

VFC PROVIDER HANDBOOK



We understand that the VFC (Vaccines for Children) program guidelines can be overwhelming. We are here to help. As part of our educational packet this booklet includes a brief overview of VFC provider requirements and examples of actions that are program violations. The Mississippi State Department of Health is pleased to welcome you as a VFC Provider.



Provider Requirements:

1. Vaccine supplied by the Mississippi State Department of Health Vaccine for Children (VFC) will only be administered to children that are 0-18 years of age who:
 - a. Are enrolled in Medicaid (or qualify through a Medicaid waiver),or
 - b. Have no health insurance (uninsured),or
 - c. Are American Indian or Alaska Native

Definitions for VFC eligible children:

- a. Medicaid- has a current Medicaid card or Medicaid waiver at the time of service.
- b. Uninsured- has no health insurance.
- c. American Indian/Alaska Native- self reported by the patient.

AS of, October 1, 2012 all UNDERINSURED children can ONLY receive VFC vaccine at a Federally Qualified Health Center (FQHC), Rural Health Center (RHC), or a Local Health Department (LHD).

Underinsured- has insurance but vaccines are not a covered benefit.

- Underinsured children may receive **VFC** vaccines from a Federally Qualified Health Center (FQHC)/Rural Health Center (RHC) or a Local Health Department (LHD). Private provider clinics are no longer permitted to be a designee as of October 1, 2012.

Examples:

- An insurance company covers immunizations up to a specified age. Until that age, this child is considered fully insured. After that age, this child is considered underinsured (has insurance but vaccines are not a covered benefit).
- An insurance company only covers certain immunizations. Any immunization not covered by this child's insurance plan would be qualified under VFC.
- An insurance company that only provides \$200 per year to cover immunizations. The child is fully insured up to \$200. Once this amount is exhausted, the child is eligible to receive VFC vaccine.

Note: If a child has health insurance that covers immunizations but a deductible is required, then this child is considered insured and does not qualify for VFC vaccines.

Examples of program violations include but are not limited to:

- A provider administers VFC vaccine to patients who are older than 18 years of age.
- A provider fails to purchase private stock vaccine for insured patients and gives all patients in the practice VFC vaccine regardless of eligibility.
- A provider administers VFC vaccine because the patient's insurance company's reimbursement rate is low. (Example: Insurance company's reimbursement rate is \$50 per dose: the vaccine costs \$70 per dose. This child does NOT qualify for VFC vaccine because he/she is insured and immunizations are a covered benefit. Reimbursement rates are NOT a consideration when determining VFC eligibility. Therefore in this scenario, the patient would need to receive privately purchased vaccine because the child is fully insured). All insurance companies are allowed to assign their own rate of reimbursement.
- A provider administers VFC vaccine to a child who has private insurance with a high deductible. This child must receive privately purchased vaccine because this child is fully insured.

2. Assess every patient's eligibility status at every visit to determine VFC eligibility status. All eligibility screening records need to be maintained for a period of 3 years. If requested, the records will be made available to the Mississippi State Department of Health (MSDH).

Examples of program violations include but are not limited to:

- Failure to maintain records of patient VFC eligibility for at least 3 years.
- Failure to share records with MSDH. Failure to enter records into MIIX.
- Failure to screen patients for VFC eligibility at every visit.

3. According to federal guidelines

- a. For private providers who utilize the Immunization Registry Form No. 103, the original form must remain in the patient's permanent medical record.
- b. For Mississippi State Department of Health use: The original copy of the Immunization Registry Form No. 912 must be retained for minors, under 21 years of age, until the 28th birthday. For adults, 21 years of age or older, the Form No.912 must be retained for a period of 10 years after the last service.

Examples of program violations include but are not limited to:

- Failure to maintain immunization records in patient's medical record.
- Failure to share records with MSDH. Failure to enter records into MIIX.

4. Participate in a VFC site visit conducted annually by district immunization staff.

Examples of program violations include but are not limited to:

- Provider refuses to allow site visit.

5. Participate in mandatory unannounced Storage and Handling site visits.

Examples of program violations include but are not limited to:

- Provider refuses to allow unannounced site visit as mandated by CDC.

6. Participate in an assessment of your practice's immunization levels using CDC software.

Examples of program violations include but are not limited to:

- Provider refuses to allow an assessment.

7. Adhere to MSDH's interim vaccine borrowing policy. The practice of vaccine borrowing is scheduled to be terminated on December 31, 2014.

8. Comply with the appropriate immunization schedule, dosage, and contraindications that are established by ACIP (Advisory Committee on Immunization Practices) unless

- a. the practitioner deems such compliance to be medically inappropriate for said patient or
- b. the particular requirement is not in compliance with state law.

Examples of program violations include but are not limited to:

- Inappropriate administration of vaccine.
 - Example: Mixing two vaccines in one syringe for the purpose of reducing the number of injections needed.
 - Example: Administering Hib to a 7 year old. Guidelines allow for administration of Hib to children less than 59 months old.
- Non-compliance with ACIP recommendations for age or dose intervals.
 - Example: Giving a child MMR and Varicella vaccine before one year of age. This would be an example of administering vaccines before the correct age.
- Provider fails to assess child's immunization status and/or fails to administer immunization at visit.
 - Example: Provider sees child for a well-child visit but does not review immunization status.

- Example: Provider sees child for sick child visit but does not review immunization status and schedule child to return for immunizations when well.
- Example: Provider fails to give **all** ACIP recommended vaccinations at time of visit.

9. Provide Vaccine Information Statements and maintain a record in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).

Examples of program violations include but are not limited to:

- Failure to provide and document distribution of current Vaccine Information Statements to patients/parents/guardians. This is a federal requirement.

10. Providers MUST not charge for the cost of VFC vaccine.

Examples of program violations include but are not limited to:

- A charge is imposed for the cost of vaccine.
 - Example: A vaccine fee is charged. An office visit fee and administration fee may be assessed but there must **not** be a charge for VFC vaccine.

11. Providers may charge a vaccine administration fee.

- a. **Providers cannot charge more than the current state cap fee per injection for administration of vaccine. You may charge \$10.00 (Current Medicaid state cap fee as of 11/2013 unless the provider has attested).**
- b. **Providers, who have undergone the time limited Medicaid attestation process, must submit proof of attestation to their district immunization representative in order to charge for the higher reimbursement rate.**
- c. **The non- Medicaid regional cap fee is \$19.79.**

Examples of program violations include but are not limited to:

- An administration charge greater than \$10.00 is imposed per injection and the provider has not completed the Medicaid attestation process.

12. Providers must not deny administration of a VFC supplied vaccine to a VFC eligible child due to the inability of the child's parent/guardian to pay the administration fee. If the parent/guardian is unable to pay, the administration fee is to be waived. Other visit or office fees may be charged as applicable.

Examples of program violations include but are not limited to:

- Denying vaccine to a VFC eligible child due to inability to pay.
- Denying a child/parent/guardian access to vaccine administration records due to an outstanding bill.
- Refusing to give a VFC eligible child VFC vaccine due to a carried over balance for unpaid administration fees.

13. Comply with MSDH Immunization Program requirements for ordering vaccine, for reporting vaccine usage, spoilage, expiration, inventories, and all other requirements. Providers agree to be accountable for VFC (federally supplied) vaccine as well as CHIP (state supplied) vaccine.

Examples of program violations include but are not limited to:

- Failure to submit monthly reports, failure to notify MSDH of expired or wasted vaccines.
- Failure to manage wastage/loss/unaccounted vaccines.
- Failure to notify the Immunization Program that your clinic is relocating
- Failure to notify the Immunization Program of clinic closure and to complete a disenrollment form and return all VFC and CHIP vaccine to the Immunization Program.

The following restitution policy that will go into effect within the upcoming year, all VFC providers, both public and private, will be financially responsible for vaccine lost/wasted/unaccounted for on a dose by dose basis. Dose for dose replacement for lost/wasted/unaccounted for vaccines shall be done per provider site and a copy of the invoice submitted to the Mississippi State Department of Health, Immunization Program within 30 business days. If vaccine invoice is not received within 30 days showing dose for dose replacement, the clinic will receive a letter, and a disenrollment form, asking them to disenroll from the VFC program and instructions to contact the immunization program to arrange pickup of all VFC vaccine.

14. VFC provider must not be prohibited from possessing or administering drugs (vaccines).

Examples of program violations include but are not limited to:

- Drug Enforcement Agency number has been revoked.
- License to practice medicine has been revoked, suspended, or annulled.
- Failure to report changes in license status to the Immunization Program.

15. Accept responsibility of maintaining the integrity of the vaccines in accordance with all laws, regulations, and VFC program recommendations pertaining to vaccine storage and handling procedures.

Examples of program violations include but are not limited to:

- Failure to properly store vaccine in accordance with CDC guidelines.
 - Example: Storing vaccines in a dorm style refrigerator. As of January 1, 2010, vaccines may **not** be stored in a dorm style refrigerator for any reason.
 - Example: Vaccines not separated and labeled into distinguishable stocks
- Failure to identify primary and backup staff members responsible for vaccine storage and handling.
- Failure to document refrigerator and freezer temperatures twice/day.
- Failure to complete and utilize the Vaccine Management Plan.
- Failure to complete and utilize Emergency Vaccine Management Plan.
- Failure to possess current certified calibrated thermometers and back up thermometers.

16. VFC providers must complete and submit an annual enrollment and attachments by the specified deadline of the immunization program. Failure to submit this update can lead to deactivation (ordering suspension) and/or termination from the VFC program. Continued failure to submit paperwork within two weeks following order suspension will result in the provider being asked to sign a disenrollment form and return all VFC vaccine to the Immunization Program.

17. VFC providers agree to comply with all ordering requirements and ordering systems.

Examples of program violations include but are not limited to:

- Provider fails to designate primary and backup VFC Coordinators responsible for vaccine management and ordering. In addition to having VFC Coordinators designated, both VFC Coordinators are required to complete an annual educational requirement.
- Provider fails to notify MSDH Immunization Program of staff changes within 24 hours for MSDH Immunization Program to remove access from MIIX.

18. VFC providers agree to report all vaccines administered to the immunization registry. The Mississippi Child Immunization Act of 1994 established a centralized registry to be operated by the Department of Health for health care providers to report all childhood immunizations given in the state. The goal of the Mississippi State Department of Health, Immunization Program is to ensure that accurate and valid immunization data are available to health care providers, parents, and others who have a legitimate and tangible interest in immunization information.

MODULE 10 – Fraud and Abuse



<http://www.cms.hhs.gov/apps/mfs/statecontacts.asp>
http://www.consumeraction.gov/caw_state_resources.shtml

Overview

As childhood vaccines become more expensive and immunization programs more complex, the VFC program becomes more vulnerable to fraud and abuse. It is important that grantees' VFC programs have well-defined processes for prevention, identification, investigation and resolution of suspected cases of fraud and abuse within their VFC programs.

The VFC program, as a component of each state's medical assistance plan, is considered a Title XIX Medicaid program. Section 1928 of the Social Security Act (42 U.S.C. §1396s) provides for purchase of vaccine for administration to VFC-eligible children—"federally vaccine-eligible children" and "state vaccine-eligible children" (i.e., those children for whom states purchase vaccine; may be limited to particular vaccines)—using federal Medicaid funds and state funds (including 317 grant funds), respectively. Medicaid-eligible children and those providers who provide care for the Medicaid population (i.e., Medicaid providers) represent the majority of VFC federally vaccine-eligible children and VFC providers. However, the VFC program is different from the Medicaid medical assistance program. It also includes other VFC program-enrolled providers and the other VFC-eligible children who qualify as federally vaccine-eligible or state vaccine-eligible and who do not participate or are not eligible for the Medicaid medical assistance program. Federal fraud and abuse laws apply to the entire VFC program. In addition, for those portions of the VFC program involving state funds, state fraud and abuse/consumer protection/medical licensure laws may also apply.

A working understanding of what constitutes fraud and abuse is critical for all persons working in the VFC program. Consistent with "fraud" and "abuse" as defined in the Medicaid regulations at 42 CFR § 455.2, and for the purposes of this *VFC Operations Guide*, the following definitions will be used:

Fraud: an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable

federal or state law.

Abuse: provider practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to the Medicaid program, [and/or including actions that result in an unnecessary cost to the immunization program, a health insurance company, or a patient]; or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program.

Examples of Fraud and Abuse

Fraud or abuse can occur in many ways, and some types of fraud and abuse are easier for the VFC program to prevent or detect than others, depending on how the VFC program is implemented. The VFC program should try to differentiate between intentional fraud and abuse and unintentional abuse or error due to excusable lack of knowledge. Some examples of potential fraud and abuse that VFC staff might encounter are:

- Providing VFC vaccine to non-VFC-eligible children
- Selling or otherwise misdirecting VFC vaccine
- Billing a patient or third party for VFC-funded vaccine
- Charging more than the established maximum regional charge for administration of a VFC-funded vaccine to a federally vaccine-eligible child
- Denying VFC-eligible children VFC-funded vaccine because of parents' inability to pay for the administration fee
- Failing to implement provider enrollment requirements of the VFC program;
- Failing to screen patients for VFC eligibility at every visit
- Failing to maintain VFC records and comply with other requirements of the VFC program
- Failing to fully account for VFC-funded vaccine
- Failing to properly store and handle VFC vaccine
- Ordering VFC vaccine in quantities or patterns that do not match the provider's profile or otherwise over-ordering of VFC doses of vaccine
- Waste of VFC vaccine

Failure to Comply with VFC Requirements

Fraud and abuse by VFC-enrolled providers is a result of the VFC-enrolled provider failing to comply with the VFC program requirements outlined in each grantee's provider enrollment form. As discussed in Module 3, there are 11 federal requirements that all grantees must include in their VFC-provider enrollment forms. Failure to comply with VFC requirements is defined as any VFC-enrolled provider who is identified

as not maintaining any of the federal requirements listed and discussed in Module 3 of this Operations Guide. Failure to comply may be identified by VFC program staff, the enrolled provider's staff, or a third party. For the purposes of this document "VFC program," (unless otherwise noted) is defined as a grantee's VFC program. A grantee may be a state, urban, territorial or other political jurisdiction health department that implements the VFC program.

Addressing Provider Non-compliance with VFC Requirements

When providers enroll in the VFC program, they agree to comply with all the requirements of the program. Lack of adherence to the VFC program requirements by an enrolled provider could lead to fraud and abuse of the VFC program by that provider.

Non-compliance with program requirements may occur due to an unintentional lack of understanding of the VFC program requirements, or the behavior may be intentional. If the non-compliance appears intentional and the provider has received financial benefits from the behavior, the situation would require immediate referral to an outside agency for investigation of suspected VFC fraud and abuse. CDC's *Non-compliance with VFC Provider Requirements Protocol* (provided at the end of this module) must be used to determine how to deal with provider non-compliance in the VFC program. The *Non-compliance with VFC Provider Requirements Protocol* is not designed to tell the user how to correct the identified non-compliant behavior, but rather is designed to direct the user through a series of steps to determine the most appropriate level of intervention.

The *Non-compliance with VFC Provider Requirements Protocol* must be used when an allegation is made against a provider or when any high-priority question is answered incorrectly during a VFC compliance site visit. The high-priority questions located in Section One of CDC's VFC Site Visit Questionnaire are proxy measures for compliance with the 11 federal requirements that providers agree to maintain as participants in the VFC program. If a VFC program has knowledgeable staff and provider educational programs in place, it is likely that the majority of high-priority questions that are answered incorrectly can be corrected and the provider brought into compliance by providing technical assistance during the site visit or conducting some short-term individualized follow-up that would be designated as "VFC Follow-up" in CoCASA or the grantee's alternate database. If a provider has a history of non-compliance with the same issue or the issue has serious consequences, the provider must be enrolled into a formal educational process. The *Non-compliance with VFC Provider Requirements Protocol* has two levels of formal education – secondary and tertiary. Each level requires a minimum amount of educational intervention and follow-up. The protocol allows the grantee the flexibility to determine how the educational intervention will occur and **does not** dictate that the educational intervention/follow-up must be face to face.

When a focused VFC compliance site visit is conducted following secondary education, it should focus only on the areas of non-compliance addressed with the educational intervention. The full Section One of CDC's VFC Site Visit Questionnaire does not have to be administered in these situations. For a provider to successfully complete the Secondary Education process, the provider must have corrected the situation. Tertiary Education does require a full VFC compliance site visit, and the compliance issue must be resolved for the provider to be released from the educational intervention.

Grantee Fraud and Abuse Requirements

Written Policy

All grantees are required to implement a comprehensive written fraud and abuse policy for the VFC program that addresses prevention, detection, investigation and resolution of fraud and abuse allegations.

Each grantee's written fraud and abuse policy must address, at a minimum, the following components and describe how the components are integrated into the daily activities of the immunization program:

1. **Oversight Personnel:** Identify one primary position and at least two back-up positions that have the authority to:
 - a. Determine if situation requires immediate referral or if educational intervention following CDC's *Non-compliance with VFC Program Requirement Protocol* should be used.
 - b. Make decisions to refer case to the Medicaid Integrity Group and any other state agencies that the grantee is required by law to refer case.
 - c. Make the referral(s).
 - d. Notify CDC of referral to Medicaid Integrity Group and any other agencies.
2. **Fraud and Abuse Referral Procedure:** Refer all suspected cases of VFC fraud and abuse to the Centers for Medicare & Medicaid Services (CMS), Medicaid Integrity Group (MIG) Field Office. CMS/MIG will refer the suspected case to the appropriate state Medicaid agency. The state Medicaid Agency will conduct preliminary investigations and, as warranted, refer appropriate cases to the state's Medicaid Fraud Control Unit following the Federal Regulatory scheme at 42 CFR section 455.15. The referral must be sent electronically to: MIG_Fraud_Referrals@cms.hhs.gov.
3. **Allegation and Referral Database:** Develop and maintain a database to monitor and document all actions taken on allegations related to fraud and

abuse of the VFC program requirements, including actions taken to address identified situations. As requested, database must be made available to CDC. At a minimum, the following data elements must be collected:

- a. Subject's name (Medicaid ID if known)
 - b. Address
 - c. Source of allegation
 - d. Date allegation reported to program
 - e. Description of suspected misconduct
 - f. Specific VFC requirements violated
 - g. Value of vaccine involved if available
 - h. Success of educational intervention
 - i. Disposition (closed, referred, entered into educational process) of case and date of disposition
4. **Monitoring of VFC program:** Develop procedures on:
- a. How to use VFC program information to identify failure to comply and potential fraud and abuse patterns. Program information that must be monitored includes provider profiles, ordering patterns, VFC compliance site visit results, and any grantee-specific accountability reports.
 - b. How to analyze above information to determine if possible VFC fraud and abuse is occurring within individual provider sites.
 - c. How to follow-up on information that suggests occurrence of VFC fraud and abuse within individual provider sites.
5. **Personnel Training:** Grantee must have written procedures and training documents that demonstrate that all VFC staff that have interaction with VFC- enrolled providers understand how, based on their job responsibilities, to:
- a. Prevent situations that involve suspected VFC fraud and abuse or non-compliance with VFC program requirements.
 - b. Identify situations that involve suspected VFC fraud and abuse or non-compliance with VFC program requirements.
 - c. Follow-up on situations that involve suspected VFC fraud and abuse or non-compliance with VFC program requirements.
- The VFC staff training must include how to use CDC's *Non-compliance with VFC Provider Requirements Protocol*.
6. **Enrollment & Exclusion Checking Procedure:** Develop procedures for:
- a. Mandatory review of the "List of Excluded Individuals and Entities" administered and published by the Department of Health and Human Services (HHS), Office of the Inspector General (OIG) (<http://oig.hhs.gov/fraud/exclusions.asp>) for all providers initially enrolling in the VFC program and on a monthly basis thereafter.

Grantees may check a state database for excluded providers in addition to HHS OIG list but not in place of the list.

- b. Termination of any VFC-enrolled provider site that has a person employed that is on the excluded provider list. Grantees must educate and urge enrolled providers to check the OIG list of excluded Individuals/Entities on the OIG web site (www.hhs.gov/oig) prior to hiring or contracting with any individuals or entities. This procedure must include notification of the state Medicaid agency and, within five working days of the notification of the state Medicaid agency, notification of the Medicaid Integrity Group at MIG_Fraud_Referrals@cms.hhs.gov.
- c. Monthly obtain the names of any Medicaid providers that appear on the excluded provider list from the state Medicaid agency. Review the excluded list monthly for VFC-enrolled providers who are not also Medicaid Providers.
7. **Reporting VFC Provider Terminations:** Develop procedures with the state Medicaid agency on how to report providers that are terminated from the VFC program (both voluntary and involuntary) to the state Medicaid agency.
8. **Annual Review of Fraud and Abuse Policy:** Develop a protocol to review and, as necessary, update policy annually based on CDC guidance and any grantee-specific factors.

While not required as part of the fraud and abuse policy, grantees should consider addressing the following activities in their written policies:

1. **Coordination with Private Insurers:** Develop protocols to work with private insurance entities within grantee's jurisdiction that may be affected by VFC fraud and abuse.
2. **Fraud and Abuse Hotline:** Establish a VFC fraud and abuse phone line that is promoted and made available to the general public to report suspected cases of VFC fraud and abuse.

Using the *Non-compliance with VFC Provider Requirements Protocol*

This section of Module 10 will illustrate how to use the *Non-compliance with VFC Provider Requirements Protocol* (also known as the non-compliance algorithm) with a situation identified during a routine VFC compliance site visit. This illustration will not

outline corrective actions to take but only how to navigate the non-compliance algorithm to determine what level of intervention/follow-up should be taken. A copy of the *Non-compliance with VFC Provider Requirements Protocol* is located at the end of this module.

Situation: On a routine VFC compliance site visit to a pediatric provider, the following information was found during the administration of the 2011 VFC Site Visit Questionnaire, observation, and discussion with the office staff:

1. Failure to screen children for VFC eligibility: On review of 30 charts of children 0-18 years, documentation of VFC screening could be found in only six charts even though the office manager reported that VFC screening occurs at every visit. The screening forms located in the six charts were completed on children between 3 and 18 years of age. No screening documentation could be found on any of the infants.
2. Lack of private stock vaccine: Upon inspection of the storage unit only VFC vaccine was found. The nurse who has worked in the office for less than a year reported to you that she was told to order vaccine from the VFC program. She seems unaware of the need to screen patients or keep private stock for insured patients.
3. Lack of documentation of borrowing: The clinic reported that they do not borrow between public and private stock vaccine.
4. Additional information about the provider site: The last VFC compliance site visit was in 2007. The provider had a written document of screening on 28/30 records reviewed (93%) at that visit. The previous reviewer had documented both public and private stock. CDC's borrowing policy was not released until after the 2007 visit. The new nurse had been employed with the clinic since November 2009 and had minimal orientation to vaccine ordering. According to the most recent provider profile from 2009, the office indicated that about 40% of the children they care for are fully insured.

Applying the Non-compliance with VFC Provider Requirements Protocol:

Page 1: Provider was non-compliant with screening requirements and using VFC vaccine on non-VFC eligible children (lack of private stock, no borrowing reports). These behaviors fall into the Misuse of VFC Vaccine box on the bottom right of the first page.

Pages 2 and 3:

1. **Decision Point One:** Determine who identified the non-compliance issue. It was identified during a routine VFC compliance site visit, so the reviewer would refer to page 2, "Identified by External Source."

2. **Decision Point Two:** Since the external agency is the VFC program staff and not an enforcement agency, the reviewer would follow the vertical line to the row with the 3 boxes titled, "Previous compliance issue," "Extenuating Circumstances Existed," and "No Previous Compliance issues." The reviewer must decide on the based on their knowledge of the situation and grantee procedures which of the 3 boxes best describes this situation. Based on the above description of the situation, the box titled "Extenuating Circumstances Existed" is the best fit because the new nurse lacked information about program requirements.
3. **Decision Point Three:** Following the vertical line down, the reviewer has four possible intervention options to chose from:
 - a. Correct situation through technical assistance during site visit or VFC site visit follow-up
 - b. Secondary education and follow-up
 - c. Tertiary education and follow-up
 - d. Referral to the Medicaid Integrity Group for further investigation.

Based on individual grantee's written fraud and abuse policy, entry into tertiary education may require discussion with the grantee's primary fraud and abuse coordinator or their back-up. If the situation is serious enough to require immediate referral to the Medicaid Integrity Group without any educational intervention attempts, that referral should be made by the primary fraud and abuse coordinator or back-up. In the situation described above, tertiary education would be the most appropriate because of the seriousness of the situation and because the staff had a lack of understanding of program requirements. The reviewer would then go **to Page #5** to determine minimum follow-up schedule.

4. **Decision Point Four:** After follow-up activities are conducted and documented appropriately in CoCASA or grantee site visit database and in the grantee's fraud and abuse database, the reviewer, in collaboration with the fraud and abuse coordinator, must decide if the education was effective based on the results of the full VFC compliance site visit (completion of Section One of the VFC Site Visit Questionnaire). If the answer is "Yes," the provider would be returned to routine follow-up.
5. **Decision Point Five:** If the answer is "No," further research must be done to determine next step.
6. **Decision Point Six:** Act on selected next step. Next step options are:
 - a. Repeat tertiary education.
 - b. Refer to Medicaid Integrity Group for further investigation.
 - c. Terminate from VFC program.

If decision is to refer case to the Medicaid Integrity Group, the steps on Page #6 would be followed. If tertiary education is repeated, the steps on Page #5 would be repeated.

Reporting of VFC Fraud and Abuse Cases for further investigation

Federal Agencies

CMS

If the VFC program determines from the assessment of information available that the situation requires referral for further investigation by an outside agency, the VFC program must make these referrals within 10 working days from assessment. Beginning on January 1, 2011, all suspected cases of fraud and abuse that grantees determine should have further investigation must be referred to the Medicaid Integrity Group. All referrals should be sent to the following e-mail address: MIG_Fraud_Referrals@cms.hhs.gov.

The Medicaid Integrity Group will transmit the referral to the appropriate oversight entity and will attempt to monitor the handling of the referral by entity.

CDC

All suspected cases of VFC fraud and abuse that are referred to the Medicaid Integrity Group for further follow-up must be reported to the grantee's Program Operations Branch (POB) project officer within two working days of the referral to the Medicaid Integrity Group. It is acceptable to copy the grantee's project officer on the referral to the Medicaid Integrity Group as the official report to CDC.

Preparing a referral to the Medicaid Integrity Group Field Office

Beginning January 1, 2011, all suspected fraud and abuse cases that merit further investigation must be referred to the Centers for Medicare and Medicaid Services (CMS), Medicaid Integrity Group (MIG) Field Office. The referral should be sent to the following e-mail address: MIG_Fraud_Referrals@cms.hhs.gov with a copy to the CDC POB project officer. MIG will then refer the case to the appropriate state Medicaid agency. If a state law mandates that the grantee refer any suspected fraud and abuse cases to a specific state agency, the grantee should concurrently make the referral to the specific state agency and MIG. The following information should be included to assist the MIG and the state Medicaid agency in evaluating the case:

- Name, Medicaid provider ID (if known), address, provider type (e.g., private provider).
- Source of complaint (e.g., provider officer, VFC staff, anonymous caller).
- Date on which grantee received information that provider might be engaged in behavior putting the VFC program at risk of loss due to fraud or abuse.

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- Description of suspected misconduct with specific details including:
 - Complete description of alleged behavior, persons involved and contact information if available; include actions taken by program to confirm behavior.
 - Specific Medicaid statutes, rules, regulations violated and how conduct of provider violated the rules or regulations.
 - Value of vaccine involved, when available,
- Contact information for VFC Fraud and Abuse Coordinator
- Have available all communication between the VFC program and the provider concerning the suspected misconduct. This includes signed provider enrollment forms, any education given to provider as a result of previous compliance problems and any general communication given to all enrolled providers.

Fraud and Abuse Prevention

The grantee must actively work to prevent fraud and abuse in the VFC program. The best methods to prevent fraud and abuse are strong educational components carried out during the provider enrollment process and during VFC compliance site visits. Both occasions provide the opportunity to prevent situations that may develop into fraud or abuse. Along with education, well-organized and correctly administered VFC accountability programs are the cornerstones for preventing situations from developing into potential fraud and abuse incidents.

This document can be found on the CDC website at: <http://www.cdc.gov/vaccines/programs/vfc/downloads/vfc-op-guide/14-module-10.pdf>