

MDHHS-5940-P, PHARMACY PRE-AUTHORIZATION REPORT

Michigan Department of Health and Human Services

WIC Vendor Relations Unit

(Revised 3-23)

	<p>LARA Pharmacy License Number</p> <hr/>
--	---

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.
 - 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 Michigan Department of Licensing and Regulatory Affairs (LARA) license is current.
- The Vendor does NOT meet WIC Vendor Selection Criteria and/or other requirements. Specify _____**
-

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
--------------------	------------	------

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

This institution is an equal opportunity provider.

AUTHORITY: P.A. 368 of 1978
