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 ________________________________________
Attention: All Providers

Renovation 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 end-dated effective with date of service April 30, 2000. The replacement (new) codes will be effective with date of service May 1, 2000.

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

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.

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

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
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 30009
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.

<table>
<thead>
<tr>
<th>Tuesday, May 2, 2000</th>
<th>Monday, May 15, 2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Four Points Sheraton</td>
<td>WakeMed</td>
</tr>
<tr>
<td>5032 Market Street</td>
<td>MEI Conference Center</td>
</tr>
<tr>
<td>Wilmington, NC</td>
<td>3000 New Bern Avenue</td>
</tr>
<tr>
<td></td>
<td>Raleigh, NC</td>
</tr>
<tr>
<td></td>
<td>Park at East Square Medical Plaza</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Thursday, May 18, 2000</th>
<th>Wednesday, May 31, 2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holiday Inn Conference Center</td>
<td>Catawba Valley Technical College</td>
</tr>
<tr>
<td>530 Jake Alexander Blvd., S.</td>
<td>Highway 64-70</td>
</tr>
<tr>
<td>Salisbury, NC</td>
<td>Hickory, NC</td>
</tr>
<tr>
<td></td>
<td>Auditorium</td>
</tr>
</tbody>
</table>

(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.

<table>
<thead>
<tr>
<th>Monday, May 8, 2000</th>
<th>Tuesday, May 9, 2000</th>
<th>Monday, May 15, 2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Ridge Community College</td>
<td>Catawba Valley Technical College</td>
<td>Brody Sciences Building</td>
</tr>
<tr>
<td>College Drive</td>
<td>Highway 64-70</td>
<td>600 Muye Blvd.</td>
</tr>
<tr>
<td>Flat Rock, NC</td>
<td>Hickory, NC</td>
<td>Greenville, NC</td>
</tr>
<tr>
<td>Auditorium</td>
<td>Auditorium</td>
<td>Brody Auditorium</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monday, May 22, 2000</th>
<th>Tuesday, May 23, 2000</th>
<th>Wednesday, May 24, 2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>WakeMed</td>
<td>Four Points Sheraton</td>
<td>WakeMed</td>
</tr>
<tr>
<td>MEI Conference Center</td>
<td>5032 Market Street</td>
<td>MEI Conference Center</td>
</tr>
<tr>
<td>3000 New Bern Avenue</td>
<td>Wilmington, NC</td>
<td>3000 New Bern Avenue</td>
</tr>
<tr>
<td>Raleigh, NC</td>
<td></td>
<td>Raleigh, NC</td>
</tr>
<tr>
<td>Park at East Square Medical Plaza</td>
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<td>Park at East Square Medical Plaza</td>
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<table>
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<tr>
<th>Thursday, June 1, 2000</th>
<th>Monday, June 5, 2000</th>
<th>Tuesday, June 6, 2000</th>
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</thead>
<tbody>
<tr>
<td>Ramada Inn Plaza</td>
<td>WakeMed</td>
<td>Ramada Inn</td>
</tr>
<tr>
<td>3050 University Parkway</td>
<td>MEI Conference Center</td>
<td>I-85 &amp; 62 South</td>
</tr>
<tr>
<td>Winston-Salem, NC</td>
<td>3000 New Bern Avenue</td>
<td>2703 Ramada Road</td>
</tr>
<tr>
<td></td>
<td>Raleigh, NC</td>
<td>Burlington, NC</td>
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<tr>
<td></td>
<td>Park at East Square Medical Plaza</td>
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<table>
<thead>
<tr>
<th>Thursday, June 8, 2000</th>
<th>Monday, June 12, 2000</th>
<th>Wednesday, June 14, 2000</th>
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<td>WakeMed</td>
<td>Craven Community College</td>
</tr>
<tr>
<td>Kehakee Park Road</td>
<td>MEI Conference Center</td>
<td>800 College Court</td>
</tr>
<tr>
<td>Williamston, NC</td>
<td>3000 New Bern Avenue</td>
<td>New Bern, NC</td>
</tr>
<tr>
<td>Auditorium</td>
<td>Raleigh, NC</td>
<td>Auditorium</td>
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<td>Park at East Square Medical Plaza</td>
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<table>
<thead>
<tr>
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<th>Monday, June 26, 2000</th>
<th>Wednesday, June 28, 2000</th>
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</thead>
<tbody>
<tr>
<td>Holiday Inn Conference Center</td>
<td>Fayetteville Area Health Education Center</td>
<td>Wayne Community College</td>
</tr>
<tr>
<td>530 Jake Alexander Blvd., S.</td>
<td>1601 Owen Drive</td>
<td>3000 Wayne Memorial Drive</td>
</tr>
<tr>
<td>Salisbury, NC</td>
<td>Fayetteville, NC</td>
<td>Goldsboro, NC</td>
</tr>
<tr>
<td></td>
<td>Medical Training Auditorium</td>
<td>Lecture Hall</td>
</tr>
</tbody>
</table>

(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 ________________

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

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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**

**CATAWABA 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 ½ 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

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