North Carolina Medicaid Bulletin

An Information Service of the Division of Medical Assistance

Published by EDS, fiscal agent for the North Carolina Medicaid Program

Number 6

June 1998

Attention: All Providers

Holiday Observance

The Division of Medical Assistance (DMA) and EDS will be closed on Friday, July 3, 1998, in observance of Independence Day.

EDS

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

Attention: All Physicians

Meridia Covered for Morbid Obesity Only

Meridia will be reimbursable by the Medicaid program only for those patients who have a documented diagnosis of morbid obesity. The physician or prescriber is required to write the diagnosis on the face of the prescription in his/her own handwriting. In the absence of such documentation, the prescription will not be covered by the Medicaid program and if dispersed, payment will be the responsibility of the recipient. This policy is subject to audit by appropriate staff in Program Integrity.

Medical Policy DMA, 919-857-4020

Attention: Hospice Providers

Physician Certification of Terminal Illness

The Balanced Budget Act (BBA) of 1997 eliminated the previous policy which stated, "If the physician's certification is verbal, obtain the written certification no later than eight days after the effective date". Effective June 1, 1998, you must have the physician's written certification of the terminal illness in your records prior to submitting a claim.

Certification (verbal/written) by the physician for hospice care continues to be required at the beginning of each benefit period. It must be obtained no later than two days after hospice care begins.

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

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

Page Number Index Billing Medicaid Recipients for Missed Appointments (All Providers) ------Directions to Seminars (OB/GYN and Certified Nurse Midwife Providers) ------11 Holiday Observance (All Providers)------1 Home Infusion Therapy Individual Visits (HIT Providers) -----7 Independent Practitioner Providers Seminars (Physical Therapists, Occupational Therapists, Respiratory Therapists, and Merida Coverage for Morbid Obesity Only (All Physicians)-----1 OB/GYN Seminar Schedule (OB/GYN and Certified Nurse Midwife Providers) ------9 Obtaining Authorization for DME and PDN Services for Recipients Enrolled in a Health Maintenance Organization (DME and PDN Providers) ------ 2 Physician Certification of Terminal Illness (Hospice Providers) -----1 Prior Approval for Hearing Aids (Hearing Aid Providers) ------2 RHCs and FQHCs Seminars (RHC and FQHC Providers)------ 4 Special W-9 (All Providers)------ 6 Tax Identification Information (All Providers) ------5 When to Attach a Voucher if Medicare or Another Carrier is Primary (All Providers) ------ 4

Billing Medicaid Recipients for Missed Appointments

Health Care Financing Administration (HCFA) policy prohibits billing Medicaid recipients for missed appointments. Medicaid programs are State designed and administered within Federal policy established by HCFA. Federal requirements mandate that providers who participate in the Medicaid program must accept the payment of the agency as payment in full; with the exception of authorized cost sharing by recipients (i.e., deductibles, coinsurance, copayments). According to the HCFA Program Issuance Transmittal Notice MCD-43-94, missed appointments are part of the overall cost of doing business.

EDS

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

Attention: Durable Medical Equipment and Private Duty Nursing Providers

Obtaining Authorization for Durable Medi cal Equipment (DME) and Private Duty Nursing (PDN) Services for Recipients Enrolled in a Health Maintenance Organization

The State of North Carolina currently contracts with Health Maintenance Organizations (HMOs) to provide a package of services to certain Medicaid recipients in Chatham, Durham, Gaston, Harnett, Mecklenburg, Orange, Person, and Wake Counties. As early as July 1998, HMOs will also be offered in other areas of the state, including Alamance, Davidson, Forsyth, Guilford, Rockingham, and Stokes Counties. HMOs are responsible for authorizing and reimbursing medically necessary DME and PDN services. Therefore, when a recipient is enrolled in an HMO, DME and PDN providers must contact the recipient's HMO to request authorization of services, prior to rendering the service.

DME and PDN providers are responsible for verifying Medicaid eligibility as well as HMO enrollment every month. The Medicaid Identification (MID) Card provides eligibility and HMO enrollment information. HMO enrollment is printed in the middle of the MID card and lists the HMO's name, address, and telephone numbers. The Member Services telephone number is first and is used to request authorization of services for HMO members.

HMO enrollment is also verified through EDS Voice Inquiry at 800-723-4337. If Voice Inquiry verifies that a Medicaid recipient is enrolled with an HMO, the provider may then call DMA's Managed Care Unit at 919-857-4022 for specific HMO information. Electronic Data Interchange is another source for eligibility and HMO enrollment information.

Managed Care Unit DMA, 919-857-4022

Attention: Hearing Aid Providers

Prior Approval for Hearing Aids

Effective July 1, 1998, all prior approval requests for hearing aids must include the model name, number and the approximate cost. Any requests received by the EDS Prior Approval Unit which do not have this complete information will be returned to the provider.

Please be sure to attach the medical and audiological evaluations to the form to prevent a delay in processing the request. Digital and programmable hearing aids are not covered by the N. C. Medicaid Program.

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

Medicaid Income Limits

Medicaid income limits that are based on the federal poverty level have increased. The new amounts are shown in the following tables.

Please encourage any of your non-Medicaid patients who do not appear to have the financial ability to pay for medical care and fit into any of the groups listed below to go to their county department of social services to file an application for Medicaid.

Pregnant Women and Infants under Age 1 185% of Poverty (No asset test) Effective 4/1/98		Children Ages 1 to 6 133% of Poverty (No asset test) Effective 4/1/98	
Family Size	Monthly Income Limit	Monthly Income Limit	
1	\$1242.00	\$893.00	
2	\$1673.00	\$1203.00	
3	\$2105.00	\$1513.00	
4	\$2537.00	\$1824.00	
Children Ages 6 to 19 100% of Poverty (No asset test) Effective 4/1/98		Medicare Beneficiaries 100% of Poverty Effective 4/1/98	
Family Size	Monthly Income Limit	Monthly Income Limit	
1	\$671.00	\$671.00	
2	\$905.00	\$905.00	
3	\$1138.00	Asset limit for 1 - \$4,000	
4	\$1371.00	Asset limit for 2 - \$6,000	

Pregnant women who meet the income limit are eligible for pregnancy related services including labor and delivery. They receive a pink Medicaid identification (MID) card.

Children under age 19 who meet the income limit are eligible for all Medicaid covered services. They receive a blue MID card.

Medicare Part A beneficiaries who meet the income and assets limits are eligible for Medicaid payment of their Medicare premiums, deductibles, and coinsurance for Medicare covered services. They usually receive a buff colored MID card. However, some individuals are dually eligible as Medicaid and as a Qualified Medicare Beneficiary. In those cases, a blue MID card is issued and recipients are eligible for all Medicaid covered services, including payment of their Medicare deductibles and coinsurance.

Medicaid Eligibility Unit DMA, 919-857-4019

Attention: Independent Practitioner Providers (Physical Therapists, Occupational Therapists, Respiratory Therapists, and Audiologist/Speech Therapists)

Independent Practitioner Provider (IPP) Seminars

Independent Practitioner Provider (IPP) seminars will be held in August 1998. The July Medicaid Bulletin will have the registration form for the seminars and a list of site locations. Please suggest topics you would like addressed at the seminars. List topics and issues below and return to:

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

Attention: All Providers Who Bill on HCFA - 1500 Paper Claims

When to Attach a Voucher if Medicare or Another Carrier is Primary

When a Medicaid recipient has <u>Medicare as the primary payor</u>, you must always bill Medicare <u>before</u> billing Medicaid.

- Always attach a Medicare EOMB (Explanation of Medicare Benefits) voucher to the claim.
- Include the **full page** of the EOMB. The header information is needed in order to properly key allowed amounts and other fields. Vouchers that have been cut up cannot be microfilmed and will be returned. You may block out other names on your EOMB if you desire but all information sent to Medicaid is considered confidential.
- Send **one voucher for each** claim. If one voucher is used for multiple claims, all will be returned to you.

When a Medicaid recipient has **another private insurance carrier as the primary payor**, you must always bill the other primary carrier <u>before</u> billing Medicaid.

- If the recipient has other insurance (other than Medicare or in combination with Medicare) and a payment was made which was greater than \$1, indicate this payment on the HCFA-1500 in Block 29.
- If the recipient has other private insurance but the amount paid was less than \$1, attach the voucher and mail the claim to Provider Services for review.

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

• If no payment was made by the other insurance carrier, **you must submit a voucher** showing the denial and explanation.

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

Attention: Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)

RHC and FQHC Seminars

Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) seminars will be held in August 1998. The July Medicaid Bulletin will have the registration form for the seminars and a list of site locations. Please suggest topics you would like addressed at the seminars. List topics and issues and return to:

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

Tax Identification Information

Alert - Tax update requested

North Carolina Medicaid must have proper tax information for all providers. This will ensure correct issuance of 1099 MISC forms each year and also ensure the correct tax information is provided to the IRS. If inappropriate information is given or is on file, this can result in IRS mandatory 31% withholding of payments made by Medicaid. Be sure the individual responsible for maintenance of tax information in your organization receives the following information.

How to verify tax information

The last page of your Medicaid Remittance and Status (RA) report indicates the provider tax name and number (FEIN) Medicaid has on file. Refer to the Medicaid RA throughout the year for each provider number to ensure we have the proper information. The tax information needed for a group practice is as follows: (1) Group tax name and group tax number; (2) Attending Medicaid provider numbers in group. If you do not have a Medicaid RA, call Provider Services 1-800-688-6696 or 919-851-8888 to verify the tax information on file for each provider number.

Providers should complete a special W-9 (see next page) for all provider numbers with **incorrect** information on file. Instructions for completing the special W-9 are listed below.

- Fill in the North Carolina Medicaid Provider Name Block (this must be completed)
- Fill in the North Carolina Medicaid Provider Number (this must be completed)
- <u>Part I Correction field</u> Indicate your tax identification number exactly as the IRS has on file for you and/or your business. Do not put your Social Security Number unless you are an individual or sole proprietor
- Part II Correction field Indicate your tax name exactly as the IRS has on file for you and/or business
- <u>Part III</u> Indicate the appropriate type of organization for your tax identification number. Please note, if you are using your Social Security Number as your tax identification number, you must select individual/sole proprietor as type of organization
- <u>Part IV</u> An authorized person <u>MUST</u> sign and date this form, otherwise it will be returned as incomplete and your tax data *will not* be updated

Send completed and signed forms to:

EDS 4905 Waters Edge Drive		
Raleigh NC 27606	OR	FAX to (919) 851-4014
Attention: Provider Enrollment		Attention: Provider Enrollment

Change of ownership

Contact DMA Provider Enrollment at 919-857-4017 to report all changes in business ownership. If necessary, a new Medicaid provider number will be assigned and Provider Enrollment will ensure the correct tax information is on file for Medicaid payments. If you *do not contact* DMA and *continue to use a provider number* with incorrect tax data, you could *become liable for taxes* on income not received by your business. DMA will assume no responsibility for penalties assessed by the IRS or for misrouted payments prior to written receipt of notification of ownership changes.

Group practice changes

When a physician leaves or a physician is added to a group practice, contact DMA Provider Enrollment to update Medicaid enrollment and tax information. Remember, without notifying DMA Provider Enrollment, the wrong tax information could remain on file and your business could become liable for taxes on Medicaid payments you did not receive.

EDS

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

Special W-9

Complete all four parts below and return to EDS. Incomplete forms will be returned to you for proper completion.

Provider Name:		Provider Number:	
D (I D 'I T	T1 /*@ /* NT 1		

Part I. Provider Taxpayer Identification Number:

Your tax identification number should be reflected below <u>exactly as the IRS has on file</u> for you and/or your business. Please verify the number on file (per the last page of your most recent RA) and update as necessary in the correction fields listed below:

Correction Field (please write clearly in black ink):

Employer Identification Number/Taxpayer Identification Number

Social Security Number **If you do not have an employer ID then indicate social security number if you are an individual or sole proprietor only

Part II. Provider Tax Name:

Your tax name should be reflected below <u>exactly as the IRS has on file</u> for you and/or your business. Individuals and sole proprietors must use their proper personal names as their tax name. Please verify the name on file (per the last page of your most recent RA) and update as necessary in the correction fields listed below:

Correction Field:

Part III. Type of Organization - Indicate below:

Corporation/Professional Association	Individual/Sole Proprietor	Partnership
Other:	Government:	

Part IV. Certification

Certification - Under the penalties of perjury, I certify that the information provided on this form is true, correct, and complete.

Signature	Title	Date	
EDS Office Use Only			
Date Received:	Name Control:	Date Entered:	

Attention: Home Infusion Therapy (HIT) Providers

Home Infusion Therapy Individual Visits

EDS is offering individual provider visits for all Home Infusion Therapy (HIT) providers. If there are any questions regarding general Medicaid guidelines, policy changes, billing information, or claims follow-up procedures, please complete and return the form below. An EDS Provider Representative will contact you to schedule a visit.

(cut and return request form only)		
<u>HIT Prov</u>	vider Visit Request Form (No Fee)	
Provider Name	_ Provider Number	
Address	_ Contact Person	
City, Zip Code	_County	
Telephone Number	Date	

List any specific concerns you would like us to address in the space provided below:

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

This Page Intentionally Left Blank

Attention: OB-GYN and Certified Nurse Midwife Providers

OB/GYN Seminar Schedule

Seminars for OB-GYN providers will be held in July 1998. Business office managers, Medicaid billing supervisors, and other billing personnel should plan to attend. These seminars will review program guidelines, coding, claim form completion, and follow-up, as well as focus on the most common denials for this provider type. Electronic claims submission will also be discussed and encouraged to facilitate faster claims payment.

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. **Preregistration is strongly recommended**.

Directions are available on page 11 of this bulletin.

Wednesday, July 1, 1998 Ramada Inn Airport Central 515 Clanton Road Charlotte, NC	Tuesday, July 7, 1998 WakeMed MEI Conference Center 3000 New Bern Avenue Raleigh, NC	Friday, July 10, 1998 Catawba Valley Technical College Highway 64-70 Hickory, NC Auditorium	
Tuesday, July 14, 1998	Friday, July 17, 1998	Tuesday, July 21, 1998	
Martin Community College	Howard Johnson Plaza-Hotel	Ramada Inn Plaza	
Kehakee Park Road Williamston, NC	5032 Market Street Wilmington, NC	3050 University Parkway Winston-Salem, NC	
Auditorium	winnington, NC	w inston-saleni, NC	
	(cut and return registration form only)		
<u>U</u>	B-GYN Provider Seminar Registration For (No Fee)	<u>m</u>	
Provider Name	Provider Number		
Address	Contact Person		
City, Zip Code	County		
Telephone Number	Date		
persons will attend the seminar atonon			
-	(location)	(date)	
E P	rovider Relations DS .O. Box 300009 aleigh, NC 27622		

This Page Intentionally Left Blank

Directions to the OB/GYN Seminars

Registration forms for these workshops are on pages 7 and 9 of this bulletin.

Ramada Inn Airport Central - Charlotte July 1, 1998 - OB/GYN

I-77 to Exit 7. Ramada Inn is located right off I-77 on Clanton Road. Signs will be posted with room locations.

<u>WakeMed MEI Conference Center - Raleigh</u> July 7, 1998 - OB/GYN

Take the I-440 Raleigh Beltline to New Bern Avenue, Exit 13A (New Bern Avenue, Downtown). Go toward WakeMed. Turn left at Sunnybrook road and park at the East Square Medical Plaza which is a short walk from the conference facility.

<u>Catawba Valley Technical College - Hickory</u> July 10, 1998 - OB/GYN

Take I-40 to Exit 125 and go approximately 1/2 mile to Highway 70. Head East on Highway 70 and College is approximately 1.5 miles on the right.

<u>Martin Community College - Williamston</u> July 14, 1998 - OB/GYN

July 14, 1990 - OD/0110

Take Highway 64 into Williamston. College is approximately 12 miles west of Williamston. The Auditorium is located in Building 2.

Howard Johnson Plaza-Hotel - Wilmington July 17, 1998

Johnson Plaza-Hotel is located on the left.

I-40 East into Wilmington to Highway 17 - just off of I-40. Turn left onto Market Street and Howard

<u>Ramada Inn Plaza, Winston-Salem</u> July 21, 1998 - OB/GYN

I-40 Business to Cherry Street Exit. Continue on Cherry Street for 2-3 miles. Get in the left hand turn lane and make a left at IHOP Restaurant. The Ramada Inn Plaza is located behind the IHOP Restaurant.

Checkwrite Schedule

June 9, 1998 June 16, 1998 June 23, 1998 June 30, 1998	July 7, 1998 July 14, 1998 July 23, 1998	August 4, 1998 August 11, 1998 August 18, 1998 August 27, 1998
	Electronic Cut-Off Schedule *	
June 5, 1998 June 12, 1998 June 19, 1998 June 24, 1998	July 2, 1998 July 10, 1998 July 17, 1998	July 31, 1998 August 7, 1998 August 14, 1998 August 21, 1998

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

Paul R. Perruzzi, Director Division of Medical Assistance Department of Health and Human Services James R. Clayton Executive Director EDS

EDS

P.O. Box 30968 Raleigh, North Carolina 27622 Bulk Rate U.S. POSTAGE PAID Raleigh, N.C. Permit No. 1087