

MDHHS-5940-P, PHARMACY PRE-AUTHORIZATION REPORT

Michigan Department of Health and Human Services

WIC Vendor Relations Unit

(Revised 1-22)

SECTION 1 - SITE VISIT VERIFICATION

- Based on an on-site inspection, I certify that the above-named Vendor is in compliance with the following:**
- All WIC requirements, including all selection criteria requirements and the minimum stock requirements (MSR).
 - Has prices for all WIC-approved formulas and medical foods properly displayed.
 - Based on items carried by Vendor and types of transactions accepted, the Vendor is not a “WIC only” Vendor.
- The Vendor does NOT meet the minimum stock requirements as indicated below.**
- The Vendor does NOT meet other WIC Vendor Selection Criteria and/or requirements. Specify _____**
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Food Group	Minimum Stock Required	Met	Not Met (No. of Stock)
Similac Advance (12.4 oz) and/or Similac Total Comfort (12.6 oz)	12 cans (combined total between both varieties)	<input type="checkbox"/>	

SECTION 2 - TRAINING CERTIFICATION

The following items have been explained to the Vendor:

1. Purpose and goals of the WIC Program
2. Terms of the WIC Pharmacy Vendor Contract
3. WIC-approved formulas/medical foods
4. Pharmacy Vendor Minimum Stock Requirements
5. Formula sourcing requirements
6. WIC transaction procedures
7. Competitive prices and peer groups
8. WIC Program incentive policy
9. Procedures for appealing a reduced payment
10. Formula purchase/recordkeeping requirements
11. Requirement to allow the store to be monitored by the WIC Program
12. Food quality and pricing requirements of the WIC Program

- 13. Vendor trainings, communications, and newsletters
- 14. Terms of the WIC Vendor Sanction Schedule
- 15. Administrative Hearing and Review procedures
- 16. Vendor complaint process
- 17. WIC POS software and devices
- 18. Vendor application and authorization process

SECTION 3 - VENDOR CERTIFICATION

I (the Vendor) certify the following:

If it is documented that the WIC Pharmacy Vendor Applicant does not satisfy all WIC Program requirements for authorization, I understand that the WIC Pharmacy Vendor Application will be denied and will be unable to reapply for 90 days. If the on-site inspection supports authorization, the above training items were explained to me to my satisfaction; and I have received a copy of this report and a Vendor Handbook, which includes copies of the WIC Vendor Sanction Schedule, and Policy 7.0 Vendor Appeals. I understand I will receive a copy of the WIC Pharmacy Vendor Contract and notification of my peer group assignment upon execution by the Michigan Department of Health and Human Services.

Vendor Signature	Print Name	Title	Date
WIC Vendor Analyst	Print Name		Date

<p>The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.</p>
<p>This institution is an equal opportunity provider.</p>
<p>AUTHORITY: P.A. 368 of 1978</p>