

Failure to comply with VFC Requirements

Mishandling of VFC Vaccine (examples)

- Improper Storage & Handling of VFC vaccine
- Lost, wasted/expired vaccine

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.

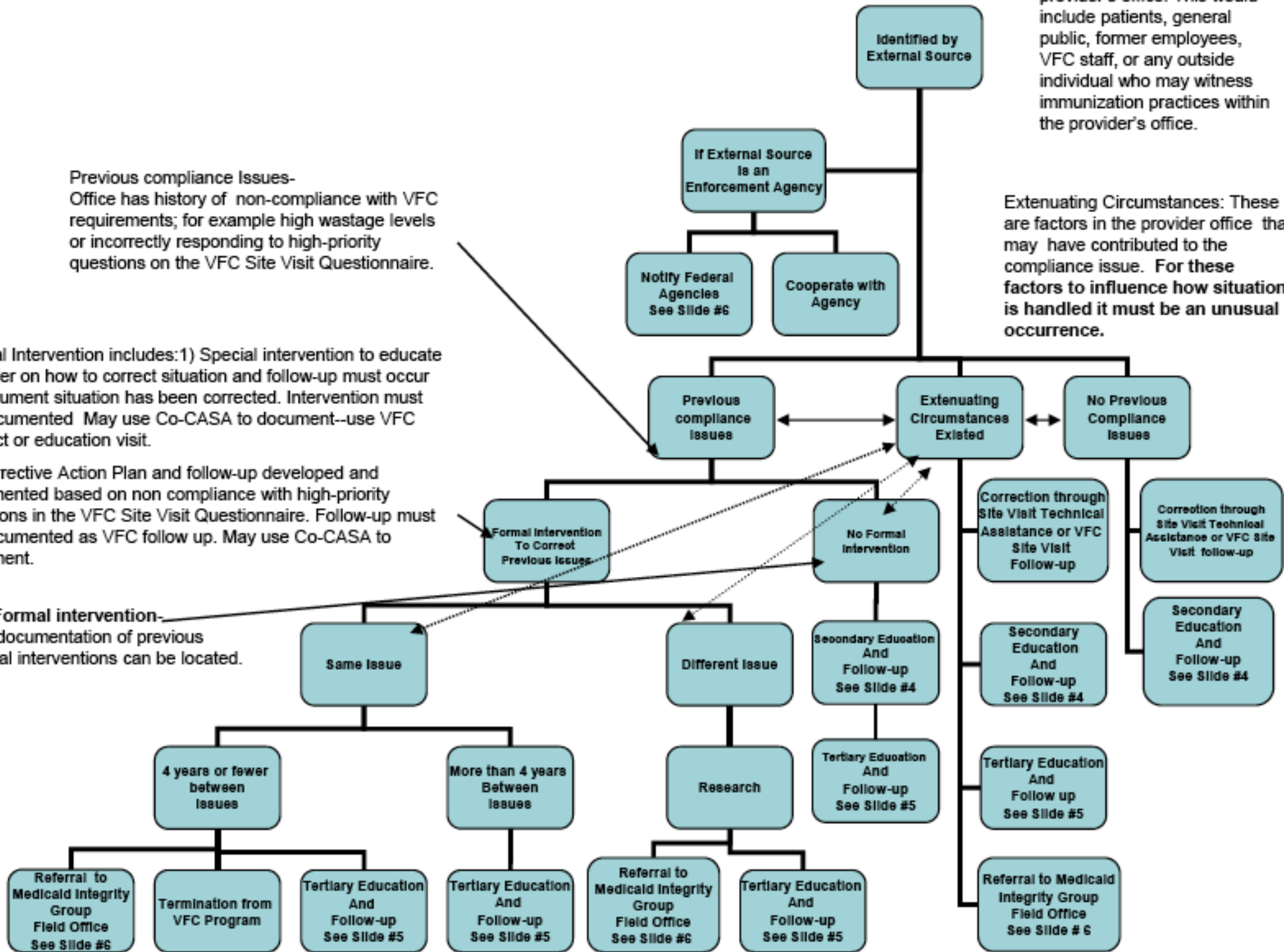
Previous compliance Issues- Office has history of non-compliance with VFC requirements; for example high wastage levels or incorrectly responding to high-priority questions on the VFC Site Visit Questionnaire.

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 and 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-up 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

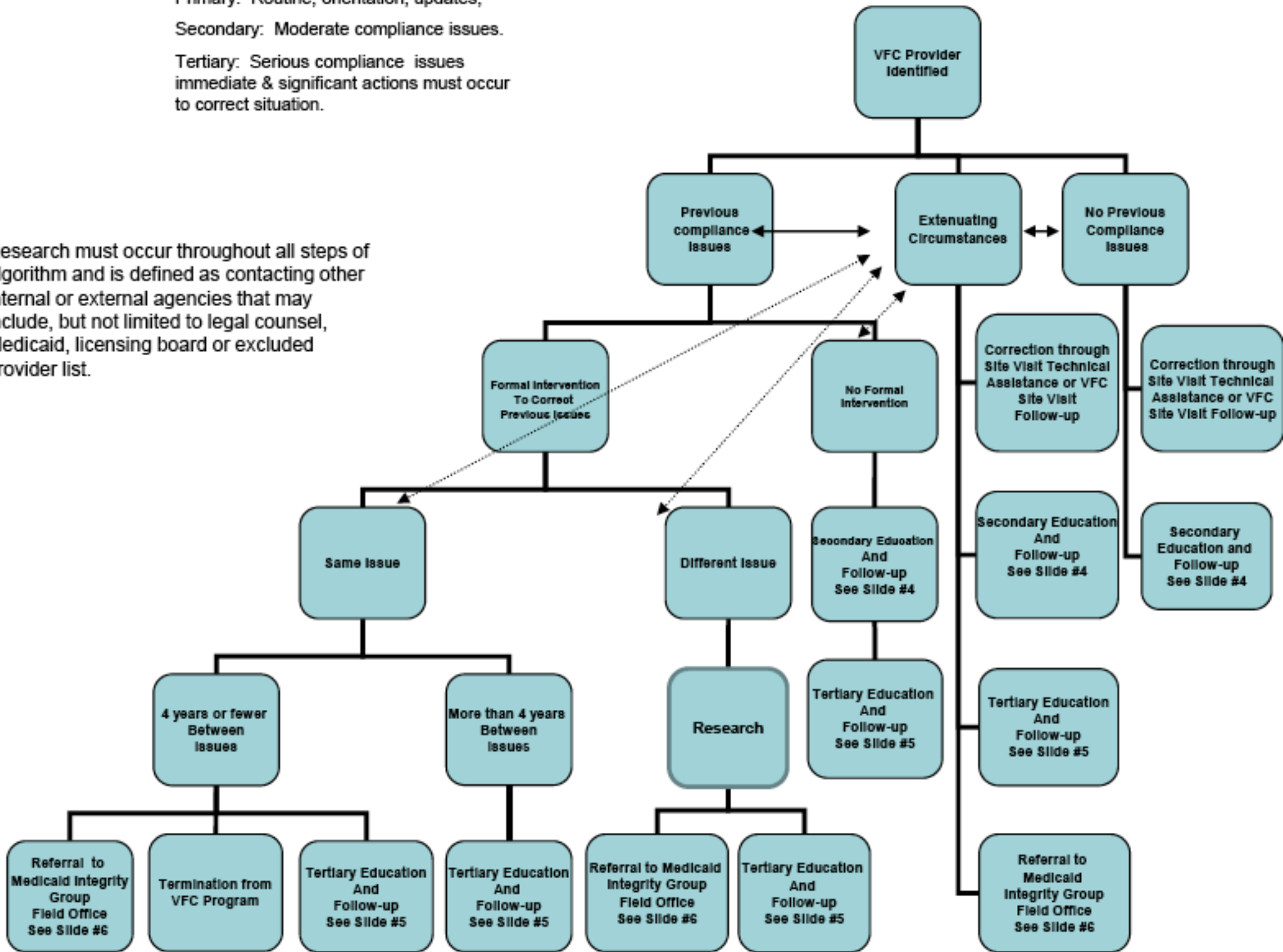
Primary: Routine, orientation, updates,

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 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
See Slide #5**

**Referral to
Medicaid Integrity Group
Field Office
See Slide #6**

Termination from program

