



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: All Prescribers

Drug Enforcement Administration (DEA) Number Required

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

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

Providers should have had their DEA registration number on file with Medicaid by April 1, 2000. Failure to have done so may result in denied claims. Copy, complete, and return this form for each member of your practice. Please mail or fax the information to the following address.

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

FAX (919) 851-4014

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

DEA NUMBER

Provider Name _____

Provider Number _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

DEA Number _____

UPIN Number _____

Contact Number _____

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Attention: All Providers

R

enovation of The MMIS System – ITME Project

The purpose of this notification is to announce DMA plans to upgrade and enhance the Medicaid Management Information System (MMIS). The goals of the renovation are:

- More efficient claims processing
- Improved flexibility to administer special programs and experiment with new methods for program oversight
- Begin use of web-based technologies
- Support coordination with other DHHS(Department of Health and Human Services) programs to simplify billing for providers of services for recipients in other divisions as well as Medicaid

Implementation Schedule

The system changes will be implemented in November 2000.

Provider Impact

DMA and EDS are committed to improving information systems services to all Medicaid providers. Every effort will be made to minimize the number of changes that providers will be required to make in order to implement these improvements. Providers will be notified in advance through monthly bulletins of changes in billing procedures or program requirements. The following is a general review of changes that are planned. More detail will be provided in later bulletins.

1. Prior Approval

The prior approval process will be modified to eliminate the need to place a prior approval number on your claim submission. The prior approval numbering scheme will show the day and time of the approval but will not contain codes reflecting the type of approval granted such as skilled or intermediate level of care. The system will automatically determine the type of approval and compare prior approval information with incoming claims to assure that only those services pre-authorized are paid.

2. Remittance Advice R/A

A new code will be added to the R/A. The population group code will tell providers under which special program a recipient is receiving Medicaid benefits or oversight. The types of programs include Carolina Access, CAP/DA, CAP/MR and others that will be designated by DMA. For each special population group identified on the paper R/A, a new summary page showing total payments by population group will be provided. This is intended to help providers track receipts in their accounting systems by each population group that is being served. There will also be a financial payer code placed in conjunction with the claim ICN. This code denotes the entity responsible for payment of the claims listed on your R/A.

3. Voice Response System and Eligibility Verification System

These systems will be enhanced with new messages that will explain under which special Medicaid program or programs a recipient is enrolled as a participant.

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

Attention: All Providers

Medicaid Resolution Inquiry Form

The Medicaid Resolution Inquiry Form is a valuable tool to use when filing denied Medicaid claims. This form should only be used to request time-limit overrides, TPL overrides, and other claims requiring overrides prior to processing; e.g. Medicare Part A, Medicare Part B, etc. **Overrides will not be issued on claims without this form.**

The following are instructions for completing the Medicaid Resolution Inquiry Form:

- Provider number - enter the billing provider number
- Provider name and address - enter the billing provider name and business address
- Recipient name - enter the recipient name as it appears on the Medicaid card
- Recipient ID - enter the recipient ID as it appears on the Medicaid card
- Date of Service - enter the specific date(s) of service
- Claim number - enter the ICN if the claim was previously processed
- Billed amount - enter the total amount billed on the claim
- Signature of sender
- Phone number - enter daytime phone number including area code

Attach the claim, pertinent RA's, and any other related information to the completed Medicaid Resolution Inquiry Form. Refer to February 2000 Medicaid bulletin, or to DMA's website (www.dhhs.state.nc.us/dma), for a copy of the Medicaid Resolution Inquiry Form.

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

Attention: All Providers

Forms Available on Website

The Division of Medical Assistance (DMA) has placed some of the most requested Medicaid forms on its website for your convenience. The forms are:

- Electronic Funds Transfer (EFT) Form
- Health Insurance Information Referral Form
- Medicaid Adjustment Form
- Medicare Crossover Reference Request Form
- Medicaid Resolution Inquiry Form
- Pharmacy Adjustment Request Form
- Signature on File Form
- Six Prescription Limit Override Form

To access these forms go to www.dhhs.state.nc.us/dma Once the site is located, click on Forms and Publications (under Services and Publications) and a list of the forms will appear. Click on the appropriate form and print.

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

Attention: Physicians and Hospitals

Interpreter Signature on Sterilization Consent Form

When telephone interpreter services are needed to complete the sterilization consent form for non-English speaking Medicaid recipients, the interpreter's signature and date of the interpreter's service and the language used are required on the sterilization consent form. In lieu of getting an original signature on the sterilization consent form, the interpreter who explains the procedure by telephone may fax or mail the attestation of their interpreter services. Criteria for the faxed or mailed attestation are as follows:

- The wording of the attestation should be taken directly from the sterilization consent form.
- The signature of the interpreter and the date the interpreter services were rendered must be written on the attestation form by the interpreter.
- The attestation form must include the recipient's name as it appears on the Medicaid ID card as well as the Medicaid ID number.
- A copy of the attestation must be attached to the consent form when the provider submits the statement to EDS, the fiscal agent.
- The provider must maintain the original attestation document in the patient's record along with the consent form.

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

Attention: Durable Medical Equipment (DME) Providers

Change in HCPCS Codes for Supplies for Use with Nebulizers and Suction Pumps

HCPCS codes K0168, K0169, K0172, K0175, K0177, K0178, K0180, K0190, K0191, and K0192 will be ended effective with date of service April 30, 2000. The replacement (new) codes will be effective with date of service May 1, 2000.

DME Related Supplies				
Old Code	New Code	Description	Rate	Limitation
K0168	A7003	administration set, with small volume nonfiltered pneumatic nebulizer, disposable	\$2.55	1/month
K0169	A7004	small volume nonfiltered pneumatic nebulizer, disposable	\$1.46	4/month
K0172	A7007	large volume nebulizer, disposable, unfilled, used with aerosol compressor	\$4.07	3/month
K0175	A7010	corrugated tubing, disposable, used with large volume nebulizer, 100 feet	\$19.13	1/month
K0177	A7012	water collection device, used with large volume nebulizer	\$3.56	3/month
K0178	A7013	filter, disposable, used with large volume nebulizer	\$0.67	1/month
K0180	A7015	aerosol mask, used with DME nebulizer	\$1.79	4/month
K0190	A7000	canister, disposable, used with suction pump, each	\$8.94	1/month
K0191	A7001	canister, non-disposable, used with suction pump, each	\$27.37	2/year
K0192	A7002	tubing, used with suction pump, each	\$3.10	2/month

Providers are reminded that these supplies are covered only with patient-owned nebulizers and compressors. Refer to Section 6.1 "What DME Covers" in the DME Manual. In addition, as with all DME items, providers must have a physician's prescription and a completed Certificate of Medical Necessity and Prior Approval form in their records. Prior approval is not required for these supplies. Providers are also reminded to bill their usual and customary charge.

**Melody B. Yeargan, P.T., Medical Policy
DMA, 919-857-4020**

Attention: Physicians

Coverage Criteria for Implantation of Patient-activated Cardiac Event Recorder

North Carolina Medicaid covers implantation of patient-activated cardiac event recorder (CPT 33282) effective with date-of-service March 1, 2000. A patient-activated cardiac event recorder, also called an insertable loop recorder, is implanted subcutaneously and is programmable with looping memory that records subcutaneous electrocardiogram (ECG) tracings. A hand-held telemetry unit is activated by the patient to initiate ECG storage. The device is programmed by a physician to retrieve data, and display and print stored data. The recorder must be removed when it is no longer clinically necessary or when the battery is depleted.

Coverage Criteria

Payment may be made by the Medicaid program only for those services that are considered to be medically reasonable and necessary. Use of the patient-activated event recorder is appropriate in patients with syncope who have undergone recurrent but infrequent syncopal episodes for which a diagnosis of syncope cannot be determined by conventional means. A patient-activated event recorder is considered medically necessary only if a definitive diagnosis has not been made after **all** of the following conditions have been met.

The patient has had:

- A complete history and physical examination;
- An electrocardiogram (ECG);
- One negative or non-diagnostic 30-day pre-symptom memory loop patient demand recording (may be either single or multiple event recording, with or without 24-hour attended monitoring) and,
- A negative or non-diagnostic tilt table testing (except when contraindicated).

The patient-activated event recorder used must be FDA approved.

Documentation Requirements

The patient's medical record must contain documentation that the medical conditions noted above have been met. When patients have contraindications to tilt table testing such as carotid artery stenosis, the medical record must also include documentation of the contraindications. Patient medical records must be maintained for five years and made available to DMA or its agents upon request.

Billing

CPT code 33282 must be used to bill the initial implantation service. Programming is included with the initial implantation and must not be billed separately. Subsequent analysis and/or reprogramming must be billed using CPT code 93727.

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

Attention: All Physicians

Update to Injectable Drug List

Effective with date of service April 1, 2000, the following changes have been made to the list of injectable drugs. Please make the changes to the list published in the October 1999 Medicaid Bulletin.

Old Code	Description	New Code	Description	Fee
W5160	Gemcitabine HCL 1 gm	J9201	Gemcitabine HCL 200mg	\$84.04
W5163	Daunorubicin Citrate Liposome 50mg	J9151	Daunorubicin Citrate Liposome 10mg	\$306.85
W5177	Ranitidine (Zantac) 50mg	J2780	Ranitidine (Zantac) 25mg	\$1.37
W5190	Herceptin (Trastuzumab) 1mg	J9355	Herceptin (Trastuzumab) 10mg	\$46.41
W5197	Thyrotropin Alfa (Thyrogen)	J3240	Thyrotropin Alfa (Thyrogen) 0.9mg	\$347.94
J1760	Iron Dextran Infed 100mg	J1750	Iron Dextran 50mg	\$ 17.01
J1770	Iron Dextran Infed 250mg			
J1780	Iron Dextran Infed 500mg			

Note: Code J3240 was previously used to bill Thyrotropin, up to 10 I.U. The code was changed in Medicare's National Level II Codes 2000 HCPCS. Therefore, **J3240 Thyrotropin, up to 10 I.U.** will be end-dated effective with date of service March 31, 2000. Code J3240 may only be used to bill Thyrotropin Alfa (Thyrogen) 0.9mg for dates of service on or after April 1, 2000.

Code J7196 Other Hemophilia clotting factor will be end-dated effective with date of service March 31, 2000.

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

Attention: Dialysis Providers

Dialysis Visits

EDS is offering individual provider visits for dialysis 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)

.....
Dialysis 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

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Attention: OB/GYN

OB/GYN Seminars

OB/GYN seminars are scheduled in June 2000. The May Medicaid Bulletin will have the registration form and a list of site locations for the seminars. Please list any issues you would like addressed at the seminars. Return form to:

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

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

Attention: Dental Providers and Dental Clinic Billers for Health Departments

Dental Seminar Schedule

Seminars for Dental providers are scheduled in May 2000. This seminar will focus on the new dental provider manual, completion of the new 1999 ADA claim form, new procedure codes, most common denials, and general Medicaid issues. Medicaid billing personnel, supervisors, and office managers are encouraged to attend.

Note: New dental provider manuals will be distributed at the seminars. One manual will be distributed to each provider represented. Additional Manuals will be available for purchase at a cost of \$5.00. At the completion of the last seminar, the new dental provider manuals will be mailed to all dental providers not represented at the seminars.

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 15 of this bulletin.

Tuesday, May 2, 2000

Four Points Sheraton
5032 Market Street
Wilmington, NC

Monday, May 15, 2000

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

Thursday, May 18, 2000

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

Wednesday, May 31, 2000

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

(cut and return registration form only)

Dental Provider Seminar Registration Form

(No Fee)

Provider Name _____ Provider Number _____

Address _____ Contact Person _____

City, Zip Code _____ County _____

Telephone Number _____ Fax Number: _____ Date Mailed: _____

_____ persons will attend the seminar at _____ on _____

(location)

(date)

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

Directions to the Dental Seminars

The Registration forms for the Dental workshops are on page 14 of this bulletin.

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.

RALEIGH, NORTH CAROLINA

WAKEMED MEI CONFERENCE CENTER

Directions to the Parking Lot:

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

Directions to the Conference Center from Parking Lot:

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

SALISBURY, NORTH CAROLINA

HOLIDAY INN CONFERENCE CENTER

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

HICKORY, NORTH CAROLINA

CATAWBA VALLEY TECHNICAL COLLEGE

Take I-40 to exit 125 and go approximately 1/2 mile to Highway 70. Travel East on Highway 70 and the college is approximately 1.5 miles 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.

Attention: Health Department Providers

Health Department Seminar Schedule

Seminars for the Health Department Providers are scheduled for May and June 2000. These seminars will focus on how the CPT conversion will effect billing guidelines for the following topics:

- Preventative services
- Ob/Gyn services
- Lab services
- Injectable drugs

We will also discuss completion of the HCFA-1500 form, denial resolution, and use of modifiers. All staff involved in the Medicaid billing process, administrative and clinical, are encouraged to attend.

Remember the conversion to CPT code billing is effective July 1, 2000. This is your opportunity to learn how to bill and receive proper reimbursement for your Health Department Medicaid claims.

Due to limited seating, pre-registration is required. Providers not registered are welcome to attend when reserved space is adequate to accommodate.

8:30 – 9:00	Registration
9:00 – 11:30	Seminar
11:30 – 1:00	Lunch (on your own)
1:00 – 4:00	Seminar

Please select the most convenient site and return the completed registration form to EDS as soon as possible.

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

Monday, May 8, 2000
Blue Ridge Community College
College Drive
Flat Rock, NC
Auditorium

Tuesday, May 9, 2000
Catawba Valley Technical College
Highway 64-70
Hickory, NC
Auditorium

Monday, May 15, 2000
Brody Sciences Building
600 Moye Blvd.
Greenville, NC
Brody Auditorium

Monday, May 22, 2000
WakeMed
MEI Conference Center
3000 New Bern Avenue
Raleigh, NC
Park at East Square Medical Plaza

Tuesday, May 23, 2000
Four Points Sheraton
5032 Market Street
Wilmington, NC

Wednesday, May 24, 2000
WakeMed
MEI Conference Center
3000 New Bern Avenue
Raleigh, NC
Park at East Square Medical Plaza

Thursday, June 1, 2000
Ramada Inn Plaza
3050 University Parkway
Winston-Salem, NC

Monday, June 5, 2000
WakeMed
MEI Conference Center
3000 New Bern Avenue
Raleigh, NC
Park at East Square Medical Plaza

Tuesday, June 6, 2000
Ramada Inn
I-85 & 62 South
2703 Ramada Road
Burlington, NC

Thursday, June 8, 2000
Martin Community College
Kehakee Park Road
Williamston, NC
Auditorium

Monday, June 12, 2000
WakeMed
MEI Conference Center
3000 New Bern Avenue
Raleigh, NC
Park at East Square Medical Plaza

Wednesday, June 14, 2000
Craven Community College
800 College Court
New Bern, NC
Auditorium

Wednesday, June 21, 2000
Holiday Inn Conference Center
530 Jake Alexander Blvd., S.
Salisbury, NC

Monday, June 26, 2000
Fayetteville Area Health Education
Center
1601 Owen Drive
Fayetteville, NC
Medical Training Auditorium

Wednesday, June 28, 2000
Wayne Community College
3000 Wayne Memorial Drive
Goldsboro, NC
Lecture Hall

(cut and return registration form only)

Health Department Seminar Registration Form

(No Fee)

Provider Name _____ Provider Number _____

Address _____ Contact Person _____

City, Zip Code _____ County _____

Telephone Number _____ Fax Number: _____ Date Mailed: _____

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

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

Directions to the Health Department Seminars

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

FLAT ROCK, NORTH CAROLINA

BLUE RIDGE COMMUNITY COLLEGE

I-40 to Asheville. Travel East on I-26 to Exit 22. Turn right and take the next right. Follow signs to Blue Ridge Community College. Turn left at the large Blue Ridge Community College sign. The college is located on the right. Pass the college's main entrance and turn right into the college entrance past the pond. The parking lot is on the left. Auditorium entrance is located to the right of the Patton Building main entrance.

HICKORY, NORTH CAROLINA

CATAWBA VALLEY TECHNICAL COLLEGE

Take I-40 to exit 125 and go approximately 1/2 mile to Highway 70. Travel East on Highway 70 and the college is approximately 1.5 miles 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.

GREENVILLE, NORTH CAROLINA

BRODY MEDICAL SCIENCE BUILDING

From Hwy 264, (becomes Stantonsburg Road into Greenville), turn onto Moye Blvd, turn left onto North Campus Loop, and the Brody Bldg is the nine story complex. At the front entrance, walk through the lobby, take the first left to the auditorium.

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.

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 1/2 on the mile left.

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.

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.

NEW BERN, NORTH CAROLINA

CRAVEN COMMUNITY COLLEGE

Highway 70 to New Bern and take the Glenburnie Exit. The college is located on the right. Once you have enter the college facility, take the first right and follow the road all the way to the back. The Auditorium is located in the last building (Building E).

SALISBURY, NORTH CAROLINA

HOLIDAY INN CONFERENCE CENTER

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

FAYETTEVILLE, NORTH CAROLINA

FAYETTEVILLE AREA HEALTH EDUCATION CENTER

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

GOLDSBORO, NORTH CAROLINA

WAYNE COMMUNITY COLLEGE

From Highway 70, East or West, take Wayne Memorial Drive Exit (follow Wayne Memorial Hospital signs). Continue on Wayne Memorial Drive past the hospital and Wayne Community College is located approximately ½ mile on the right. The auditorium is located at the main entrance of the college in building LC.

Checkwrite Schedule

April 11, 2000	May 9, 2000	June 13, 2000
April 18, 2000	May 16, 2000	June 20, 2000
April 27, 2000	May 23, 2000	June 29, 2000
	May 31, 2000	

Electronic Cut-Off Schedule

April 7, 2000	May 5, 2000	June 9, 2000
April 14, 2000	May 12, 2000	June 16, 2000
April 21, 2000	May 19, 2000	June 23, 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



P.O. Box 300001
Raleigh, North Carolina 27622

Bulk Rate
U.S. POSTAGE
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