



North Carolina Medicaid Bulletin

*An Information Service of the Division of Medical Assistance
Published by EDS, fiscal agent for the North Carolina Medicaid Program*

Attention: CAP/DA, CAP-MR/DD,
CAP/AIDS Providers and Case
Managers

Reimbursement Rate Increase

Effective with date of service January 1, 2000, the Medicaid maximum reimbursement rate for Telephone Alert (W8127) in CAP/DA, Personal Emergency Response System (W8162) in CAP-MR/DD and Personal Emergency Response System (W8171) in CAP/AIDS, increased to \$29.67. Providers are to bill their usual and customary charge. No adjustments will be made to previously filed claims.

**Contact: Cindy Bryan, Financial Operations
DMA, 919-857-4266**

Attention: All Providers

Forms

As a result of requests from providers, frequently used forms will be printed in the General Bulletin on a periodic basis. This month find forms for Medicaid Adjustment, Medicare Crossover, Medicaid Resolution Inquiry, and Six Prescription Override. These forms are printed on white paper in the center of this bulletin and may be duplicated for your convenience. Please watch future bulletins for other forms.

EDS, 1-800-688-6696 or 919-851-8888

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Attention: All Providers

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EDS, 1-800-688-6696 or 919-851-8888

MEDICAID ADJUSTMENT

MAIL TO:
EDS ADJUSTMENT UNIT
P O BOX 300009
RALEIGH, NC 27622

Provider Number: _____

Provider Name: _____

Recipient Name: _____ Recipient ID: _____

Date of Service: From: / / to / / Claim Number: _____

Please Check (✓):	Billed Amount:	Paid Amount:	RA Date:
_____ Overpayment	_____	_____	_____

NOTE: **THIS FORM IS FOR CLAIM ADJUSTMENT ONLY.**

_____ Underpayment A CORRECTED CLAIM AND RA MUST BE ATTACHED.

_____ Full Recoupment

CLAIM INQUIRIES (i.e., time limit overrides) WILL NOT BE PROCESSED FROM THIS FORM

_____ Other

Please Check (✓) changes or corrections to be made:

_____ Units	_____ Procedure/Diagnosis Code	_____ Billed Amount
_____ Dates of Service	_____ Patient Liability	_____ Further Medical Review
_____ Third Party Liability	_____ Medicare Adjustments	

Please Specify Reason for Adjustment Request:

Signature of Sender:	Date:	Phone #:
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TO BE USED BY EDS ONLY

Remarks:

MEDICARE CROSSOVER REFERENCE REQUEST

Provider Name: _____

Contact Person:(required)_____ Telephone Number: (required)_____

Indicate your *Medicare Carrier*, the *Action to be taken*, and your *Medicare* and *Medicaid* provider numbers. **If this section is not completed, the form will not be processed.**

These are the only carriers for which EDS can currently cross-reference provider numbers.

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> NC BC/BS | <input type="checkbox"/> Palmetto | <input type="checkbox"/> United Government Services of WI |
| <input type="checkbox"/> TN BC/BS | <input type="checkbox"/> Riverbend Government Benefits Administration | <input type="checkbox"/> Adminq Star* |
| <input type="checkbox"/> FL BC/BS * | <input type="checkbox"/> Mutual of Omaha * | <input type="checkbox"/> GA BC/BS |
| <input type="checkbox"/> TX BC/BS | <input type="checkbox"/> United Healthcare * | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> MS BC/BS | <input type="checkbox"/> CIGNA | |

Action to be taken:

- Addition - This is used to add a new provider number (Medicare or Medicaid) to the crossover file.*

Medicare Provider number: _____ Medicaid Provider number: _____

- Change - This is used to change an existing provider number (Medicare or Medicaid) on the crossover file.*

Medicare Provider number: _____ Medicaid Provider number: _____

Mail to: Provider Enrollment
EDS
PO Box 300009
Raleigh, NC 27622

* These are additional Medicare carriers whom EDS is in the process of working with to have claims cross over with North Carolina Medicaid.



**NORTH CAROLINA
MEDICAID PHARMACY PROGRAM**

Six Prescription Limit Override Form

North Carolina Medicaid Recipients are allowed only six prescriptions per month unless they have one of the diagnoses below. If the attending physician determines that a recipient is eligible for the override, he must check all diagnoses that apply, complete the rest of the form and sign in his own handwriting.

- Acute Sickle Cell Disease
- Hemophilia
- End Stage Lung Disease
- End Stage Renal Disease
- Unstable Diabetes
- Chemotherapy or Radiation Therapy for Malignancy
- Any Life Threatening Illness or Terminal Stage of Any Illness

Recipient's Name _____

Recipient's MID Number _____

Facility _____
(Fill out only if in nursing facility or adult care home)

Physician's Signature _____

Date _____

* THIS FORM MUST BE UPDATED EVERY SIX MONTHS IF THE RECIPIENT STILL QUALIFIES FOR THE SIX PRESCRIPTION OVERRIDE

* THIS IS THE ONLY ACCEPTED FORM AND MUST BE KEPT ON FILE IN THE PHARMACY AT ALL TIMES

THIS FORM MAY BE REPRODUCED

DMA 3098

Attention: All Providers

Corrected 1099 Requests - Action Required by March 15, 2000

Providers receiving Medicaid payments of more than \$600 annually will receive a 1099 MISC tax form from Electronic Data Systems Corporation (EDS). This 1099 MISC tax form is generated as required by IRS guidelines and mailed to each provider by January 31, 2000. The 1099 MISC tax form reflects the tax information on file with Medicaid as of the last Medicaid Checkwrite cycle date of December 23, 1999. If the tax name or tax identification number on the annual 1099 MISC received is **incorrect**, the provider can request a correction to the 1099 MISC. Requesting a correction is in the provider's best interest. Correction ensures that accurate tax information is on file with Medicaid and sent to the IRS annually. When the IRS receives incorrect information on a 1099 MISC, the IRS can require Federal tax withholding in the amount of **31 percent of future Medicaid payments**. The IRS could require EDS to initiate and continue this withholding to obtain correct tax data.

A correction to the original 1099 MISC must be **submitted by March 15, 2000** and must be accompanied by the following documentation:

- ◆ A copy of original 1099 MISC
- ◆ A completed Special W-9 (included in this bulletin) clearly indicating the correct tax identification number and tax name or a completed IRS W-9 form (ensure all fields are completed as required)
- ◆ A signed and dated Special W-9 or IRS W-9 certifying that the tax information provided is correct

Fax both documents to: (919) 859-9703, Attention: Corrected 1099 Request

or

mail both documents to: EDS
4905 Waters Edge Drive
Raleigh, NC 27606
Attention: Corrected 1099 Request – Financial

Upon receipt of the fax or mailed correction request, EDS will update the tax information on file with Medicaid according to the Special W-9 or IRS W-9. Tax information updates can be verified by checking the last page of each Medicaid Remittance and Status Report (RA) which reflects both provider tax name and tax identification number on file. Additionally, a copy of the corrected 1099 will be generated and mailed for the provider's record retention. All corrected 1099 requests will be summarized and reported to the IRS as required.

EDS, 1-800-688-6696 or 919-851-8888

Attention: All Prescribers

Drug Enforcement Administration (DEA) Number Required

Effective with date of service April 1, 2000, the Division of Medical Assistance (DMA) will use the DEA number on pharmacy claims instead of the UPIN. This change will be advantageous for the physicians, pharmacies, and the DMA for the following reasons.

- Prescribers will be identified more effectively and accurately in our claims processing system.
- The number of inquiries made by providers' staff to obtain the correct number for billing purposes will be reduced.
- The efforts of the Third Party Recovery Section will be facilitated as it bills commercial insurance on behalf of Medicaid to recover monies for services rendered to those Medicaid recipients who have other types of health insurance coverage.
- The work of the Drug Utilization Review Program, which identifies drug therapy problems in the Medicaid population for the purpose of educating and informing providers of inappropriate patterns of use and abuse among recipients, will be enhanced by the accurate identification of prescribers. Currently, about 40 per cent of the data are lost because of inaccurate or invalid UPINs being submitted on pharmacy claims.
- The Pharmacy Review Section will be able to identify prescribers more effectively for the purpose of verifying prescriptions and conducting reviews of pharmacy billings.
- Contacts with prescribers will be more effective because they have been accurately identified with DEA numbers.

Providers must have their DEA registration number on file with Medicaid by April 1, 2000. Failure to do so may result in denied claims. Copy, complete, and return this form for every member of your practice. Please send the information to the following address.

EDS Provider Enrollment Unit
P.O. Box 300009
Raleigh, North Carolina 27622

EDS, 1-800-688-6696 or 919-851-8888

DEA NUMBER

Provider Name _____

Provider Number _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

DEA Number _____

UPIN Number _____

Contact Number _____

Attention: Durable Medical Equipment (DME) Providers

Durable Medical Equipment Seminars

Durable Medical Equipment seminars will be held in April 2000. The March Medicaid Bulletin will have the registration form and a list of site locations for the seminars. Please list any issues you would like addressed at the seminars. Return form to:

Provider Services
EDS
P.O. Box 300009
Raleigh, NC 27622

EDS, 1-800-688-6696 or 919-851-8888

Attention: All Providers

Basic Medicaid Seminars

Basic Medicaid seminars will be held in April and May 2000. The March Medicaid Bulletin will have the registration form and a list of site locations for the seminars. Please list any issues you would like addressed at the seminars. Return form to:

Provider Services
EDS
P.O. Box 300009
Raleigh, NC 27622

EDS, 1-800-688-6696 or 919-851-8888

Attention: Health Check Providers

Health Check Seminar Schedule

Seminars for Health Check providers are scheduled in March and April 2000. This seminar will focus on billing changes, program coverage, coding, free vaccine program, and follow-up on common denials. Medicaid billing supervisors, office managers, and billing personnel are encouraged to attend.

Due to limited seating, pre-registration is required. Providers not registered are welcome to attend when reserved space is adequate to accommodate. Please select the most convenient site and return the completed registration form to EDS as soon as possible. Seminars begin at 10:00 a.m. and end at 1:00 p.m. Providers are encouraged to arrive by 9:45 a.m. to complete registration.

Directions are available on pages 18 and 19 of this bulletin.

Wednesday, March 1, 2000

A-B Technical College
340 Victoria Road
Asheville, NC
Laurel Auditorium

Thursday, March 9, 2000

Four Points Sheraton
5032 Market Street
Wilmington, NC

Tuesday, March 14, 2000

Ramada Inn
I-85 & 62 South
2703 Ramada Road
Burlington, NC

Thursday, March 16, 2000

Ramada Inn Plaza
3050 University Parkway
Winston-Salem, NC

Tuesday, March 21, 2000

Holiday Inn Conference Center
530 Jake Alexander Blvd., S.
Salisbury, NC

Monday, March 27, 2000

WakeMed
MEI Conference Center
3000 New Bern Avenue
Raleigh, NC
Park at East Square Medical Plaza

Wednesday, March 29, 2000

Fayetteville Area Health Education
Ctr.
1601 Owen Drive
Fayetteville, NC
Medical Training Auditorium

Tuesday, April 4, 2000

Martin Community College
Kehakee Park Road
Williamston, NC
Auditorium

(cut and return registration form only)

Health Check Provider Seminar Registration Form

(No Fee)

Provider Name _____ Provider Number _____

Address _____ Contact Person _____

City, Zip Code _____ County _____

Telephone Number _____ Fax Number: _____ Date Mailed: _____

_____ persons will attend the seminar at _____ on _____
(location) (date)

Return to: Provider Services
EDS
P.O. Box 300009
Raleigh, NC 27622

Directions to the Health Check Seminars

The Registration form for the Health Check workshops is on page 17 of this bulletin.

ASHEVILLE, NORTH CAROLINA

A-B TECHNICAL COLLEGE

Directions to the College:

I-40 to Exit 50. Travel North on Hendersonville Road which turns into Biltmore Avenue. Continue on Biltmore Avenue toward Memorial Mission Hospital. Turn left onto Victoria Road.

Campus:

Stay on Victoria Road and turn right between the Holly Building and the Simpson Building. The Laurel Building/Auditorium is located on the right, behind the Holly Building.

WILLIAMSTON, NORTH CAROLINA

MARTIN COMMUNITY COLLEGE

Highway 64 into Williamston. Martin Community College is approximately 1-2 miles west of Williamston. The Auditorium is located in Building 2.

WILMINGTON, NORTH CAROLINA

FOUR POINTS SHERATON

I-40 East into Wilmington to Highway 17 - just off I-40. Turn left onto Market Street and the Four Points Sheraton is located approximately ½ mile on the left.

BURLINGTON, NORTH CAROLINA

RAMADA INN

I-40 to Exit 143. Turn left at the first stoplight onto Ramada Road. The Ramada Inn is located on the right.

WINSTON-SALEM, NORTH CAROLINA

RAMADA INN PLAZA

I-40 Business to Cherry Street Exit. Continue on Cherry Street for approximately 2-3 miles. Turn left at the IHOP Restaurant. The Ramada Inn Plaza is located on the right.

RALEIGH, NORTH CAROLINA

WAKEMED MEI CONFERENCE CENTER

Directions to the Parking Lot:

Take the I-440 Raleigh Beltline to New Bern Avenue, Exit 13A (New Bern Avenue, Downtown). Travel toward WakeMed. Turn left onto Sunnybrook Road and park at the East Square Medical Plaza which is a short walk to the conference facility. **Parking is not allowed in the parking lot in front of the Conference Center. Vehicles will be towed if not parked in the East Square Medical Plaza parking lot located at 23 Sunnybrook Road.**

Directions to the Conference Center from Parking Lot:

Cross Sunnybrook Road and follow sidewalk access up to Wake County Health Department. Walk across the Health Department parking lot and ascend steps (with blue handrail) to MEI Conference Center. Entrance doors at left.

SALISBURY, NORTH CAROLINA

HOLIDAY INN CONFERENCE CENTER

Traveling South on I-85: Take exit 75 and turn right on Jake Alexander Blvd. **Traveling North on I-85:** Take exit 75 and turn left on Jake Alexander Blvd. Travel approximately ½ mile and the Holiday Inn is located on the right.

FAYETTEVILLE, NORTH CAROLINA

FAYETTEVILLE AREA HEALTH EDUCATION CENTER

I-40 to I-95/301 Business. Take the first Fayetteville/Ft. Bragg Exit (Exit 56) to Owen Drive (approximately 7 miles). Turn right onto Owen Drive and travel approximately 4.5 miles. Turn right at stoplight into FAHEC parking lot or go to next right (Terry Circle) and turn into larger FAHEC parking lot. Seminar is on 2nd floor, Medical Training Auditorium.

EDS, 1-800-688-6696 or 919-851-8888

Checkwrite Schedule

February 8, 2000	March 7, 2000	April 11, 2000
February 15, 2000	March 14, 2000	April 18, 2000
February 24, 2000	March 21, 2000	April 27, 2000
	March 30, 2000	

Electronic Cut-Off Schedule

February 4, 2000	March 3, 2000	April 7, 2000
February 11, 2000	March 10, 2000	April 14, 2000
February 18, 2000	March 17, 2000	April 21, 2000
	March 24, 2000	

Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite following the transmission date.

Paul R. Perruzzi, Director
Division of Medical Assistance
Department of Health and Human Services

John W. Tsikerdanos
Executive Director
EDS



Bulk Rate
U.S. POSTAGE
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