
Reimbursement Rate Increase

Effective with date of service January 1, 2000, the Medicaid maximum reimbursement rate for Telephone Alert (W8127) in CAP/DA, Personal Emergency Response System (W8162) in CAP-MR/DD and Personal Emergency Response System (W8171) in CAP/AIDS, increased to $29.67. Providers are to bill their usual and customary charge. No adjustments will be made to previously filed claims.

Contact: Cindy Bryan, Financial Operations
DMA, 919-857-4266

Attention: All Providers

Forms

As a result of requests from providers, frequently used forms will be printed in the General Bulletin on a periodic basis. This month find forms for Medicaid Adjustment, Medicare Crossover, Medicaid Resolution Inquiry, and Six Prescription Override. These forms are printed on white paper in the center of this bulletin and may be duplicated for your convenience. Please watch future bulletins for other forms.

EDS, 1-800-688-6696 or 919-851-8888
Attention: All Providers

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EDS, 1-800-688-6696 or 919-851-8888
MEDICAID ADJUSTMENT
MAIL TO:
EDS ADJUSTMENT UNIT
P O BOX 300009
RALEIGH, NC  27622

Provider Number: ______________________
Provider Name: _____________________________________________________________
Recipient Name: ___________________________ Recipient ID: _________________________
Date of Service: From: / /  to / /  Claim Number: ____________________

Please Check (✓): Billed Amount: Paid Amount: RA Date:

- Overpayment ____________ ____________ ____________

NOTE: THIS FORM IS FOR CLAIM ADJUSTMENT ONLY.

- Underpayment A CORRECTED CLAIM AND RA MUST BE ATTACHED.

- Full Recoupment CLAIM INQUIRIES (i.e., time limit overrides) WILL NOT BE PROCESSED FROM THIS FORM

- Other

Please Check (✓) changes or corrections to be made:

- Units
- Procedure/Diagnosis Code
- Billed Amount
- Dates of Service
- Patient Liability
- Further Medical Review
- Third Party Liability
- Medicare Adjustments

Please Specify Reason for Adjustment Request:

Signature of Sender: Date: Phone #:

TO BE USED BY EDS ONLY
Remarks:
MEDICARE CROSSOVER REFERENCE REQUEST

Provider Name: ________________________________________________
Contact Person: (required) __________________________ Telephone Number: (required) __________________________

Indicate your Medicare Carrier, the Action to be taken, and your Medicare and Medicaid provider numbers. If this section is not completed, the form will not be processed.

These are the only carriers for which EDS can currently cross-reference provider numbers.

☐ NC BC/BS ☐ Palmetto ☐ United Government Services of WI
☐ TN BC/BS ☐ Riverbend Government Benefits Administration ☐ Adming Star*
☐ FL BC/BS * ☐ Mutual of Omaha * ☐ GA BC/BS
☐ TX BC/BS ☐ United Healthcare * ☐ Other____________
☐ MS BC/BS ☐ CIGNA

Action to be taken:

☐ Addition - This is used to add a new provider number (Medicare or Medicaid) to the crossover file.

Medicare Provider number: __________________ Medicaid Provider number: __________________

☐ Change - This is used to change an existing provider number (Medicare or Medicaid) on the crossover file.

Medicare Provider number: __________________ Medicaid Provider number: __________________

Mail to: Provider Enrollment
EDS
PO Box 300009
Raleigh, NC 27622

* These are additional Medicare carriers whom EDS is in the process of working with to have claims cross over with North Carolina Medicaid.
MEDICAID RESOLUTION INQUIRY
MAIL TO:
EDS PROVIDER SERVICES
P O BOX 30009
RALEIGH, NC  27622

Please Check:  [ ] Claim Inquiry  [ ] Time Limit Override

NOTE:  PLEASE USE THIS FORM FOR TIME LIMIT OVERRIDES AND INQUIRIES ONLY. CLAIM, RAs, AND ALL RELATED INFORMATION MUST BE ATTACHED.
ADJUSTMENTS WILL NOT BE PROCESSED FROM THIS FORM.

Provider Number:  ______________________
Provider Name and Address:________________________________
_______________________________________________________

Patient’s Name:  ________________________________Recipient ID:________________________

Date of Service:  From:      /         /     to      /        /  Claim Number: ________________
Billed Amount:  ______________Paid Amount:_____________RA Date:_____________________

Please Specify Reason for Inquiry Request:

Signature of Sender:  Date:  Phone #:  

TO BE USED BY EDS ONLY
Remarks:
NORTH CAROLINA
MEDICAID PHARMACY PROGRAM

Six Prescription Limit Override Form

North Carolina Medicaid Recipients are allowed only six prescriptions per month unless they have one of the diagnoses below. If the attending physician determines that a recipient is eligible for the override, he must check all diagnoses that apply, complete the rest of the form and sign in his own handwriting.

- [] Acute Sickle Cell Disease
- [] Hemophilia
- [] End Stage Lung Disease
- [] End Stage Renal Disease
- [] Unstable Diabetes
- [] Chemotherapy or Radiation Therapy for Malignancy
- [] Any Life Threatening Illness or Terminal Stage of Any Illness

Recipient’s Name ______________________________________________________
Recipient’s MID Number ________________________________________________
Facility
(Fill out only if in nursing facility or adult care home)
Physician’s Signature __________________________________________________
Date
____________________________________________________________________

* THIS FORM MUST BE UPDATED EVERY SIX MONTHS IF THE RECIPIENT STILL QUALIFIES FOR THE SIX PRESCRIPTION OVERRIDE

* THIS IS THE ONLY ACCEPTED FORM AND MUST BE KEPT ON FILE IN THE PHARMACY AT ALL TIMES

THIS FORM MAY BE REPRODUCED

DMA 3098
Attention: All Providers

Corrected 1099 Requests - Action Required by March 15, 2000

Providers receiving Medicaid payments of more than $600 annually will receive a 1099 MISC tax form from Electronic Data Systems Corporation (EDS). This 1099 MISC tax form is generated as required by IRS guidelines and mailed to each provider by January 31, 2000. The 1099 MISC tax form reflects the tax information on file with Medicaid as of the last Medicaid Checkwrite cycle date of December 23, 1999. If the tax name or tax identification number on the annual 1099 MISC received is incorrect, the provider can request a correction to the 1099 MISC. Requesting a correction is in the provider’s best interest. Correction ensures that accurate tax information is on file with Medicaid and sent to the IRS annually. When the IRS receives incorrect information on a 1099 MISC, the IRS can require Federal tax withholding in the amount of 31 percent of future Medicaid payments. The IRS could require EDS to initiate and continue this withholding to obtain correct tax data.

A correction to the original 1099 MISC must be submitted by March 15, 2000 and must be accompanied by the following documentation:

♦ A copy of original 1099 MISC
♦ A completed Special W-9 (included in this bulletin) clearly indicating the correct tax identification number and tax name or a completed IRS W-9 form (ensure all fields are completed as required)
♦ A signed and dated Special W-9 or IRS W-9 certifying that the tax information provided is correct

Fax both documents to: (919) 859-9703, Attention: Corrected 1099 Request

or

mail both documents to: EDS
4905 Waters Edge Drive
Raleigh, NC 27606
Attention: Corrected 1099 Request – Financial

Upon receipt of the fax or mailed correction request, EDS will update the tax information on file with Medicaid according to the Special W-9 or IRS W-9. Tax information updates can be verified by checking the last page of each Medicaid Remittance and Status Report (RA) which reflects both provider tax name and tax identification number on file. Additionally, a copy of the corrected 1099 will be generated and mailed for the provider’s record retention. All corrected 1099 requests will be summarized and reported to the IRS as required.

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 Prescribers

Drug Enforcement Administration (DEA) Number Required

Effective with date of service April 1, 2000, the Division of Medical Assistance (DMA) will use the DEA number on pharmacy claims instead of the UPIN. This change will be advantageous for the physicians, pharmacies, and the DMA 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 must have their DEA registration number on file with Medicaid by April 1, 2000. Failure to do so may result in denied claims. Copy, complete, and return this form for every member of your practice. Please send the information to the following address.

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

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 ______________________________

15
Attention: Durable Medical Equipment (DME) Providers

Durable Medical Equipment Seminars

Durable Medical Equipment seminars will be held in April 2000. The March 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: All Providers

Basic Medicaid Seminars

Basic Medicaid seminars will be held in April and May 2000. The March 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: Health Check Providers

Health Check Seminar Schedule

Seminars for Health Check providers are scheduled in March and April 2000. This seminar will focus on billing changes, program coverage, coding, free vaccine program, and follow-up on common denials. Medicaid billing supervisors, office managers, and billing personnel are encouraged to attend.

Due to limited seating, pre-registration is required. Providers not registered are welcome to attend when reserved space is adequate to accommodate. Please select the most convenient site and return the completed registration form to EDS as soon as possible. Seminars begin at 10:00 a.m. and end at 1:00 p.m. Providers are encouraged to arrive by 9:45 a.m. to complete registration.

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

**Wednesday, March 1, 2000**
A-B Technical College
340 Victoria Road
Asheville, NC
Laurel Auditorium

**Thursday, March 9, 2000**
Four Points Sheraton
5032 Market Street
Wilmington, NC

**Tuesday, March 14, 2000**
Ramada Inn
I-85 & 62 South
2703 Ramada Road
Burlington, NC

**Thursday, March 16, 2000**
Ramada Inn Plaza
3050 University Parkway
Winston-Salem, NC

**Tuesday, March 21, 2000**
Holiday Inn Conference Center
530 Jake Alexander Blvd., S.
Salisbury, NC

**Monday, March 27, 2000**
WakeMed
MEI Conference Center
3000 New Bern Avenue
Raleigh, NC
Park at East Square Medical Plaza

**Wednesday, March 29, 2000**
Fayetteville Area Health Education Ctr.
1601 Owen Drive
Fayetteville, NC
Medical Training Auditorium

**Tuesday, April 4, 2000**
Martin Community College
Kehakee Park Road
Williamston, NC
Auditorium

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**Health Check 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 __________________________

Return to: Provider Services
EDS
P.O. Box 300009
Raleigh, NC  27622
Directions to the Health Check Seminars

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

ASHEVILLE, NORTH CAROLINA

**A-B TECHNICAL COLLEGE**

Directions to the College:

I-40 to Exit 50. Travel North on Hendersonville Road which turns into Biltmore Avenue. Continue on Biltmore Avenue toward Memorial Mission Hospital. Turn left onto Victoria Road.

Campus:

Stay on Victoria Road and turn right between the Holly Building and the Simpson Building. The Laurel Building/Auditorium is located on the right, behind the Holly Building.

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.

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.

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.

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.
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.

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.

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

February 8, 2000       March 7, 2000       April 11, 2000
February 15, 2000     March 14, 2000     April 18, 2000
February 24, 2000     March 21, 2000     April 27, 2000
            March 30, 2000

Electronic Cut-Off Schedule

February 4, 2000       March 3, 2000       April 7, 2000
February 11, 2000     March 10, 2000       April 14, 2000
February 18, 2000     March 17, 2000       April 21, 2000
            March 24, 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