

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 10

October 1998

Attention: All Providers

Holiday Observance

The Division of Medical Assistance (DMA) and EDS will be closed Wednesday, November 11, 1998, in observance of Veterans Day.

DMA and EDS will also be closed Thursday, November 26, 1998 and Friday, November 27, 1998 in observance of the Thanksgiving holiday.

Attention: All Providers

Year 2000 Update

North Carolina's Medicaid Management Information System (MMIS) is internally Year 2000 compliant. Providers should be aware that certain claim data elements will be expanded to accommodate century information. Providers should communicate with their programmers and/or software vendors regarding required changes. For specific claim types and formatting changes, please refer to the March 1998 special bulletin entitled Year 2000 Changes.

Providers will be notified in the North Carolina Medicaid Bulletin of specific dates on which claims can be submitted in Year 2000 specification. A transition period during which Year 2000 and "old" format are both acceptable is planned.

Year 2000 compliant claims will be accepted starting with the end of the first quarter calendar year 1999; a specific effective date will be reported in a subsequent bulletin along with specific claims format changes.

EDS

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

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

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Attention: All Providers

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 919-851-8888 or 1-800-688-6696 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**)
- Part I Correction field - 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
- Part III - 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
- Part IV - An authorized person **MUST** 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 by 12/11/98 to:

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

Part I. Provider Taxpayer Identification Number:

Your tax identification number should be reflected below exactly as the IRS has on file 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 exactly as the IRS has on file 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: All Providers Performing Laboratory Services

Clinical Laboratory Improvements Amendment Number Required on HCFA-1500 Claim

Effective for claims received on and after November 1, 1998, providers must enter the CLIA number of the laboratory performing the service in block 23 on the HCFA 1500-claim form.

When multiple laboratories provide services for the same recipient, a separate claim must be filed for each laboratory. Each claim must include the appropriate CLIA certificate number for the laboratory.

For example, if Laboratory A performs CPT code 87301 and Laboratory B performs CPT code 88304, a separate claim for CPT 87301 must be submitted since the CLIA number for that laboratory will be different from the laboratory performing CPT 88304.

Claims will deny with EOB 1204 when one of the following conditions exists:

- There is no CLIA number on the claim, and a laboratory service is billed
- The CLIA number on the claim is invalid
- The CLIA number is valid, but the service billed is outside the scope of the laboratory's CLIA certificate (i.e., the laboratory holds a Certificate of Waiver, and a Provider Performed Microscopy Procedure) is billed
- The services billed are outside the effective dates of the CLIA certificate

Note: Previously, block 23 of the HCFA-1500 was only used for prior approval (PA) numbers. Block 23 will now be a dual-purpose field for the PA number and the CLIA number. However, only one number can be entered into block 23 on each claim. If a laboratory test and a procedure code requiring a PA number are billed on the same claim, the laboratory service will deny if the PA number is entered. The service requiring prior approval will deny with EOB 023 if the CLIA number is entered. In this situation, separate claims must be submitted, with the respective Prior Approval or CLIA numbers entered in block 23.

EDS

1-800-668-6696 or 919-851-8888

Attention: Home Health Agencies, Personal Care Services (PCS) Providers, Home Infusion Therapy (HIT) Providers, Community Alternatives Program (CAP) Providers, Private Duty Nursing (PDN) Providers and Hospices

Annual Revision of the Community Care Manual

This year, instead of receiving the annual revision of the Community Care Manual in October, providers of Home Health, PCS (in private residences), HIT, CAP services, PDN and Hospice can expect to receive a complete, reprinted manual in January. The reprint will incorporate the changes that have occurred since October 1997. EDS and DMA are issuing the reprint to help providers assure that they have current material.

EDS

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

Attention: Home Health Agencies, Private Duty Nursing Providers (PDN), and Community Alternatives Program (CAP) Case Managers

Clarification of Diaper Code W4638

The description for HCPCS Code W4638 is clarified to include pull-ups. The description should now read, "Disposable diapers, including pull-ups (all sizes)". The maximum reimbursement rate is unchanged.

Disposable diapers and pull-ups serve the same purpose for the incontinent patient. The pull-up-type diaper may be more appropriate for the patient whose functional ability would allow self-management.

Providers are reminded that reusable incontinence undergarments and the disposable liners are CAP waiver supplies and are not covered under Home Health medical supplies.

Providers must bill their usual and customary rates for all Home Health supplies.

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

Attention: Home Health Agencies and Private Duty Nursing Providers

Addition of Enteral-Related Tubing to the Home Health Medical Supply Fee Schedule

Effective with date of service October 1, 1998, home health providers may bill the following enteral-related tubing:

HCPC Code	Billing Description	Maximum Unit	Rate/Unit
B4081	Nasogastric tubing with stylet	Each	\$19.78
B4082	Nasogastric tubing without stylet	Each	\$14.73
B4083	Stomach Tubing - Levine type	Each	\$2.25
B4084	Gastrostomy/Jejunostomy tubing	Each	\$17.03

These items were added to the supply list to ensure availability in situations where it is medically necessary to replace or adjust the tubing, or when the home health nurse is teaching the patient or caregiver to administer enteral nutrition.

When the patient's physician orders a Foley catheter to be used as a gastrostomy tube, providers must use the Foley catheter HCPCS code and rate.

To avoid duplication or overlap of services, providers are reminded they must coordinate services when a Durable Medical Equipment (DME) or Home Infusion Therapy (HIT) company is providing enteral nutrition and related supplies or equipment.

Providers must bill their usual and customary charges.

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

Attention: Hospices, Durable Medical Equipment Providers and Home Health Agencies

Billing Reminder for Hospice Patients

The Quality Assurance Section has conducted a study of hospice patients to identify possible duplicate payments to other provider types. The findings indicate that home health agencies and DME providers are erroneously billing Medicaid for services that are related to the hospice patient's terminal illness. The services are part of Medicaid's Hospice benefit. They are the responsibility of the hospice and may not be billed to Medicaid by other providers.

Home Health agencies and DME providers are reminded to determine possible Medicaid or Medicare Hospice participation when providing services to terminally ill patients. If the patient has elected the Medicare and/or Medicaid Hospice benefit and the service is related to the terminal illness, contact the hospice agency. The hospice may wish to enter into a contractual arrangement with the home health agency or DME provider to provide the care and bill the hospice.

Example 1

A hospice patient has end-stage pulmonary disease and now requires oxygen for palliative care. The hospice is responsible for the care. A DME provider may not bill Medicaid for the oxygen. The hospice and DME provider may wish to enter into a contract for the DME provider to supply the oxygen and bill the hospice.

Example 2

A hospice patient with terminal cancer requires home health aide and homemaker services for personal care and home management needs. Because the care is related to the terminal illness, it is the responsibility of the hospice. A home health agency may not bill Medicaid for the care. The hospice and home health agency may wish to enter into a contract for the home health agency to provide the care and bill the hospice.

EDS

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

Attention: All Health Check Providers

Health Check Program

Due to reorganization at DMA, North Carolina's Health Check Program is now administered by the Managed Care Section of the Division of Medical Assistance.

This change will enable us to integrate preventive care for children with Medicaid managed care delivery systems more effectively. Please note that the DMA contact phone number has changed. Coverage questions should continue to be directed to EDS Provider Relations at 919-851-8888 or 800-688-6696.

Managed Care Section

919-857-4022 or 800-228-8142

Attention: All Providers

Assistant Surgeon Reimbursement

Effective with claims processed on or after November 1, 1998, Medicaid will adopt Medicare's assistant surgeon reimbursement rate of 16% of the global fee payment to the primary surgeon. At this time, no changes will occur to billing procedures.

EDS

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

Attention: All Providers

Medicaid Managed Care Update

DMA's Managed Care Section administers both the Carolina ACCESS program and the Medicaid HMO Risk Contract program. Both of these programs have continued to expand over the past several months.

As of October 1, 1998, Carolina ACCESS is operating in 92 counties in North Carolina. This Primary Care Case Management (PCCM) program is scheduled for implementation in the following counties:

- November 1998:** Watauga County
- December 1998:** Alleghany County, Ashe County, Carteret County, Dare County, Hyde County, and Jones County

For information regarding participation with Carolina ACCESS, please contact the Managed Care Section's Program Operations staff at (919) 857-4022.

DMA contracts with the following HMOs to serve Medicaid recipients:

<u>Name and Address of HMO</u>	<u>Available in these Counties</u>
Atlantic Health Plans 11525 Carmel Commons Blvd., Suite 200 Charlotte, NC 28226 (800)346-1075	Mecklenburg County
Generations Family Health Plan 6330 Quadrangle Drive, Suite 100 Chapel Hill, NC 27514 (888)326-7526	Alamance, Chatham, Durham, Harnett, Orange and Wake Counties
Maxicare of NC, Inc. 5550 77 Center Drive, Suite 380 Charlotte, NC 28217 (704)527-0689	Durham, Gaston, Harnett, Mecklenburg, Person and Wake Counties
Optimum Choice of the Carolinas, Inc. 4421 Stuart Andrew Blvd., Suite 603 Charlotte, NC 28217 (800)469-8471	Durham, Forsyth, Gaston, Guilford, Harnett, Mecklenburg, Orange, and Wake Counties
The Wellness Plan of NC, Inc. 4601 Park Road, Suite 550 Charlotte, NC 28209-3239 (800)794-9355	Gaston and Mecklenburg counties
United HealthCare of NC, Inc. 2307 W. Cone Blvd. Post Office Box 26303 Greensboro, NC 27438-6303 (336)282-6295	Davidson, Forsyth, Guilford, and Rockingham Counties

Enrollment in an HMO or C. W. Williams, a Federally Qualified Health Center, is mandatory for most Medicaid recipients in Mecklenburg County. Recipients in the other counties choose between Carolina ACCESS and an HMO.

For information regarding participation with an HMO, contact the HMOs' provider network staff at the telephone numbers listed above.

Managed Care Section
919-857-4022

Attention: All Providers

Fee Schedules, Reimbursement Plans and Medicaid Bulletin Subscriptions

Request for Paper Schedules/Plans

To defray the cost of reproducing fee schedules and reimbursement plans released through the Financial Operations Section of the Division of Medical Assistance (DMA), minimal charges are indicated in the listing below. All requests for publications **must be made on the form below and accompanied with a check when mailed in** payable to the DMA at the following address or you can fax your request as indicated below:

Division of Medical Assistance
 Financial Operations - Fee Schedules
 1985 Umstead Drive
 PO Box 29529
 Raleigh, North Carolina 27626-0529

PLEASE NOTE : PHONE REQUESTS ARE NOT ACCEPTED

You may fax your request to (919) 715-0896. You will then be billed for the amount of the fee schedule, etc. you have ordered.

Do not mail your requests for paper schedules to EDS. There is a charge of \$0.20 per page for documents exceeding 10 pages. Requests for all other reimbursement plans or fees with less than 10 pages are charged a flat fee of \$2.00 per fee schedule. These charges are subject to change due to additions/deletions in the documents. If your agency requires an invoice to prepare a check, you may fax your request along with the form below.

<input type="checkbox"/> After Care Surgery Period	\$3.60
<input type="checkbox"/> Ambulatory Surgery Center	\$4.00
<input type="checkbox"/> Anesthesia Base Units	\$4.40
<input type="checkbox"/> Dental	\$2.00
<input type="checkbox"/> DME	\$2.00
<input type="checkbox"/> Home Health	\$2.00
<input type="checkbox"/> Home Infusion Therapy	\$2.00
<input type="checkbox"/> Hospital Reimbursement Plan	\$4.20
<input type="checkbox"/> ICF/MR Reimbursement Plan	\$4.00
<input type="checkbox"/> Laboratory	\$2.00
<input type="checkbox"/> Nurse Midwife	\$2.00
<input type="checkbox"/> Nursing Facility Reimbursement Plan	\$5.40
<input type="checkbox"/> Optical and Visual Aids	\$2.00
<input type="checkbox"/> Physician Fees (includes X-Ray)	10.40
<input type="checkbox"/> Prosthetics and Orthotics	\$2.60
<input type="checkbox"/> Portable X-Ray	\$2.00

Requestor: _____ Provider Type: _____

Address _____

_____ Technical Contact: _____

Phone: _____

Request for Diskette of Fee Schedules

Fee schedules on diskette are only available from EDS. Complete the request below and attach a check made payable to EDS for the total amount due. Payment must accompany this request. Requests without payments will not be honored.

The **PHYSICIAN FEE SCHEDULE** and the **ANESTHESIA BASE UNIT SCHEDULE** are available on diskette. The North Carolina Division of Medical Assistance stipulates that the information provided may be used only for your internal analysis. The actual billed amount on your claims must always contain your regular billed amount and not the price on the fee schedule unless the listed price represents what you normally bill another payor or patient. DMA considers the billed amount in their rate setting efforts.

Please complete the information below with each request:

Requestor: _____

Address: _____

Technical Contact: _____

Phone: _____

Type of File:

3 1/2" PC Diskette (check one):

ASCII TEXT FILE

Type of Fee Schedule/Cost (check one): Diskette

Physician Fee Schedule \$50.00

Anesthesia Fee Schedule \$50.00

Both \$75.00

Please remit this request to:

**Fee Schedule Request
Systems Department
EDS
4905 Waters Edge Drive
Raleigh, North Carolina 27606**

ATTN: Systems Manager

Medicaid Bulletin Subscriptions

NC Medicaid bulletins are mailed to all enrolled providers. Nonproviders (i.e. billing agencies) may subscribe to the bulletin for an annual subscription fee of \$12.00. To subscribe, send a letter requesting the subscription, including the subscriber's mailing address and a check for \$12.00 payable to EDS. Mail the request to:

EDS
Attention: Provider Enrollment
P O Box 300009
Raleigh, North Carolina 27622

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

Attention: Private Duty Nursing (PDN) Providers

Individual Visits

EDS is offering individual provider visits for all Private Duty Nursing (PDN) 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)

Private Duty Nursing Provider 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

Attention: Hospital Providers

Hospital Seminars

Seminars for Hospital providers will be held in November 1998. Topics to be discussed are reimbursement methods, UB-92 billing instructions, general Medicaid and Medicaid managed care.

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.**

Note: Providers are requested to bring their November 1997 North Carolina Hospital manual to the seminar. The manual will be the main source of reference throughout the seminar. Additional manuals will be available for purchase at \$9.00/each.

Directions are available on page 15 of this bulletin.

Thursday, November 5, 1998

Wake Medical Center
MEI Conference Center
3000 New Bern Avenue
Raleigh, NC

Tuesday, November 10, 1998

Comfort Suites
215 Wintergreen Drive
Lumberton, NC
A/B Meeting Room

Friday, November 13, 1998

Blue Ridge Community College
College Drive
Flat Rock, NC
Auditorium

Tuesday, November 17, 1998

Catawba Valley Technical College
Highway 64-70
Hickory, NC
Auditorium

Thursday, November 19, 1998

Martin Community College
Kehakee Park Road
Williamston, NC
Auditorium

Tuesday, November 24, 1998

Ramada Inn
3050 University Parkway
Winston-Salem, NC

(cut and return registration form only)

Hospital Provider Seminar Registration Form

(No Fee)

Provider Name _____ Provider Number _____

Address _____ Contact Person _____

City, Zip Code _____ County _____

Telephone Number _____ Date _____

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

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

Attention: Laboratory Providers (including, Independent Laboratories, Hospital Laboratories, Clinic Laboratories, and Physician Laboratories)

Laboratory Seminars

Seminars for Laboratories will be held in November 1998. Persons involved in billing and resolution for independent laboratories, hospitals laboratories, clinic laboratories, and individual physicians with laboratories should plan to attend. These seminars will discuss automated laboratory panels, individual laboratory tests, CLIA certification requirements, billing guidelines and denial resolution as related to laboratory, and basic Medicaid education.

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 15 of this bulletin.

Thursday, November 5, 1998
Ramada Inn Airport Central 1
515 Clanton Road
Charlotte, NC

Tuesday, November 10, 1998
Wake Medical Center
MEI Conference Center
3000 New Bern Avenue
Raleigh, NC

Thursday, November 12, 1998
Howard Johnson Plaza
5032 Market Street
Wilmington, NC

Monday, November 23, 1998
Ramada Inn
3050 University Parkway
Winston-Salem, NC

(cut and return registration form only)

Laboratory Provider Seminar Registration Form
(No Fee)

Provider Name _____ Provider Number _____

Address _____ Contact Person _____

City, Zip Code _____ County _____

Phone Number _____ Date _____

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

Return to: Provider Relations
EDS
PO Box 300009
Raleigh, NC 27622

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Directions to Hospital and Laboratory Seminars

Registration forms for these workshops are on pages 12 and 13 of this bulletin.

WakeMed MEI Conference Center, Raleigh

Thursday, November 5, 1998 - Hospital

Tuesday, November 10, 1998 - Labs

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.

Comfort Suites, Lumberton

Tuesday, November 10, 1998 - Hospital

I-95 to Exit 22 and go North on US 301. Take a left onto Wintergreen Drive, and you will pass the Holiday Inn and the Hampton Inn. Comfort Inn Suites is located behind them. Signs will be posted with room locations.

Blue Ridge Community College, Flat Rock

Friday, November 13, 1998 - Hospital

I-40 to Asheville. Head East on I-26 to Exit 22 and follow signs to Blue Ridge Community College. Auditorium is located in the Patton Building.

Catawba Valley Technical College, Hickory

Tuesday, November 17, 1998 - Hospital

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.

Martin Community College, Williamston

Thursday, November 19, 1998 - Hospital

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

Ramada Inn Plaza, Winston-Salem

Tuesday, November 24, 1998 - Hospital

Monday, November 23, 1998 - Labs

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.

Howard Johnson Plaza, Wilmington

Thursday, November 12, 1998 - Labs

I-40 East into Wilmington to Highway 17 - just off of I-40. Turn right onto Market Street and Howard Johnson Plaza is located on the left.

Ramada Inn Airport Central I

Thursday, November 5, 1998

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

Checkwrite Schedule

October 6, 1998	November 3, 1998	December 8, 1998
October 13, 1998	November 10, 1998	December 15, 1998
October 22, 1998	November 17, 1998	December 23, 1998
	November 25, 1998	

Electronic Cut-Off Schedule *

October 2, 1998	October 30, 1998	December 4, 1998
October 9, 1998	November 6, 1998	December 11, 1998
October 16, 1998	November 13, 1998	December 18, 1998
	November 20, 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



Bulk Rate
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