



**An Information Service of the Division of Medical Assistance**

**North Carolina  
Medicaid Pharmacy  
Newsletter**

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**In This Issue...**

**Coverage of Over-the-Counter Medications**

**Coverage of Impotence Drugs**

**Prescription Advantage List**

**Pharmacy Stub Audits**

**Changes in Drug Rebate Manufacturers**

**Federal Mac List Changes**

**Medicaid Contact Information**

**Corrected 1099 Requests – Action Required by March 1, 2004**

## Coverage of Over-the-Counter Medications

Effective with date of service October 1, 2003, DMA implemented the following medications policy:

### 1.0 Policy Statement

Selected over-the-counter (OTC) medications may be covered as an optional benefit within the pharmacy program when:

- The policy guidelines listed in Section 2.0 are met;
- The national drug code (NDC) for the medication is listed on the OTC list. (Refer to Attachment A on page 3 for a copy of the North Carolina Division of Medical Assistance Covered Over the Counter Medications.)
- The medication is dispensed by a pharmacist in the manufacturer's unopened container pursuant to a lawful prescription; and
- The medication's manufacturer has a valid CMS rebate agreement.

Covered OTC medications are subject to the same restrictions and recommendations as any legend drug. Restrictions and recommendations such as prior authorization, quantity limits, and inclusion in the Prescription Advantage List (PAL) are included on the OTC list (Attachment I). Specific NDCs will be designated based on attributes such as number of doses per package, range of formulations, etc. All other policies of the outpatient pharmacy program apply.

### 2.0 Policy Guidelines

#### 2.1 Reasons for Coverage

DMA may consider coverage for specific OTC medications not available as legend drugs that provide cost-effective treatment as well as cost-effective alternatives to legend drugs covered by Medicaid. The decision for coverage is based on the analysis of the cost savings or potential cost benefit of coverage of the OTC medication and the recommendations of the North Carolina Physician Advisory Group (NCPAG), which will consider off-label indications using an evidence-based approach. The decision for coverage is also based on a consideration of the limited ability of recipients to pay out-of-pocket for relatively expensive OTC drugs.

#### 2.2 Identification of Candidate OTC Drugs

A drug that meets any of the following criteria may be considered as a candidate for OTC coverage:

- A Medicaid covered legend drug approved by the FDA as an OTC drug that results in a significant cost savings to Medicaid.  
**Example:** The OTC version of Prilosec, which is identical in strength and formulation.)
- An efficacious drug is available only as OTC and not legend, and all other legend treatments are significantly (i.e., >20%) more expensive without a significant increase in effectiveness  
**Example:** Aspirin for cardiovascular disease or tinactin or lotrimin for ringworm.
- Coverage for an OTC or a group of OTCs expands treatment options because they have been shown to decrease the total cost of care for certain conditions.  
**Example:** Allergy treatments.

#### 2.3 Use of Pilot Studies

When the effect of adding an OTC is uncertain in terms of utilization, cost savings, etc., limited pilot studies are recommended and may be conducted within venues such as the Community Care Program demonstration projects before making the OTC available statewide.

## 2.4 Monitoring OTC Inclusion

Monitoring will occur at least annually for each drug on the OTC list to assess total utilization, per member per month rates, use rates, and cost effectiveness of continuing to include the OTC on the list.

Quarterly monitoring shall be conducted when an OTC has a legend version to assess that the significant price differential persists.

## 2.5 Removal of OTC Medications from Coverage

Upon the advice of the NCPAG, if an OTC product fails to meet criteria for continued coverage under the pharmacy benefit; DMA may remove the medication from the covered OTC list. This information will be posted to the OTC list according to DMA's medical policy guidelines.

Refer to General Medical Coverage Policy #A-2 on DMA's website at <http://www.dhhs.state.nc.us/dma/mp/mpindex.htm> for detailed information.

\*Current List of Approved OTC Medications (excluding insulin)

<b>OTC Medication Name and Strength</b>	<b>NDC</b>	<b>Manufacturer</b>	<b>Beginning Date of Coverage</b>
Prilosec OTC, 20mg, package size 42	37000-0455-04	Proctor & Gamble	10/01/2003
Claritin OTC, 10mg, package size 20	11523-7160-03	Schering	11/25/2003
Alavert OTC, 10mg, package size 30	00573-2645-30	Whitehall-Robins	11/25/03
Loratadine OTC, 10mg, package size 30	00113-0275-65	Perrigo	11/25/03
Allergy Relief OTC, 10mg, package size 30	49614-0170-65	Medicine Shoppe Int. (Cardinal Health)	11/25/03
Claritin Syrup OTC, 5mg/5ml, package size 120mg	11523-7163-01	Schering	12/2/03

## Coverage of Impotence Drugs

Effective December 1, 2003, Cialis was added to the list of drugs covered by N.C. Medicaid for impotency. There is a limit of 2 units per month. The physician must document in his/her own handwriting "erectile dysfunction" on the face of the prescription. Impotence drugs for males 25 years of age and older do not require prior approval. For males under 25 years of age, the physician (or designee) must obtain prior approval from the Division of Medical Assistance. Documentation for medical necessity should be sent to the following address:

N.C. Division of Medical Assistance  
Attention: Pharmacy Section  
2501 Mail Service Center  
Raleigh, N. C. 27699-2501  
Fax: 919-733-2796

## Prescription Advantage List

The Prescription Advantage List (PAL) was developed by the NCPAG and Community Care of NC (Access II/III) in cooperation with the Division of Medical Assistance as a voluntary effort to help control rising pharmacy costs in NC Medicaid. While this list is voluntary, the physician leadership of the NCPAG and Community Care of NC hope that physicians will use it as a guide to prescribe less expensive medications whenever possible and clinically appropriate.

The PAL list includes some of the most costly classes of medication. By evaluating actual net cost of each medication to NC Medicaid including rebates, the medications in each class are ranked in order from least to most expensive based on the listed unit dosage as determined by the NCPAG.

(The % net cost variation between the least and the most expensive medication is listed.)

- 1\*\* >50% below average net cost
- 1\* 20-50% below average net cost
- 1 10-20% below average net cost
- 2 +/- 10% average net cost
- 3 > 10% above average net cost

Note: No judgment as to efficacy is implied by this list but rather is intended as an educational tool based on cost alone. Future PAL list revisions will include "clinical pearls" based on an evidenced-based review of current medical literature.

For additional copies of this reference guide, please contact the Community Care of NC office at (919) 715-1453. The current list is also located on DMA's website at <http://www.dhhs.state.nc.us/dma/pal/pal.pdf>.

## Pharmacy Stub Audits

Program Integrity has learned that rumors are circulating that Medicaid auditors are conducting stub audits. Auditors DO NOT visit the provider onsite to audit for stubs. They do not now, nor will they ever perform stub audits.

A stub may be required if the recipient has used two or more pharmacies in a month, in which case a copy of the stub needs to be submitted with the pharmacy of record adjustment for payment. The pharmacy with the stub is guaranteed payment for 6 prescriptions. This may be an issue if one pharmacy is billing with the exempt override. Recipients are still required to "lock" into one pharmacy per month.

## Changes in Drug Rebate Manufacturers

The following changes are being made in manufacturers with Drug Rebate Agreements. They are listed by manufacturer code, which is the first five digits of the NDC.

### Additions

The following labelers have entered into Drug Rebate Agreements and joined the rebate program effective on the dates indicated below:

<i>Code</i>	<i>Manufacturer</i>	<i>Date</i>
66657	Genta Inc.	10/06/2003
66814	World Gen, LLC	09/05/2003
67386	Ovation Pharmaceuticals, Inc.	08/16/2003
67781	Purdue Pharmaceuticals	09/24/2003
67919	Cubist Pharmacueticals	10/24/2003
68134	Palmetto Pharmaceuticals	08/23/2003
68220	Alaven Pharmaceuticals	10/03/2003
68249	Carolina Pharmacueticals, Inc.	09/22/2003

## Federal Mac List Changes

Effective November 2, 2003, the following changes were made to the Medicaid Drug Federal Upper Limit List:

### FUL Deletions

#### Generic Name

Fluocinolone Acetonide  
0.01% Solution, Topical, 60ml

Pindolol

5mg, Tablet, Oral, 100  
10mg, Tablet, Oral, 100

### FUL Additions

#### Generic Name

Aspirin; Butalbital; Caffeine  
325mg, 40mg, 50mg, Tab., Oral, 100

#### FUL Price

\$0.2400 R

Lovastatin

40mg, Tablet, Oral, 60

\$3.2012 B

### FUL Price Decreases

#### Generic Name

Acetaminophen; Propoxyphene Napsylate  
650mg; 100mg; Tablet, Oral, 100

#### FUL Price

\$0.1800 R

Ipratropium Bromide

0.02%, Sol. For Inh., 2.500ml, 25s

\$0.2340 R

Reminder: Both the Federal and the State MAC lists can be accessed online at DMA's website <http://www.dhhs.state.nc.us/dma/>.

## Medicaid Contact Information

To ensure that issues are handled effectively when calling Medicaid, refer to the following list for the contact source and telephone number related to your question.

### Telephone Contact List

Topic	Phone Number	Other Resources
Automatic Deposits (Electronic Funds Transfer)	EDS Electronic Commerce Services 1-800-688-6696 or 1-919-851-8888	Automatic Deposit (EFT) Form <a href="http://www.dhhs.state.nc.us/dma/forms.html">http://www.dhhs.state.nc.us/dma/forms.html</a>
Billing Issues/Claim Inquiries	EDS Provider Services 1-800-688-6696 or 1-919-851-8888	
Checkwrite Information	AVR system 1-800-723-4337	Online Checkwrite Schedule <a href="http://www.dhhs.state.nc.us/dma/2003check.htm">http://www.dhhs.state.nc.us/dma/2003check.htm</a> Using AVR to Access Checkwrite Schedule – July 2001 Special Bulletin II <a href="http://www.dhhs.state.nc.us/dma/bulletin.htm">http://www.dhhs.state.nc.us/dma/bulletin.htm</a>
Claims Status	AVR system 1-800-723-4337	Using AVR to Check Claim Status – July 2001 Special Bulletin II <a href="http://www.dhhs.state.nc.us/dma/bulletin.htm">http://www.dhhs.state.nc.us/dma/bulletin.htm</a>
Coverage Issues	EDS Provider Services 1-800-688-6696 or 1-919-851-8888	Medicaid Medical Coverage Policies <a href="http://www.dhhs.state.nc.us/dma/mp/mpindex.htm">http://www.dhhs.state.nc.us/dma/mp/mpindex.htm</a>
Denials for Eligibility	DMA Claims Analysis Unit 1-919-857-4018	
Denials for Reasons other than Eligibility or Private Insurance	EDS Provider Services 1-800-688-6696 or 1-919-851-8888	Medicaid Claim Adjustment Forms <a href="http://www.dhhs.state.nc.us/dma/forms.html">http://www.dhhs.state.nc.us/dma/forms.html</a>
Drug Utilization Review	DMA Medical Policy 1-919-857-4020	Drug Utilization Review Section
Electronic Claims Submission	EDS Electronic Commerce Services  1-800-688-6696 or  1-919-851-8888	Electronic Commerce Services Agreement Form  <a href="http://www.dhhs.state.nc.us/dma/forms.html">http://www.dhhs.state.nc.us/dma/forms.html</a>
Electronic Funds Transfer (Automatic Deposits)	EDS Electronic Commerce Services  1-800-688-6696 or  1-919-851-8888	Automatic Deposit (EFT) Form  <a href="http://www.dhhs.state.nc.us/dma/forms.html">http://www.dhhs.state.nc.us/dma/forms.html</a>

<b>Topic</b>	<b>Phone Number</b>	<b>Other Resources</b>
Electronic Data Interchange (EDI)	EDS Electronic Commerce Services 1-800-688-6696 or 1-919-851-8888	
Eligibility Information – current day	AVR system 1-800-723-4337	Using AVR to Check Eligibility Status – July 2001 Special Bulletin II <a href="http://www.dhhs.state.nc.us/dma/bulletin.htm">http://www.dhhs.state.nc.us/dma/bulletin.htm</a>
Eligibility Information for dates of service over 12 months	DMA Claims Analysis Unit 1-919-857-4018	
Enrollment – Providers (including Carolina ACCESS)	DMA Provider Services 1-919-857-4017	Provider Enrollment Packages <a href="http://www.dhhs.state.nc.us/dma/provenroll.htm">http://www.dhhs.state.nc.us/dma/provenroll.htm</a>
Forms	EDS Provider Services 1-800-688-6696 or 1-919-851-8888	Most forms, including blank claim forms, are available online <a href="http://www.dhhs.state.nc.us/dma/forms.html">http://www.dhhs.state.nc.us/dma/forms.html</a>
Fraud and Abuse – Pharmacy	DMA Program Integrity 1-919-733-3590	Pharmacy Review Section <a href="http://www.dhhs.state.nc.us/dma/pipage3.htm#dur">http://www.dhhs.state.nc.us/dma/pipage3.htm#dur</a>
Fraud and Abuse – Other	DMA Program Integrity 1-919-733-6681	Program Integrity <a href="http://www.dhhs.state.nc.us/dma/pi.html">http://www.dhhs.state.nc.us/dma/pi.html</a>
Health Insurance Payment Program	DMA Third Party Recovery 1-919-733-6294	
Medicaid Bulletins	EDS Provider Services 1-800-688-6696 or 1-919-851-8888	General, Special and Pharmacy Bulletins are available online <a href="http://www.dhhs.state.nc.us/dma/bulletin.htm">http://www.dhhs.state.nc.us/dma/bulletin.htm</a>
NCECS-Web	EDS Electronic Commerce Services 1-800-688-6696 or 1-919-851-8888	To access NCECS-Web <a href="https://webclaims.ncmedicaid.com/ncecs">https://webclaims.ncmedicaid.com/ncecs</a>
Prior Authorization for Prescription Drugs	ACS State Healthcare 1-866-246-8505	Prior Authorization for Prescription Drugs – April 2002 Special Bulletin II <a href="http://www.dhhs.state.nc.us/dma/bulletin.htm">http://www.dhhs.state.nc.us/dma/bulletin.htm</a> NC Medicaid Pharmacy Program <a href="http://www.dhhs.state.nc.us/dma/pharmpa.htm">http://www.dhhs.state.nc.us/dma/pharmpa.htm</a> ACS State Healthcare website <a href="http://www.ncmedicaidpbm.com/">http://www.ncmedicaidpbm.com/</a>
Private Insurance Update	DMA Third Party Recovery 1-919-733-6294	

<b>Topic</b>	<b>Phone Number</b>	<b>Other Resources</b>
Provider Enrollment	DMA Provider Services 1-919-857-4017	Provider Enrollment Packages <a href="http://www.dhhs.state.nc.us/dma/provenroll.htm">http://www.dhhs.state.nc.us/dma/provenroll.htm</a>
Third Party Insurance Code Book	DMA Third Party Recovery 1-919-733-6294 Fax: 1-919-715-4725	Third Party Insurance Codes <a href="http://www.dhhs.state.nc.us/dma/tpr.html">http://www.dhhs.state.nc.us/dma/tpr.html</a>
Time Limit Overrides	DMA Claims Analysis Unit 1-919-857-4018	

**EDS Address List**

<b>Pharmacy Claims</b> EDS PO Box 300001 Raleigh, NC 27622	<b>Adjustments</b> EDS PO Box 300009 Raleigh, NC 27622
<b>Returned Checks</b> EDS PO Box 300001 Raleigh, NC 27622	<b>General Correspondence</b> (Name of EDS Employee) EDS PO Box 300009 Raleigh, NC 27622

When sending Certified mail, UPS or Federal Express, send to:

EDS  
4905 Waters Edge Drive  
Raleigh, NC 27606

**DMA Address List**

<p><b>Carolina ACCESS</b>          Division of Medical Assistance          2501 Mail Service Center          Raleigh, NC 27699-2501</p>	<p><b>Claims Analysis and Medicare Buy-in</b>          Division of Medical Assistance          2501 Mail Service Center          Raleigh, NC 27699-2501</p>
<p><b>Community Care Program</b>          Division of Medical Assistance          2501 Mail Service Center          Raleigh, NC 27699-2501</p>	<p><b>Eligibility Unit</b>          Division of Medical Assistance          2501 Mail Service Center          Raleigh, NC 27699-2501</p>
<p><b>Financial Operations</b>          Division of Medical Assistance          2501 Mail Service Center          Raleigh, NC 27699-2501</p>	<p><b>Managed Care</b>          Division of Medical Assistance          2501 Mail Service Center          Raleigh, NC 27699-2501</p>
<p><b>Medical Policy/Utilization Control</b>          Division of Medical Assistance          2501 Mail Service Center          Raleigh, NC 27699-2501</p>	<p><b>Program Integrity</b>          Division of Medical Assistance          2501 Mail Service Center          Raleigh, NC 27699-2501</p>
<p><b>Provider Services</b>          Division of Medical Assistance          2501 Mail Service Center          Raleigh, NC 27699-2501</p>	

**Note:** Beginning September 1, 2003, the Division of Medical Assistance consolidated the mail service center addresses for each section or unit, **except Third Party Recovery**, into one mail service center address. Providers must include the name of the section to ensure that correspondence is routed correctly.

If you do not know which DMA section or unit’s address to use, send correspondence to the following general address:

**(Name of DMA employee)**  
 Division of Medical Assistance  
 2501 Mail Service Center  
 Raleigh, NC 27699-2501

When sending Certified mail, UPS or Federal Express, send to:

Division of Medical Assistance  
 1985 Umstead Drive  
 Raleigh, NC 27626

## **Corrected 1099 Requests – Action Required by March 1, 2004**

Providers receiving Medicaid payments of more than \$600 annually receive a 1099 MISC tax form from EDS. The 1099 MISC tax form is generated as required by IRS guidelines. It will be mailed to each provider no later than January 31, 2004. The 1099 MISC tax form will reflect the tax information on file with Medicaid as of the last Medicaid checkwrite cycle date, December 29, 2003.

If the tax name or tax identification number on the annual 1099 MISC you receive is incorrect, a correction to the 1099 MISC must be requested. This ensures that accurate tax information is on file with Medicaid and sent to the IRS annually. When the IRS receives incorrect information on your 1099 MISC, it may require backup withholding in the amount of 28 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 to EDS by March 1, 2004 and must be accompanied by the following documentation:

- a copy of the original 1099 MISC
- a signed and completed IRS W-9 form clearly indicating the correct tax identification number and tax name. (Additional instructions for completing the W-9 form can be obtained at [www.irs.gov](http://www.irs.gov) under the link “Forms and Pubs.”)

Fax both documents to 919-816-4399, Attention: Corrected 1099 Request - Financial

Or

Mail both documents to:

Attention: Corrected 1099 Request - Financial  
EDS  
4905 Waters Edge Drive  
Raleigh, NC 27606

A copy of the corrected 1099 MISC will be mailed to you for your records. All corrected 1099 MISC requests will be reported to the IRS. In some cases, additional information may be required to ensure that the tax information on file with Medicaid is accurate. Providers will be notified by mail of any additional action that may be required to complete the correction to their tax information.



**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a **nonresident alien or a foreign entity** not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments (29% after December 31, 2003; 28% after December 31, 2005). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate **Instructions for the Requester of Form W-9**.

### Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

**Other entities.** Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Note:** You are requested to check the appropriate box for your status (*individual/sole proprietor, corporation, etc.*).

### Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note:** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

**Exempt payees.** Backup withholding is **not required** on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2);
2. The United States or any of its agencies or instrumentalities;
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities;
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities; or
5. An international organization or any of its agencies or instrumentalities.

Other payees that **may be exempt** from backup withholding include:

6. A corporation;
7. A foreign central bank of issue;
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States;

- 9. A futures commission merchant registered with the Commodity Futures Trading Commission;
- 10. A real estate investment trust;
- 11. An entity registered at all times during the tax year under the Investment Company Act of 1940;
- 12. A common trust fund operated by a bank under section 584(a);
- 13. A financial institution;
- 14. A middleman known in the investment community as a nominee or custodian; or
- 15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

If the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for <b>9</b>
Broker transactions	Exempt recipients <b>1</b> through <b>13</b> . Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients <b>1</b> through <b>5</b>
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt recipients <b>1</b> through <b>7</b> <sup>2</sup>

<sup>1</sup> See **Form 1099-MISC**, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are **not exempt** from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a Federal executive agency.

### Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner **LLC** that is disregarded as an entity separate from its owner (see **Limited liability company (LLC)** on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

**Note:** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office or get this form on-line at [www.ssa.gov/online/ss5.html](http://www.ssa.gov/online/ss5.html). You may also get this form by calling 1-800-772-1213. Use **Form W-7**, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at [www.irs.gov](http://www.irs.gov).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see **Exempt from backup withholding** on page 2.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA or Archer MSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, or to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.



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## Holiday Closing

The Division of Medical Assistance (DMA) and EDS will be closed on December 24, 25 and 26 in observance of the Christmas holiday and January 1, 2004 in observance of New Years Day.

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### Checkwrite Schedule

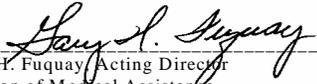
December 9, 2003	January 13, 2004	February 3, 2004
December 15, 2003	January 22, 2004	February 10, 2004
December 29, 2003	January 27, 2004	February 17, 2004

### Electronic Cut-Off Schedule

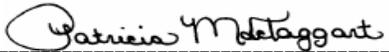
December 5, 2003	January 9, 2004	January 30, 2004
December 12, 2003	January 16, 2004	February 6, 2004
December 19, 2003	January 23, 2004	February 13, 2004

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.

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Gary H. Fuquay, Acting Director  
Division of Medical Assistance  
Department of Health and Human Services

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Patricia MacTaggart  
Executive Director  
EDS

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