** Providers will access Provider Connect for claim submission at: https://id.partnersbhm.org/ Once inside the portal select Behavioral Health or Physical Health Claims. **Paper Claims Submission:** Electronic submission is preferred, an OON provider may also submit a paper claim by mail. Medicaid Tailored Plan Physical Health should be mailed to:	Providers may submit claims by 1. Secure Provider Portal for Behavioral Health Claims or Secure Provider Portal for Physical Health Claims. 2. Secure FTP. 3. Utilizing a clearinghouse 4. Paper. For questions or more information, please contact Trillium Health Resources' Provider Support Services Line at 855-250-1539.	**Electronic Claims Submission:** Network providers are required to submit claims to Vaya Health electronically using the Vaya Provider Portal at providerportal.vayahealth.com or a HIPAA-compliant 837 EDI file. Vaya does not accept paper claims from contracted network providers. Vaya will return paper claims received from contracted network providers with instructions to re-submit electronically. Providers must submit claims for the following services directly to the following vendors contracted with Vaya: • **Non-Emergency Medical Transportation (NEMT)**: Modivcare, LLC • **Vision**: Avesis • **Pharmacy**: Navitus Health Solutions, LLC

Question	Alliance Response	Partners Response	Trillium Response	Vaya Response
	at https://acs.alliancehealthplan.org/portallogin. The ACS provider portal has claims entry screens for CMS-1500 for Professional claims entry and the UB-04 for Institutional Claims Entry. 2. The provider may request EDI connectivity with Alliance by submitting a Trading Partner Agreement and Connectivity Form. This form is available on https://alliancehealthplan.org/. Once the TPA has been processed the user requesting the connection will be provided with the SFTP credentials which the provider may utilize to submit 837P or 837I x12 forms. The TPA form may also be submitted to establish the relationship between a clearinghouse or billing vendor for which Alliance has previously established an EDI connection, so that the clearinghouse or vendor may submit 837 files on behalf of the provider. **Paper Claims Submission:** 3. Paper claim submission is available with prior approval (using Paper Claims Submission Request form) while providers gain access to the ACS Provider Portal or set up their EDI submissions. If approved the claims may be submitted by mail with copy of the approved request to: 5200 W. Paramount Parkway, Suite 200, Morrisville, NC 27560 Emergency Department (ED) and Out of Network (OON) Providers may submit paper claims to: Claims Department, 5200	P.O. Box 8002 Farmington, MO 63640-8002 Medicaid Tailored Plan Behavioral Health and State Benefit should be mailed to: 901 S New Hope Road Gastonia, NC 28054 Payer ID: Behavioral Health payer ID –13141 Physical Health payer ID -68069		Instructions for how to file claims with these vendors are described later in this document. For faster claims processing and payment turnaround, Out-of-Network (OON) providers delivering non-emergency services should submit claims electronically unless they have an approved exception. OON providers who need technical assistance or want to request an exception may email claims@vayahealth.com. OON providers delivering emergency services may submit paper claims. **Paper Claims Submission:** Vaya does not accept paper claims via facsimile (fax). OON providers must submit paper claims using an accurate CMS1500 or UB04 billing form to the following mailing address: Vaya Health Attn: Claims and Reimbursement 200 Ridgefield Court, Suite 218 Asheville, NC 28806 For more information about submitting claims to Vaya, see the Vaya Claims Submission webpage at providers.vayahealth.com/authorization-billing/claims/claims-submission.

Question	Alliance Response	Partners Response	Trillium Response	Vaya Response
	W Paramount Parkway, Ste 200,Morrisville, NC 27560. Any required documentation for claims processing should accompany the paper claim. Sending a fax is not an accepted submission format. Alliance Claims submission support is available via Phone 919-651-8500 or Email:claims@alliancehealthplan.org			
Where should a provider submit behavioral health claims?	Providers may route claims to the ACS in one of three ways: **Electronic Claims Submission:** Alliance Health will receive claims via Electronic Data Interchange EDI submissions (837) and via the (ACS) Provider Portal. 1. The provider may request a provider portal login with a link to ACS by submitting a Provider Portal Login request form. This form is available on https://alliancehealthplan.org. The login credentials will be provided to the user via an email from OKTA after the Provider Portal Login request has been approved. The credentialed provider portal user may access ACS at https://acs.alliancehealthplan.org/portallogin. The ACS provider portal has claims entry screens for CMS-1500 for Professional claims entry and the UB-04 for Institutional Claims Entry. 2. The provider may request EDI connectivity with Alliance by submitting a Trading Partner Agreement and Connectivity Form. This form is available on https://alliancehealthplan.org/. Once	Providers will access Provider Connect for electronic claim submission at: https://id.partnersbhm.org/	Behavioral Health and Intellectual Developmental Disabilities (I/DD) claims are defined as those for Mental Health/Substance Use Disorders (/SUD), I/DD services and TBI services. I/DD benefits include intermediate care facilities for individuals with intellectual disabilities (ICF-IID), Innovations waiver services and other home and community-based services will be billed to Trillium for reimbursement. Mental Health, Substance Use Disorder and I/DD services will be billed using the appropriate primary ICD-10-CM diagnosis codes to the highest level of specificity that meets medical necessity in the range of F06-F99 with the exception of the services listed in the Claims Submission Protocol table found on Trillium's website and the Tailored Plan Provider Manual. **Electronic Claims Submission:** Behavioral Health and I/DD claims for Tailored Plan Medicaid and State Funded claims may be submitted to Trillium using HIPAA Standard Electronic Transaction set, and this can be accomplished three ways: through web portal by using the Behavioral Health I/DD Secure Provider Portal - Provider Direct, via secure FTP, or a provider can submit their claims through a clearinghouse. If submitting claims through a clearinghouse, Trillium has an agreement to utilize Change	**Electronic Claims Submission:** Network providers are required to submit behavioral health claims to Vaya Health electronically using the Vaya Provider Portal at providerportal.vayahealth.com or a HIPAA-compliant 837 (EDI) file. Vaya does not accept paper claims from contracted network providers. Vaya will return paper claims received from contracted network providers with instructions to re-submit electronically. OON providers delivering non-emergency behavioral health services should submit claims electronically for faster claims processing and payment turnaround unless they have an approved exception. OON providers who need technical assistance or want to request an exception may email claims@vayahealth.com. OON providers delivering emergency services may submit paper claims. **Paper Claims Submission:** Vaya does not accept paper claims via facsimile (fax). OON providers must submit paper claims using an accurate CMS1500 or UB04 billing form to the following mailing address: Vaya Health Attn: Claims and Reimbursement

Question	Alliance Response	Partners Response	Trillium Response	Vaya Response
	the TPA has been processed the user requesting the connection will be provided with the SFTP credentials which the provider may utilize to submit 837P or 837I x12 forms. The TPA form may also be submitted to establish the relationship between a clearinghouse or billing vendor for which Alliance has previously established an EDI connection, so that the clearinghouse or vendor may submit 837 files on behalf of the provider. **Paper Claims Submission**: 3. Paper claim submission is available with prior approval (using Paper Claims Submission Request form) while providers gain access to the ACS Provider Portal or set up their EDI submissions. If approved the claims may be submitted by mail with copy of the approved request to: 5200 W. Paramount Parkway, Suite 200, Morrisville, NC 27560 ED and OON Providers may submit paper claims to: Claims Department, 5200 W Paramount Parkway, Ste 200, Morrisville, NC 27560. Any required documentation for claims processing should accompany the paper claim.		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). **Paper Claims Submission:** For Behavioral Health and I/DD paper claims, please submit to: Trillium Health Resources PO Box 240909 Apple Valley, MN 55124	200 Ridgefield Court, Suite 218 Asheville, NC 28806 OON providers are offered the same level of access to the Vaya Provider Portal at providerportal.vayahealth.com as fully contracted providers. Providers primarily use the Provider Portal to submit Service Authorization Requests (SAR) and to submit and monitor claims. As part of the OON request process, providers must complete an IRS W-9 form, Electronic Funds Transfer (EFT) Authorization Agreement, and the contact matrix. Upon receiving the completed OON Agreement, within 1-2 business days, the Vaya Health Provider Portal team will issue login credentials for the designated Systems Access Administrator (SAA). The SAA for the provider organization is responsible for the creation and management of all other organizational Provider Portal users.
Where should a provider submit physical health claims?	Providers may route claims to the ACS in one of three ways: **Electronic Claims Submission:** 1. The provider may request a provider portal login with a link to ACS by submitting a Provider Portal Login request form. This form is available at https://alliancehealthplan.org. The login credentials will be provided to	Providers will access Provider Connect for electronic claim submission at: https://id.partnersbhm.org/ Availity - Medicaid Tailored Plan Physical Health	Physical health claims for Tailored Plan Medicaid beneficiaries are inclusive of physical health and Long-term Services and Supports, including nursing facility services, home health services, private duty nursing services, personal care services and hospice services. Physical Health services will have a primary medical ICD-10 diagnosis code to the highest level of specificity that meets medical necessity excluding the range of F06-F99 with the exception of the services listed in	**Electronic Submission:** Network providers are required to submit physical health claims to Vaya Health electronically using the Vaya Provider Portal at providerportal.vayahealth.com or a HIPAA-compliant 837 EDI file (exceptions are for vision, NEMT and pharmacy claims). Vaya does not accept paper claims from contracted network providers. Vaya will return paper claims received from contracted network providers with instructions to re-submit

Question	Alliance Response	Partners Response	Trillium Response	Vaya Response
	the user via an email from OKTA after the Provider Portal Login request has been approved. The credentialed provider portal user may access ACS at https://acs.alliancehealthplan.org/portallogin. The ACS provider portal has claims entry screens for CMS-1500 for Professional claims entry and the UB-04 for Institutional Claims Entry. 2. The provider may request EDI connectivity with Alliance by submitting a Trading Partner Agreement and Connectivity Form. This form is available on https://alliancehealthplan.org. Once the TPA has been processed the user requesting the connection will be provided with the SFTP credentials which the provider may utilize to submit 837P or 837I x12 forms. The TPA form may also be submitted to establish the relationship between a clearinghouse or billing vendor for which Alliance has previously established an EDI connection, so that the clearinghouse or vendor may submit 837 files on behalf of the provider. **Paper Claims Submission** 3. Paper claim submission is available with prior approval (using Paper Claims Submission Request form) while providers gain access to the ACS Provider Portal or set up their EDI submissions. If approved, the claims may be submitted by mail with copy of the approved request to: 5200 W. Paramount Parkway, Suite 200, Morrisville, NC 27560		the Claims Submission Protocol table found on Trillium's website and the Tailored Plan Provider Manual which can be found at https://www.trilliumhealthresources.org/for-providers/provider-documents-forms **Electronic Claims Submission:** Physical health claims and physician-administered (professional) drug claims are processed through Trillium's partner, Carolina Complete Health (CCH) and may be submitted using HIPAA Standard Electronic Transaction set and can be accomplished by a secure web-based Provider Portal at https://www.trilliumhealthresources.org/for-providers via secure FTP, or a provider can submit their claims through a clearinghouse. CCH utilizes the clearinghouse Availity. As long as the provider's clearinghouse has a connection to Availity, then the claim can be passed on to CCH. **CCH's Medical Payer ID is 68069.** **Paper Claims Submission:** Please submit to: Carolina Complete Health Attn: Claims PO Box 8040 Farmington, MO 63640-8040	electronically. OON providers delivering non-emergency physical health services should submit claims electronically for faster claims processing and payment turnaround unless they have an approved exception. OON providers who need technical assistance or want to request an exception may email claims@vayahealth.com. OON providers delivering emergency services may also submit paper claims by mail. **Paper Claims Submission:** Vaya does not accept paper claims via facsimile (fax). OON providers must submit paper claims using an accurate CMS1500 or UB04 billing form to the following mailing address: Vaya Health Attn: Claims and Reimbursement 200 Ridgefield Court, Suite 218 Asheville, NC 28806

Question	Alliance Response	Partners Response	Trillium Response	Vaya Response
	ED and OON Providers may submit paper claims to: Claims Department, 5200 W Paramount Parkway, Ste 200, Morrisville, NC 27560. Any required documentation for claims processing should accompany the paper claim.			
Where should a provider submit pharmacy health claims?	The process for **Physician Administered Drug Program (PADP) Claims** is same as the regular Physical claims processing. Providers may route Pharmacy claims to the ACS in one of three ways: **Electronic Claims Submission** 1. The provider may request a provider portal login with a link to ACS by submitting a Provider Portal Login request form. This form is available on https://alliancehealthplan.org. The login credentials will be provided to the user via an email from OKTA after the Provider Portal Login request has been approved. The credentialed provider portal user may access ACS at https://acs.alliancehealthplan.org/portallogin. The ACS provider portal has claims entry screens for CMS-1500 for Professional claims entry and the UB-04 for Institutional Claims Entry. 2. The provider may request EDI connectivity with Alliance by submitting a Trading Partner Agreement and Connectivity Form. This form is available on https://alliancehealthplan.org. Once the TPA has been processed the user requesting the connection will be provided with the SFTP credentials which the provider may utilize to submit 837P or 837I x12 forms. The TPA form may also be submitted to	Pharmacy – Outpatient Pharmacy claims will be processed by CVS on behalf of Partners beginning Jul. 1,2024. These POS claims will be paid, denied or pended for additional information within 14 calendar days of receipt. PADP pharmacy professional claims will be processed with the medical and behavioral claims.	Pharmacy claims are defined as those claims submitted for rendered pharmaceuticals or pharmacy services, including outpatient pharmacy (point-of-sale claims). Pharmacy POS 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 using the most current NCPDP HIPAA- approved format with Rx BIN Number 019595 and PCN – PRX10811. We do not accept pharmacy paper claims.	Vaya partners with Navitus Health Solutions, LLC to provide pharmacy benefits to Vaya Medicaid members. **Pharmacy Claims Submission:** Providers should submit medical claims for physician-administered medications directly to Vaya by mail to the following mailing address: Vaya Health Attn: Claims and Reimbursement 200 Ridgefield Court, Suite 218 Asheville, NC 28806 Providers must submit point-of-sale pharmacy claims to the pharmacy's preferred billing switch intermediary. The intermediary will route claims to Navitus if the appropriate billing code (BIN 610602 PCN: MCD) is used. **Paper Claim Submission:** OON pharmacies can mail claims for Direct Member Reimbursement to the following mailing address: Navitus Health Solutions, LLC P.O. Box 999 Appleton, WI 54912-0999

Question	Alliance Response	Partners Response	Trillium Response	Vaya Response
	establish the relationship between a clearinghouse or billing vendor for which Alliance has previously established an EDI connection, so that the clearinghouse or vendor may submit 837 files on behalf of the provider. **Paper Claims Submission** 3. Paper claim submission is available with prior approval (using Paper Claims Submission Request form) while providers gain access to the ACS Provider Portal or set up their EDI submissions. If approved the claims may be submitted by mail with copy of the approved request to: 5200 W. Paramount Parkway, Suite 200, Morrisville, NC 27560 ED and OON Providers may submit paper claims to: Claims Department, 5200 W Paramount Parkway, Ste 200, Morrisville, NC 27560. Any required documentation for claims processing should accompany the paper claim. The process for submitting point of sale (POS) **Pharmacy Claims** is that network pharmacies must transmit electronic claims in NCPDP format directly from their dispensing software systems to Navitus Health Solutions, the contracted Pharmacy Benefit Manager for Alliance Health. Pharmacies should use BIN# 610602 and the PCN: MCD plus the Medicaid ID number located on the member's card when submitting outpatient retail pharmacy claims. The use of paper claims is not permitted except for direct member reimbursement following a cash transaction.			

Question	Alliance Response	Partners Response	Trillium Response	Vaya Response
Where should a provider submit vision claims?	Providers can submit Vision claims in one of three ways: Avesis web portal, electronically by EDI through a clearinghouse, or by mail. Avesis Provider Portal Providers can log into the Avesis provider portal via https://link.edgepilot.com/s/f7d8547d/9LEpJQEbPEKHyhGLVM0JjQ?u=https://www.avesis.com/Government3/Provider/Index.aspx **Electronic Claim Submission** Please use Avesis Payer ID 87098. Avesis clearing house vendors include Change Healthcare or Trizetto. Providers may contact Change Healthcare at 615-932-3000 or http://www.changehealthcare.com. Providers may contact Trizetto at 800-869-1222 or https://link.edgepilot.com/s/01ae4ea1/lxKNunxVBkWrFps5oRsS_Q?u=http://www.trizetto.com/ **Paper Claim Submission** Submit paper claims to: Avēsis Third Party Administrators, LLC Attention: Eye Care Claims P.O. Box 38300 Phoenix, AZ 85069-8300	**Electronic Claims Submission:** Envolve Vision Provider Web Portal at: https://visionbenefits.envolvehealth.com/logon.aspx Change HealthCare Payer ID# 56190 **Paper Claims Submission:** Envolve Vision, Inc. PO Box 7548 Rocky Mount, NC 27804	**Electronic Claims Submission:** Vision claims for Medicaid Tailored Plan beneficiaries are processed through 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. Envolve 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 Envolve. **Envolve's Payer ID is 56190.** **Paper Claims Submission:** Service: Envolve Vision, Inc. PO Box 7548 Rocky Mount, NC 27804 Hardware: Nash Optical Plant P.O. Box 600 2869 US Highway Alternate 64 West Nashville, NC 27856	Vaya partners with Avēsis, LLC to provide vision benefits to Vaya Medicaid members. Vision providers may submit vision claims in one of three ways: **Electronic Claims Submission:** Providers may submit electronic claims through the secure Avēsis provider portal at avesis.com. **Clearinghouse Submission:** Providers may submit electronic claims through a clearinghouse using a HIPAA-compliant 837 EDI file. Avēsis clearinghouse vendors include: • Change Healthcare – contact by phone at 615-932-3000 or the Change Healthcare website at changehealthcare.com • Trizetto – contact by phone at 800-869-1222 or the Trizetto website at trizetto.com Use Avēsis Payer ID AVS01. **Paper Claims Submission by Mail:** Providers may submit paper claims to Avēsis at the following mailing address: Avēsis Third Party Administrators, LLC Attention: Eye Care Claims P.O. Box 38300 Phoenix, AZ 85069-8300 For more information about submitting claims to Avēsis, visit the Avēsis website at avesis.com.
Where should a provider submit claims for durable medical equipment (DME)?	DME Electronic claims (preferred) must be routed to Northwood (DME vendor). Northwood's national EDI payer ID is NWOOD. **Electronic Claims Submission:**	Providers will access Provider Connect for electronic claim submission at: https://id.partnersbhm.org/ **Paper claims:**	DME claims are processed through Trillium's partner, Carolina Complete Health (CCH) and may be submitted using HIPAA Standard Electronic Transaction set and can be accomplished by a secure web-based Provider Portal (Physical Health Secure Provider Portal),	**Electronic Claims Submission:** Providers must submit DME claims to Vaya in the same manner as other physical health claims. Network providers are required to submit DME claims to Vaya electronically using the Vaya Provider Portal at

Question	Alliance Response	Partners Response	Trillium Response	Vaya Response
	Electronic claims must be completed according to HIPAA 837 transaction requirements detailed on Northwood's website https://northwoodinc.com. **Paper Claims Submission:** (CMS-1500) may be mailed to: Northwood, ATTN: Alliance Health Plan Claims, P.O. Box 510, Warren, MI 48090-0510.	Partners P.O. Box 8002 Farmington, MO 63640-8002	via secure FTP, or a provider can submit their claims through a clearinghouse. CCH utilizes the clearinghouse Availity. As long as the provider's clearinghouse has a connection to Availity, then the claim can be passed on to CCH. **CCH's Medical Payer ID is 68069.** **Paper Claims Submission:** Trillium P.O. Box 8003 Farmington, MO 63640-8003	providerportal.vayahealth.com or a HIPAA compliant 837 EDI file. Vaya does not accept paper claims from contracted network providers. Vaya will return paper claims received from contracted network providers with instructions for re-submitting electronically. OON providers delivering DME should submit claims electronically for faster claims processing and payment turnaround unless they have an approved exception. OON providers who need technical assistance or want to request an exception must email claims@vayahealth.com. **Paper Claims Submission:** OON providers submitting paper claims by mail must submit an accurate CMS1500 or UB04 billing form to the following mailing address: Vaya Health Attn: Claims and Reimbursement 200 Ridgefield Court, Suite 218 Asheville, NC 28806 Vaya does not accept paper claims via facsimile (fax). For more resources about submitting claims to Vaya, visit providers.vayahealth.com/authorization-billing/claims/claims-submission.
Where should a provider route NEMT claims to?	NEMT claims will be submitted via Modivcare and not Alliance Health. **Electronic Claims Submission:** Providers can bill electronically through Modivcare's web portal, by an Automated Transportation Management System (ATMS), or by submitting paper claims. **Paper Claims Submission:** Paper submissions are allowed and	**Electronic Claims Submission:** Modivcare transportation providers can submit claims via the Transportation Provider Portal (providers are given credentials for the portal when they contract with Modivcare) or via the transportation provider's ATMS digital platform. Providers who have billing questions may contact the Provider Line at 855-397-3604. Modivcare Web Portal at:	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. **Electronic Claims Submission:** Providers can bill electronically through	Vaya partners with Modivcare, LLC to provide NEMT benefits to Vaya Medicaid members. Providers may submit claims via Modivcare's Transportation Provider Portal at modivcare.com/login. For more information about how to set up access and submit claims to Modivcare, visit Modivcare's website at modivcare.com. Providers may submit paper claims for mileage

Question	Alliance Response	Partners Response	Trillium Response	Vaya Response
	Completed forms can be sent by mail to: 798 Park Avenue NW, Norton, VA 24273	https://transportationco.logisticare.com/ **Paper Claims:** 798 Park Ave NW 4th Floor Norton, VA 24273	Modivcare's web portal, by an 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 800-930-9060. For any other Provider related questions specific to Modivcare rides, please contact: 855-397-3604. Additional NC resources may be found in Transportation Provider Manual that will be linked from the Trillium website. **Paper Claims Submission:** Modivcare accepts paper claims for mileage reimbursement only 789 Park Ave NW Norton, VA 24273.	reimbursement only. These must be mailed to the following mailing address: Modivcare 798 Park Ave NW Norton, VA 24273
How does the Tailored Plan comply with the Department's "good faith" contracting requirements for purposes of determining rates?	Alliance would be engaged in a minimum of three documented attempts with the provider within the first 30 days to establish a contract. If the provider does not engage in the contracting process or does not want to contract the rate of reimbursement would be set a 90%. Alliance would pay 100% to an OON provider if they have not been offered a contract or is still engaged in good faith negotiations. Alliance will pay the rate floor where applicable unless the provider and Alliance have agreed to alternative reimbursement arrangement.	The Good Faith Effort begins when the provider receives a version of the contract which is consistent with the version approved by the North Carolina Department of Health and Human Services (NCDHHS) and includes the standard provisions for provider contracts found in Attachment G. Required Standard Provisions of the Behavioral Health I/DD Tailored Plan and Provider Contracts, including the prescribed provisions located therein. This definition applies to qualified providers contracting to provide Medicaid and/or State-funded Services to the full extent required by law or contract with NCDHHS. The initial contract offering will serve as the first effort. If the provider does not execute the first effort, Partners will make a second effort at least 10 calendar days after the first effort, taking into consideration any feedback from the provider. If the provider does not execute the agreement after the second effort, Partners will make a third and final effort, at least 10 calendar days after the second effort, taking into consideration any feedback from the provider	Trillium follows the Good Faith Contracting Policy posted on Trillium's website.	Vaya Health developed and follows a Good Faith Provider Contracting policy that outlines the process for ensuring that Vaya made "good faith" efforts to contract before determining reimbursement rates: • Vaya will offer to contract with a provider in writing using an NCDHHS approved provider agreement at reimbursement rates no lower than the NC Medicaid fee schedule. • Vaya will make three outreach attempts before determining that the provider has refused Vaya's "good faith" contracting effort. The initial offer is the first attempt. Vaya tracks all provider negotiation and contracting efforts and outreach attempts. • Following the initial offer, Vaya will make two more outreach attempts to the provider. Vaya will have exhausted all good faith contracting efforts after the third effort. • The good faith contracting effort period must be at least 30 calendar days, but Vaya may allow additional time if

Question	Alliance Response	Partners Response	Trillium Response	Vaya Response
		from the previous efforts. Partners will have exhausted all good faith contracting efforts after the third and final effort. The good faith contracting effort period must be at least 30 calendar days, but Partners may allow additional time if discussions are ongoing, contract revisions are being made or negotiated, the contract is under legal review by the provider or if in the opinion of Partners, such additional time could lead to an executed contract. If after at least 30 days and the three good faith attempts, the provider does not respond to the efforts verbally or in writing, the request to join the network will be considered rejected. In summary, Good Faith negotiation and contracting efforts are tracked in our database. We will not reimburse the OON provider more than 90% of the Medicaid fee-for-service rate if the provider refuses to contract or fails to meet objective quality standards.		discussions are ongoing, contract revisions are being made or negotiated, the contract is under legal review by the provider, or if in the opinion of Vaya such additional time could lead to an executed contract. • The 30-day period begins when the provider has received a copy of the contract that is consistent with the version of the contract approved by NCDHHS. • If after at least 30 days and the three good faith attempts, the provider fails to respond to the efforts verbally or in writing, or fails to meet Vaya's objective quality standards, the request to join the network will be considered rejected. • Vaya will consider all facts and circumstances surrounding a provider's willingness to contract before determining that the provider has refused Vaya's good faith contracting effort. Vaya will not reimburse OON providers who refuse Vaya's good faith contracting effort more than 90% of the Medicaid fee-for-service rate unless a documented exception is approved by Vaya. Providers with questions about contracting, rates, or Vaya's objective quality standards should email provider.info@vayahealth.com.
What information is needed from the provider to file a claim?	Providers may enter claims directly into the ACS Provider Portal. All claim required fields should be completed, including (as applicable): • member's name, • member's plan ID number, • member's date of birth, • member's address, • other insurance information, • amounts paid by other insurances (with uploaded matching EOBs),	Generally speaking, all claims must have complete and compliant data to include: • Member's (patient's) name, • Member's Plan ID number, • Member's date of birth and address, • Other insurance information: company name, address, policy and/or group number, • Amounts paid by other insurance (with copies of matching EOBs), • Information advising if member's	Key information submitted on claims should include but is not limited to all required fields of the CMS 1500 and UB04 claim forms. All fields on the CMS 1500 claim form should be completed in accordance with the Instruction Manual by the National Uniform Claim Committee. All fields on the UB04 claim form should be completed in accordance with the UB04 Data Specifications Manual by the American Hospital Association and the National Uniform Billing Committee.	Electronic claim submissions must include all applicable required data in standardized Accredited Standards Committee (ASC) X12N 837 formats as well as following the Companion Guides available on Vaya's Provider Central website at providers.vayahealth.com/authorization-billing/claims/claims-submission. Providers must submit paper claims using original and complete CMS claim forms.

Question	Alliance Response	Partners Response	Trillium Response	Vaya Response
	• information determining if condition is related to employment/auto accident/liability suit, • dates of service, • admission date, • discharge date, • primary/secondary/tertiary ICD-10-CM/PCS diagnosis codes, • name of referring physician, • HCPCS/Procedure codes, • CPT procedure codes with appropriate modifiers, • CMS place of service code, line charges, number of days/units, • Provider federal tax ID number, • Billing NPI, • Billing Taxonomy, • Rendering NPI, • Rendering/Attending Taxonomy, • Provider name, • Provider address/zip+4, • Provider telephone number, • Name and Address of facility where services were rendered, • NDCs- if required, • EPSDT Indicator - if required Refer to the link below for additional information: https://www.alliancehealthplan.org/?s=Companion%20Guide.	condition is related to employment, auto accident or liability suit, • Assignment of Benefits, • Date(s) of service, admission, discharge, • Primary, secondary, tertiary and fourth ICD-10-CM/PCS diagnosis codes, coded to the full specificity available, which may be 3, 4, 5, 6, or 7 digits, • Name of referring physician, if appropriate, • HCPCS procedures, services or supplies codes, • CPT procedure codes with appropriate modifiers, • Place of service, • Charges (per line and total), • Days and units, • Federal Tax Identification Number, • National Practitioner Identifier (NPI) of billing and rendering provider, or Atypical Provider Identification Number, where applicable, • Taxonomy codes of billing provider, attending and rendering provider when submitted on claim, • Physician/supplier billing name, address, zip code, and telephone number name and address of the facility where services were rendered	Claims submitted via 837I and 837P must comply with HIPAA Standard Electronic Transaction set requirements. Reference documents on 837I and 837P can be located on the Trillium Health Resources web page on the 'For Providers' Tab and the 'Documents and Forms' sub tab 837I Institutional Health Care Claim and 837P Professional Health Care Claim. Additional reference documents on 837I and 837P can also be located in the CCH Billing Guide on the CCH website, https://network.carolinacompletehealth.com/resources/claims-and-billing.html.	For professional claims, use the CMS 1500 form. The institutional form name is the UB-04 form. Pharmacy providers must use the following billing information when submitting claims electronically to their preferred billing switch intermediary: BIN 610602 PCN: MCD.
How can a provider enroll to use EFT for payment?	The provider will complete the forms in the Vendor Setup Packet which contains a vendor profile form, EFT and W9. The packet will be provided to the provider during contracting or can be found on Alliance's website. Completed forms will be sent to vendorsetup@alliancehealthplan.org.	**Medicaid Tailored Plan Physical Health** - See EFT section located at: https://network.carolinacompletehealth.com/resources/claims-and-billing.html **Medicaid Tailored Plan Behavioral Health and State Benefit** To set up EFT in our software system download and complete a Trading Partner Agreement. The Trading Partner Agreement must be submitted to the following address	For Behavioral Health, a new provider will go through our Contracts department process of signing up for EFT payment. Existing providers can make changes or enroll using the FinanceForms@trilliumnc.org email. Physical health, providers must register with Payspan at https://www.trilliumohp.com/content/dam/centene/trillium/ProviderResources/PaySpan_Info_Sheet.pdf. Providers may register directly with Payspan or contact CCH Provider Relations at	A provider can enroll for EFT payments with Vaya by completing an Electronic Funds Transfer (EFT) Authorization Agreement for Automatic Deposit and submitting to Vaya for processing. The form can be found on the Vaya web site in the Provider Learning Lab in the forms section at providers.vayahealth.com/resources/eft-authorization-form.

Question	Alliance Response	Partners Response	Trillium Response	Vaya Response
		with original signatures: Partners Health Management 901 South New Hope Road Gastonia, NC 28054 Attn: IT Department The TPA is also located at: www.partnersbhm.org (follow the steps below) 1. Provider Knowledge Base 2. Provider Tools 3. Alpha+, ZixMail and Billing Set-up Providers must complete banking information forms before payment can be received. Banking information forms can be requested from April Cash at acash@partnersbhm.org.	https://network.carolinacompletehealth.com/about-us/provider-relations-and-support-team.html for assistance.	
Does the Tailored Plan charge any clearinghouse or EFT fees?	There are no clearinghouse or EFT fees	**No**	**Behavioral Health claims** – providers using Change Healthcare or The SSI Group clearinghouses to submit claims and receive payments will not incur additional fees. **Physical Health claims** – providers using the Availity clearinghouse to submit claims will not incur additional fees. Payments can be received via EFT using PaySpan, the Availity or Change Healthcare clearinghouses without additional fees. **Vision Claims** - providers using the Change Healthcare clearinghouse to submit claims will not incur additional fees. Payments can be received via EFT using PaySpan without additional fees. **NEMT Claims** – Providers can submit claims using the Modivcare portal or ATMS at no charge. Payments from Modivcare are direct deposit with no additional fees.	No. Vaya Health does not charge clearinghouse or EFT fees. However, if a provider chooses to use a clearinghouse that charges fees, the provider will be solely responsible for any fees charged by a clearinghouse. To learn more, visit providers.vayahealth.com/resources/vaya-health-tested-clearinghouses.
Under what	Physical health Providers: Services would	In instances where the provider is not	Trillium would complete a Single Case	Vaya will offer an OON Agreement if there is

Question	Alliance Response	Partners Response	Trillium Response	Vaya Response
circumstances does the Tailored Plan offer an Out-of- Network agreement?	be considered OON if the provider is not contracted with Alliance. Physical Health providers are not required to have an OON agreement, but would be paid at 90% of the Network Contract rate as indicated in Alliance's Good Faith Contracting Policy Behavioral Health Providers- Alliance operates a closed Network for Behavioral Health Services. An OON (OON) agreement would be needed for a non-contracted provider to provide a specific service to a specific member for a designated period and specific location. OON are for members for which their unique needs, geographical location, or continuity of care needs cannot be met by an in- network provider.	interested in contracting with us for a full contract or they are only serving one member for a specialized service, we would offer an Out-of-Network agreement.	Agreement (SCA) when a provider is not in our Network and the service meets medical necessity. For additional information please review Out of Network/Single Case Agreement section at https://www.trilliumhealthresources.org/for-providers/provider-documents-forms/documents-contracts.	no network provider available to deliver a medically necessary service to a Vaya Health plan member or recipient, or a transitioning member or recipient has an existing relationship with a treating provider that needs to be maintained. In both of those instances, the provider must submit an OON request as outlined on Vaya's Provider Central website at providers.vayahealth.com/network-participation/provider-enrollment. If the OON request is approved, the provider will need to execute the OON Agreement prior to delivering services or submitting for reimbursement.
What is the first date the Tailored Plan intends to start issuing medical and pharmacy payments after Managed Care Launch? **What is the payment cycle for medical and pharmacy claims?**	**Alliance**: The first payment for medical and pharmacy payments after Managed Care Launch will be July 9, 2024. Payments will be issued on a weekly basis going forward. A checkwrite schedule is available on the Alliance website that includes the claims cutoff date, checkwrite date and the date the RA is available. **DME:** Payments: July 1, 2024 (It is anticipated that the first DME payments would occur the week of July 8, 2024). The payment cycle for DME claims is weekly. PBM: The first payment will be on July 9, and subsequent checkwrites will occur weekly on Tuesday. PBM: The payment cycle will occur weekly on Tuesday. DME: The payment cycle for DME claims is weekly.	**Medicaid Tailored Plan Behavioral Health and State Benefit** – July 1, 2024, is the first checkwrite. **Pharmacy** - Pharmacy claims will be processed by CVS on behalf of Partners beginning Jul. 1, 2024. Claims will be paid, denied, or pended for additional information within 14 calendar days of receipt.	The first date Behavioral health claims will be paid is July 3, 2024.Trillium's payment cycle can be found on Trillium's website www.trilliumhealthresources.org under For Providers and Billing Codes & Rates |Check-Write Schedule. CCH will be running weekly physical health checkwrites starting the week of July 1, 2024. For Pharmacy POS claims processing, PerformRx will have the first payment to pharmacies on the week of Jul. 1, 2024.	**Medical payments**: Vaya anticipates issuing the first payment for medical service claims on July 11, 2024. Vaya check runs are scheduled weekly on Thursdays. **Pharmacy payments**: Navitus anticipates issuing the first payment for pharmacy services by July 1, 2024. Navitus check runs are scheduled weekly on Tuesdays.
What is the first date the Tailored Plan	**Vision:** Due to a schedule adjustment for the July	**Vision:** The first payment for claims will be July 1,	**Vision:** The first Vision checkwrite will start the week of	**Vision payments:** Avēsis anticipates issuing the first payment to

Question	Alliance Response	Partners Response	Trillium Response	Vaya Response
intends to start issuing vision and NEMT payments after Managed Care Launch? What is the payment cycle for vision and NEMT claims?	4 holiday, Avesis anticipates issuing the first claims payment to vision providers on July 10, 2024 (dependent on provider claims submissions), following the July 1, 2024 go-live. Check runs for vision claims are weekly on Wednesdays and may be adjusted when there is a holiday. **NEMT:** Payments anticipated start date, July 1, 2024; Cycles start on Wednesdays; Claims are paid weekly. Payment Schedule available on the Transportation Provider Portal.	2024. After the first payments are issued, the check run cycle will be every Thursday. **NEMT:** The first payment for claims will be July 1, 2024. After the first payments are issued, the check run cycle will be every Friday.	July 1, 2024. **NEMT:** Payments for NEMT are processed in a weekly checkwrite and will start the week of July 1, 2024.	vision providers on July 10, 2024. Check runs for vision claims are weekly on Wednesdays. **NEMT payments:** Modivcare will issue the first payment on July 12, 2024. Check runs for NEMT claims are weekly on Saturdays.
What message will providers see in the Provider Portal regarding individual claim status prior to first payments being released?	Providers can go to download Queue (From ACS Provider Portal) to see denials and Adjudicated amounts to be paid. ACS Provider Portal: https://acs.alliancehealthplan.org/portallogin. The download queue is available within the ACS Provider Portal.	Approved, denied, pended/medical review required.	For Behavioral Health, a status of "Processed" and status "Pended" will be displayed. For Physical Health, a status of "In Progress" and status "Pending" will be displayed.	Network providers can check the status of all submitted claims in the Vaya Provider Portal at providerportal.vayahealth.com. The portal will display the claims status reflected in Vaya's claims system, and the status will indicate whether each line in the claim will pay.
How can providers determine which services require prior authorization for a health plan?	Providers will search by procedure code for prior authorization requirements. Details on Prior Authorization Submission Process will be posted at: https://www.alliancehealthplan.org/tp/providers/clinical-resources/	The Benefit Grids outline service codes, service limits, level of care and documentation requirements needed for service authorization requests (SARs). The requirements for unmanaged services are also outlined in the Benefit Grids. The Benefit Grids can be located at: https://providers.partnersbhm.org/benefits/	Trillium Health Resources benefit plan will include all services and which services need a prior authorization. The benefit plan will be available at www.trilliumhealthresources.org under For Providers, Benefit Plans | Service Definitions. A link to Trillium's Physical Health Prior Authorization Tool will be posted on Trillium's website closer to go live.	Providers can determine the services that require prior authorization by reviewing Vaya's Authorization Guidelines. These are available at providers.vayahealth.com/authorization-billing/authorization-info/authorization-guidelines.
How can providers submit a prior authorization to a Tailored Plan? Does this process differ based on claim type?	Providers can use one of the following PA submission process: Portal, Fax or Telephone. Behavioral Health, Physical Health, Durable Medical Equipment, Pharmacy, Non-Emergency Medical Transportation Prior Approval requests may be submitted via phone, fax, or portal entry. Vision Prior Approval requests may be	Prior authorization requests for Physical Health, Behavioral Health, and PADP are submitted through ProAuth which is linked from ProviderCONNECT under SSO. Prior authorization request for radiology are submitted through RadMD which can be accessed through ProviderCONNECT under SSO.	For Behavioral Health UM Prior Authorization - Authorization request for mental health, substance use disorder and I/DD services will be requested using the appropriate primary ICD-10-CM diagnosis codes to the highest level of specificity that meets medical necessity in the range of F10-F99 dx using the Trillium Business System (TBS).	The process to submit requests for prior authorization may differ depending on the service type, not the claim type. Providers should submit most physical and behavioral health prior authorization requests through the Vaya Provider Portal at providerportal.vayahealth.com. Instructions and links to vendor portals are shared on the Vaya Provider Portal at

Question	Alliance Response	Partners Response	Trillium Response	Vaya Response
	submitted via fax or portal entry.		For physical health UM Prior Authorization- Authorization request for physical health will be requested with a primary medical ICD-10 diagnosis code to the highest level of specificity that meets medical necessity excluding the range of F10-F99 dx using Trillium Physical Health prior authorization portal. A link to Trillium's Physical Health Prior Authorization Look Up tool and Physical Health Authorization Portal will be posted on Trillium's website closer to go live. **Imaging Services Prior Authorization** - Prior authorization is required for non-emergent, advanced, outpatient imaging services. Prior Authorization requests for advanced imaging services are submitted to National Imaging Associates (NIA). Only non-emergent procedures performed in an outpatient setting require Authorization with NIA. This does not include hospital inpatient, observation, or the Emergency Room. Services managed and authorized by NIA include outpatient: CT/CTA - CCTA - MRI/MRA - PET Scan - MUGA Scan - Myocardial Perfusion Imaging (MPI) - Stress Echocardiography - Echocardiography Prior authorization requests can be made online at: www.RadMD.com **Durable Medical Equipment Prior Authorization** Prior authorization is required for: DME purchases costing $500 or more - DME rental of $250 or more - Orthotics/Prosthetics billed with an "L" code costing $500 or greater	providerportal.vayahealth.com and included below for reference. **Physical and Behavioral Health:** submit electronically via the Vaya Provider Portal at providerportal.vayahealth.com. **Exceptions for Imaging, DME*, Cardiology, Physical Therapy, Occupational Therapy, Speech Therapy**: submit to eviCore electronically, by phone, fax, or mail. *Electronically*: via the eviCore Provider Portal at evicore.com/provider. *Phone*: 855-754-5527 *Fax*: 1-866-699-8128 *Mail*: eviCore Healthcare 400 Buckwalter Place Boulevard Bluffton, SC 29910 **Pharmacy**: UM request submissions to Navitus may be made submit electronically, by phone, fax, or mail. *Electronically*: via the Navitus Pharmacy Provider Portal at providers.vayahealth.com/provider-portal. *Phone*: 800-540-6083 *Fax*: 855-673-6507 *Mail*: Navitus Health Solutions LLC Attn: Prior Authorizations 1025 West Navitus Drive, Suite 600 Appleton, WI 54913 **Vision**: submit electronically via the Avēsis Provider Portal at avesis.com. **NEMT**: submit electronically via the Modivcare Provider Portal at modivcare.com. Upon contracting with Modivcare, providers will need to set up login credentials to Modivcare's portal.

Question	Alliance Response	Partners Response	Trillium Response	Vaya Response
			- Orthotics/Prosthetics rental of $250 or greater Prior authorization requests for durable medical equipment are submitted through Trillium Physical Health prior authorization portal. **Pharmacy** Prior authorization request is submitted to PerformRx, Trillium's Pharmacy Benefits Manager (PBM). Prior authorizations may be submitted via phone 1-855-662-0277 or Fax 1-833-726-7628. PA forms to be faxed will be found on Trillium's website (closer to go-live). **Non-Emergency Medical Transportation Prior Authorization** Any trip over 75 miles one way requires prior authorization. Out of state trips-Prior authorization is required for trips over 75 miles on way Commercial air trips require prior authorization Prior Authorization requests and claims for Non-Emergency Medical Transportation are to be submitted to Trillium's transportation broker. Trillium Transportation Services- 1-877-685-2415.	For additional information on submitting authorizations, visit providers.vayahealth.com/authorization-billing/authorization-info/authorization-guidelines.
What member ID should be used when submitting claims?	Medicaid ID	Providers are able to submit claims with the NC Medicaid ID.	Providers are able to submit claims with the NC Medicaid ID.	Providers should use the member's Medicaid ID when billing for Medicaid services or Vaya member ID when billing for State Funded services.
How should an out of network provider submit physical health claims?	Alliance Health can receive Claims via Electronic (837) and ACS Portal; Claims may be keyed directly into the ACS Provider Portal. This is a web-based portal that allows providers to submit claims to the LME/MCO. Within the ACS portal, claims can be submitted via a CMS 1500/UB04. ACS Portal Link: https://acs.alliancehealthplan.org/portallogin.	Providers will access Provider Connect for electronic claim submission at: https://id.partnersbhm.org/ Availity - Medicaid Tailored Plan Physical Health	Physical health claims and physician-administered (professional) drug claims are processed through Trillium's partner, CCH and may be submitted using HIPAA Standard Electronic Transaction set and can be accomplished by a secure web-based Provider Portal (Physical Health Secure Provider Portal), via secure FTP, and a provider can submit their claims through a clearinghouse. CCH utilizes the clearinghouse Availity. As long as the provider's	To take advantage of faster claims processing and payment turnaround, OON providers delivering non-emergency physical health services should submit claims electronically, unless they have an approved exception. OON providers who need technical assistance or want to request an exception should contact claims@vayahealth.com. OON providers delivering emergency services

Question	Alliance Response	Partners Response	Trillium Response	Vaya Response
	Electronic submissions can be submitted by EDI (through a clearinghouse) for both In-network and Out-of-network providers with Alliance Health Payer ID 23071. Providers will also need to submit a Trading Partner Agreement and Connectivity Form: https://www.alliancehealthplan.org/document-library/60057. Paper Claim Submission - Although electronic submission is preferred, an OON provider may also submit a paper claim by mail with approved request to: 5200 W. Paramount Parkway, Suite 200, Morrisville, NC 27560 Sending a fax is not an accepted submission format. Alliance claims submission support is available via phone 919-651-8500 or email claims@alliancehealthplan.org		clearinghouse has a connection to Availity, then the claim can be passed on to CCH. **CCH's Medical Payer ID is 68069.**	may submit paper claims. **Paper Submission**: Vaya does not accept paper claims via facsimile. OON providers must submit paper claims using an accurate CMS1500 or UB04 billing form to the following mailing address: Vaya Health Attn: Claims and Reimbursement 200 Ridgefield Court, Suite 218 Asheville, NC 28806 OON providers are offered the same level of access to the Vaya Provider Portal at providerportal.vayahealth.com as fully contracted providers. The Provider Portal is primarily used for submitting Service Authorization Requests (SAR), submission and monitoring of claims. As part of the OON request process, providers will complete an IRS W-9 form, Electronic Funds Transfer (EFT) Authorization Agreement, and the contact matrix. Upon receiving the completed OON Agreement, within 1-2 business days, the Vaya Health Provider Portal team will issue login credentials for the designated Systems Access Administrator (SAA). The SAA for the provider organization is responsible for the creation and management of all other organizational Provider Portal users. For more resources on submitting claims to Vaya, see the following link: providers.vayahealth.com/authorization-billing/claims/claims-submission.
Which provider manuals should providers use for each claim type (behavioral	**Alliance:** Refer to the claims manuals on the Alliance webpage and ACS University for physical and behavioral claims.	**Medicaid Tailored Plan Behavioral Health, State Benefit and Pharmacy** Partners Provider Operations Manual https://providers.partnersbhm.org/wp-	**Behavioral Health** - Trillium Health Resources Behavioral Health I/DD Tailored Plan/PIHP Provider Manual (https://www.trilliumhealthresources.org/for-	Behavioral health, physical health, and DME providers should use Vaya's Provider Operations Manual for Behavioral Health and Intellectual/Developmental Disabilities (I/DD)

Question	Alliance Response	Partners Response	Trillium Response	Vaya Response
health, physical health, vision, pharmacy, DME, NEMT, etc.)	Pharmacy claims will be submitted directly from the pharmacy's system to Navitus. Providers will submit DME, Vision and NEMT claims directly to these vendors. **DME**: Northwood Provider Manual can be found at https://northwoodinc.com/alliance-health-plan/ **Vision:** Vision Provider Manual can be found at https://link.edgepilot.com/s/f7d8547d/9LEpJQEbPEKHyhGLVM0JjQ?u=https://www.avesis.com/Government3/Provider/Index.aspx **NEMT**: Modivcare Provider Manual can be found at Modivcare Provider Portal: https://www.modivcare.com/login	content/uploads/partners-provider-operations-manual.pdf **Medicaid Tailored Plan Physical Health, Vision, DME and NEMT** https://network.carolinacompletehealth.com/resources/manuals-and-forms.html	providers)Provider Manual Physical Health - CCH Provider Manual (https://network.carolinacompletehealth.com/resources/manuals-and-forms.html) **Vision** - CCH Provider Manual (https://visionbenefits.envolvehealth.com/docs/forms/OMV-Provider-Manual.pdf) **Pharmacy** - PerformRx Provider Manual (https://www.performrx.com/who-we-help/providers/provider-resources.aspx) **DME** - CCH Provider Manual (https://network.carolinacompletehealth.com/resources/manuals-and-forms.html) **NEMT** - Modivcare Provider Manual - available once provider contract signed	Tailored Plan effective Oct. 9, 2023. This manual will be updated on or before July 1, 2024, to reflect any NCDHHS changes. The manual can be found on Vaya's Provider Central website at providers.vayahealth.com/learning-lab/provider-manual. Avēsis contracted vision providers should use the Avēsis Provider Manual, available on the Avesis website at avesis.com/pdf/Provider%20Manual.pdf. NEMT contracted providers should use the Modivcare NEMT Provider Manual. To access the Modivcare Provider Manual, providers should logon at modivcare.com. Pharmacies contracted with Vaya's PBM should use the Navitus Provider Manual, available on the Navitus website at pharmacies.navitus.com/Secured-Pages/Nav/Resources/Pharmacy-Provider-Manual-(1).aspx.
How can providers appeal a claim for underpayment, denial, etc.?	**Alliance**: Providers can send an email to "Claimsreconsideration@Alliancehealthplan.org" **DME**: If payment received is other than anticipated Providers may submit a completed Claim Status Form (see Section XII of the Northwood Provider Manual) within the claim filing limits **Vision**: Providers can submit a vision claim appeal within 30 days from explanation of payment to Avesis Appeals via mail or Avesis web portal. **NEMT**: Denied trips will need to be corrected on the trip logs and resubmitted	Providers have the option to call the Claims Department or email the claims review form prior to an appeal if questioning an underpayment or denial, etc. Partners must allow a participating provider to appeal an adverse decision. Appeals from a network provider will be available for the following reasons: • Program Integrity related findings or activities • Finding of waste, or abuse by Partners • Finding of or recovery of an overpayment by Partners • Withhold or suspension of a payment	To appeal a claims action (denial, underpayment, etc.), providers must submit a detailed, written appeal request, including the corresponding claim number(s), the claim action(s) being appealed, and information that permits member or recipient identification within thirty (30) calendar days of the date of the claims action(s). Additionally, providers may submit any documentation that they feel would assist in the appeal resolution. To submit a claims appeals request, provider may: • Utilize Trillium's on-line Provider Portal, Provider Direct; • Fax the appeal request to 252-215-6879; • Email the appeal, via secure e-mail, to	Providers may appeal a claim denial and other claims-related adverse actions taken against them. Please refer to Vaya's Provider Operations Manual for details and further information. **Pharmacy providers may submit appeal requests to Navitus by phone, fax, or mail**: *Phone*: 800-540-6083 *Fax*: 855-673-6507 *Mail*: Navitus Health Solutions LLC Attn: Appeals/Grievance Coordinator PO Box 999 Appleton, WI 54912-0999 **Vision providers may submit appeal requests**

Question	Alliance Response	Partners Response	Trillium Response	Vaya Response
	to virginia.billingoperations@modivcare.com . For payment disputes (short pays), the attached request form must be submitted and sent via Excel format to phxopsspecialist@modivcare.com.	related to waste, or abuse concerns • Termination of, or determination not to renew, an existing contract for Local Health Department care/case management service • Determination to de-certify an Advanced Medical Home+ or CMA (applicable to Medicaid providers only) • Violation of terms between Partners and provider • Appeals from an out-of-network provider will be available for the following reasons: • An out-of-network payment arrangement • Finding of waste or abuse by Partners • Finding of or recovery of an overpayment by Partners https://providers.partnersbhm.org/wp-content/uploads/partners-provider-operations-manual.pdf https://providers.partnersbhm.org/provider- disputes/	Appeals@trilliumnc.org; or • Mail the appeal, hardcopy, to: Attn: Appeals Department 201 W. 1st St. Greenville, NC 27858	**to** Avēsis **by phone or email**: *Phone*: Avēsis Provider Grievance Line: 800-843-0558 *Email*: Avēsis Grievance and Appeals at AG@avesis.com **NEMT providers may submit appeal requests to Modivcare by phone or email**: *Phone*: Modivcare's Provider Transportation 855-397-3604 *Email*: Submit the Provider claims dispute form to PHXOpsSpecialist@modivcare.com. All other providers may appeal a claim denial and other adverse actions described in Vaya's Provider Operations Manual directly to Vaya. Network providers must submit a timely request for an appeal via the Appeals section in the Provider Portal. OON providers may submit provider appeal requests via email to: • ClaimsReconsideration@vayahealth.com for appeals of claim denials. • ProviderReconsiderations@vayahealth.com for all other appeals. Vaya does not accept provider appeal requests through any other method.
Where can a provider find your list of Known Issues?	Known Issue Tracker can be found here: www.alliancehealthplan.org/providers/network/issue-tracker/	It will be posted on Partners website under Claims and Rates Information. https://providers.partnersbhm.org/	Trillium's known issue tracker will be available on our website at www.trilliumhealthresources.org On our website, Select For Providers, Documents and Forms and it is located in the links.	Providers can find the list of known issues within the Vaya Provider Portal on the Announcement webpage. Log into the Vaya Provider Portal at providerportal.vayahealth.com.

Fact Sheet Update History

Date	Section Updated	Change
4/15/2024	Trillium Response	Updated form references, dates, link to Trillium's Provider Manual, appeal period information, and minor style changes.