

MMCAP Form Reporting a contract item not being stocked at Wholesaler Distribution Center



Date:

Minnesota Multistate Contracting Alliance for Pharmacy(MMCAP)

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Requester Information:

Requester Name:

Facility Name:

Work Phone:

Email:

State:

Please fill out the form below. When you are finished, please click the "Submit by Email" button at the bottom of the page to email your Wholesaler Dispute Resolution Form to MMCAP.

Wholesaler:

Distribution
Center:

Please provide your
Wholesaler Account Number:

Have you notified your wholesaler of the problem and worked in good faith to resolve the problem?

Yes

No

Date of notification:

Cure Period:

Date of 1st member communication:

Date of last Wholesaler communication:

Problem Summary:

Problem Timeline:

Wholesaler Contact Name:

Wholesaler Contact Title:

Contact Email:

Have any known temporary corrective actions been provided by the wholesaler?

Yes

If yes, please describe:

No

Do you have supporting documentation?

Yes

No

IMPACT STATEMENT: Ramifications for failure to have corrective action in place (provide a brief summary of impact and to whom)

Please note: The electronic submit button will require access to your e-mail to send. There is a significant time delay as the email application is loaded. This process will require selecting your email client. If you use Internet email you will need to save your form and return it manually to debra.lopez-burandt@state.mn.us.