

Executive Summary

Since the VFC program became operational in 1994, the budget for this program has risen steadily, and at the time of this revision is approaching \$4 billion. As program costs rise, so does the need to ensure that all aspects of the program are being implemented appropriately. The White House, by Executive Order, has challenged the entire federal government to reduce the risk of fraud, waste, and abuse. Secretary Sebelius has launched a new *Program Integrity Initiative* to ensure the integrity of operations in all HHS programs. Program integrity seeks to make certain that intended recipients are provided the proper payments, services, and benefits while ensuring quality, safety, and access. Assuring program integrity should be a key element of all programmatic work and business conducted by the CDC. The VFC program must work with our partners (e.g., grantees and enrolled providers) so that everyone understands the importance of program integrity and their role to make sure the integrity of the VFC program is not compromised.

Many modules in the guide have been updated to reflect the changes that have been made in many areas of the VFC program since the last revision, including provider enrollment, vaccine management, accountability, and fraud and abuse. This executive summary outlines new material added or significant changes made to key modules in the *VFC Operations Guide*. This summary does not outline all changes within the *Operations Guide* or even in the modules discussed below, so it should not be considered an all-inclusive summary of changes or new requirements. The user is referred to the full text of the *VFC Operations Guide* for a comprehensive discussion of these issues.

Eligibility

The Eligibility Module has been significantly revised. This module now includes information on how to determine which eligibility category to select as primary eligibility if a child is VFC eligible in multiple categories. The module has new information on insured children, Medicaid as secondary, and other frequently asked VFC eligibility questions. It has an expanded section that discusses the provider's responsibility for screening for VFC-eligibility.

Provider Recruitment and Enrollment

The number of requirements for provider enrollment has increased to eleven items. The new requirements reflect specific requirements related to the implementation of VTrckS. All eleven required items must be used as written. Limited modifications can be made to certain requirements, and those modifications are outlined in Module 3. Any additional items that grantees wish to include as requirements for provider enrollment in the VFC program must be submitted to CDC for documentation and formal approval. The formal process for requesting approval of additional provider enrollment requirements is outlined in Module 3.

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Please remember that providers are required to sign and submit an updated provider enrollment form annually. Provider profiles must be updated based on accurate data and submitted annually.

Module 3 contains expanded guidance related to the educational goals for the federal requirements. This additional guidance is a result of incorporating many of the frequently asked questions regarding provider enrollment from the VFC Frequently Asked Question and Answers document into Module 3. It is important that all staff who conduct VFC compliance site visits to providers have access to Module 3 as well as the entire *VFC Operations Guide*. As the first line of contact with enrolled providers, it is critical that these individuals are well versed on the VFC program and its requirements and have CDC's requirements available to them at all times for reference.

Site Visit Basics

This is a new a module. It replaces the former Module 5, "Expanding the Reach of VFC and AFIX through Marketing and Collaboration." This new module discusses important skill sets that those conducting site visits should have to be able to make quality VFC compliance site visits and outlines how staff should prepare for site visits. The module also outlines CDC training requirements for staff that conduct VFC compliance site visits.

Vaccine Management

Module 6, "Vaccine Management," identifies grantee vaccine management requirements. Key grantee requirements include providing initial and periodic training to VFC providers and staff and focusing on critical aspects of proper vaccine management. Grantees must develop simple storage and handling plan templates that VFC providers can adapt and implement in their practices.

This module also outlines the minimum vaccine management requirements for enrolled VFC providers. A grantee can include additional vaccine management requirements in its provider enrollment form by submitting a request to CDC. The process for requesting approval of additional provider enrollment requirements is addressed in Module 3, "Provider Recruitment and Enrollment."

Accountability

Module 8 identifies grantee and provider level accountability requirements. Provider level requirements include requiring new signed provider enrollment forms annually, completing a provider profile annually and screening for VFC eligibility at every immunization encounter. Grantees have the discretion to require providers to document the screening results at every immunization encounter. Grantees must have written accountability policies that address how provider profiles are used to monitor provider vaccine orders, how wasted and lost vaccine is monitored at the provider level that includes waste/loss thresholds that will trigger follow-up and education. The policies should include how provider vaccine inventory records are monitored to ensure the

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provider has the appropriate amount of public and private vaccine for each population served. Grantees should have a standardized methodology to determine how providers are selected to have their vaccine inventory records reviewed.

Quality Assurance

This module discusses the requirement that increases the number of VFC Compliance site visit to be conducted annually to 50% beginning on January 1, 2011. This change means that least half of a grantee's enrolled and active providers are visited each year and the other 50% of providers are visited the next year. The module discusses how VFC staff that conduct site visits should prepare for a site visit. The module contains tips on how to administer some key high priority questions from Section One of CDC's Site Visit Questionnaire and how to address issues that are identified during the site visit. The module briefly discusses the reporting requirements related to VFC site visit activities.

Fraud and Abuse

The major change to the fraud and abuse module is how referrals are made for investigation. Beginning on January 1, 2011, all suspected cases of VFC fraud and abuse that grantees decide to refer for further investigation will be referred to the Medicaid Integrity Group Field Office (MIG). The MIG Field Office will direct the referral to the most appropriate agency for follow-up. The module outlines what information to include in the referral to the MIG Field Office and how to make the referral. The module also clarifies the requirements for grantees' written fraud and abuse policies.

Evaluation

The focus of the Evaluation module has changed from describing the evaluation process and applying CDC's evaluation framework to discussing the importance of accurately completing the VFC Management Survey. The module discusses how the VFC Management Survey results should be used at the program level to evaluate and make changes (as needed) to VFC programmatic activities. The module provides instructions on how to use the Program Annual Progress Assessments (PAPA) website to compare grantee outcomes in specific VFC program areas.

Glossary

A glossary is included to assist staff new to the VFC program understand the many different acronyms used in the program.

This document can be found on the CDC website at:

<http://www.cdc.gov/vaccines/programs/vfc/downloads/vfc-op-guide/02-exec-sum.pdf>