



# WIC TACKS

Annual Training  
Newsletter  
April 2008



**VENDORS** are responsible to train staff on the following information:

**PURPOSE:** This annual training newsletter is designed to prevent program errors, noncompliance and improve program service.

**CONTENT:**

1. Purpose of the Program
2. Supplemental foods authorized by the State Agency
3. Minimum Stocking Requirements
4. Procedures for transacting and redeeming food instruments
5. Vendor sanction system
6. Vendor complaint process
7. Claims procedures
8. Changes to program requirements since last training
  - a. Least Expensive Brand milk program
  - b. October 2009 food changes

1. **PURPOSE OF WIC:** WIC safeguards the health of low-income women, infants and children up to the age of five by providing nutritious foods for those who are at nutritional risk.
2. **WIC ALLOWED FOODS:** All vendors were sent the most current ALLOWED FOOD brochure dated February 2008. A copy of the brochure is also available on the Internet at:  
<http://www.hawaii.gov/health/family-child-health/wic/vendor/contract/vendor/foodlist/foodlist-master-page.html>
3. **MINIMUM STOCKING REQUIREMENTS:** Required stock and variety of all **WIC ALLOWED FOODS** must be maintained. Failure will result in **Vendor Category II Violations (Five (5) sanction points assessed per infraction)**. If your stock is temporarily short, have management call WIC Vendor Management Unit for approval on substitutions. Substitutions **must be offered at the same price or less than** the out-of-stock item, in order to not **“Exceed Maximum Value.”** First choice for substitution is a larger size or multiple units of smaller sizes, of the item described on the check. Substitutions **require** a sign posted at the location of the item to inform WIC participants. Stores needing help with this signage may request assistance from WIC Vendor Management Unit. A copy of the Minimum Stocking Requirements is available on the Internet at: <http://www.hawaii.gov/health/family-child-health/wic/vendor/min-inventory.pdf>
4. **PROCEDURES FOR TRANSACTING AND REDEEMING FOOD INSTRUMENTS:**

Vendors are to ensure that only WIC Allowed foods are purchased. The WIC staff instructs participants to separate WIC foods from their other purchases to reduce check out times. The cashier may assist by checking items before the transaction to ensure that the participant has the foods listed on the WIC check.

**Cashiers must be familiar with the “Hawaii WIC Allowed Foods” list to ensure that the participant receives the correct foods. Cashiers are responsible for following the check redemption procedures as follows:**

**Examine the check for Alterations.**

- Any preprinted information changed in any way.

**Verify the dates on the check.**

- Verify that the date of the food purchase is within the “FIRST DAY TO USE” and the “LAST DAY TO USE” on the check.

**Verify selected food items.**

- Only WIC allowed food(s) in the type and quantities as listed on the check.

**Ring Up the Sale.**

- Handle each WIC check separately.

**Enter the Date of Use.**

- The cashier must enter in permanent ink the date the check was used.

**Enter the total purchase price.**

- In permanent ink, the total dollar amount of the WIC food purchased.
- The participant is eligible for all in-store sales, specials and bonus offers.

**Witness the signature and compare against the signature on Identification Folder.**

- At check out, the WIC customer must sign the WIC check.

**Note: The signature is not obtained until after the cashier has entered the date and purchase price on the check.**

- **If the cashier fails to obtain the signature, submit the un-signed check and a copy of the receipt as an Appealed Check to WIC Vendor Management Unit to be paid for the transaction without needing the customer to return to your store. Due to this procedure, WIC no longer has customers return to sign checks.**

**Ask the customer to sign the receipt.**

- The cash register receipt must be legible and list only the items authorized

**5. VENDOR SANCTION SYSTEM: Vendor Manual, Section 9, VIOLATIONS AND SANCTIONS,** lists details that all Vendors should be aware of to prevent violations. Do not wait until a sanction has been earned. The WIC Program may disqualify a Vendor from participating in the WIC Program for substantiated Vendor errors. Any infraction of WIC regulations or other requirements is a violation. An administrative action taken as a result of a violation is a sanction. The **Vendor Manual** is available on the Internet at: <http://www.hawaii.gov/health/family-child-health/wic/vendor/manual/vmanual.pdf>

**6. VENDOR COMPLAINT FORM & PROCESS:** WIC customers who do not follow WIC policies and procedures, or who are suspected of committing fraud or abuse should be reported to the WIC Program immediately. When reporting incidents of WIC customer noncompliance, or to file a complaint against a WIC customer, vendors should fill out and submit a *Hawaii WIC Vendor Complaint Form* to the WIC Program. Complaint forms should be faxed to (808) 586-8189, or mailed the WIC Vendor Management Unit. Use of the complaint form will help expedite the processing of the complaint. If additional information is available (i.e., copies of WIC checks, statements of witnesses, etc.), please attach them to the complaint form.

**CUSTOMER COMPLAINT PROCESS:** Complaints against vendors are submitted for processing on the *Complaint Against Vendor* form.

Additional forms may be obtained from the WIC Vendor Management Unit or off the Internet at:  
<http://www.hawaii.gov/health/family-child-health/wic/vendor/wic/vendor/forms/ven-complaint.pdf>

7. **CLAIMS PROCEDURES (i.e. APPEALED CHECKS):** Rejected checks are returned to the Vendor through standard banking procedures. The designated criteria for rejecting checks for payment are listed below:
1. The vendor is not authorized to accept WIC checks;
  2. The “Date of Use” is illegible, missing, or improperly corrected;
  3. The “Amount of Use” is illegible, missing, or improperly corrected;
  4. The check dollar amount exceeds the reasonable dollar amount for that check type (based on the peer group average redemption for that check type). Checks will be rejected if the amount is above 30% of the State average cost for that check type and Vendor’s class;
  5. Stale dated (bank processed after sixty (60) calendar days from the “FIRST DAY TO USE”);
  6. Check redeemed before or after the valid dates for use;
  7. Vendor ID stamp errors;
    - a) Missing Vendor stamp
    - b) Unreadable Vendor number
    - c) Unauthorized Vendor number
  8. Missing participant’s signature;
  9. Other (e.g., stop payment placed on the check or the check was previously voided).

When a WIC check is rejected, a reject/return reason will be stamped across the face of the check.

Rejected checks may be reimbursed when acceptable evidence for reimbursement is provided by the vendor. Vendors should submit one request letter for multiple rejected checks, and should include the necessary information for each check being appealed. **Vendors should submit rejected checks, copies of the register receipts and a written request for a second level review (on company letterhead) to the WIC Vendor Management Unit. The written appeal must include the rejected check numbers, dollar amounts, reject reasons, and reason the rejected checks should be paid.**

The second level review will use the payment criteria established in the Vendor Manual to determine if the rejected check qualifies for no, partial or full payment. Vendors will be notified in writing of the decision made after the second level review. *The administrative cost incurred by the WIC Program, including charges from the bank of deposit, are \$1.70 per rejected check. This fee will be included as a price adjustment for appealed checks and as an invoiced amount on checks that are “fixed” by WIC’s bank of deposit and not returned.* There is no fee for checks rejected due to WIC error.

8. **CHANGES TO PROGRAM REQUIREMENTS SINCE LAST TRAINING:**

1. Least Expensive Brand milk program
2. Food changes in October 2009

**CONTACT INFO: Vendor Management Unit  
WIC Services Branch  
235 S. Beretania Street, Suite 701  
Honolulu, Hawaii 96813**

**Phone Number: (808) 586-4776  
Toll Free Number: 1-888-820-6425  
Fax Number: (808) 586-8189  
[www.hawaiiwic.com](http://www.hawaiiwic.com)**

**WIC is an equal opportunity provider and employer.**

**COMPLAINT PROCESS:**

**Hawaii WIC Program  
VENDOR COMPLAINT FORM**

On \_\_\_\_\_ at \_\_\_\_\_ : \_\_\_\_\_ am/pm  
Date (Month, Day, Year) Time (Hour : Minutes)

Customer's Name and/or Description \_\_\_\_\_ Client I.D. # \_\_\_\_\_

Using WIC Check(s) \_\_\_\_\_ tried to:  
(Black) Check Number(s)

- Purchase unauthorized food with a WIC check *(please describe food below)*
- Did not sign check
- Use a WIC check before/after valid date *(circle "before" or "after")*
- Purchase WIC foods with an invalid WIC Identification Folder *(missing or mis-matched signatures)*
- Return WIC food for cash, credit, or non-WIC items
- Purchase non-food items with WIC check *(please describe items below)*
- Exchange WIC check for cash, credit (includes rain checks), or non-WIC items
- Use an altered WIC check *(please describe alteration below)*
- Use a pre-signed WIC check
- Other *(please describe below)*
- Customer was abusive toward store personnel *(please describe below)*
- Store has prohibited customer from store; will be refused if returns to store

**Vendor comments/statement:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did transaction go through?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> After corrections
Copy of WIC check attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Additional comments attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Vendor Name and WIC Vendor # \_\_\_\_\_ Address/City \_\_\_\_\_

Vendor Employee Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Fax to: (808) 586-8189  
Mail to: WIC Vendor Management, 235 S. Beretania Street, Suite 701, Honolulu, HI 96813  
Phone: (808) 586-4776 or 1-888-820-6425

WIC Distribution: Liaison PHN  
Clinic Ops

**WIC CUSTOMER COMPLAINT PROCESS: Complaints against vendors are submitted for processing on the following form:**

**Complaint Against Vendor**

Date:

Vendor Name:

Vendor Number:

Address:

Date of Incident:

Time of Incident:

AM/PM

Cashier's Name:

Cashier's Description: Male

Female

Race:

Age:

Ht:

Wgt:

Hair Color:

What Happened?

Complaint filed by:

Participant:

Local Agency Staff Member:

Name (optional):

Address (optional):

Address 2 (optional):

Phone No. (optional): ( ) -

Phone Extension:

The statements I have made are true.

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Signature of Complainant

Date

Received by:

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Signature of Local Agency Staff

Date

This is an Equal Opportunity Program. If you think you have been discriminated against because of your race, color, national origin, or age write immediately to the Secretary of Agriculture, Washington, DC 20250. If it is because of sex, religion or disability write or call the Hawai'i State WIC Program, Leiopapa A Kamehameha Building # 701, 235 S. Beretania Street, Honolulu, Hawai'i, 96813-2437 or call WIC at 586-8080 or 586-4648(TT).