Number 5 *May 2001*

North Carolina Medicaid Bulletin

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

Visit DMA on the Web at: www.dhhs.state.nc.us/dma

Attention: All Providers

Holiday Observance

The Division of Medical Assistance (DMA) and EDS will be closed on Monday, May 28, 2001 in observance of Memorial Day.

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, Personal Care Services Providers, and Community Alternatives Program Case Managers

Home Health Services Questions and Answers

The following questions were asked during the Home Health provider workshops conducted in February 2001. This article is part of a continuing effort to educate providers regarding the new Medicaid guidelines for providing services in the patient's home.

1. **Does Medicaid policy allow patients attending adult day facilities for therapeutic or psychosocial reasons to receive home health services in their place of residence?**
   Unlike the former Medicaid homebound criteria, the provision of home health services is not related to the patient's absence from home. Under the new guidance, skilled services and home health aide services must be medically necessary and appropriate in the home setting and meet the requirements in Section 5.2.3 of the *N.C. Medicaid Community Care Manual*.

2. **If a patient receives Medicare skilled services, and diapers are being billed to Medicaid, what documentation is required?**
   Since Medicare covers only diapers that are used during a home health visit, documentation on the HCFA-485 must show that diapers billed to Medicaid are for the patient's use between visits billed to Medicare.

3. **If a patient needs a supply item that is not on the list of Medicare Prospective Payment System (PPS) bundled items, could Medicaid be billed for that item?**
   Medicaid billing guidance has not changed. If it can be accurately documented that Medicare does not cover a home health supply item that meets Medicaid coverage criteria, then providers may bill Medicaid. It is DMA's understanding that Medicare has a list of 178 procedure codes bundled into the PPS rate. Medicare has stated that the list is not all-inclusive and that other supply items may also be considered part of the payment.

4. **Would payments for Medicaid Personal Care Services (PCS) for a dually eligible patient receiving skilled services and home health aide services under Medicare PPS be allowed?**
   The home health agency is responsible for providing all covered home health needs under Medicare PPS during an open episode. While Medicaid does not have a policy directly prohibiting a patient from receiving PCS and home health aide services – as long as the services are not provided on the same day – Medicaid would question why PCS was being provided since both services cover the same tasks. PCS should not replace care that is covered under Medicare.

5. **Are two HCFA-485's req/uired if a dually eligible patient is receiving skilled nursing (such as venipuncture) under Medicaid and therapy services under Medicare?**
   Medicaid does not require a separate HCFA-485. There may be several payers and the provider is responsible for determining which payer should be billed for each documented service.

6. **Since Medicare now has a 60-day recertification period for each episode, will DMA accept documented orders such as "SN 2-visits over next 60 days?"**
   Yes. Providers should consult the MEDICARE-Medicaid Skilled Services Billing Guide in Section 5 of the *N.C. Medicaid Community Care Manual* for frequencies allowed for skilled nursing visits.

7. **If a physician's verbal order is not signed within 30 days, may Medicaid be billed for the services when the signed order does come in?**
   Licensure rules require that verbal orders be signed within 30 days. Only services that have valid orders may be billed to Medicaid.

8. **May Medicaid be billed for a skilled nursing visit for observation and evaluation of a chronically ill patient if the patient makes a monthly office visit to the physician for medication, etc.?**
   Skilled nursing visits billed to Medicaid must be medically necessary and the home deemed the most appropriate setting for the care. Since the patient is being seen in the physician's office on a monthly basis, a skilled nursing visit for observation and evaluation in the patient's home would not meet Medicaid requirements.

9. **What type of documentation is required on the HCFA-485 to justify the required RN assessment visit for supplies?**
   The HCFA-485 must indicate that the skilled nursing visit is to assess the appropriateness of home health supplies. If the patient is receiving skilled nursing under Medicare or Medicaid, the assessment would be made during that visit and a separate visit should not be billed to Medicaid to assess supply needs. A separate visit is made only if the patient is receiving no other services except supplies.

10. **When a non-homebound dually eligible patient has Medicare Part B covering outpatient therapies, would Medicaid home health therapy services be appropriate?**
    Medicaid home health criteria in Section 5.2.3 of the *N.C. Medicaid Community Care Manual* must be applied to determine the most appropriate setting regardless of any other reimbursement source. For example, if it can be documented that the patient lives in an area where travel to outpatient therapy would require an hour or more of travel and this would interfere with the effectiveness of the service, Medicaid may be considered.

11. **How does the monthly CAP assessment visit fit the new guidelines?**
    Medicaid guidelines do not include a service identified as a "CAP assessment." Home health services for CAP clients are based on the same criteria used for all Medicaid recipients. Refer to the MEDICARE-Medicaid Skilled Services Billing Guide in Section 5 of the *N.C. Medicaid Community Care Manual*. If Medicare does not cover the visit, determine if the visit meets the criteria in Item A.4 (observation and evaluation after a period with no significant changes in intervention; the patient's condition is chronic but stable yet there continues to be a documented medical necessity for intermittent nursing visits). Providers must determine if the services are medically necessary and the home is the most appropriate setting in accordance with the guidelines in Section 5.2.3.

Dot Ling, Medical Policy Section
DMA, 919-857-4021

Attention: All Providers

New Medicaid Identification Cards

In February 2001, new Medicaid identification (MID) cards for Supplemental Security Income (SSI) recipients were printed on laser paper. In a continuing effort to increase efficiency and improve security, effective June 2001, these new MID cards will also be issued to most other Medicaid recipients. The new design will allow more flexibility in getting information to recipients. Also, the cards will be printed using the postal bar code, which is expected to improve delivery of the cards statewide. The cards will be printed on 8½ x 11 inch watermarked paper. The paper is a lighter weight, making it more pliable, and will be perforated allowing the recipient the ability to detach the card. However, the card is still valid if not detached. Medicaid recipients will receive notice in May 2001 and June 2001 regarding the new cards.

There is no change in the way recipients will use the cards. On occasion, Medicaid recipients may receive cards printed on the heavier stock paper. These cards are still valid.

Vanessa Broadhurst, Medicaid Eligibility Unit
DMA, 919-857-4019

Attention: Physicians (Medical Doctors, Osteopaths, Podiatrists, Chiropractors, Ophthalmologists, Optometrists, and Dentists)

Procedure for Reporting Changes in Provider Status

Physicians (medical doctors, osteopaths, podiatrists, chiropractors, ophthalmologists, optometrists, and dentists) report all changes in provider status to their regional Blue Cross Blue Shield (BCBS) office. Physicians **DO NOT USE** the Notification of Change Form on page 31 of the January 2001 Medicaid Special Bulletin I, Provider Enrollment Guidelines. The exceptions on the back of the form (page 32) advise physicians (medical doctors, osteopaths, podiatrists, chiropractors, ophthalmologists, optometrists, and dentists) to report all changes to BCBS. To report a change, **please contact your local BCBS representative** at one of the numbers listed below:

Charlotte, NC	1-704-561-2740
Greensboro, NC	1-336-316-5374
Greenville, NC	1-252-758-4745
Hickory, NC	1-877-889-0002
Raleigh, NC	1-919-461-5246
Wilmington, NC	1-877-889-0001
Out-of-State (Enrolled providers within 40 miles of North Carolina)	1-919-765-2471

Meme Creech, Provider Services Unit
DMA, 919-857-4017

Attention: All Providers

Pneumococcal Polysaccharide Vaccine (PPV23, CPT Code 90732) Correction to Billing Guidelines

Please note the following information related to the coverage of PPV23 (CPT code 90732, pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for subcutaneous or intramuscular use). This information regarding the guidelines for coverage is meant to replace the article printed in the January 2001 general Medicaid bulletin.

The Vaccines for Children program (VFC) provides this vaccine at no charge to children through 18 years of age according to the recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC). Medicaid will not reimburse for the vaccine for children through 18 years of age. To access the ACIP on the Internet, key in www.cdc.gov/nip.

The N.C. Medicaid program will reimburse for the vaccine and the administration fee, as noted in the billing guidelines for PPV23 listed in the following chart, for high-risk groups of adults 19 years of age and over according to the ACIP recommendations.

Billing Guidelines for PPV23

Age/Type of Service	Health Departments	Private Providers
Under 19 years of age with Health Check screening (vaccine is free)	▪ Bill W8010 or W8016 ▪ Report CPT code 90732 with the appropriate modifiers ▪ Diagnosis code V20.2 ▪ Do not bill W8012	▪ Bill W8010 or W8016 ▪ Report CPT code 90732 with the appropriate modifiers ▪ Diagnosis code V20.2 ▪ Bill W8012
Under 19 years of age without Health Check screening (vaccine is free)	▪ Report CPT code 90732 with the appropriate modifiers ▪ Diagnosis V03.82 or V05.8 is required ▪ Bill W8012	▪ Report CPT code 90732 with the appropriate modifiers ▪ Diagnosis V03.82 or V05.8 is required ▪ Bill W8012
Between 19 and 21 years of age with Health Check screening	▪ Bill W8010 or W8016 ▪ Bill CPT code 90732 with the appropriate modifiers and the usual and customary fee ▪ Diagnosis code V20.2 ▪ Do not bill W8012	▪ Bill W8010 or W8016 ▪ Bill CPT code 90732 with the appropriate modifiers and usual and customary fee ▪ Diagnosis code V20.2 ▪ Bill W8012
Between 19 and 21 years of age without Health Check screening	▪ Bill CPT code 90732 with the appropriate modifiers and the usual and customary fee ▪ Diagnosis V03.82 or V05.8* is required ▪ Bill W8012	▪ Bill CPT code 90732 with the appropriate modifiers and usual and customary fee ▪ Diagnosis V03.82 or V05.8* is required ▪ Bill W8012

Billing Guidelines for PPV23, continued

Age/Type of Service	Health Departments	Private Providers
21 years of age and over	▪ Bill the appropriate evaluation and management code ▪ Bill CPT code 90732 with the usual and customary fee ▪ Diagnosis code V03.82 or V05.8* is required ▪ Do **not** bill an administration fee code	▪ Bill the appropriate evaluation and management code ▪ Bill CPT code 90732 with the usual and customary fee ▪ Diagnosis code V03.82 or V05.8* is required ▪ Do **not** bill an administration fee code
21 years of age and over without an exam or office visit	▪ Bill CPT code 90732 ▪ Bill administration fee code 90471 or 90472 ▪ Diagnosis code V03.82 or V05.8* is required	▪ Bill CPT code 90732 ▪ Bill administration fee code 90471 or 90472 ▪ Diagnosis code V03.82 or V05.8* is required

**** The ICD-9-CM coding book requires that the diagnosis code V03.8 be expanded to a fifth digit For this reason, the diagnoses listed for this vaccine should either be V03.82 or V05.8.***

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

Attention: Mental Health Providers

"Incident to Service" Policy Expanded to Include Licensed Psychological Associates

Effective August 1, 2000, the Division of Medical Assistance (DMA) has expanded the "incident to service" policy to include Licensed Clinical Social Workers (LCSW) and Clinical Nurse Specialists (CNS) who are masters level registered nurses with psychiatric certification in providing mental health/substance abuse services. The LCSW and CNS must be an employee of the supervising physician, physician group practice, or of the legal entity that employs the physician who provides direct personal supervision. (Refer to the August 2000 general Medicaid bulletin.)

Effective June 1, 2001, this policy is further expanded to allow licensed psychological associates (LPAs) to bill for services "incident to" if they are supervised and employed by Ph.D. psychologists or, as is currently the case, physicians.

This "incident to service" extension **only** applies to services for recipients under 21 years of age.

Carol Robertson, Behavioral Health Services Unit
DMA, 919-857-4025

Attention: All Providers

Prior Approval Process Modified

As a result of the enhancement to the Medicaid Management Information System (MMIS), effective March 26, 2001, the following changes were made to the Prior Approval (PA) numbering system and the PA number requirements for claims. There is no change in prior approval requirements or criteria. Those services that previously required prior approval continue to require prior approval.

1. Beginning March 26, 2001, the number issued for a prior approval action will be a thirteen-digit Service Review Number (SRN). The terminology "Service Review Number" and "SRN" replaces the previous terminology of "Prior Approval number" and "PA number." The SRN consists of four digits for the year, three digits for the Julian date, and six digits for the hour, minute, and second (YYYYJJJHHMMSS). For example, 2001015132545 would be interpreted as:

2001	015	13	25	45
YEAR 2001	JANUARY 15TH	ONE O'CLOCK IN THE AFTERNOON	TWENTY-FIVE MINUTES AFTER THE HOUR	FORTY-FIVE SECONDS AFTER THE MINUTE

2. If a service was approved prior to March 26, 2001, the original prior approval is valid through the duration of the approval period. Providers do not have to request a SRN for services previously prior approved.
3. All claims submitted on and after March 26, 2001, regardless of date of service or type of service, do not require a PA number or a SRN number on the claim.

For more information, refer to the article entitled *Renovation of the MMIS System – Identification Tracking Measurement Enhancement (ITME) Project* printed in the January 2001 general Medicaid bulletin. A copy of the bulletin can be accessed through the Internet at the Division of Medical Assistance's website at www.dhhs.state.nc.us/dma.

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

Need a Form?

The most frequently requested Medicaid forms are now available online at:

www.dhhs.state.nc.us/dma

Attention: Mental Health Providers

Billing Reminders for Residential Care Providers and Direct Enrolled Licensed Psychologists, Licensed Clinical Social Workers, Clinical Nurse Specialists and Nurse Practitioners

Residential Care providers Levels II through IV with four beds or more who are direct enrolled with Medicaid may bill using the UB-92 claim form following the billing instructions in the *November 2000 Special Bulletin II, Mental Health and Substance Abuse Guidelines*. However, until July 1, 2001, providers with four beds or more **may** continue to bill through the Area Mental Health Program (AMHP) if they so desire. The AMHP must use their provider number and will receive the Medicaid payment. After July 1, 2001, Level II through IV Residential Care providers with four beds or more **must** be directly enrolled with Medicaid and bill with their own provider number. Residential Care providers may contract with a billing agent if not planning to bill themselves. The billing agent would use the Residential Care Medicaid provider's number on all claims.

All admissions after January 1, 2001 to direct enrolled Residential Care providers must be prior approved by Value Options. Levels II and Levels III must obtain ongoing authorization after 120 days; Level IV must obtain ongoing authorization after 30 days. AMHPs must initially authorize all admissions.

Independently enrolled Licensed Psychologists, Licensed Clinical Social Workers, Clinical Nurse Specialists, and Nurse Practitioners serving children under 21 years of age may bill Medicaid using their provider numbers for dates of service beginning February 1, 2001 if they have obtained referral numbers and are appropriately enrolled. However, these providers may also choose to remain under contract with an AMHP with the AMHP billing Medicaid for their services. Providers under contract with AMHPs do not have to obtain prior authorization from Value Options after the 26th visit.

Please note that EDS will not be able to accept claims from recently enrolled Licensed Psychologists, Licensed Clinical Social Workers, Clinical Nurse Specialists, and Nurse Practitioners until **May 1, 2001**. However, this does not prohibit these providers from providing services beginning with their effective enrollment date, which can be as early as February 1, 200l. Billing cannot occur unless the referral numbers have been obtained prior to rendering the service.

Carolyn Wiser, Medical Policy Section
Reba Hamm, Medical Policy Section
DMA, 919-857-4020

Attention: Carolina ACCESS Primary Care Providers

Highlights of Carolina ACCESS Requirements for Provider Participation

In February 2000, the Division of Medical Assistance (DMA) Managed Care Section conducted a Provider Satisfaction Survey using a random sample of participating Carolina ACCESS (CA) primary care providers (PCPs). The information provided on the survey was beneficial to our efforts to provide a quality managed care program for Medicaid. DMA Managed Care appreciates the time providers spent completing the survey.

Responses to some of the questions indicate a need to review several contractual requirements. The requirements for participation as a CA PCP **include** the following:

- CA PCPs must provide routine well care within 90 days of presentation or notification (15 days for pregnancy), routine sick care within 3 days of presentation or notification, urgent care within 24 hours of presentation or notification, and emergency care immediately upon presentation or notification. (Refer to the July 2000 general Medicaid bulletin.)
- CA PCPs must provide prompt access to a qualified medical practitioner who is able to provide medical advice, consultation, and authorization for service when appropriate 24 hours per day, 7 days per week. Prompt is defined as **one** hour. A recorded telephone message instructing members to call back during office hours or go to the emergency room is **not** an acceptable option. Emergency room personnel may **not** be used for after-hours coverage. (Refer to Section 4.3 of the Agreement for Participation as a Primary Care Provider in North Carolina's Patient Access and Coordinated Care Program [Carolina ACCESS] and the November 2000 general Medicaid bulletin.)
- CA PCPs must have a provider available in the office to see patients a minimum of 30 hours per week. (Refer to Section 4.6 of the Agreement.)
- CA PCPs must establish and maintain age-appropriate hospital admitting privileges or have a Carolina ACCESS Patient Admission Agreement on file indicating a formal, written agreement with another physician or group practice for management of inpatient hospital admission of enrollees. Unassigned call doctors with the hospital are **not** an acceptable option. (Refer to Section 4.8 of the Agreement.)

Please review these requirements with your staff. If there are questions or comments, contact your local Managed Care Representative (MCR) or DMA's Managed Care Section at 919-857-4022.

Laurie Giles, Managed Care Section
DMA, 919-857-4022

Attention: Hospital Providers

Credit Balance Reviews

In April 2001, the Division of Medical Assistance (DMA) Third Party Recovery Section began onsite reviews of the credit balance reporting system at hospital facilities with a pilot program that involved six hospitals. Representatives of Public Consulting Group, Inc. (PCG) contacted and visited these facilities. Currently, DMA and PCG are reviewing the information obtained to begin this process with the hospital providers throughout the state.

Marilyn Vail, Third Party Recovery
DMA, 919-733-6294

Attention: Mental Health Providers

Removal of Limits to CPT Code 90862

Effective with dates of service May 1, 2001, edits have been removed that limit the billing of CPT code 90862 (pharmacologic management, including prescription, use and review of medication with no more than minimal medical psychotherapy) to once every 30 days. Beginning May 1, 2001, this code will not have any limitations nor will it be subject to prior approval. It will not count in the 26 unmanaged visits for the under 21 population but does count in the 24 annual visits for adults.

Carolyn Wiser, Medical Policy Section
Reba Hamm, Medical Policy Section
DMA, 919-857-4020

Electronic Commerce Services

If you are currently filing claims electronically
And change vendors or billing services

Please call EDS at 1-800-688-6696 (option “1”)

It is not necessary to complete a new ECS agreement

Attention: All Providers

Endoscopy CPT Base Codes and the Related Procedures for Group 25

The April 2001 general Medicaid bulletin included an article titled *Endoscopy CPT Base Codes and Their Related Procedures*. The following procedure codes represent the complete listing of related endoscopy codes for group 25. Please note, the codes shown in **bold** have been added to list of related codes.

Scopy Base and Related Code Group

Group	Base Code	Related Codes
25	52000	**52007**, **52010**, **52204**, **52214**, 52250, 52260, 52265, 52270, 52275-52277, 52281- 52283, 52285, 52290, 52300, **52301**, 52305, 52310, 52315, 52317-52318

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

Attention: Hospice Providers

Hospice Confirmation Numbering System Change

Effective March 26, 2001, the number issued to confirm the reporting of hospice participation will be a thirteen-digit Service Review Number (SRN), which will include the date and time of the issuance. The number is four digits for the year, three digits for the julian date, and six digits for the hour, minute, and second (YYYYJJJHHMMSS). The terminology "Service Review Number" and "SRN" replaces the previous terminology of "confirmation number."

If a confirmation number was given prior to March 26, 2001, the original confirmation number is valid through the duration of the hospice benefit period. Providers do not have to request a SRN for participation previously reported.

This change is part of the overall renovation of the claims payment system, the Medicaid Management Information System (MMIS). Refer to the article entitled *Renovation of the MMIS System – Identification Tracking Measurement Enhancement (ITME) Project* printed in the January 2001 general Medicaid bulletin. A copy of the bulletin can be accessed through the Internet at the Division of Medical Assistance's website at www.dhhs.state.nc.us/dma.

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

Attention: Dental Providers and Health Departments Dental Clinics

Dental Seminar Schedule

Seminars for dental providers are scheduled in June 2001. This seminar will focus on the information from the *N.C. Medicaid Dental Services Manual*, completion of the 1999 ADA claim form, procedure codes, the most common denials, and general Medicaid issues. Medicaid billing personnel, supervisors, and office managers are encouraged to attend.

Note: Bring your 2000 Dental Services Manual. Additional manuals will be available for purchase at a cost of $10.00.

Due to limited seating, preregistration is required. Unregistered providers 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 13 of this bulletin.

Tuesday, June 5, 2001
Catawba Valley Technical College
Highway 64-70
Hickory, NC
Auditorium

Tuesday, June 12, 2001
Ramada Inn Plaza
3050 University Parkway
Winston-Salem, NC

Tuesday, June 19, 2001
Coast Line Convention Center
501 Nutt Street
Wilmington, NC

Monday, June 25, 2001
WakeMed
Andrews Conference Center
(formerly the MEI Conference Center)
3000 New Bern Avenue
Raleigh, NC

(cut and return registration form only)

Dental Seminar Registration Form
(No Fee)

Provider Name _____ Provider Number _____
Address _____ Contact Person _____
City, Zip Code_____ County _____
Telephone Number (___) _____ Fax Number (___) _____ E-mail Address _____
_____ persons will attend the seminar at _____on _____
(location) (date)

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

Directions to the Dental Seminars

The registration form for the Dental Seminars is on page 12 of this bulletin.

HICKORY, NORTH CAROLINA

CATAWBA VALLEY TECHNICAL COLLEGE

Take I-40 to exit 125 and go approximately ½ mile to Highway 70. Travel east on Highway 70. The college is approximately 1½ mile on the right. Ample parking is available. Entrance to Auditorium is between the Student Services and the Maintenance Center. Follow sidewalk (toward satellite dish) and turn right to Auditorium entrance.

WINSTON-SALEM, NORTH CAROLINA

RAMADA INN PLAZA

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

WILMINGTON, NORTH CAROLINA

COAST LINE CONVENTION CENTER

Take I-40 East into Wilmington to Highway 17 – just off I-40. Turn left onto Market Street. Travel approximately 4 or 5 miles to Water Street. Turn right onto Water Street. The Coast Line Inn is located one block from the Hilton on Nutt Street behind the Railroad Museum.

RALEIGH, NORTH CAROLINA

WAKEMED ANDREWS CONFERENCE CENTER (FORMERLY MEI CONFERENCE CENTER)

Driving and Parking Directions

Take the I-440 Raleigh Beltline to New Bern Avenue, exit 13A (New Bern Avenue, Downtown). Travel toward WakeMed. Turn left onto Sunnybrook Road.

Parking is available at the former CCB Bank parking lot, a short walk to the conference facility. The entrance to the Conference Center is at the top of the stairs to Wake Med's Medical Education Institute.

Parking is also available on the **top two levels** of Parking Deck P3. To reach this deck, exit the I-440 Beltline, exit 13A. Proceed to the Emergency entrance of the hospital (on the left). Follow the access road up the hill to the gate for Parking Deck P3. After parking in P3, walk down the hill past the Medical Office Building and past the side of the Medical Education Institute. Turn right at the front entrance of the building and follow the sidewalk to the Conference Center entrance.

Illegally parked vehicles will be towed. Parking is **not** permitted at East Square Medical Plaza, Wake County Human Services, the P4 parking lot or in front of the Conference Center.

Attention: All Providers

Basic Medicaid Seminar Schedule

Seminars for Basic Medicaid are scheduled for June 2001. The seminars are intended for providers who are new to N.C. Medicaid program. Topics to be discussed will include, but are not limited to, provider enrollment requirements, billing instructions, eligibility issues, and Managed Care, including Carolina ACCESS and HMOs. Persons inexperienced in billing N.C. Medicaid are encouraged to attend.

Due to limited seating, preregistration is required and limited to two staff members per office. Unregistered providers 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 to the sites are available on page 15 of this bulletin.

Wednesday, June 6, 2001
A-B Technical College
340 Victoria Road
Asheville, NC
Laurel Auditorium

Tuesday, June 12, 2001
Coast Line Convention Center
501 Nutt Street
Wilmington, NC

Monday, June 18, 2001
WakeMed
Andrews Conference Center
(formerly the MEI Conference Center)
3000 New Bern Avenue
Raleigh, NC

Wednesday, June 20, 2001
Ramada Inn Plaza
3050 University Parkway
Winston-Salem, NC

(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 (___) _____ E-mail Address _____

1 or **2** (circle one) person(s) will attend the seminar at _____ on _____
(location) (date)

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

Directions to the Basic Medicaid Seminars

The registration form for the Basic Medicaid Seminars is on page 14 of this bulletin.

ASHEVILLE, NORTH CAROLINA

A-B TECHNICAL COLLEGE

Directions to the College
Take 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. 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

COAST LINE CONVENTION CENTER

Take I-40 east to Wilmington. Take the Highway 17 exit. Turn left onto Market Street. Travel approximately 4 or 5 miles to Water Street. Turn right onto Water Street. The Coast Line Inn is located one block from the Hilton on Nutt Street behind the Railroad Museum.

WINSTON-SALEM, NORTH CAROLINA

RAMADA INN PLAZA

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

RALEIGH, NORTH CAROLINA

WAKEMED ANDREWS CONFERENCE CENTER (FORMERLY MEI CONFERENCE CENTER)

Driving and Parking Directions
Take the I-440 Raleigh Beltline to New Bern Avenue, exit 13A (New Bern Avenue, Downtown). Travel toward WakeMed. Turn left onto Sunnybrook Road.

Parking is available at the former CCB Bank parking lot, a short walk to the conference facility. The entrance to the Conference Center is at the top of the stairs to WakeMed's Medical Education Institute.

Parking is also available on the **top two levels** of Parking Deck P3. To reach this deck, exit the I-440 Beltline at exit 13A. Proceed to the Emergency entrance of the hospital (on the left). Follow the access road up the hill to the gate for Parking Deck P3. After parking in P3, walk down the hill past the Medical Office Building and past the side of the Medical Education Institute. Turn right at the front entrance of the building and follow the sidewalk to the Conference Center entrance.

Illegally parked vehicles will be towed. Parking is **not** permitted at East Square Medical Plaza, Wake County Human Services, the P4 parking lot or in front of the Conference Center.

Checkwrite Schedule

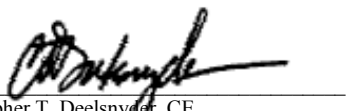
May 8, 2001	June 12, 2001	July 10, 2001
May 15, 2001	June 19, 2001	July 17, 2001
May 22, 2001	June 28, 2001	July 26, 2001
May 31, 2001		

Electronic Cut-Off Schedule

May 4, 2001	June 8, 2001	July 6, 2001
May 11, 2001	June 15, 2001	July 13, 2001
May 18, 2001	June 22, 2001	July 20, 2001
May 25, 2001		

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



Christopher T. Deelsnyder, CE
Administrative Process Management
EDS

EDS

P.O. Box 300001
Raleigh, North Carolina 27622

Presorted Standard
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