



## Memorandum

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**#13-060**

**TO:** WIC Local Agency Directors

**FROM:** Linda Brumble, Unit Manager  
Nutrition Education/Clinic Services Unit  
Nutrition Services Section

**DATE:** May 29, 2013

**SUBJECT:** Drop Ship Concerns and Updated Resources

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In March 2012 the use of a new drop shipment form was initiated. This form was partially pre-populated with some information including the PAN, formula name and quantity. The use of this form has greatly reduced errors associated with the drop shipment process. However, there are still some concerns we would like to bring to your attention. Forms are being forwarded to the drop ship vendor and then on to the state office that are incomplete. The item most often overlooked is “the date of order”. This field is found at the top left hand corner of the drop ship order form. In summary, please check over the form carefully to ensure all blanks are filled in. Missing or incorrect information can prevent a drop shipment claim from being paid in a timely fashion.

The Drop Ship Procedures are available on the DSHS WIC website at <http://www.dshs.state.tx.us/wichd/nut/foods-nut.shtm> . Scroll to the bottom this web page to “WIC EBT Drop Ship Order Form Procedures.” Every clinic site should have a copy of these procedures readily available for staff reference. It is important that all clinic staff be familiar with the location of the procedures. Any staff person should be able to follow these procedures when necessary. For example, should formula be delivered to the clinic, the available staff person should be able to use these procedures to accept the delivery, sign and date the drop ship order form, and then check and count the contents. Formula pager staff are available to assist with any aspect of the process if help is needed.

Updated drop shipment resources are listed below with major changes or new documents bolded. In addition, these resources are attached for your convenience.

- **Drop Ship Check List, Revised May 2013 (revision now lists all required fields)**
- **Standard Formula Code List, May 2013 (new – lists all formulas that may not be drop shipped)**
- Drop Ship Procedures Power-point Slides (minor content update May 2013)
- *WIC Formula Drop Ship Procedures, May 2013 (new date only. The March 2012 Procedures are still correct and can continue to be used.)*

Drop Ship Concerns and  
Updated Resources  
May 29, 2013  
Page 2

If you have any questions, please contact Sandra Brown, Food/Formula Specialist, Nutrition Education/Clinic Services Unit at 512-341-4576, [sandra.brown@dshs.state.tx.us](mailto:sandra.brown@dshs.state.tx.us), or Cathy Plyler, Clinical Nutrition Specialist, Nutrition Education/Clinic Services Unit at 512-341-4577, [cathy.plyler@dshs.state.tx.us](mailto:cathy.plyler@dshs.state.tx.us).

## STANDARD FORMULA CODE LIST MAY 2013

All formulas on this list are eligible for cost containment. **Bold=soy contract**, Gray=milk contract

**DO NOT DROP SHIP any formula on this list.** Contact formula pager at (512) 499-6814 if needed and not available locally.

Standard or Non-exempt	Formula Code	Formula Description	Comments
S	511	ENF PREMIUM NEWBORN PWD 12.5OZ	
S	410	ENFAMIL AR PWD 12.9OZ	
S	401	ENFAMIL AR RTU 32OZ	
S	486	ENFAMIL PREMIUM INF CON 13OZ	
S	483	ENFAMIL PREMIUM INF PWD 12.5OZ	
S	487	ENFAMIL PREMIUM INF RTU 32OZ	
S	512	GENTLEASE PWD 12.4OZ	
S	500	GENTLEASE RTU 32OZ	
S	517	GOOD START GENTLE CON 12.1OZ	
S	516	GOOD START GENTLE PWD 12.7OZ	
S	518	GOOD START GENTLE RTU 33.8OZ	
S	520	GOOD START PROTECT PWD 12.4OZ	
S	534	GOOD START SOOTHE PWD 12.4OZ	
S	<b>522</b>	<b>GOOD START SOY CON 12.1OZ</b>	
S	<b>416</b>	<b>GOOD START SOY PWD 12.9OZ</b>	
S	<b>523</b>	<b>GOOD START SOY RTU 33.8OZ</b>	
S	552	GRADUATES GENTLE PWD 22OZ	New name-same formula as Good Start 2 Gentle
S	553	GRADUATES PROTECT PWD 22OZ	New name-same formula as Good Start 2 Protect
S	<b>554</b>	<b>GRADUATES SOY PWD 24OZ</b>	New name-same formula as Good Start 2 Soy
S	373	PROSOBEE CON 13OZ	
S	376	PROSOBEE PWD 12.9OZ	
S	375	PROSOBEE RTU 32OZ	
S	471	SIM GO&GROW MILK PWD 22OZ	
S	472	SIM GO&GROW SOY PWD 22OZ	
S	551	SIM TOTAL COMFORT PWD 12.6OZ	NEW
S	388	SIMILAC ADVANCE CON 13OZ	
S	414	SIMILAC ADVANCE PWD 12.4OZ	
S	365	SIMILAC ADVANCE RTU 32OZ	
S	482	SIMILAC FOR SPIT UP PWD 12.3OZ	
S	450	SIMILAC FOR SPIT UP RTU 32OZ	
S	411	SIMILAC SENSITIVE CON 13OZ	
S	394	SIMILAC SENSITIVE PWD 12.6OZ	
S	397	SIMILAC SENSITIVE RTU 32OZ	
S	391	SIMILAC SOY ISOMIL CON 13OZ	
S	389	SIMILAC SOY ISOMIL PWD 12.4OZ	
S	390	SIMILAC SOY ISOMIL RTU 32OZ	

# WIC Formula Drop Ship Procedures

## May 2013

### Initial Order

#### Approval and Issuance

1. The Certifying Authority (CA) approves the formula request. If drop shipment is required, print the drop ship order form during benefit issuance. Obtain formula name, code, quantity, and food issuance information from the CA.

**Note:** In most cases the amount issued to the EBT card is the same as the amount to be ordered. However, some formula may be issued from stock, or have packaging limitations.

**Example:** Similac Human Milk Fortifier must be ordered in multiples of 50 packets. Formulas shaded in gray on the Formula Code list indicate that there is no UPC for an individual unit. Contact the formula pager for assistance at (512) 499-6814.

2. Issue benefits on the EBT card and print the shopping list.
3. Press *Esc* (escape).
4. Go to the "Issuance" tab, arrow down to "Formula Exchange" and press *Enter*.
5. The participant will need to enter her/his PIN.
6. "Formula Exchange Client List" opens.
7. Highlight the correct participant (if more than one) and press *F8/Issue*.
8. "Formula Exchange Monthly Details" screen opens.
9. Use arrows to highlight the desired month and press *Enter*. For issuance from stock or formula exchange, see steps 10 and 11. If these adjustments are not needed, skip to step 12.
10. (Optional – see step 9.) For partial issuance from stock, or for formula exchanges, make all changes at this time including "cans in hand" (returning formula) or "from stock" (issuing stock). Don't forget to print the screen if returned formula or stock were involved in the changes made. Remember that issuance from stock is only allowed during a current month, never for future months. When all transactions are completed, press *F10/Save*.
11. (Optional – see step 9.) If changes were made in step 10, ensure that the desired month is highlighted and press *Enter* again before continuing to step 12.

#### Preparing and Printing the Drop Ship Order Form

12. "F3DropShip" option is highlighted. Press *F3*.
13. The screen opens to show Formula Drop Ship Quantity.

## WIC Formula Drop Ship Procedures May 2013

14. The screen shows the following based on what was issued to the card – formula code, formula name, quantity on card, quantity to drop ship. The quantity to drop ship amount can be changed and may be decreased to “1.”
15. Press *F8* to print the drop ship order form. It is recommended that staff use a laser or LED printer for clarity when faxing the form to the vendor.
16. Set the form aside for further manual completion.
17. If benefits are on the card for future months and drop shipment is needed, print a form for each month issued by following steps 12 through 15 above at this time. Press *Esc* to highlight the desired month and then press *Enter*.
18. **Drop ship order forms cannot be printed when the EBT card is not in the clinic.**

### “Do Not Buy” Statement

19. Tell the participant not to buy the formula issued to the WIC EBT Card that is to be drop shipped. The participant acknowledges this by signing a statement on or attached to the WIC shopping list. The signed copy of the shopping list and statement is kept by the clinic as an issuance log. The second copy of the shopping list and statement is given to the participant. The participant’s copy does not have to be signed.

#### Participant Acknowledgement Statement for the Shopping List

The WIC clinic has special ordered the formula \_\_\_\_\_ for my infant/child because it is not available locally. I understand that I am not to purchase any of this formula with my WIC EBT Card. If I buy this formula with my WIC EBT card, I will have to pay for the cost of that formula.

**Participant’s Signature** \_\_\_\_\_

Spanish and Vietnamese translations are available online at:

<http://www.dshs.state.tx.us/wichd/nut/foods-nut.shtm>

### Completing the Drop Ship Order Form

20. The clinic completes the “To be completed by clinic” section of the *WIC Formula Drop Ship Order Form* (see example below) generated by TWIN. Be sure to fill out all that is requested.
21. The following fields will be *prepopulated* by TWIN (total of 8 fields):
  - Benefit period (month)
  - LA/Clinic
  - Clinic phone number
  - Participant name

## WIC Formula Drop Ship Procedures May 2013

- PAN
- Name of formula, size and form
- Formula code
- Formula quantity

Note: Verify that the preprinted information is correct, especially the formula name, size, form and code.

22. Clinic contacts the drop ship vendor to order the formula and obtain the price and cost of shipping/handling (if applicable). State Agency (SA) approval is required for overnight delivery if this is a separate added expense.
23. Inform the participant that the formula will only be held at the clinic for approximately seven (7) days (not to exceed the last day of the benefit month). After 7 days it will be returned to the vendor and will need to be reordered.
24. At this point, the participant and EBT card are no longer needed and the participant may leave the clinic.
25. The following fields are *not prepopulated* and need to be manually completed (total of 7 or 8 fields):
  - A.** Date of order
  - B.** Clinic contact (staff name)
  - C.** Vendor store name
  - D.** Vendor phone number
  - E.** Vendor fax number
  - F.** Vendor representative contact
  - G.** Unit price of the formula
  - H.** Special shipping instructions (only if needed). This would include delivery information (such as clinic closed on Fridays etc.) or specific flavors requested for the formula.
26. All fields must be completed prior to ordering the formula. Prepopulated fields are shown in **bold** below. Fields requiring manual entry are shown with letters corresponding to the descriptions given in step 25 **(A) - (H)**. See example below.

# WIC Formula Drop Ship Procedures

## May 2013

Enter Date of Order: **(A)** \_\_\_\_\_

For Benefit Period: **February 2012**

SECTION A: (To be completed by clinic)				
<b>LA/Clinic#: 108/01 Clinic Phone #: 432-620-0080</b>		Vendor Store Name: <b>(C)</b> _____		
<b>Participant Name: Jennifer Reynolds</b>		Vendor Phone #: <b>(D)</b> _____		
<b>PAN: 5077 1710 1234 5678 910</b>		Vendor FAX#: <b>(E)</b> _____		
Clinic Contact (print name): <b>(B)</b> _____		Vendor Representative Contact: <b>(F)</b> _____		
<b>FORMULA REQUIREMENTS:</b>				
<u>Name, Size &amp; Form</u>	<u>Code</u>	<u>Quantity</u>	<u>Unit Price</u>	<u>Ship to Clinic</u>
<b>Elecare DHA/ARA 14.1 oz Powder</b>	<b>479</b>	<b>3</b>	<b>(G)</b>	<b>Hereford Clinic 125 W. Park Ave. Hereford, TX 79045</b>
Shipping Charge:				*State agency approval required for shipments to non-clinic addresses.
Special Shipping Instructions: <b>(H)</b> _____				

### Ordering and Receiving the Formula

27. The clinic faxes the order form to the vendor.
28. After the formula is received, the clinic staff signs and dates the *original WIC Formula Drop Ship Order Form* (not the packing slip that might be sent by the vendor), indicating receipt of the formula.
29. Clinic staff opens the formula box(es), counts and checks the formula to be certain the correct formula and amount were received. Circle Y or N as appropriate. (If N, contact formula vendor and/or state pager at (512) 499-6814.)
30. Clinic staff calls the participant to pick up the formula.
31. **The participant must also sign and date the *original WIC Formula Drop Ship Order Form* (not the packing slip sent by the vendor) the day participant picks up the formula.** (See below for steps 27 - 30).

<b><u>To be completed by LA/Clinic Staff receiving and storing formula(s):</u></b>		<i>Correct amount and type of formula received: Y / N</i>
Date shipment received: <u>2/15/12</u>	Signature of staff: <u>Staff person</u>	
<u>Judy Brice</u>	<u>2/17/12</u>	
<i>Signature of Client/Parent/Guardian receiving formula Date (MM/DD/YY) Month must match benefit month.</i>		
<i>LA/Clinic: Fax signed form to vendor when all shipments have been issued/signed for by parent/guardian.</i>		

## **WIC Formula Drop Ship Procedures**

### **May 2013**

32. Prior to the participant leaving the clinic, check the following:
- a. Verify that the PAN number on the form and the participant's PAN number on the card are the same.
  - b. If the PAN number has changed:
    - For the current month's order, cross out the old PAN (one line through the number) and write the new PAN *legibly* next to or above the old PAN on the *WIC Drop Ship Order Form*.
    - Include a brief note of explanation for why the PAN has changed such as lost card, custody change, etc.
    - At this time print new order forms for all other months with formula benefits that will need to be drop shipped.
    - Remember to shred any forms with the old PAN that will not be used.
  - c. **Since the formula ordered can only be delivered to the participant in the current month, verify that the date of the participant's signature is in the same month as the benefit month printed on the form.**  
Example: If the benefit month is February, the date the client signed must be in February. The signature date cannot be in January or March.
  - d. Make certain you have printed the order form for the next month.

#### **Faxing the Signed Order Form**

33. **The *original* signed *WIC Formula Drop Ship Order Form* for the current month shall be *immediately* faxed to the vendor.** (This will be the second time this form is faxed).
34. **The order form shall be faxed to the vendor no later than the last day of the benefit-month.**

#### **Record Keeping**

35. Keep the order form in a designated location. It is recommended that drop ship formula requests be filed together in an easy-to-locate place that separates completed (past), current and future orders. Retain all related documentation. Keep a copy of these procedures with the orders for quick reference.

#### **Vendor Section Only**

36. The vendor completes the "To be completed by vendor" section of the *WIC Formula Drop Ship Order Form* (see example below), signs and mails it to the SA Food Issuance and Redemption (FIRS) Unit.

# WIC Formula Drop Ship Procedures May 2013

Section B: To be completed by vendor

WIC ACCT # _____ OUTLET# _____ Vendor Ref/Order # _____			Date Shipped: _____	
UPC #	Pkg Type	Pkg Price	Shipped Qty	Claim Price
Vendor Signature: _____				Total Formula Cost: _____
				Shipping and Handling: _____
				Total Cost: _____

37. The SA uses the signed *WIC Formula Drop Ship Order Form* to pay the vendor. **This form must be received and the data entered by the SA no later than the 15<sup>th</sup> of the month following the end of the benefit month.** The vendor is responsible for mailing this form.

**Subsequent Orders or Formula Changes/Exchanges**

1. Contact the participant to make certain the formula is still needed and has not changed.
2. Contact the vendor to confirm that the formula is in stock and that the price has not changed.
3. If the formula requested has changed and the new formula also requires drop shipment, complete the following steps:
  - Approve the request (if appropriate).
  - Complete the formula change/exchange.
  - Print a new copy of the order form for all appropriate benefit months.
  - Shred any old forms no longer needed. Preprinted forms have participant information and require secure destruction.
4. An order form with the correct benefit month must be available before ordering the formula.
5. If you don't have an appropriate form and the participant is not in the clinic, contact the formula pager staff at (512) 499-6814 for further instructions.

**Drop Ship Procedures**  
Revised May 2013

Presented by:  
The Clinical Services Formula Team

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**Needed materials**

- Policy
  - FD 18.0 Drop Shipment of Formula and Medical Nutritional Products (last revision 2012)
- Procedures
  - WIC Formula Drop Ship Procedures – dated May 2013 (last revision March 2012)

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**Needed materials**

- Drop Ship Checklist
  - Revised for 2013
- Formula Code List (most recent version)  
(Includes packaging challenge items shaded in gray)

Available at: <http://www.dshs.state.tx.us/wichd>

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## Objectives

- To review step by step procedures for drop shipment.
- To prevent errors resulting in local agency payment for formula.

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## Reasons for drop shipment

- The formula is not available locally.
- The formula is not available locally in 3 days or less.
- The local vendor is not willing to sell it for the "Not To Exceed Price".
- The local vendor is unwilling to break cases resulting in substantial shortage of formula quantity.

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## Ways to obtain formula locally

- To avoid drop shipment consider the following:
  - Local pharmacies approved to accept WIC Lone Star card (EBT card). These may be within a grocery store.
  - WIC only stores
  - Drop ship/medical supply vendors with walk-up locations

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### Please note

- Standard infant formula (milk or soy-based) should not be drop shipped.
- This includes both contract and non-contract standard infant formula in all forms.
- See the most recent list of standard formulas posted at:  
<http://www.dshs.state.tx.us/wichd/nut/foods-nut.shtm>
- Contact the pager for assistance if these products are not locally available.

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### Changes to drop shipment

- The Drop Ship order form is now generated in the TWIN system/formula exchange module.
- EBT card/pin is needed to print.
- Client and issuance information is pre-populated.

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### Changes to drop shipment

- Additional information such as order date and price require manual entry.
- The computer generated partial manual entry form has replaced the fully manual entry form.

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## Communication /organization

1. Designate the appropriate staff member for each task.
2. Communication between staff members should be clear/documented.
3. Organize a file - past, present and future orders should be accessible to all staff.
4. Keep a copy of the procedures with the file.

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## Summary of procedures

- Approval and issuance
- Preparing and printing the form
- "Do not buy" statement
- Completing the form
- Ordering and receiving formula
- Faxing the signed order form

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## Summary of procedures

- Subsequent orders or formula changes/exchanges
- Record keeping
- Drop ship errors
- Key steps in drop shipment (summary)

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## Approval and issuance

### ■ CA approves request

- ✓ Authorizes formula code, name, quantity and supplemental food issuance.
- ✓ Determines if drop shipment is required.

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## Approval and issuance

- ✓ Check Formula Code List for items shaded in gray which may have packaging challenges
- ✓ Contact the formula pager for assistance with ordering.
- ✓ It may be necessary to decrease the amount ordered.

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## Approval and issuance

### ■ Formula requirements

- The formula code, name, and quantity are pre-printed
- Choose codes with care.
- Some formula names may be similar, for example:
  - *Pediasure Enteral*
  - *Pediasure Enteral with Fiber*

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## Approval and issuance

- Issue benefits to the EBT card and print the shopping list.
- Use the formula exchange module (FEM) to adjust quantity or to issue multiple formulas.
- The Drop Ship Order form is printed from the FEM.

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## Preparing and printing

Formula	On Card	Ret/in Hand	New Qty	From Stock	Days/Neu Qty
▲442 ENFACARE LIPIL RTU 32 OZ	23		23		27.42
▲			0		0.00
▲			0		0.00
▲			0		0.00
▲			0		0.00

REQUIRED      F2PICHLIST      F4DROPSHIP      F10SAVE  
<ESC> Exit

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## Preparing and printing

Code Formula	Qty On Card	Qty To DropShip
442 ENFACARE LIPIL RTU 32 OZ	23	23

<ESC>Exit      <PF>Print      <ESC>Exit  
Enter a number not to exceed MAX

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## Preparing and printing

- If benefits are on the card for additional months, print a form for each month available at this time.
- **Note: Drop ship order forms cannot be printed when the EBT card is not in the clinic**
- Set aside the forms for manual completion later.

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## Do not buy statement

- Participant is told not to buy the formula with their EBT card.
- They acknowledge this by signing the “Do Not Buy” statement written on or attached to the shopping list.

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## Do not buy statement

- Clinic keeps and files a copy of the signed statement and shopping list.
- Participant keeps the other copy of the shopping list.
- The participant's copy does not have to be signed.

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## Completing the order form

- Clinic completes the “To be completed By WIC Clinic” section of the drop ship order form.
- The following fields will be pre-populated by TWIN:
  - *Benefit Month*
  - *LA/Clinic*
  - *Clinic phone number*

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## Completing the order form

- Pre-populated fields continued
    - *Participant's name*
    - *PAN*
    - *Name of formula, size and form*
    - *Formula code*
    - *Formula quantity*
- Note: Verify that the pre-printed information is correct**

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## Completing the order form

- Determine where to order the formula and obtain the price per item. Shipping charges (if any) are recorded separately.
- Each month, confirm that the formula is in stock and that the price is the same before placing each order.
- Once you choose a vendor, you can continue to use them.

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## Completing the order form

- Drop ship vendors
  - MEDCO Medical Supply (Houston):
    - 1-800-755-2432
  - Star Medical Specialties (Addison):
    - 1-800-368-2065

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## Completing the order form

- Set an appointment for pick-up or plan to call when formula arrives.
- Remind participant that formula will be returned in about 7 days if not picked up or no contact.
- Participant may leave clinic at this time.

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## Completing the order form

The following fields need to be manually completed:

- ✓ ***Date of order***
- ✓ ***Clinic contact (staff name)***
- ✓ ***Vendor store name***
- ✓ ***Vendor store number***
- ✓ ***Vendor representative name***
- ✓ ***Vendor fax number***

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## Completing the order form

- ✓ **Unit price of formula (obtained from vendor during phone call)**
- ✓ **Special shipping instructions (if needed)**
  - Delivery information such as clinic closed on Fridays, preferred delivery times, or specific flavors requested.
  - Make sure all fields on form are complete and correct.

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## Ordering and receiving formula

- Fax the order form to the vendor.
- Verify that the vendor received the fax.
- Keep a copy of the confirmation.
- Keep this original order form with the top portion completed available. You will need it again later.

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## Ordering and receiving formula

- After delivery, staff signs and dates the original order form.
- Staff opens boxes, counts containers. Check:
  - Correct formula?
  - Correct quantity?
  - Undamaged?
- Circle Y or N as appropriate.
  - If any are N, contact vendor and/or state pager.

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### Ordering and receiving formula

- The participant should be contacted by phone and/or mail at least 3 times before making arrangements to send the formula back to the vendor.
- Keep track of contact attempts and results.

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### Ordering and receiving formula

- If you are unable to reach the participant for 7 calendar days, contact the vendor, and prepare the product for return shipment. Contact the pager for assistance.
- Do not keep the formula in the clinic after the benefit month ends.

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### Ordering and receiving formula

- At time of pick up, the participant **must sign** the **Original** WIC Drop Ship Order Form (not the packing slip.)
- Make sure the benefit month printed on the top is the same month as the signature.

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## Ordering and receiving formula

- Formula claims cannot be paid without the participant's signature.
- If the signature is not received by the SA in time for claim payment, LA must reimburse vendor for the formula cost (including shipping.)

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## Ordering and receiving formula

- Compare the EBT card PAN to the PAN that is printed on the drop ship order form.
- If the PAN's do not match, the claim will not be paid.
- This may happen if the card was hot-carded between order and pick up.

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## Ordering and receiving formula

- If the PAN number has changed:
  - Cross out the old PAN (strike out with one line) and **legibly** write the new PAN below or next to the old PAN.
  - Include a brief note of explanation of why the PAN has changed, e.g. lost card, custody change, etc.

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### Ordering and receiving formula

- Print new order forms for all other months with benefits at this time.
- Shred any forms with the old PAN that will not be used.

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### Ordering and receiving formula

- Formula may be picked up on or after the first day of the benefit calendar month and no later than the last day of the benefit calendar month.
- If formula is given out before the benefit month begins or after it ends, the LA will be required to pay the vendor.

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### Faxing the signed order form

- After pick up, the original, signed WIC Drop Ship Order Form for the current month shall be **immediately** faxed to the vendor.
- The fax must be received no later than the last day of the benefit month.
- Call to be certain the fax was received.
- Keep the confirmation of this fax.

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## Vendor only - Claim payment

- The vendor then fills out the “*to be completed by vendor*” section of the order form and mails the form to the state agency for claim payment.
- Signed form must be received and entered no later than the 15<sup>th</sup> of the month following the benefit month.
  - Example: Jan order received and entered by SA by Feb 15<sup>th</sup>.

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## Subsequent orders/changes

- Must have a pre-printed order form for the correct benefit month with correct issuance information.
- Ordering and shipment may occur prior to the first day of the benefit month.

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## Subsequent orders/changes

- For example:
  - Client comes in January 10 and is issued formula for January, February and March on the EBT card.
  - Order January formula now. It can be given to participant between now and January 31<sup>st</sup>.

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## Subsequent orders/changes

- February formula can be ordered prior to February 1<sup>st</sup>.
- It must be picked up between February 1<sup>st</sup> and 28th.
- **Be careful.** If formula is given after the benefit month ends, the State Agency cannot pay for it.

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## Subsequent orders/changes

- Contact participant to make sure formula is still needed.
- Contact vendor to make sure formula is in stock and price has not changed.
- For changes: Approve, exchange/change, print new order form for all appropriate benefit months.
- Shred old forms not needed.

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## Record keeping

- Develop a method to help you remember when to order for next month.
- Suggestions:
  - All recurrent drop ship orders may be placed on the 25th.
  - All recurrent drop ship orders may be placed on the last Friday of the month.

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## Record keeping

- Develop a method for keeping track of all orders.
- A completed order file, current order file and future order file is recommended.
- Keeping a participant file at your desk with drop ship info is not recommended.

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## End of the month considerations

- Contact the formula pager for assistance with current month orders during the last 4 days of a calendar month.
- It may be best to order formula for the next calendar month and not the current month.

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## More on formula changes

- If the formula changes before the participant picks it up, **call the pager for assistance.**
- If the formula has been picked up by the family and now needs to be exchanged, treat it like any other formula exchange.
  - **Do not send the formula back to the vendor after the parent has signed for it.**

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## More on formula changes

- Drop shipped formula is not debited from the EBT card and returned formula cannot be accounted for by using the card.
- Record returned formula on the appropriate returned formula log form.
- Keep documentation of the transaction with the drop ship order form.
- Contact the formula pager for assistance.

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## Drop ship errors

- Pre-payment errors
  - Order form incomplete.
  - Order form used for the wrong month.
  - **Formula given to participant before benefit month begins or after it ends.**

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## Drop ship errors

- If state staff are unable to process the payment to the vendor; or
- There is a mismatch between formula issued and formula purchased.
  - Should no longer occur when pre-printed form is used.

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## Drop ship errors

- Vendor payment letters
  - LA WIC Director is contacted by phone to inform them of problem.
  - Payment letter sent from State WIC Director.
  - Payment is expected to be provided for vendor within 30 days of receipt of letter.
  - Clinical services staff should be notified when payment has been sent to vendor.

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## Drop ship errors

- SA reconciliation investigation
  - An email is sent to LA WIC director to follow up on reconciliation errors.
  - Occur when formula issued and redeemed do not match in description or quantity.
  - WIC director is asked to explain error in writing via email.
  - If error cannot be explained and /or more formula was redeemed than was issued, LA must pay SA for value of the over-redemption.

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## Key steps in drop ship

- Issue the benefits on the EBT card.
- Generate a drop ship order form from TWIN.
- Complete the drop ship order form.
- Review the form to make sure all information is correct and complete.

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## Key steps in drop ship

- Have participant sign & date form after formula is received.
- Do not give out the formula before the benefit month begins or after it ends.
- Fax the original *Form* to the vendor.

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## Key steps in drop ship

- Have a second person review the form for completion before ordering and before faxing to the vendor.
- Refer to the WIC Formula Drop Ship Procedures before each step in the process.
- Contact the formula pager at (512) 499-6814 for assistance with any part of drop shipment.

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## Questions????



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## Contact information

- **Formula pager:** (512) 499 – 6814
- Brittney Adams (512) 341 - 4579
- Patricia Koym (512) 341 - 4578
- Cathy Plyler (512) 341 - 4577
- Sandra Brown (512) 341 - 4576
- Email: [firstname.lastname@dshs.state.tx.us](mailto:firstname.lastname@dshs.state.tx.us)

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Drop Ship Check List – Revised May 2013

Participant Name \_\_\_\_\_

Benefit Month \_\_\_\_\_

Place a checkmark when each step is completed.

Pre-Order Steps

- \_\_\_\_\_ 1. Approve the formula request
- \_\_\_\_\_ 2. Issue benefits to the EBT card
- \_\_\_\_\_ 3. Print the WIC Formula Drop Ship Order Form for all appropriate months.
- \_\_\_\_\_ 4. Participant signs the “Do not buy” statement and attaches it to the shopping list.
- \_\_\_\_\_ 5. Review the pre-populated portions and check for accuracy.
- \_\_\_\_\_ 6. Manually complete the rest of the Order form (**Fill in all blanks**)
  - A. Date of order**
  - B. Clinic contact (staff name)**
  - C. Vendor store name**
  - D. Vendor phone number**
  - E. Vendor fax number**
  - F. Vendor representative contact**
  - G. Unit price of the formula**
  - H. Special shipping instructions (only if needed.) This would include delivery information such as clinic closed on Fridays etc) or specific flavor requested for the formula**
- \_\_\_\_\_ 7. Fax the form to the vendor

Post-Order Steps

- \_\_\_\_\_ 8. Receive the shipment, check the order, initial and date
- \_\_\_\_\_ 9. Verify the PAN number
- \_\_\_\_\_ 10. Make sure the participant signs and dates within the benefit month.
  - 4 additional fields to be completed prior to faxing:**
  - A. Date shipment received in clinic**
  - B. Staff signature**
  - C. Client signature (when formula is picked up by client)**
  - D. Date client signed**
- \_\_\_\_\_ 11. Immediately fax the current signed order form to the vendor