

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 7

July 1997

**Attention: All Physicians and Hospital
Providers**

Incident to service policy

The Division of Medical Assistance has extended the "incident to service" policy effective with the date of service July 01, 1997. The policy prior to July 01, 1997, mandated that the services of nonphysicians had to be rendered by the employees of the physician under his direct personal supervision.

To be considered an employee under the new policy, the nonphysician performing an "incident to service" may be a part-time or full-time employee of the supervising physician, physician group practice, or of the legal entity that employs the physician who provides direct personal supervision.

The Division does not recognize a leased employee (nonphysician working under a written employee leasing agreement) as an "incident to service".

EDS

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

**Attention: Physicians, Hospitals, and
Ambulatory Surgical Centers**

Billing fifth digit diagnosis codes with non-therapeutic abortions

Claims with non-therapeutic abortion diagnoses including the fifth digit recently denied with EOB 681 "Non-therapeutic abortion must be billed with appropriate diagnosis code". Denials occurred because the system was not reading the fifth digit of the diagnosis code.

Previous claims that were denied with EOB 681 should be resubmitted as new claims using all five digits of the diagnosis code.

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: Electronic Billers

Discontinued electronic formats

In order to keep our system up to date with current formats, effective January 01, 1998, EDS will no longer support MicroECS and will require the following electronic formats for direct data transmissions and diskette submissions:

- Pharmacy electronic formats beginning with a header record of 1RD (this format is replacing header record beginning with 1HD).
- Dental electronic formats beginning with a header record of 1RK (this format is replacing header record beginning with 1HK).

This will affect any provider using the EDS-provided software MicroECS. This software is identifiable by a black-and-white main screen with seven menu options. If you are using the old EDS supplied software, MicroECS, you should contact EDS to request that the current NECS, National Electronic Claims Submission, software be sent to you.

If you use software provided by a vendor, inform them of the requirements to use the current formats by January 01, 1998. They may also contact the ECS unit at EDS to obtain these specifications.

It is important for providers and software vendors to realize claims received in these older formats will not be processed as of January 01, 1998.

If you have questions, please call the EDS/ECS unit at 1-800-688-6696 or 919-851-8888, select menu option 1.

EDS

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

Attention: Dental Providers

Radiographic film size for occlusal examination

Occlusal radiography (film packet placed on the occlusal plane for exposure) is a procedure designed to show large dental areas on one film. For the standard size occlusal film (size 4), bill ADA code 00240. For pediatric patients or adults with smaller mouths, a smaller size film (size 2) is occasionally used for occlusal examinations. If size 2 film is used, bill ADA code 00220 or 00230.

EDS

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

Attention: Ambulance Providers

Billing when two vehicles respond

Medicaid of North Carolina reimburses for ambulance services based on medical necessity, not the type of vehicle used. When two vehicles respond to the same call and staff from the second response vehicle board the first vehicle to provide a higher level of service than the transporting staff/vehicle can render, both providers will be reimbursed for the level of service rendered by its respective staff.

The first response company can bill for the services rendered by its employee. The second response company can bill for the services rendered in the first vehicle by its employees.

Example:

Vehicle #1 responds and begins providing service to control bleeding. It is determined that a higher level of service than the Emergency Medical Technician (EMT) can provide is needed. An advanced life support vehicle is called.

Vehicle #2 arrives and the paramedic boards the first vehicle to initiate an IV.

The first provider would bill the service rendered, i.e., basic life support (BLS), while the second provider would bill advanced life support (ALS) for initiating the IV.

EDS

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

Attention: All Providers

Voice Inquiry System

The Voice Inquiry System is an automated system that allows North Carolina Medicaid providers, and their staff, to obtain information concerning the North Carolina program **from 8:00 a.m. - 9:00 p.m. Eastern Standard Time, Monday - Friday**. Providers with a touch-tone phone can inquire about the following by dialing **1-800-723-4337**:

- Checkwrite Information
- Current Claim Status
- Drug Coverage Information
- Procedure Code Pricing
- Prior Approval Information
- Recipient Eligibility Verification

EDS Provider Service Analysts are available 8:00 a.m. - 4:30 p.m. Monday - Friday to discuss concerns that **cannot** be addressed by the Voice Inquiry System.

The caller should gather the following information prior to contacting the Voice Inquiry System. By having all the necessary information, the caller will expedite their call:

For:	Enter transaction code:	Gather this information prior to contacting the Voice Inquiry System:
Claim Status	1 followed by the pound sign (#)	Provider number, Medicaid ID number, "From" Date of Service, total billed amount
Checkwrite	2 followed by the pound sign (#)	Provider Number
Drug Coverage	3 followed by the pound sign (#)	Provider Number, Drug Code, Date of Service
Procedure Code Pricing	4 followed by the pound sign (#)	Provider Number, Procedure Code, Type of Treatment Code
Prior Approval	5 followed by the pound sign (#)	Provider Number, Procedure Code, Type of Treatment Code
Recipient Eligibility	6 followed by the pound sign (#)	Provider Number, Medicaid ID Number or Social Security Number and Date of Birth, "From" Date of Service
Pre-Admission Certification	7 followed by the pound sign (#)	Please call 1-800-722-6762 or 919-851-2955

Alphabetic data table

Please refer to the following table when an alpha character must be entered. The table below is a chart of the number combinations used to represent each letter of the alphabet. The caller must press the asterisk (*) key before the numeric code, followed by the pound sign (#). (i.e., *23# would be entered for the letter C)

A-*21	H-*42	O-*63	V-*83
B-*22	I-*43	P-*71	W-*91
C-*23	J-*51	Q-*01	X-*92
D-*31	K-*52	R-*72	Y-*93
E-*32	L-*53	S-*73	Z-*02
F-*33	M-*61	T-*81	
G-*41	N-*62	U-*82	

EDS

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

Attention: All Providers

Definitions for Type of Treatment (TOT) codes

Application: Billing the Professional, Technical, and Component services

Please refer to the following definitions when determining which TOT to enter in block 24 C of the HCFA-1500 claim form.

Technical - T

TOT T is the technical component. The technical component charges are usually, but not always, institutional charges and represent ownership of the equipment only. The technical component is billed by the provider who actually utilizes his own equipment to take and process the procedure. The reading and/or interpretation is performed by a different provider.

Professional - 04 or 06

Providers may use either TOT 04 or 06 when the provider performs only the supervision and interpretation of a procedure. When TOT 04 or 06 is billed, the technical component has been performed by another provider.

Complete - 05 or 31

Providers may use either TOT 31 or 05 when both the technical and professional component of a procedure are performed by the same provider.

The TOT billed on the HCFA-1500 claim form is converted to a Type of Service (TOS) on the Remittance Advice.

The following table illustrates these definitions and corresponding conversions:

<i>Service Description</i>	<i>Type of Treatment of Claim Block 24C</i>	<i>Type of Service On RA</i>
Complete Procedure	05 or 31	3
Professional Component	04 or 06	5
Technical Procedure	T	T

Providers are not required to bill the complete procedure TOT/TOS 05 or 31, if they perform both the technical and professional components. They may elect to bill the technical and professional components separately.

EDS

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

Attention: All Providers

Notice and billing procedures when Medicaid recipients have been in an accident

This article describes the procedures for all providers in filing claims and notifying the Medicaid agency when Medicaid recipients are involved in accidents. For these purposes, an "accident" may be defined as any occurrence for which a third party may be liable. This liable third party usually is a liability insurance carrier as a result of policies such as homeowners insurance, commercial premises insurance, car insurance, etc.

Notification Requirements

There are two circumstances in which a provider must submit a completed DMA-2043, Third Party Recovery Accident Information Report (sample attached), to the Third Party Recovery (TPR) Section of the Division of Medical Assistance (DMA). These circumstances are: (1) when a provider learns that a Medicaid recipient has been involved in an accident; and (2) when anyone requests a copy of the bill for services rendered to a Medicaid recipient. See Provider Manual General Information §1604, §1605. Please complete as much of the information requested on this form as possible. Recipient name, social security number, and/or Medicaid number alone is not sufficient.

Failure to notify the TPR Section may result in recoupment, regardless of whether the provider ultimately receives payment from the third party. DMA appreciates the providers' assistance since the providers are in a better position than DMA to acquire this information through direct contact with the recipient.

When the recipient or other authorized agent, such as an attorney or an insurance company, requests a copy of a bill from the provider, the provider must submit a completed DMA-2043 to the TPR Section, if the provider has not already done so. The provider must also stamp, type, or write on the bill copy "MEDICAID RECIPIENT, BENEFITS ASSIGNED" in large, bold letters if the provider filed that claim with Medicaid. Providers are required to put this language on the copies even if the provider has not received Medicaid payment to date. See Provider Manual General Information §1605; also see attached chart for details.

Billing Procedure for Services Resulting from an Accident

When a provider knows that a recipient has been in an accident, the provider MUST make a choice between billing Medicaid and billing the insurance carrier. Providers MAY NOT initially file a casualty claim with Medicaid, receive payment from Medicaid, and then bill the liability carrier for the same service. Billing Medicaid and the liability carrier for the same service violates federal law and may be deemed insurance fraud. Enrolled providers must accept reimbursement from Medicaid as payment in full. Therefore, the providers have no outstanding balances. Pursuant to Federal law, the State, not the providers, has the recipients' assignments and the authority to seek reimbursement for those services paid by Medicaid.

If a provider decides to pursue collection from the liability carrier instead of billing Medicaid, and ultimately receives partial or no payment from that carrier, the provider may file the claim with Medicaid if the provider meets the following requirements: (1) the provider filed a claim with a prospective third party payer within 365 days from date of service; (2) there was a possibility of receiving payment from that third party and the provider made a bona fide effort to pursue payment or denial; and (3) the provider files the claim to Medicaid within 180 days from the date the provider received a partial payment or denial from the third party payer. The provider must indicate the amount of any payment received on the claim or include a copy of a denial letter. If the Medicaid allowable amount is greater than the liability payment, Medicaid may pay the difference, even when the denial or payment from the liability carrier is more than one year from the date of service.

Receiving Payment from a Liability Carrier

If the provider chooses not to bill Medicaid, the provider may keep the full payment from the liability carrier. However, in the event that the provider is unaware of a liable third party, and the provider bills Medicaid, receives Medicaid payment, and then also receives payment from the liability carrier, the provider must refund Medicaid what Medicaid paid, and refund the liability carrier any amount in excess of the Medicaid paid amount.

For example,

Amount billed by provider to Medicaid	\$50.00
Amount paid by Medicaid	\$40.00
Amount paid by liability carrier	\$45.00
Amount to be refunded to Medicaid	\$40.00
Amount to be refunded back to carrier	\$ 5.00
Amount kept by provider	\$40.00

Pursuant to federal statutory and case law, providers may NOT keep the full charge reimbursement made by liability carriers after the provider receives Medicaid payment. Please refer to the chart included in this bulletin for details.

If you have any questions, please contact Debra Stewart as listed below.

***Debra Stewart, Assistant Chief, TPR
DMA, 919-733-6294***

Third Party Recovery Chart

	Discover Accident at time of service and <i>file with Medicaid</i>	Discover Accident at time of service and <i>don't file with Medicaid</i>	Discover Accident after bill Medicaid and receive payment	Discover after bill Medicaid, receive Medicaid payment, and insurance payment
File Form DMA-2043	YES Send completed form with the claim when you initially file with Medicaid	YES* * File a completed DMA-2043 form if you receive a request from anyone for a copy of the bill	YES* * File a completed DMA-2043 form if you receive a request from anyone for a copy of the bill	YES This assists TPL in identifying cases to pursue due to other Medicaid payments
Include "MEDIC AID RECIPIENT BENEFITS ASSIGNED" on copies	YES Include this statement on all copies of bills or claims, regardless of who requests copies or whether Medicaid payment has been received	NO This statement is not required as long as no claims were filed with Medicaid. However, instead, you must put "MEDICAID RECIPIENT" in case you file with Medicaid thereafter	YES Include this statement on all copies of bills or claims, regardless of who requests copies or whether Medicaid payment has been received	N/A This is assuming that no one ever requested copies of bills, but an insurance check merely appeared
File Claim with insurance	NO You cannot file a claim with the insurance company and with Medicaid	YES There is no limitation on filing with the insurance company when you chose not to file with Medicaid	NO You cannot file a claim with the insurance company and with Medicaid	NO or N/A This assumes that you made no claim with the insurance company and insurance check merely appeared. You cannot file with insurance in this case.
Keep insurance payment	NO Regardless of whether you filed a claim with the insurance company, once Medicaid pays, you are paid in full. Only Medicaid has a claim outstanding and has the right to receive payment	YES No limitation on filing claim with insurance or keeping insurance payment when you do not bill Medicaid	NO You cannot file a claim with both the insurance company and Medicaid. You cannot keep the insurance payment in this case. Medicaid payment is payment in full	NO You cannot file a claim with both the insurance company and Medicaid. You cannot keep the insurance payment in this case. Medicaid payment is payment in full.
Refund Medicaid	YES You cannot file a claim with the insurance company. If you receive payment from the insurance company, you must refund to Medicaid its paid amount and refund all that is in excess of the Medicaid paid amount back to the insurance company, attorney, or recipient.	NO Medicaid never paid, so no refund is due.	YES You cannot file a claim with the insurance company. If you receive payment from the insurance company, you must refund to Medicaid its paid amount and refund all that is in excess of the Medicaid paid amount back to the insurance company, attorney, or recipient.	YES You cannot file a claim with the insurance company. If you receive payment from the insurance company, you must refund to Medicaid its paid amount and refund all that is in excess of the Medicaid paid amount back to the insurance company, attorney, or recipient.
Refund Insurance	YES Medicaid payment is payment in full. You cannot file with insurance nor can you accept an insurance payment in excess of the Medicaid paid amount. Refund excess to the insurance company, the attorney, or the recipient.	NO If you never billed Medicaid, there is no restriction on keeping any insurance payment.	YES Medicaid payment is payment in full. You cannot file with insurance nor can you accept an insurance payment in excess of the Medicaid paid amount. Refund excess to the insurance company, the attorney, or the recipient.	YES Medicaid payment is payment in full. You cannot file with insurance nor can you accept an insurance payment in excess of the Medicaid paid amount. Refund excess to the insurance company, the attorney, or the recipient.

_____ County DSS County Case No.: _____

_____ County Number

THIRD PARTY RECOVERY "ACCIDENT" INFORMATION REPORT
PLEASE PRINT OR TYPE

Case Head: _____
Last First Middle Initial

Name of Injured Recipient: _____
Last First Middle Initial

Recipient's Individual Medicaid _____ SS Number: _____

Location of Accident: _____
City County

Street/Road Name or Number: _____

Date of Accident: _____

Type of Accident _____ (auto, home, work related, etc.)

Name of Insured Person Responsible for Accident: _____

Name of Insurance Company or Insurance Agent: _____

Address of Insurance Company or Agent: _____

Policy No.: _____ Accident Claim No.: _____

Name of Recipient's Attorney; If Any: _____

Comments: _____

Submitted By: _____ Title: _____

Date: _____ Telephone No.: _____

Mail original to: North Carolina Dept. of Human Resources
Division of Medical Assistance
Third Party Recovery Section
P O Box 29551
Raleigh, NC 27626-0551
Telephone: 919-733-6294

Attention: FQHC/Rural Health Providers

Seminar schedule

Seminars for FQHC/Rural Health providers will be held in August 1997. Topics of discussion will be cost reporting, rate setting, core visits, Health Check, billing and general Medicaid issues.

Please select the most convenient site and return the completed registration form to EDS as soon as possible. Seminars begin at 8:30 a.m. and end at 4:00 p.m. Providers are encouraged to arrive by 8:15 a.m. to complete registration. Time will be allotted to allow attendees to leave for lunch. **New Handouts will be distributed at the workshop. Pre-registration is strongly recommended.**

Note: Cost reporting issues for Provider (Hospital) based clinics will be discussed at the Raleigh workshop only. Free Standing clinics may attend any of the workshops (including Raleigh).

Directions are available on page 9 of this bulletin.

Tuesday, August 5, 1997
 Ramada Inn Airport Central
 515 Clanton Road
 Charlotte, NC

Wednesday, August 6, 1997
 Wake Medical Center
 MEI Conference Center
 3000 New Bern Avenue
 Raleigh, NC
(Park at WakeField Shopping Ctr)

Thursday, August 7, 1997
 Holiday Inn North
 3050 University Parkway
 Winston-Salem, NC
Rockefeller/Ford Room

Tuesday, August 12, 1997
 Holiday Inn
 4903 Market Street
 Wilmington, NC
Entourage Room

Thursday, August 14, 1997
 Martin Community College
 Kehakee Park Road
 Williamston, NC
Auditorium

Tuesday, August 26, 1997
 A-B Technical College
 340 Victoria Road
 Asheville, NC
Laurel Auditorium

(cut and return registration form only)

FQHC/Rural Health 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)

Please indicate below whether your clinic is a :

_____ **Provider (Hospital) Based Clinic**

_____ **Free Standing Clinic**

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

Attention: All Providers

Directions to the FQHC/Rural Health Seminars

The registration form for the workshop is on page 8 of this bulletin.

RAMADA INN AIRPORT CENTRAL - CHARLOTTE

Tuesday, August 5, 1997

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

WAKE MEDICAL MEI CONFERENCE CENTER - RALEIGH

Wednesday, August 6, 1997

Take the I-440 Raleigh beltline to New Bern Avenue, Exit 13A. Go toward Wake Medical Center on New Bern Avenue and at the stoplight at Sunnybrook Road, turn left. At Wakefield Shopping Center, turn left and park in the shopping center parking lot. Parking is free. Walk back to New Bern Avenue up the sidewalk in front of the Wake County Department of Health and stay on the sidewalk until it leads you to the Medical Education Institute. Enter the building at the far left Conference Center Entrance and follow the signs to your classroom. Vehicles will be towed if not parked in designated areas.

HOLIDAY INN NORTH - COLISEUM - WINSTON-SALEM

Thursday, August 7, 1997

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

HOLIDAY INN - WILMINGTON

Tuesday, August 12, 1997

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

MARTIN COMMUNITY COLLEGE - WILLIAMSTON

Thursday, August 14, 1997

Take Highway 64 into Williamston. College is approximately 1-2 miles west of Williamston. The Auditorium is located in Building 2.

A-B TECHNICAL COLLEGE - ASHEVILLE

Tuesday, August 26, 1997

I-40 to Exit 50. Head North on Hendersonville Road to intersection with Route 25 (McDowell Street). Take a left on Route 25 to Intersection with Victoria Road. Take a left onto Victoria Road to the Administration Building.

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 on file, this can result in IRS mandatory 31% withholding of payments made by Medicaid. Be sure the individual responsible for maintenance of tax information in your organization receives the following information.

How to verify tax information

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

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

- Fill in the North Carolina Medicaid Provider Name Block (**This must be completed**)
- Fill in the North Carolina Medicaid Provider Number (**This must be completed**)
- 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 to:

EDS
4905 Waters Edge Drive
Raleigh NC 27606

OR

FAX to (919) 851-4014

Attn: Provider Enrollment

Attention: Provider Enrollment

Change of ownership

Contact DMA Provider Enrollment (919) 733-2130 to inform them of 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 all 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

Request For Taxpayer Identification Number and Certification

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: _____

Checkwrite Schedule

July 8, 1997	August 5, 1997	September 9, 1997
July 15, 1997	August 12, 1997	September 16, 1997
July 24, 1997	August 19, 1997	September 25, 1997
	August 28, 1997	

Electronic Cut-Off Schedule *

July 3, 1997	August 1, 1997	September 5, 1997
July 11, 1997	August 8, 1997	September 12, 1997
July 18, 1997	August 15, 1997	September 19, 1997
	August 22, 1997	

* *Electronic claims must be transmitted and completed by 5:00 p.m. 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 Human Resources

James R. Clayton
Executive Director
EDS



Bulk Rate
U.S. POSTAGE
PAID
Raleigh, N.C.
Permit No. 1087

P.O. Box 30968
Raleigh, North Carolina 27622