



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: All Providers

Holiday Observance

The Division of Medical Assistance (DMA) and EDS will be closed on Friday, April 21, 2000, in observance of Good Friday.

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

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Providers are responsible for informing their billing agency of information in this bulletin.

Attention: Home Health Agencies, Hospices, Personal Care Services (PCS) Providers, and Private Duty Nursing (PDN) Providers

Corrections to UB-92 Instructions in the October 1999 Revision of the Community Care Manual

This article is to correct typographical errors in the UB-92 instructions in the October 1999 revision of the *Medicaid Community Care Manual*. The errors are in Illustration 14-3 in Section 14 of the Manual.

The instructions for form locator 22 on page 14-10 should be as shown below:

<p>22. STAT</p>	<p>Home Health and PDN: Enter the code to show the status of the patient as of the last date of service being billed on this claim.</p> <ul style="list-style-type: none"> 01 Discharged. 20 Expired. 30 Still a patient. <p>PCS: Leave blank.</p> <p>Hospice: Enter the code to show the status of the patient as of the last date of service being billed on this claim.</p> <ul style="list-style-type: none"> 01 Discharged. 30 Still a patient of this hospice. 40 Expired at home or in an adult care home. 41 Expired in a medical facility, such as a hospital, nursing facility or free-standing hospice. 42 Expired - place of death unknown.
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The instructions for form locators 24-31 on page 14-11 should be as shown below:

<p>24-31 CONDITION CODES</p>	<p>Home Health (for dates of service through 1/31/2000), Hospice, PDN, and PCS: If the services are for a Medicare/Medicaid dually-eligible patient, and Medicare has denied the claim as a non-covered service or the service does not meet Medicare criteria, enter the appropriate code.</p> <ul style="list-style-type: none"> 87 Overrides Medicare Part A 89 Overrides Medicare Part B <p>Home Health beginning with date of service 2/1/2000: Leave blank</p>
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Please make the changes in your copy of the manual.

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

Attention: Home Health Services Providers

Correction to Billing Instructions for Skilled Nursing Visits – Effective February 1, 2000 Date of Service

Effective February 1, 2000, date of service, Home Health Services providers must use a HCPCS code in addition to the appropriate revenue code when billing for skilled nursing visits. Providers were first informed of this requirement in an October 1999 Medicaid Special Bulletin. The current instructions are in the 10/99 revision to Section 5 of the Medicaid Community Care Manual.

The instructions in the *MEDICARE-Medicaid Billing Guide* are amended to clarify that HCPCS code W9953 must be used for all skilled nursing visits for prefiling insulin syringes. These visits are limited to no more than one visit per calendar week. On page 5-18 of the manual, item C.6 of the Billing Guide should read as follows:

Skilled Nursing Visits - <i>Continued</i>	If patient has Medicaid only	If patient has MEDICARE
C. Treatment - <i>Continued</i>		
6. For prefiling insulin syringes if the patient has a qualifying MEDICARE home health service. <i>Visits are limited to no more than one visit per calendar week.</i>	Use appropriate revenue code to bill Medicaid <i>Beginning 2/1/2000 date of service also use HCPCS code W9953</i>	BILL MEDICARE

**Contact: Dot Ling,
DMA -Community Care Section, 919 857-4021**

Attention All Local Education Agencies (LEA) Providers:

Change of Documentation Requirements

Effective November 1, 1999, DMA no longer required the Division of Public Health, Women and Children’s Health Branch to prior approve the recipients’ plan of care. Providers do not have to submit authorization requests to the Purchase of Medical Care Services (POMCS).

**Contact: Jency L. Abrams R.N., B.S.N. M.S.
Independent Practitioners Service (IPP), 919-857-4051**

Attention: Health Check Providers

Health Check Next Screening Date Changes

Effective March 1, 2000, providers may enter the next screening date (NSD) for Health Check in block 15 of the HCFA-1500 or have the next screening date systematically entered during claims processing. This date will be calculated according to the (predetermined) Medicaid periodicity schedule. The periodicity schedule can be found in the Health Check Billing Guide. Below is an explanation of options for the NSD.

Provider-Entered Next Screening Date

Providers have the option of entering the NSD in block 15 if they prefer. If this date is within the periodicity schedule, the system will keep this date. In the event the NSD entered by the provider is out of range with the periodicity schedule, an appropriate NSD will be systematically entered during claims processing. A claim will deny for NSD only if the date entered is not in the correct format. For example 12/54/1999 or 44/10/2000 are not actual dates and the claim would deny with EOB 621 (date of next Health Check screening is not in required MM/DD/CCYY format).

Systematically-Entered Next Screening Date

The NSD will be systematically entered according to the Medicaid periodicity schedule, if the provider does one of the following in block 15 of the HCFA-1500 claim form:

- Leave block 15 blank
- Place zeros in block 15 (example – 00/00/0000)
- Place all ones in block 15 (example – 11/11/1111)

The NSD is used to track children per the Medicaid periodicity schedule by the Health Check Coordinator.

Contact: Angela Rey, RN
DMA – Managed Care Section, 919-857-4218

Attention: Health Check Providers (excluding Health Departments)

Rate Increase: Health Check

Effective with date of service January 1, 2000 the maximum reimbursement rate for Health Check screenings increased to \$77.75. Providers are to continue billing claims as usual.

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

Attention: ECS Submitters

Electronic Filing Tips

Providers are encouraged to begin using the new NCECS software as soon as possible. These issues make this very important:

- The old NECS software will NOT accept February 29 as a valid service date
- UB-92 billers cannot use the old NECS software to submit claims with a 1999 admission data and a 2000 service date. If a provider has claims with such service dates, edits in the old software will prevent completion and submission of such claims. The new NCECS software MUST be used in such circumstances

In working with providers who have implemented the new NCECS software, we have identified several factors in the providers' PC environment that are preventing completion of the implementation of the software. Below are some tips that may assist you in having a successful implementation of the new NCECS software:

DURING INSTALLATION

Do's...

- Ensure you meet the meet the Minimum System Requirements:
 - + Pentium series PC recommended; 486 machines will function
 - + Minimum of 32 megabytes of memory
 - + Minimum 20 megabytes of hard drive storage
 - + A browser such as Microsoft Internet Explorer (version 4.0 or higher) or Netscape (version 3.0 or higher)
 - + A modem – minimal 2400 baud rate; at least 9600 baud rate recommended
 - + Exit ALL other programs before beginning installation. This includes turning off virus checking software, and any games
 - + Install the software to the DEFAULT location presented during the setup. (Helps you when you call EDS for help with the package)

Don'ts...

- Do not install software on a network server. NCECS is not designed to operate across a network
- Do not install on more than one computer or workstation. (This causes problems with locating acknowledgement files)
- Do not install onto another drive or partition. Install to your C: drive. (Helps prevent possible conflicts with other software packages on the machine)
- Do not delete or move any folders or files that are created during the installation to any other locations on the C: drive

Tips...

- Determine the best machine for the job before beginning install. Consider location, age of computer, monitor quality, etc.
- See the installation through. Try to install at a time when you will not be interrupted during the process
- Get help. Ask a co-worker or computer tech to assist you with the installation. (Helps to insure nothing is missed)
- Store your software CD & Diskette(s) in a safe place in case you need them again

DURING OPERATION

Do's...

- Maximize (expand) your Browser's window size before beginning. (This ensures all buttons, menus and messages can be seen and accessed while using)
- Be patient. Some items may take a moment before they appear on your screen after clicking buttons or menu items
- Adjust your monitor's settings so that all areas of the screen can be seen within the viewable area

Don'ts...

- Do not DOUBLE click on any menu items or buttons. Only a SINGLE click of your LEFT mouse button is required for each item in the software
- Do not click repeatedly on an item if it doesn't appear immediately. Again be patient, give the software time to bring up the screen or function you're asking for
- Do not run any other programs on your computer while the NCECS software is operating. Again, to prevent possible conflicts
- Do not change the default name of the submission file when it is created. The name must be SUBMIT.TXT when it is transmitted to EDS

Tips...

- Read and printout sections of the HELP file. This is the "Manual" for the software and covers many aspects of the software's operation in great detail
- Get help. A co-worker can help during the process to ensure no steps are missed
- Prepare and gather all the information you need for your claims before beginning to use the software
- Find a time when you will not be interrupted in the middle of the claims entry process
- Turn off any screen savers you use. This is so it does not interrupt you while you're operating the software

DURING TRANSMISSION**Do's...**

- Exit from the NCECS software before bringing up your Hyperterminal session. (Prevents confusion)
- Maximize (expand) your session screen so that you can see all operational items while using
- Double check the phone number the session shows it is dialing. (858-5091)
- Have your Logon (Submission ID) number and password ready before you begin dialing

Don'ts...

- Do not expect a connection on the first dial-in EVERY time. Many providers are attempting to send claims information to EDS and sometimes the phone lines may be busy. However, we TRIPLED our number of modems recently to help you get connected
- Do not have any other devices or people attempt to use the same phone line during the process. UNPLUG fax machines on the same phone line. They are notorious for causing communication interrupts with modems on the same line
- Do not have any other programs running while using Hyperterminal. (Helps prevent conflicts)

Tips...

- Transmit during hours other than normal business hours if possible. (Cuts down on busy signals)
- Transmit on days OTHER than cut-off dates. You can transmit 24 hours a day, 7 days a week to EDS. The number of Providers attempting to send claims information increases dramatically on cut-off dates making it harder for you to connect and get your claims submitted
- Get help. A co-worker can assist with taking you through the steps when transmitting
- Arrange a time when you will not be interrupted
- Get a printed copy of the Hyperterminal instructions from the Help menu item in the software

The conversion to the new NCECS software has generated an increase in questions to the Electronic Commerce Services (ECS) department. We recognize and apologize for the increasing hold time when calling the ECS department. To help minimize 'hold' times we offer the following recommendations:

- When calling, please have your four digit submission or logon ID (authorization number) available. (This will expedite the call)
- Friday is the busiest day for both telephone inquiries and transmission of data. If possible, plan a call to discuss general questions and inquiries regarding software on Monday through Thursday
- 90% of Medicaid claims are processed electronically. Please do not inventory claims for a Friday afternoon transmission. We encourage more frequent transmissions to reduce the need for high volume claims transmissions during peak periods. Claims can be transmitted 24 hours a day, 7 days a week
- Use the "view acknowledgement" to determine the success of the transmission. Instructions for this process are included in the on-line manual. The manual is available under **HELP** in the software. Please print and review this manual prior to entering and submitting claims
- With the increased call volume, the ECS analysts can no longer stay on the telephone while waiting for their transmission to complete. The ECS department can return a phone call or Email to confirm receipt of the transmission at the option of the provider
- Claims may also be submitted on diskette for processing. The diskette can either be hand delivered or mailed to EDS at 4905 Waters Edge Drive, Raleigh, NC 27606
- Inquiries concerning a denied claim(s) should be directed to the Provider Services department (Option 3)

Tips for Using NCECS

- **The new telephone number for submission using the NCECS software is 919-858-5091.** This information is also located in the hyperterminal instructions
- Providers must use their newly assigned 4-digit submission ID after installation of NCECS is complete. The ID must be entered on the claims submission page. **Claims submitted via NCECS using the old NECS logon ID will NOT process**
- The submission process involves a sequence of steps detailed in the on-line manual:
 1. **Key claims** using the “claims entry” item in the software
 2. **Submit claims** using the “claims submission” item in the software. NOTE: At this point, EDS has not received the claims. This process creates a claim submission file on the computer’s hard drive. **It does not transmit the claims**
 3. **Transmit claims** using HyperTerminal and your modem

Note: Current Medicaid billers using NCECS are not required to submit test claims to EDS prior to actual submission of claims. Claim file formats are controlled by the software and this testing was completed prior to distribution of the NCECS software to providers.

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

Attention: All Physicians

Change to Injectable Drug List

Effective with date of service April 1, 2000, the code **J2500** will replace the current code W5191 Zemplar (Paricalcitol) 5 mcg. The code W5191 **will be end-dated** effective with date of service March 31, 2000. Payment will be denied if W5191 is used for dates of service on or after April 1, 2000. The reimbursement rate will remain the same.

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

Attention: All Providers

Changes to CPT 2000 Coverage

Upon further review of the new CPT codes for 2000, the Division of Medical Assistance made changes in the covered/noncovered codes. Those changes are listed below. This notification supercedes the list published in the January 2000 North Carolina Medicaid Bulletin.

The following new CPT codes were under review and are now covered by North Carolina Medicaid effective with date of service March 1, 2000:

- CPT 33282 Implantation of patient-activated cardiac event recorder
- CPT 96570 Photodynamic Therapy by endoscopic application of light
- CPT 96571 Photodynamic Therapy by endoscopic application of light, each additional 15 minutes

The following new CPT codes require further review by the Division of Medical Assistance and are currently not covered:

- CPT 38120 Laparoscopy, surgical splenectomy
- CPT 44201 Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)
- CPT 60650 Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal
- CPT 60659 Unlisted laparoscopy procedure, endocrine system
- CPT 77520 Proton beam delivery to a single treatment area, single port, custom block, with or without compensation, with treatment set-up and verification images
- CPT 77523 Proton beam delivery to one or two treatment areas, two or more ports, two or more custom blocks, and two or more compensators, with treatment set-up and verification images
- CPT 99173 Screening test of visual acuity, quantitative, bilateral

The new 2000 CPT codes that are noncovered by North Carolina Medicaid are:

- CPT 20979 Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)
- CPT 58672 Laparoscopy, surgical; with fimbrioplasty
- CPT 58673 Laparoscopy, surgical; with salpingostomy
- CPT 58679 Unlisted laparoscopy procedure, oviduct, ovary
- CPT 90378 Respiratory syncytial virus immune globulin (RSV-IgIM), for intramuscular use

(Note: Synagis is covered through the Medicaid pharmacy program)

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

Attention: All Providers

Additional Medicaid Fair Handbooks Still Available

Providers unable to attend the Medicaid Fair in September 1999 still have an opportunity to purchase the handbook that was distributed. The handbook is a large spiral-bound book that incorporates many of the handouts and notes covered by the workshops. It is an excellent resource with 396 pages of policies, procedures, and helpful billing information.

To obtain copies of the Medicaid Fair Handbook (while supplies last), send a check in the amount of \$20 per book payable to EDS. Please complete the form below and mail to the following address:

EDS
c/o Jennifer Eichas
Provider Services
P.O. Box 300009
Raleigh, NC 27622

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

(Cut and return form below)

Name _____

Address _____

City/State _____ Zip Code _____

Please send _____ 1999 Medicaid Fair Handbook(s).

Cost per book is \$20.00

Total amount of check included: _____

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

Attention: Hospice Providers

Hospice Participation Reporting Requirements

On February 1, 2000, Hospice providers began notifying EDS whenever a Medicaid recipient elected the Medicaid Hospice benefit, started a new benefit period, transferred to another hospice, revoked the benefit or was discharged. In April EDS will send each hospice a report of confirmation numbers issued to the hospice during February and March 2000. This one-time report is intended to assist providers in assuring that their internal controls for reporting are working. The report will either provide a list of the patients reported with each patient's name, Medicaid ID number and diagnosis as well as the date of hospice's call and the confirmation number, or it will indicate that EDS records show no patients reported during the period. The hospice should reconcile the report with its records and notify the EDS Prior Approval (PA) unit of any discrepancies.

Please see the Medicaid Special Bulletin, Number VI, dated December 1, 1999, for additional details.

Reminders

- May 1, 2000 – Hospices discontinue use of the Hospice sticker
- May 1, 2000 - All Hospice claims with dates of service May 1, 2000 or after will edit against the new Hospice file maintained by EDS. Claims submitted by Hospice providers for recipients who have no Hospice information on file will be denied

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

Attention: Adult Care Home Providers

Correction to Medicaid Special Bulletin – Number VII, December 1999

A typographical error appears on page one of the North Carolina Medicaid Special Bulletin, Number VII, December 1999, ATTN.: Adult Care Home Providers. Under the Implementation heading (second "bullet", line seven), the per diem rate for HCPCS Code W8258 for ACH/PC should read **\$12.95**, not \$12.65. Please correct this in your Bulletin.

All rate information displayed in the reimbursement grid on page two of the Special Bulletin is correct.

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

Attention: All Providers

Hospice Participation Information on Automated Voice Response (AVR) System

Effective with date of service May 1, 2000, the Automated Voice Response (AVR) will provide Medicaid Hospice participation information. The information in the AVR system is based on reports from hospices. This replaces the use of Hospice stickers on Medicaid ID Cards.

Hospice participation may affect your payment for Medicaid services. The following services are included under Hospice when the service is related to the patient's terminal illness:

- Nursing care
- Medical social services
- Counseling services for the patient, family members and others caring for the patient
- Home health aide and homemaker services
- Physical therapy, occupational therapy and speech-language pathology services for purposes of symptom control or to enable the patient to maintain activities of daily living and basic functional skills
- Short-term inpatient care (general and respite) in a hospice inpatient unit, or a hospital or nursing facility under contractual arrangement with the hospice agency
- Medical appliances and supplies, including drugs and biologicals. The drugs are those used primarily for pain relief and symptom control related to the terminal illness. Appliances include medical equipment as well as other self-help and personal comfort items related to the palliation or management of the patient's terminal illness
- Ambulance services that are related to the palliation or management of the patient's terminal illness

A Medicaid recipient's participation in Hospice can be determined through the AVR system by dialing 1-800-723-4337. Listen to the options given. Select Option 6 for Recipient Eligibility then press the selection for Hospice information. The AVR will validate your provider number and the recipient's Medicaid identification number. There are two options to obtain date specific information:

1. To determine if the recipient is on Hospice for the current date, press the (#) pound key. The AVR response will tell you if the recipient has been reported on Hospice for the current date
2. To determine if the recipient is on Hospice for an earlier date, enter that date of service

The appropriate response for Hospice coverage is given. The AVR system does not provide the name of the hospice covering the recipient. That information may be obtained from the recipient or the recipient's representative.

Remember that the AVR information is based on information reported to EDS. If the AVR states that it has no report of Hospice participation and this contradicts information from the recipient or the recipient's representative, ask the recipient or representative for the name of the hospice agency and contact the agency before rendering services.

Please watch future Medicaid Bulletins for additional instructions on using the AVR system.

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

Attention: All Providers

Basic Medicaid Seminar Schedule

Seminars for Basic Medicaid are scheduled in April and May 2000. The seminars are intended for providers who are new to North Carolina Medicaid. Topics to be discussed will include, but are not limited to, form instructions, eligibility issues, and Managed Care, including Carolina ACCESS and HMOs. Persons inexperienced in billing North Carolina Medicaid 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 page 19 of this bulletin.

Thursday, April 6, 2000

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

Tuesday, April 11, 2000

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

Thursday, April 13, 2000

Ramada Inn Plaza
3050 University Parkway
Winston-Salem, NC

Wednesday, April 26, 2000

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

Tuesday, May 9, 2000

Martin Community College
Kehakee Park Road
Williamston, NC
Auditorium

Thursday, May 11, 2000

Four Points Sheraton
5032 Market Street
Wilmington, NC

Wednesday, May 17, 2000

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

Wednesday, May 31, 2000

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

(cut and return registration form only)

Basic Medicaid 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

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Attention: Ambulance Providers

Individual Visits

EDS is offering individual provider visits for ambulance providers. Please complete and return the form below. An EDS Provider Representative will contact you to schedule a visit and discuss the type of issues to be addressed.

(cut and return registration form only)

Ambulance Provider Visit Request Form

(No Fee)

Provider Name _____ Provider Number _____

Address _____ Contact Person _____

City, Zip Code _____ County _____

Telephone Number _____ Date _____

List any specific issues you would like addressed in the space provided below.

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

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

Attention: Dental Providers

Dental Seminars

Dental seminars are scheduled in May 2000. The April 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 to: Provider Services
EDS
P.O. Box 300009
Raleigh, NC 27622

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

Attention: Durable Medical Equipment (DME) Providers

Durable Medical Equipment Seminar Schedule

Seminars for DME providers are scheduled for April 2000. These seminars will focus on Medicaid guidelines for DME and supplies, prior approval procedures, Certificate of Medical Necessity and Prior Approval form, claims filing, and post payment review.

Note: Please bring your North Carolina Medicaid Durable Medical Equipment Manual, March 1, 1999 Reprint.

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 page 19 of this bulletin.

Wednesday, April 12, 2000

Four Points Sheraton
5032 Market Street
Wilmington, NC

Tuesday, April 18, 2000

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

Wednesday, April 19, 2000

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

Tuesday, April 25, 2000

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

Thursday, April 27, 2000

Ramada Inn Plaza
3050 University Parkway
Winston-Salem, NC

(cut and return registration form only)

DME 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

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Directions to the Durable Medical Equipment (DME) and Basic Medicaid Seminars

The Registration forms for the DME and Health Check seminars are on page 13 and 17 of this bulletin.

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.

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.

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.

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.

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.

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.

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.

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

Attention: Nursing Facility Providers, Hospital Providers, County Departments of Social Services, Hospice Providers, Physicians, Home Health Providers, Area MH/DD/SAS Programs

PASARR (Preadmission Screening and Annual Resident Review) Seminars

The Division of Medical Assistance (DMA) has requested that our PASARR contractor, First Mental Health, Inc. (FMH), conduct Statewide training sessions on PASARR Level I and Level II screens. PASARR is a federally mandated program that requires screening of all applicants to and residents of Medicaid certified nursing facilities, regardless of pay source. We strongly encourage your attendance at one of these seminars.

Seminars will be held March 20 - 24, 2000 beginning at 9 a.m. and ending at 12:00 noon. There is no cost to attendees; however, pre-registration is required to assure adequate seating. Please select the most convenient site and return the completed registration form to FMH by March 13, 2000. If you have questions, please contact Chris Lowry at FMH (800) 598-6462.

NOTE: All training sessions will begin at 9:00 a.m. and end at 12:00 noon. All locations are handicap accessible. Directions are available on page 23 of this bulletin.

Monday, March 20, 2000
Renaissance Asheville Hotel
One Thomas Wolfe Plaza
Asheville, NC
(828) 252-8211

Tuesday, March 21, 2000
Adam's Mark Hotel and Resorts
425 N. Cherry Street
Winston-Salem, NC
(336) 725-3500

Wednesday, March 22, 2000
Durham Marriott
201 Foster Street
Durham, NC
(919) 768-6000

Thursday, March 23, 2000
Coast Line Inn
501 Nutt Street
Wilmington, NC
(910) 763-6739

Friday, March 24, 2000
Hilton
207 Greenville Blvd.
Greenville, NC
(252) 355-5000

(cut and return registration form only)

N.C. PASARR Seminar Registration Form

(PASARR Level I and Level II Training)
(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)

There is no charge for this training. However, due to limited seating, pre-registration is required. Please select the most convenient site and return the completed registration form (FAX or MAIL) by Monday, March 13, 2000 to:

Chris Lowry
First Mental Health, Inc.
501 Great Circle Road, Suite 300
Nashville, Tennessee, 37228
FAX #: 615-256-0786

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Directions to the PASARR Seminars

ASHEVILLE, NORTH CAROLINA

RENAISSANCE:

Take Exit 53B off I-40 (I-240 W) then exit at 5A (Merrimon Ave) turn left. Take a left at the next light (Woodfin). Hotel is one block down on right.

WINSTON-SALEM, NORTH CAROLINA

ADAM'S MARK:

I-40 to Business I-40. Exit at Cherry Street (one way). Hotel is on the right past 4th Street.

DURHAM , NORTH CAROLINA

MARRIOTT AT THE CIVIC CENTER:

From I-40 West (Raleigh, Wilmington areas) to Durham Freeway, Exit 279B, approx. 4 miles, exit at Roxboro Street/Mangum St. (Exit #12-B). At bottom of ramp, turn right onto Roxboro St., follow signs to Downtown. At the 3rd light, bear left onto the Downtown Loop (Morgan St.). go to the 3rd light; turn left onto Foster St.; Marriott on the right; **From I-40 East** (Asheville, Winston-Salem) **take I-85 North** when I-40 and I-85 split and follow I-85 North directions; **From I-85 North** (Charlotte, Greensboro areas) take Exit #172 (Hwy. 147S) 4 miles to exit 13 (Chapel Hill St.) turn left to 6th traffic light. Turn left on Foster St. hotel on left; **From I-85 South** (Henderson, Oxford) take Durham Downtown exit 177-A turn right on Roxboro St. Roxboro St. leads directly to Mangum St. Follow "Downtown" signs. Approximately 1 mile turn right onto Morgan St., go two blocks turn left onto Foster. Marriott on right.

WILMINGTON, NORTH CAROLINA

COAST LINE INN:

I-40 to end (Downtown Wilmington- Market Street. Take right on Market Street. Drive 4-5 miles to Water Street, go right. 1 block from Hilton, Coast Line Inn on Nutt St. behind Railroad Museum.

GREENVILLE, NORTH CAROLINA

HILTON:

Highway-264 towards Wilson. Exit @ Downtown Greenville (Greenville Blvd.). Approximately 5 miles on right.

Checkwrite Schedule

March 7, 2000	April 11, 2000	May 9, 2000
March 14, 2000	April 18, 2000	May 16, 2000
March 21, 2000	April 27, 2000	May 23, 2000
March 30, 2000		May 31, 2000

Electronic Cut-Off Schedule

March 3, 2000	April 7, 2000	May 5, 2000
March 10, 2000	April 14, 2000	May 12, 2000
March 17, 2000	April 21, 2000	May 19, 2000
March 24, 2000		May 26, 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

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P.O. Box 300001
Raleigh, North Carolina 27622

Bulk Rate U.S. POSTAGE PAID Raleigh, N.C. Permit No. 1087
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