

Failure to comply with VFC Requirements

**Mishandling of VFC Vaccine (examples)**  
-Improper Storage & Handling of VFC vaccine  
-Unaccounted for, lost, wasted/expired vaccine exceeds 5%

**Billing & Office Practices (examples)**  
•Billing for VFC vaccine (any source)  
•Charging above the maximum regional charge for non-Medicaid eligible children  
•Failure to maintain VFC records for required time period  
•Failure to comply with VFC ordering or site visit requirements

**Misuse of VFC Vaccine (examples)**  
•Refusing to provide VFC-eligible children with VFC vaccine due to inability to pay administration fee  
•Using VFC vaccine on non-VFC eligible children (failure to screen)  
•Transfer of VFC vaccine without approval of program  
•Routine borrowing of VFC vaccine for use on non-VFC eligible patients  
•No private purchase vaccine but provider profile indicates privately insured children

Non-compliance with VFC Provider Requirements Protocol

External Source- Any person or agency outside VFC provider's office. This would include patients, general public, former employees, VFC staff, or any outside individual who may witness immunization practices within the provider's office

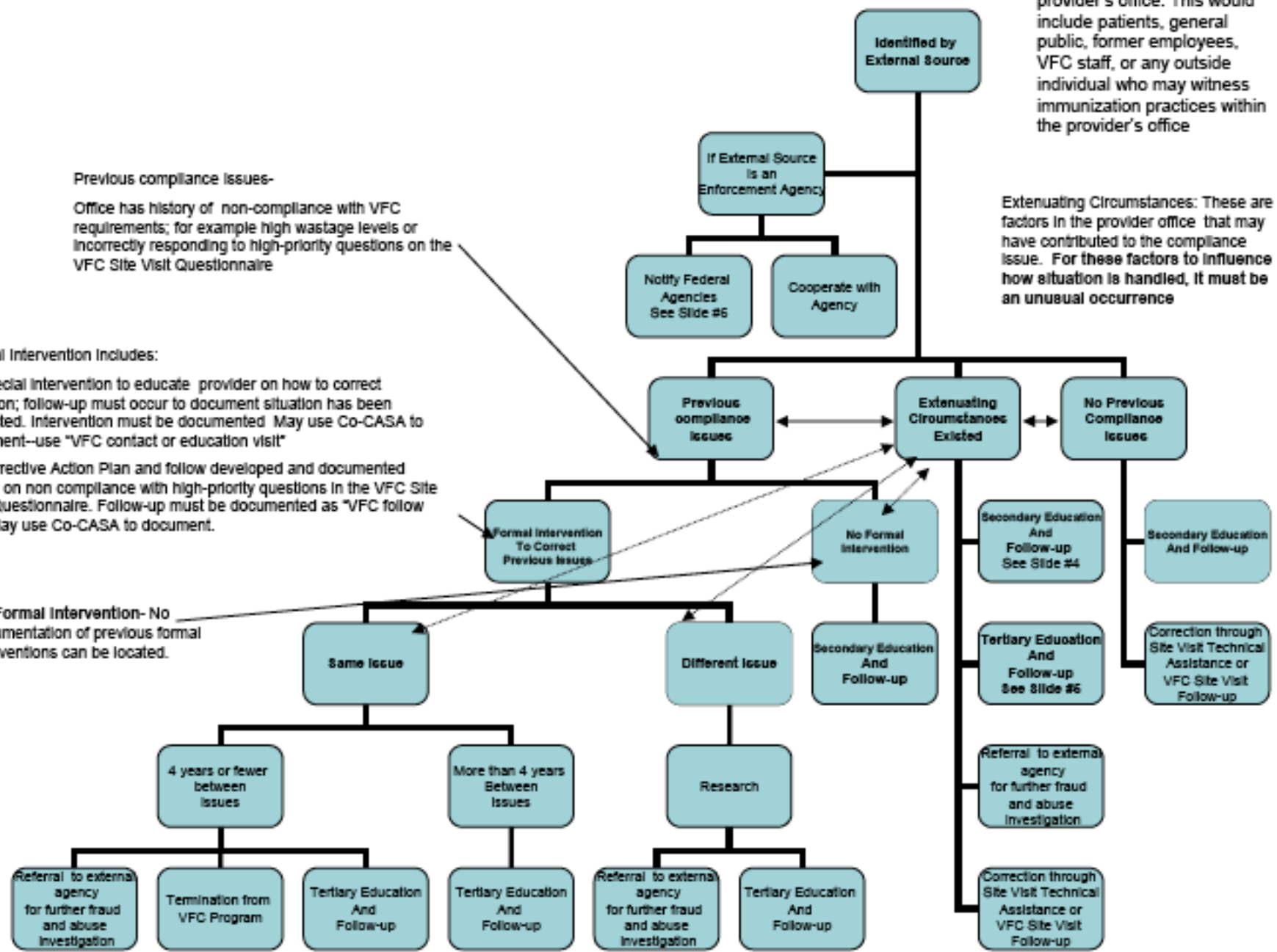
Previous compliance issues- Office has history of non-compliance with VFC requirements; for example high wastage levels or incorrectly responding to high-priority questions on the VFC Site Visit Questionnaire

Extenuating Circumstances: These are factors in the provider office that may have contributed to the compliance issue. For these factors to influence how situation is handled, it must be an unusual occurrence

Formal Intervention Includes:

- 1) Special Intervention to educate provider on how to correct situation; follow-up must occur to document situation has been corrected. Intervention must be documented. May use Co-CASA to document--use "VFC contact or education visit"
- 2) Corrective Action Plan and follow developed and documented based on non compliance with high-priority questions in the VFC Site Visit Questionnaire. Follow-up must be documented as "VFC follow up." May use Co-CASA to document.

No Formal Intervention- No documentation of previous formal interventions can be located.



Hierarchy of VFC Provider Education

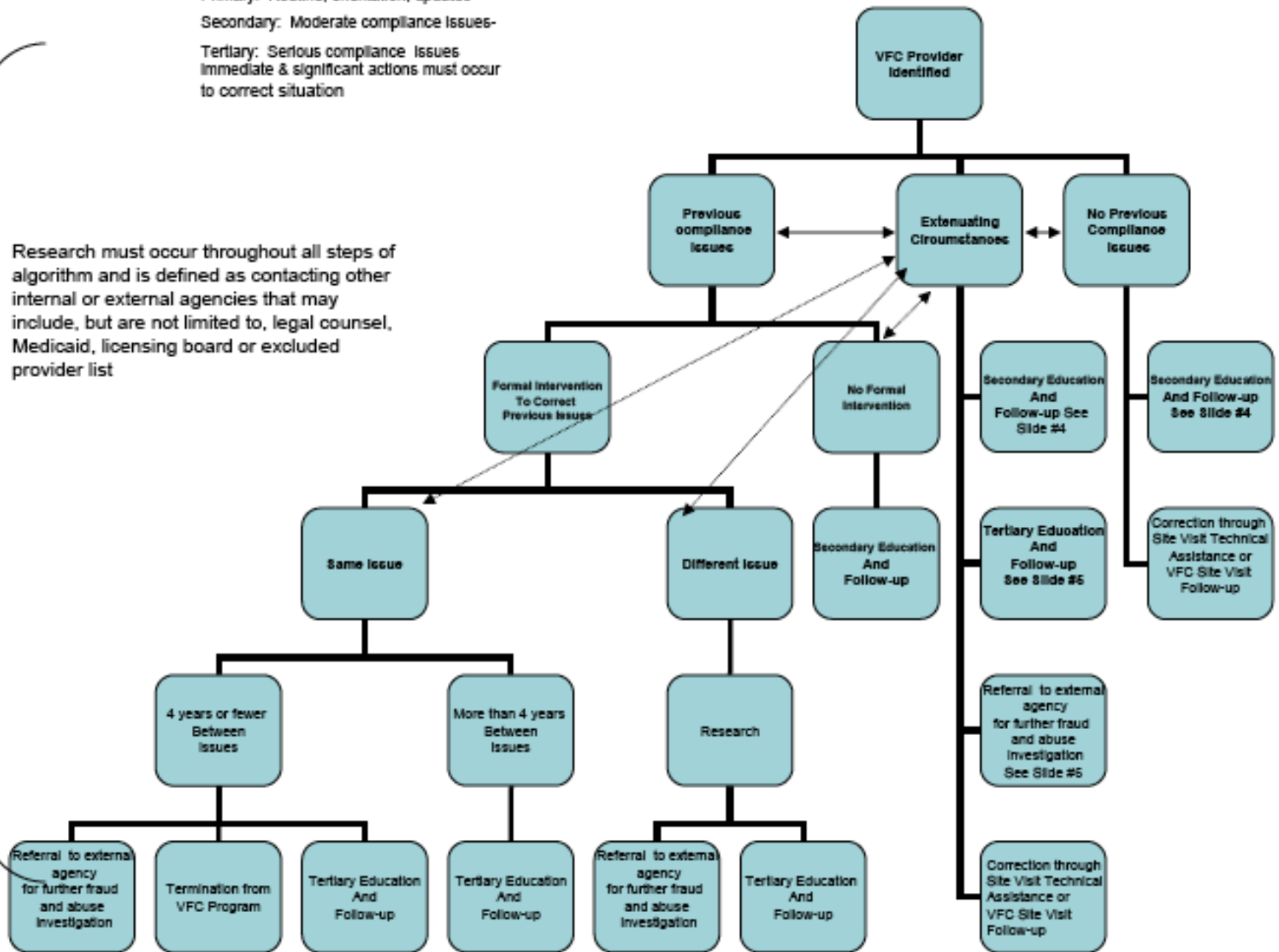
Primary: Routine, orientation, updates

Secondary: Moderate compliance Issues-

Tertiary: Serious compliance Issues  
 Immediate & significant actions must occur to correct situation

3

Research must occur throughout all steps of algorithm and is defined as contacting other internal or external agencies that may include, but are not limited to, legal counsel, Medicaid, licensing board or excluded provider list



## Secondary Education and Follow-up

**Follow-up (minimum schedule)**  
Corrective Action Plan when identified;  
1-2 Follow ups between post identification; and  
Focused VFC Compliance Site Visit 3-12 months  
after entry into education

Education effective?

Yes:

Return to routine follow-up

No

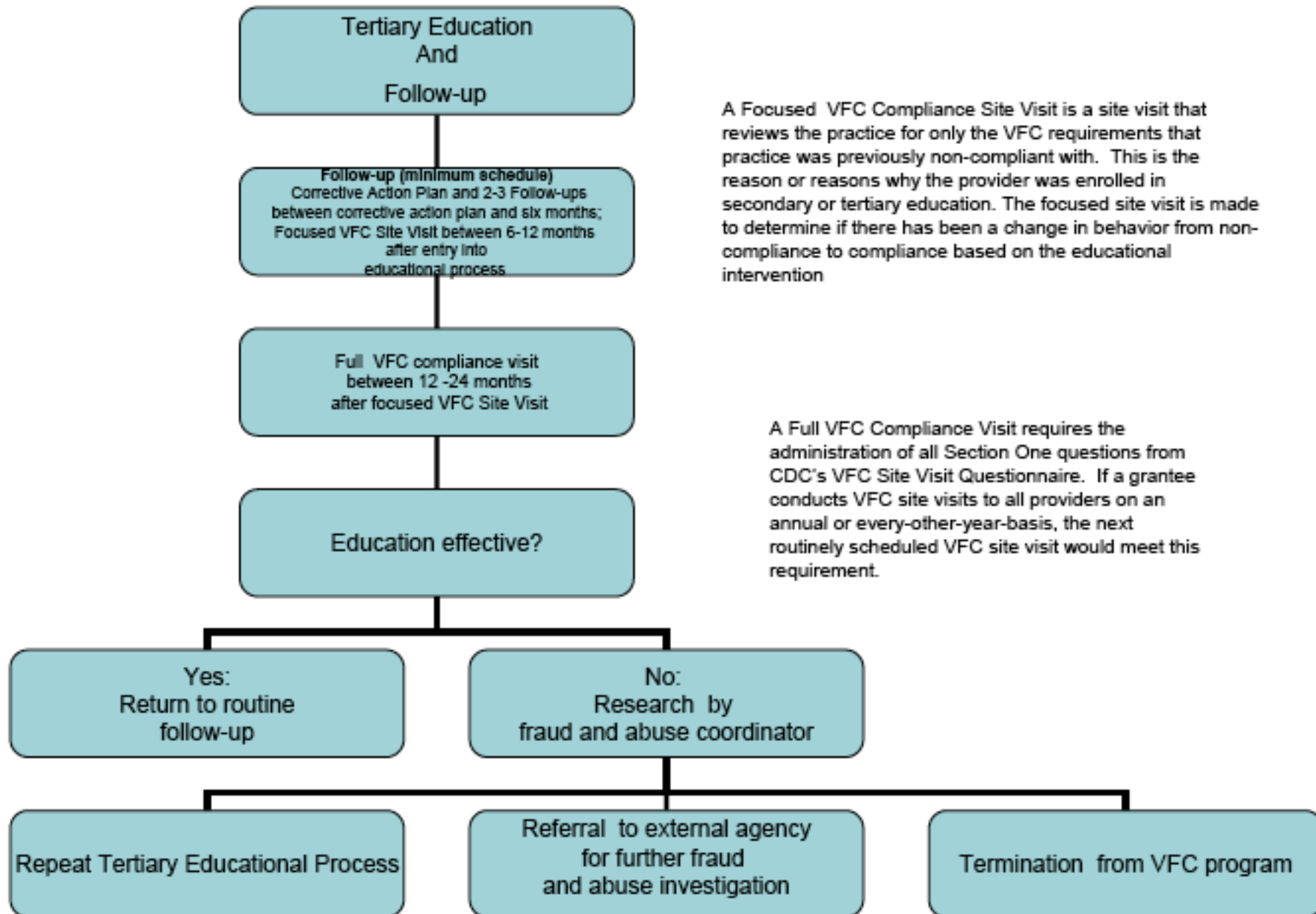
Research by  
Fraud and abuse Coordinator

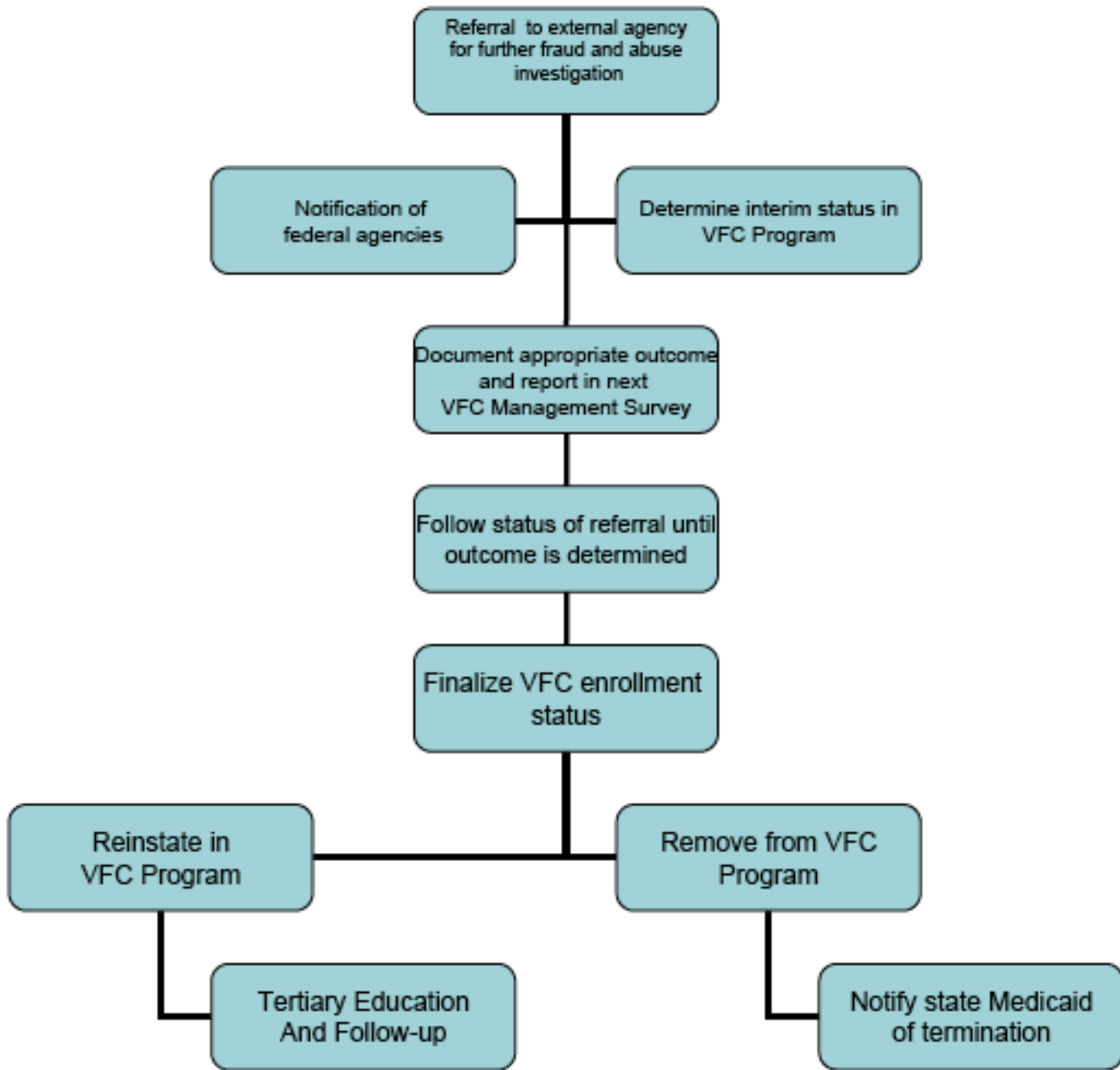
Tertiary Education  
And Follow-up

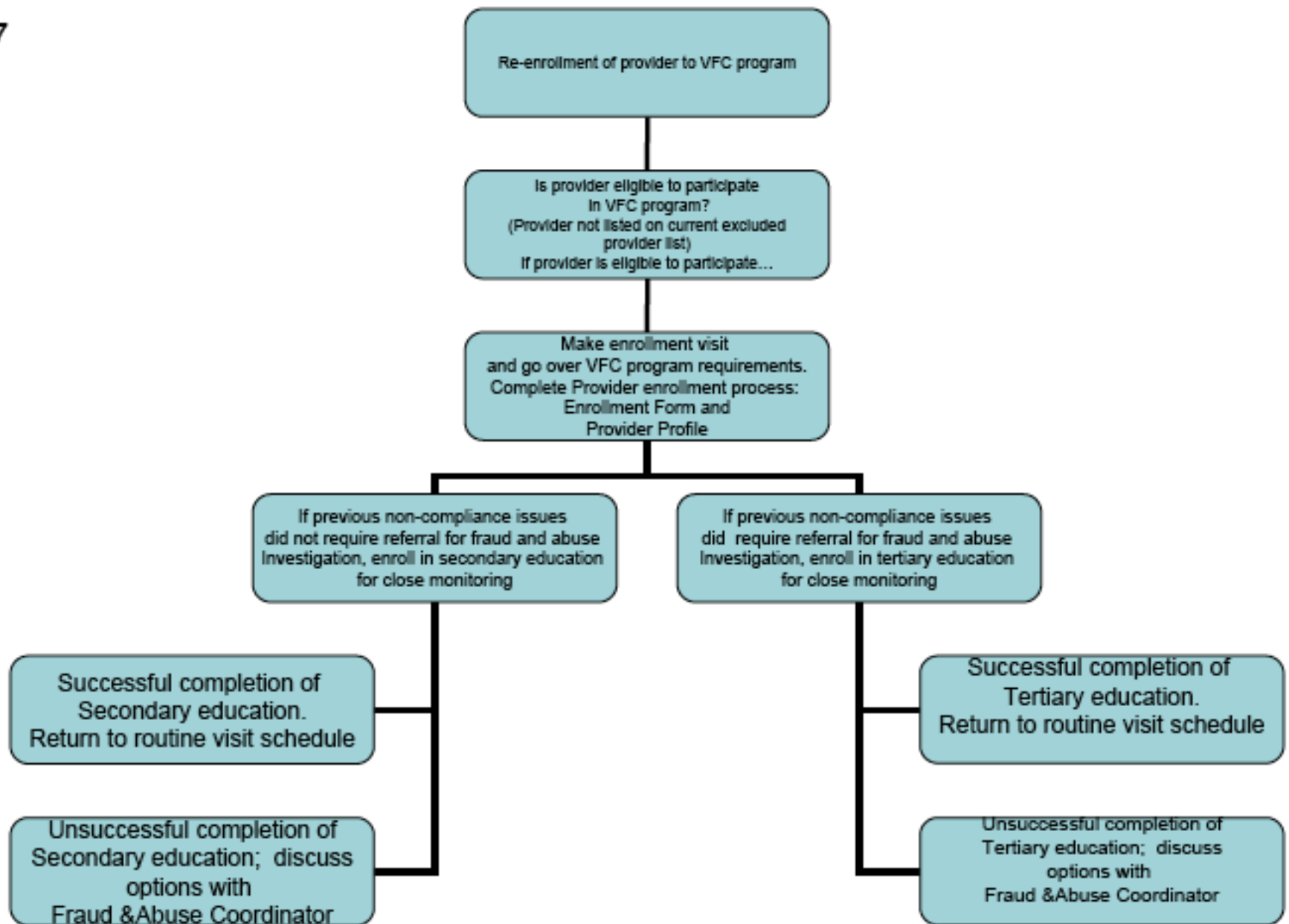
Referral to external agency for  
Further fraud & abuse investigation

Termination from program

A Focused VFC Compliance Site Visit is a site visit that reviews the practice for only the VFC requirements that practice was previously non-compliant with. This is the reason or reasons why the provider was enrolled in secondary or tertiary education. The focused site visit is made to determine if there has been a change in behavior from non-compliance to compliance based on the educational intervention.







This document can be found on the CDC website at:

<http://www.cdc.gov/vaccines/programs/vfc/downloads/vfc-op-guide/nc-vfc-algorithm-fall08-508.pdf>