



2020 - 2021 Mississippi Vaccines for Children Handbook

Mississippi State Department of Health

Immunization Program

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(revision date 07/24/2020)

Table of Contents

Section 1 – Vaccines for Children (VFC) Program Overview	4
VFC Program At-a-Glance	4
VFC Fast Facts	4
VFC Program Benefits	4
VFC Vaccines	4
VFC Program History	5
VFC Program Funding	6
VFC Program Oversight	6
Vaccine Administration Fees and Fee Caps	6
Children’s Health Insurance Program (CHIP)	7
CHIP and VFC Eligibility	7
Section 2 – Patient Eligibility and Insurance Overview	8
Program Eligibility Criteria	8
American Indian or Alaska Native (AI/AN)	8
Medicaid-Eligible	9
Medicaid as Secondary Insurance	9
Medicaid as Secondary Insurance and High-Deductible Plans	10
Underinsured	10
Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)	10
Special Circumstances	12
School-Located and Mass Vaccination Clinics	12
Section 3 – VFC Provider Requirements	13
Signing the Provider Agreement.....	15
Termination.....	15
Section 4 – Vaccine Management	16
Vaccine Coordinators	16
Vaccine Storage and Handling	16
VFC Storage and Handling Equipment Requirements	16
Storage Unit Best Practices	16
Refrigerator and Freezer Units	17

Vaccine Management	17
Digital Data Loggers (DDLs)	17
VFC Storage and Handling Best Practices	18
Receiving and Documenting Vaccines	18
Vaccine Compromised During Shipment	19
Daily Temperature Monitoring and Recording	19
Management of Expired, Spoiled and Wasted Vaccines	20
Vaccine Handling and Preparation	20
Emergency Situations	21
Vaccine Management Plans	21
Vaccine Management Training	21
Vaccine Ordering	22
Vaccine Inventory Accountability	22
Vaccine Borrowing Documentation	23
Invoices	23
Vaccine Transfer	23
Vaccine Restitution	23
Off-Site and Mass Vaccination Clinics	23
Off-Site and Mass Vaccination Clinic Vaccine Handling Preparation	24
Section 5 – Fraud and Abuse	25
Addressing Provider Non-Compliance with VFC Requirements	25
Vaccine Fraud and Abuse Referral Form	27
Resource Guide	29

Section 1 - Vaccines for Children (VFC) Program Overview

The Vaccines for Children (VFC) program was established by Congress in 1994 to increase access to vaccination for children who might not get vaccinated because of financial barriers.

The VFC program serves children through 18 years of age who meet at least one of the following criteria:

- American Indian or Alaska Native (AI/AN)
- Medicaid-eligible
- Uninsured
- Underinsured

To reach VFC-eligible children, the Centers for Disease Control and Prevention (CDC) uses federal funds to purchase vaccines and distribute them at no cost to public health clinics and private providers enrolled in the program. CDC provides funding to 61 state, local, and territorial immunization program awardees to implement and oversee the VFC program. These awardees provide vaccines to participating providers to meet the specific needs of eligible children in their jurisdictions.

VFC Program At-a-Glance

CDC's immunization program awardees enroll public and private health care providers into the VFC program to meet the immunization needs of VFC-eligible children in their respective jurisdictions. Awardees educate enrolled providers on VFC program requirements, vaccine management, and fraud and abuse violations.

CDC contracts with vaccine manufacturers to buy vaccines at a federal discount. VFC providers order vaccines (including seasonal influenza vaccine) recommended by the Advisory Committee on Immunization Practices (ACIP) at no cost through their state, local, or territorial VFC program.

VFC providers agree to follow all VFC requirements, which include screening patients for VFC eligibility at each immunization encounter and documenting their eligibility status. VFC-purchased vaccines can be administered only to children who are eligible. Awardees monitor providers to ensure VFC compliance and provide guidance, with the goal of vaccinating more infants, children, and teens on schedule.

VFC Fast Facts

- VFC benefits an estimated 40 million children
- Approximately 39,000 enrolled health care providers
- 61 VFC state, local, and territorial immunization program awardees
- Approximately 79 million VFC vaccine doses distributed in 2017

VFC Program Benefits

- Provides cost savings to states and territories through bulk purchase of vaccines at lower prices using CDC's contracts, and eliminates state-to-state differences in price
- Reduces referrals of children from private providers to state health departments for vaccination
- Saves VFC-enrolled providers out-of-pocket expenses for vaccines
- Eliminates or reduces vaccine cost as a barrier to vaccinating eligible children

VFC Vaccines

Vaccines covered by the VFC program are recommended by ACIP to protect infants, children, and teenagers from 16 vaccine-preventable diseases. ACIP is a federal advisory group of medical and public

health experts that develops recommendations on the use of vaccines to prevent and control diseases in the United States. The group provides guidance on:

- Age for vaccine administration
- Number of doses and dosing intervals
- Precautions and contraindications to vaccination

Table: Diseases and ACIP-Recommended Vaccines Covered by the VFC Program			
Disease	Vaccine	Disease	Vaccine
Chickenpox	Varicella, MMRV [§]	Measles	MMR,** MMRV [§]
Diphtheria	DTaP,* DT,** Td,** Tdap,* Kinrix, [¶] Quadracel, [¶] Pentacel, ^{§§} , Pediarix ^{¶¶}	Mumps	MMR,** MMRV [§]
Hib (<i>Haemophilus influenzae</i> type b)	Hib, Pentacel ^{§§}	Pertussis (whooping cough)	DTaP,* Tdap, Kinrix, [¶] Quadracel, [¶] Pentacel, ^{§§} Pediarix ^{¶¶}
Hepatitis A	HepA	Polio	IPV, Pentacel, ^{§§} Pediarix ^{¶¶}
Hepatitis B	HepB, Pediarix ^{¶¶}	Pneumococcal	PCV13, PPSV23
Human Papillomavirus (HPV)	HPV	Rotavirus	RV
Influenza (Flu)	Flu	Rubella	MMR,** MMRV [§]
Meningococcal	MenACWY, MenB	Tetanus	DTaP,* DT,** Td,** Tdap,* Kinrix, [¶] Quadracel, [¶] Pentacel, ^{§§} Pediarix ^{¶¶}

*DTaP and Tdap combine protection against diphtheria, tetanus, and pertussis.
 **DT and Td combine protection against diphtheria and tetanus.
 **MMR combines protection against measles, mumps, and rubella.
 §MMRV is a combination vaccine containing MMR and varicella.
 ¶Kinrix and Quadracel are combination vaccines containing DTaP and IPV.
 §§Pentacel is a combination vaccine containing DTaP, IPV, and Hib.
 ¶¶Pediarix is a combination vaccine containing DTaP, IPV, and HepB.
 Source: Centers for Disease Control and Prevention (CDC)

VFC Program History

- Congress created the VFC program in response to the 1989–1991 measles outbreak in the United States, at a time when vaccination coverage was low. The measles epidemic resulted in tens of thousands of cases and hundreds of deaths.
- The VFC program was created as part of the Omnibus Budget Reconciliation Act of 1993. It was established as a new entitlement program required to be a part of each state’s Medicaid plan. The VFC program is a Title XIX Medicaid program.
- Section 1928 of the Social Security Act (42 U.S.C. §1396S) provides the legal authority for the VFC program by requiring each state to establish a program for pediatric vaccine distribution to registered providers. It provides authority for purchase of vaccines for administration to eligible children using federal Medicaid and state funds (including 317).
- VFC was officially implemented in October 1994 as part of the President’s Childhood Immunization Initiative.

- The VFC program is available in all 50 states, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, American Samoa, Guam, and the Commonwealth of the Northern Mariana Islands.

VFC Program Funding

- Funding for the VFC program is approved annually by the Office of Management and Budget (OMB).
- The funds are allocated through the Centers for Medicare and Medicaid Services (CMS) to CDC.
- CDC awards VFC funding through a cooperative agreement to 61 state, local, and territorial immunization programs.

VFC Program Oversight

- The VFC program is administered at the national level by CDC through its National Center for Immunization and Respiratory Diseases (NCIRD).
- CDC is the lead agency responsible for VFC policy development and national program oversight. Medicaid Title XIX of the Social Security Act is a federal/state entitlement program that pays for medical assistance for certain individuals and families with low incomes and limited resources. This program, known as Medicaid, became law in 1965 as a cooperative venture, jointly funded by the federal and state governments (including the District of Columbia and the territories) to assist states in furnishing medical assistance to eligible persons. Medicaid is the largest source of funding for medical and health-related services for America's low-income citizens. Within broad national guidelines established by the federal government, each state Medicaid program can:
 - Establish its own eligibility standards
 - Determine the type, amount, duration, and scope of services
 - Set the rate of payment for services
 - Administer its own program

Vaccine Administration Fees and Fee Caps

VFC providers cannot charge an eligible child's parent a fee for the vaccine itself. However, they can charge a fee to administer each vaccine. The legislation that created the VFC program sets a limit on the dollar amount a provider can charge and be reimbursed for administering vaccines to VFC-eligible children. This means a provider may charge a patient any amount up to, but not exceeding, the vaccine administration fee. **The vaccine administration fee for Mississippi is \$10.00.**

According to the initial VFC program legislation, enrolled providers agree to the following vaccine administration fee requirements:

- Providers cannot deny access to federally purchased vaccines to an established patient whose parent is unable to pay the vaccine administration fee. Providers also cannot bill a patient if they are unable to pay the vaccine administration fee at the time of the visit.
- Providers cannot charge a vaccine administration fee to non-Medicaid VFC-eligible children that exceeds the federal administration fee cap. For Medicaid VFC-eligible children, the provider must accept the reimbursement for vaccination set by the state Medicaid agency or the contracted Medicaid health plans.

Note: Providers may charge an office visit fee in addition to the vaccine administration fee. This is not prohibited by the VFC statute.

Effective January 1, 2020, providers who choose to bill for the vaccine administration fee of a non-Medicaid, VFC-eligible child after the date of service may issue only a single bill to the patient within

90 days of vaccine administration. This policy does not apply to vaccine administration fees billed to Medicaid for children who meet the Medicaid eligibility criteria for the VFC program.

Unpaid administration fees may not be sent to collections, and the provider may not refuse to vaccinate an eligible child whose parents have unpaid vaccine administration fees.

Children’s Health Insurance Program (CHIP)

CHIP was created through the Balanced Budget Act of 1997 to address the fact that one in seven children is uninsured and, therefore, at significantly increased risk for preventable health problems. Many of these children are part of working families who earn too little to afford private insurance on their own but earn too much to be eligible for Medicaid.

CHIP and VFC Eligibility

Children enrolled in a separate CHIP program are considered fully insured and are not eligible for VFC vaccines.

Section 2 - Patient Eligibility and Insurance Overview

VFC providers agree to screen patients for program eligibility at each immunization encounter and document their eligibility status. VFC vaccines can be administered only to children who meet the congressionally mandated eligibility requirements for the program. When screening patients, providers should select and document the VFC eligibility category requiring the least out-of-pocket expense to the parent. MSDH Immunization Program must ensure that providers fully understand the VFC eligibility categories and are meeting this basic program requirement of documenting VFC eligibility at each immunization visit.

Program Eligibility Criteria

The VFC program provides vaccines at no cost to children 18 years of age or younger who meet at least one of the following criteria:

- American Indian/ Alaska Native (AI/AN)
- Medicaid-eligible
- Uninsured
- Underinsured (See table below for definition of underinsured)

Table: VFC Eligibility Criteria for Patients	
VFC Eligibility Criteria	Definition
American Indian or Alaska Native (AI/AN)	This population is defined by the Indian Health Care Improvement Act (25 U.S.C. 1603) . (AI/AN children are VFC-eligible under any circumstance.)
Medicaid-eligible	Children who are eligible for the Medicaid program (For the purposes of the VFC program, the terms “Medicaid-eligible” and “Medicaid-enrolled” are used interchangeably.)
Uninsured	Children not covered by any health insurance plan
Underinsured	<ul style="list-style-type: none"> • Children who have health insurance, but coverage does not include any vaccines • Children who have health insurance, but coverage does not include all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) • Children who have health insurance, but there is a fixed dollar limit or cap for vaccines • Underinsured children are only eligible to receive VFC vaccines at a federally qualified health center (FQHC), a rural health clinic (RHC), or a deputized provider.

American Indian or Alaska Native (AI/AN)

The American Indian or Alaska Native (AI/AN) population, for the purposes of the VFC program, is defined by the Indian Health Care Improvement Act [25 U.S.C. 1603]. AI/AN children are VFC-eligible under any circumstance. However, because VFC is an entitlement program, participation is voluntary. When an AI/AN child also fits a second VFC eligibility category, the provider should always choose the category that will cost less for the family. Depending on the facility where an AI/AN parent chooses to have their child vaccinated, the parent may be responsible for the vaccine administration fee if the vaccines are delivered through the VFC program. Therefore, if the child has private insurance (non-grandfathered plan under the Affordable Care Act (ACA) of 2010) or is enrolled in the CHIP program, it may result in fewer out-of-pocket costs for the child to receive vaccinations through these programs than through VFC, as there would be no cost-sharing. Likewise, if the AI/AN child is also Medicaid-eligible, Medicaid should be used for the administration fee because it will provide the least out-of-pocket expense.

Medicaid-Eligible

Under the legislation that created the VFC program, the term “Medicaid-eligible” is defined as a child entitled to medical assistance under a Medicaid state plan. Children enrolled in Medicaid make up the largest category of VFC eligibility.

Medicaid as Secondary Insurance

Some children may have a private primary health insurance plan with Medicaid as their secondary insurance. These children are considered VFC-eligible because of their Medicaid enrollment. However, their parents are not required to participate in the VFC program. There are billing options for the parent and provider in this situation. The provider should choose the option that is most cost-effective for the family. The parent of a child with Medicaid as secondary insurance should never be billed for a vaccine or an administration fee. Options include:

Option 1: The provider can administer VFC vaccines and bill Medicaid for the administration fee.

In most health care situations, Medicaid is considered the “payer of last resort.” This means that claims must be filed with and rejected by all other insurers before Medicaid will consider payment for the service. This is not true of the vaccine administration fee for Medicaid-eligible VFC children. Medicaid must pay the VFC provider the administration fee because vaccinations are a component of the Medicaid Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program. However, once a claim is submitted to Medicaid, the state Medicaid agency has the option to seek reimbursement for the administration fee from the primary insurer.

Patient Eligibility and Insurance Criteria Considerations regarding this option:

- Easiest way for a provider to use VFC vaccines and bill Medicaid for the administration fee
- No out-of-pocket costs to the parent for the vaccine or the administration fee

Option 2: The provider can administer private stock vaccines and bill the primary insurance carrier for both the cost of the vaccine and the administration fee.

If the primary insurer reimburses less than Medicaid for the vaccine administration fee, the provider can bill Medicaid for the balance, up to the amount Medicaid pays for the administration fee. If the primary insurer denies payment of a vaccine and the administration fee, such as in cases where a deductible must be met, the provider may replace the privately purchased vaccine with VFC vaccine and

bill Medicaid for the administration fee. The provider must document this replacement on the VFC borrowing form.

Considerations regarding this option:

- The provider may be reimbursed a higher dollar amount if privately purchased vaccine is administered and both the vaccine and the administration fee are billed to the primary insurer.

Medicaid as Secondary Insurance and High-Deductible Plans

If a child has Medicaid as secondary insurance and the primary insurance is a high-deductible insurance plan requiring the parent to pay out of pocket for vaccines, the child should be considered VFC-eligible if the family has not yet reached its deductible. VFC vaccines should be administered, and the administration fee should be billed to Medicaid until the deductible is reached. If a child does not have Medicaid as secondary insurance, the child is not VFC-eligible even if a child's family has a high-deductible plan.

Underinsured

Underinsured means the child has health insurance, but the insurance policy:

- Doesn't cover any ACIP-recommended vaccines
- Doesn't cover all ACIP-recommended vaccines (underinsured for vaccines not covered)
- Does cover ACIP-recommended vaccines but has a fixed dollar limit or cap for vaccines. The child is considered underinsured once the fixed dollar amount is reached.

Before administering a vaccine, providers must verify whether the child's health insurance plan covers ACIP-recommended vaccines. If the provider cannot verify vaccination coverage, for the purposes of the VFC program, the child is considered insured and not eligible to receive VFC vaccines at that immunization encounter.

Note: As required by the Affordable Care Act, insurance plans purchased through the Health Insurance Marketplace are required to cover ACIP-recommended vaccines (including seasonal flu vaccine) for children of all ages, without charging a deductible, copayment, or billing coinsurance.

Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)

Underinsured children can receive VFC vaccines only at federally qualified health centers (FQHCs), rural health clinics (RHCs), or deputized MSDH clinic. FQHCs and RHCs provide health care to medically underserved areas and meet certain criteria under Medicare and Medicaid programs.

What is an FQHC?

An FQHC is a health center designated by the Bureau of Primary Health Care (BPHC) of the Health Resources and Services Administration (HRSA) to provide health care to a medically underserved population. FQHCs include community and migrant health centers, special health facilities such as those for the homeless and persons with acquired immunodeficiency syndrome (AIDS) that receive grants under the Public Health Service (PHS) Act, and "look-alikes," which meet the qualifications but do not actually receive grant funds. They also include health centers within public housing and Indian health centers.

What is an RHC?

An RHC is a clinic located in a Health Professional Shortage Area, a Medically Underserved Area, or a Governor-Designated Shortage Area. RHCs are required to be staffed by physician assistants, nurse practitioners, or certified nurse midwives at least half of the time that the clinic is open.

Table: Quick View of VFC Eligibility and Insurance Situations

Child's Insurance Status	VFC-Eligible?	VFC Eligibility Category
Enrolled in Medicaid	Yes	Medicaid
Has private health insurance plan with Medicaid as secondary insurance	Yes	Medicaid
Has health insurance covering all vaccines, but has not yet met plan's deductible or paid for other services received at visit	No	Insured. This applies even when the primary insurer would deny reimbursement for the cost of the vaccine and its administration because the plan's deductible has not been met.
Has health insurance covering all vaccines, but has not yet met plan's deductible or paid for other services received at visit and has Medicaid as secondary insurance	Yes	Medicaid
Has health insurance covering all vaccines, but the plan has a fixed dollar limit or cap on amount that it will cover	Yes	<ul style="list-style-type: none"> Insured until the fixed dollar limit is met Underinsured after the fixed dollar limit is reached
Has an insurance plan that does not cover all ACIP-recommended vaccines	Yes	Underinsured. Child can only receive vaccines not covered by the plan.
Has health insurance, but plan does not cover any vaccines	Yes	Underinsured. With implementation of ACA, this situation should be rare.
Enrolled in a Health Care Sharing Ministry	Depends	<ul style="list-style-type: none"> Uninsured unless plan is recognized as insurance by the state insurance department, regardless of vaccine coverage provided by the plan Insured if plan is recognized by the state insurance department and covers vaccines Underinsured if plan is recognized by the state insurance department and does not cover all ACIP-recommended vaccines
Enrolled in a Medicaid-expansion Children's Health Insurance Program (CHIP)	Yes	Medicaid
Enrolled in a separate Children's Health Insurance Program (CHIP)	No	Insured. The state CHIP program is responsible for vaccine payment for its members.
Has no health insurance coverage	Yes	Uninsured
Has private health insurance that covers all vaccinations and is AI/AN	Yes	AI/AN. However, provider should choose the eligibility category most cost-effective for the child and family.
Has Medicaid and is AI/AN	Yes	Medicaid or AI/AN. Provider should use Medicaid for the administration fee because this provides the least out-of-pocket expense for the family.

Special Circumstances

Where vaccination services are delivered is generally not a factor in determining VFC eligibility. However, there are some locations and provider types that require additional consideration when offering VFC vaccines.

School-Located and Mass Vaccination Clinics

Providers should not assume a child is VFC-eligible when vaccinating in a school-located or mass vaccination clinic. All children must be screened, and their eligibility documented prior to administering VFC vaccines.

Section 3 - VFC Provider Requirements

To be eligible to participate in the VFC program, providers must:

- Be licensed in Mississippi* to administer vaccines to children aged 18 and younger. *According to the *Personnel Aspects of the Indian Self-Determination and Education assistance Act*, Public Law 93-638 (1986), IHS health professionals who are assigned or detailed to tribes or tribal organizations under the IPA or MOA are not required to be licensed in the state in which they are detailed.
- Be willing and able to follow all VFC program requirements, policies, and procedures, including participation in site visits and educational opportunities.
- Have the capacity to order, receive, manage, store, and monitor the temperature of public vaccines.
- Be open at least four consecutive hours on a day other than a Monday to receive VFC vaccines.
- Annually submit a VFC Program Provider Agreement, VFC Provider Profile, and any additional items requested by the MSDH Immunization Program. Submit these items more frequently if changes occur.
- Screen patients and document eligibility status at each immunization encounter for VFC eligibility (i.e., federally or state vaccine-eligible) and administer VFC-purchased vaccine by such category only to children who are 18 years of age or younger who meet one or more of the following categories:
 1. Federally Vaccine-eligible Children (VFC eligible)
 - a. Are an American Indian or Alaska Native;
 - b. Are enrolled in Medicaid;
 - c. Have no health insurance;
 - d. Are underinsured: A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only). Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC) or under an approved deputization agreement.
 2. State Vaccine-eligible Children (CHIP)
 - a. In addition, to the extent MS designates additional categories of children as “state vaccine-eligible”, will screen for such eligibility as listed in the addendum to this agreement and will administer state-funded doses (including 317 funded doses) to such children.

For the vaccines identified and agreed upon in the provider profile, will comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the VFC program unless:

1. In the provider's medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the child;
 2. The particular requirements contradict state law, including laws pertaining to religious and other exemptions.
- Maintain all records related to the VFC program for a minimum of three years and upon request make these records available for review. VFC records include, but are not limited to, VFC screening and eligibility documentation, billing records, medical records that verify receipt of vaccine, vaccine ordering records, and vaccine purchase and accountability records.

- Immunize eligible children with publicly supplied vaccine at no charge to the patient for the vaccine.
- Not charge a vaccine administration fee to non-Medicaid federal vaccine-eligible children that exceeds the administration fee cap of \$10.00 per vaccine dose. For Medicaid children, accept the reimbursement for immunization set by the state Medicaid agency or contracted Medicaid health plans.
- Not deny administration of a publicly purchased vaccine to an established patient because the child's parent/guardian/individual of record is unable to pay the administration fee or has a balance of unpaid administration fees.
- Comply with the requirements for vaccine management including:
 1. Ordering vaccine and maintaining appropriate vaccine inventories;
 2. Not storing vaccine in dormitory-style units at any time;
 3. Storing vaccine under proper storage conditions at all times. Refrigerator and freezer vaccine storage units and temperature monitoring equipment and practices must meet MSDH Immunization Program storage and handling recommendations and requirements;
 4. Returning all spoiled/expired public vaccines to CDC's centralized vaccine distributor within six months of spoilage/expiration.
- Agree to operate within the VFC program in a manner intended to avoid fraud and abuse. Consistent with "fraud" and "abuse" as defined in the Medicaid regulations at 42 CFR § 455.2, and for the purposes of the VFC Program:
 1. **Fraud:** is 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.
 2. **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.
- Participate in VFC program compliance site visits including unannounced visits, and other educational opportunities associated with VFC program requirements.
- Agree to replace vaccine purchased with state and federal funds (VFC, 317) that are deemed non-viable due to provider negligence on a dose-for-dose basis.
- Comply with the MS State Department of Health established statewide childhood immunization registry to which all health care providers will report the administration of childhood immunizations. The State Board of Health will promulgate rules and regulations needed to implement this section. The department shall make information regarding the immunization status of children in the registry available to the parents/guardians of the child, health care providers and individuals or organizations that are required to report on the immunization status of children in their care. SOURCES: MISSISSIPPI CODE OF 1972, As Amended SEC. 41-88-3. Laws, 1994, ch. 365, Sec. 2, effective from and after passage (approved March 14, 1994).

- Providers must maintain all records related to the VFC Program for a minimum of three years and make these records available for review upon request. VFC records include, but are not limited to:
 - VFC screening and eligibility documentation
 - Billing records
 - Medical records that verify administration of vaccine
 - Vaccine ordering records
 - Vaccine purchase and other accountability records (packing lists, borrowing forms, wastage reports, etc.)
 - Storage unit temperature documentation

Signing the Provider Agreement

When signing the Provider Agreement, the following apply:

- All VFC Providers must complete and sign CDC's Provider Agreement.
- The Medical Director in a group practice (or equivalent) must be authorized to administer pediatric vaccines under state law to sign the Provider Agreement.
- The provider signing the Provider Agreement on behalf of a multi-provider practice must have authority to sign on behalf of the entity. That provider will be held accountable for the entire organization's compliance, including site visit participation and educational requirements.
- All licensed health care providers in an enrolled practice and their corresponding professional license numbers must be listed on the Provider Agreement.

If the status of the individual signing the Provider Agreement changes, the provider must notify MSDH Immunization Program.

Termination

Termination must occur if:

- An enrolled VFC provider has not ordered or administered vaccine in the past 12 months. The provider is considered inactive and should be unenrolled from the VFC Program. The Provider Agreement will be considered terminated.
- MSDH Immunization Program is notified by the state Medicaid agency that a provider is on the List of Excluded Individuals and Entities (LEIE).

Termination may also occur if:

- A VFC Provider fails to comply with CDC and/or MSDH VFC program requirements regarding, but not limited to:
 - Vaccine Management
 - Proper storage and handling of vaccines
 - Failing to properly screen for eligibility

Section 4 - Vaccine Management

Vaccine loss is both costly and preventable. Providers are responsible for maintaining vaccine quality from the time a shipment arrives at a facility until a dose is administered.

Vaccine Coordinators

During the enrollment process, VFC providers are required to designate a primary vaccine coordinator and at least one back-up vaccine coordinator for each facility. The vaccine coordinator is responsible for overseeing all vaccine management within the facility, including:

- Developing and maintaining the Vaccine Management Plan
- Monitoring storage and handling and vaccine administration practices in the facility
- Overseeing vaccine ordering and notifying the awardee if vaccines will expire before they are administered
- Ensuring and documenting annual vaccine management training for designated staff, as well as training new staff upon hire
- Participating in and documenting completion of annual training on VFC requirements
- Storing all required documentation for three years, or longer if required by state statutes or rules

The back-up coordinator must be able to fill in when the VFC coordinator is not available.

To effectively perform their duties, the vaccine coordinator and back-up coordinator must be fully trained on routine and emergency standard operating procedures (SOPs) for vaccine ordering, storage, handling, transport, and inventory management. VFC providers are required to notify the awardee anytime there is a change in vaccine coordinator staff.

Vaccine Storage and Handling

All VFC vaccine storage and handling requirements and recommendations are in place to ensure the vaccine cold chain is maintained. The cold chain begins at the manufacturing plant, includes delivery to and storage at the provider facility, and ends with administration of vaccine to the patient. Too much exposure to heat, cold, or light at any step in the cold chain can result in a loss of vaccine potency. Once potency is lost, it cannot be restored. Each time vaccines are exposed to improper conditions; potency is reduced even further. With loss of potency, vaccines become useless and are unable to provide immunity for the vaccinated individual. CDC's [Vaccine Storage and Handling Toolkit](#) provides guidance on safe and effective vaccine management practices for all health care providers. Though VFC providers are required by the VFC program to implement only certain recommendations and best practice guidance, MSDH Immunization Program strongly encourages providers to adopt all recommendations and best practices in the Toolkit. Following the Toolkit's guidance can minimize financial burden for providers due to vaccine loss and prevent the need for revaccination. The result is maximum vaccine effectiveness and patient protection.

VFC Storage and Handling Equipment Requirements

To ensure the viability of VFC vaccines, providers must have:

- Storage units that maintain correct temperatures at all times
- Refrigerator temperature between 2°C and 8°C (36°F and 46°F)
- Freezer temperature between -50°C and -15°C (-58°F and +5°F)
- Digital data loggers (DDLs) with continuous monitoring capabilities and a current and valid Certificate of Calibration Testing for each unit, as well as at least one back-up

Storage Unit Best Practices

To protect the viability of vaccines:

- Never store food or beverages in a unit with vaccines.
- Do not store vaccines in the deli, fruit, or vegetable bins (remove bins if possible), in the doors or on the floor of the unit, or under or near cooling vents.
- Place water bottles throughout units—against walls, in the back, on the floor, and in the doors—to help stabilize temperatures.
- Place vaccines and diluents in the center of the unit, two to three inches away from walls, ceiling, floor, and door.
- Store vaccines in their original packaging with lids closed until ready for administration.

Refrigerator and Freezer Units

Storage units must have enough room to store the largest inventory a provider might have at the busiest point in the year without crowding.

CDC recommends the following units, in order of preference, for the storage of VFC vaccines:

- Purpose-built or pharmaceutical/medical-grade units, including door-less and dispensing units
- Stand-alone refrigerator and freezer units—these units can vary in size from a compact, under-the-counter style to a large, stand-alone, pharmaceutical-grade storage unit
- Combination household refrigerator/freezer unit, using only the refrigerator compartment to store vaccines—a separate stand-alone freezer should then be used to store frozen vaccines

The use of dormitory or bar-style refrigerator/freezers is prohibited at all times for VFC program providers. These units have a single exterior door and an evaporator plate/cooling coil, usually located in an icemaker/freezer compartment.

Vaccine Management

Providers should follow the manufacturer’s storage specifications for each vaccine, found in the manufacturer package insert.

Providers must also protect the power source for all storage equipment, usually by means of “Do Not Disconnect” warning labels at the electrical outlet and circuit breaker.

Digital Data Loggers (DDLs)

VFC providers must use a DDL with continuous temperature monitoring capability and a current and valid Certificate of Calibration Testing (also known as a Report of Calibration) in each unit storing public vaccines. DDLs must be used during routine, on-site vaccine storage, vaccine transport, and mass vaccination clinics.

To meet VFC program requirements, the DDL must be equipped with:

- A temperature probe or sensor (a buffered probe is required for awardee-provided probes and is optional, but recommended, for provider-purchased probes or sensors)
- An active temperature display outside the unit that can be easily read without opening the storage unit’s door
- Continuous temperature monitoring and recording capabilities and the capacity to routinely download data

**There may be providers who have purpose-built or pharmaceutical-grade equipment (e.g., door-less or dispensing units) with temperature monitoring capabilities that may be as reliable as a DDL in monitoring vaccine temperature. Not all of these units may be capable of digitally logging temperatures. When in doubt, consult the MSDH Immunization Program or CDC’s vaccine storage and handling experts at izcoldchain@cdc.gov on whether the unit is capable of meeting VFC temperature monitoring device requirements.*

Additional recommended DDL features include:

- Alarm for out-of-range temperatures
- Temperature display showing current, minimum, and maximum temperatures
- Low battery indicator
- Accuracy of +/-1°F (0.5°C) • User-programmable logging interval (or reading rate) recommended at a maximum time interval of no less frequently than every 30 minutes

Certificates of Calibration Testing must include:

- Model/device number
- Serial number
- Date of calibration (report or issue date)
- Confirmation the instrument passed testing (or instrument in tolerance)

A back-up DDL must be readily available in case a DDL fails or calibration testing is required. The backup DDL should have a different calibration retesting date than other DDLs to avoid requiring all DDLs to be sent out for recalibration at the same time. If the backup DDL has the same calibration retesting date, providers must have the unit retested prior to expiration, ensuring that a valid DDL is available for required temperature monitoring. Back-up DDLs are usually maintained on site.

Note: Back-up DDLs should not be stored in the storage unit. This can result in conflicting temperature readings between the back-up and main DDLs, which can lead to potential confusion.

VFC Storage and Handling Best Practices

VFC providers are required to establish storage and handling policies and procedures in their Vaccine Management Plans, based on the recommendations and best practices of CDC's Vaccine Storage and Handling Toolkit. These procedures should be easily accessible and kept near vaccine storage units.

Storage and handling policies and procedures must address:

- Receiving and documenting vaccine shipments, including whom to contact with a problem related to a shipment
- Daily monitoring and recording of storage unit temperatures, including responding to any temperature excursion
- Managing expired, spoiled, or wasted vaccine
- Vaccine handling and preparation
- Emergency situations

Receiving and Documenting Vaccines

Providers must immediately unpack, store, and document vaccines and diluents upon receipt.

Actions must include:

- Examining the shipping container and vaccine vials for signs of physical damage.
- Comparing the contents of the container to the packing list to be sure they match. Making sure lyophilized (freeze-dried) vaccines came with the correct type and quantity of diluents. (Diluents for varicella-containing vaccines are stored in a separate compartment in the lid of the shipping container and are stored separately in the refrigerator.)
- Checking both vaccine and diluent expiration dates to ensure none are expired or soon-to-expire products.
- Checking the cold chain monitor (CCM) for any indication of a temperature excursion during transit. CCMs are stored in a separate compartment of the shipping container and may not be

included when vaccines are shipped directly from the manufacturer. CCMs are for onetime use only and should be thrown away after being checked.

- Determining the amount of time vaccines were in transit and comparing it against the packing list in the container, which shows acceptable transit time (frozen vaccines only).

Vaccine Compromised During Shipment

If providers believe a vaccine shipment has been compromised, they must immediately contact the MSDH Immunization Program at 601-576-7751 and the centralized distributor at 1-877-TEMP 123 (1-877-836-7123). This must be done the same day vaccine arrives.

Daily Temperature Monitoring and Recording

Providers are required to have protocols for reviewing and recording the minimum and maximum (min/max) temperature readings in vaccine storage units daily. They should also have procedures for training appropriate staff to document, assess, and interpret temperature monitoring data. CDC requires reviewing and recording min/max temperature readings at the beginning of the workday, then resetting the min/max reading. This helps to identify temperature excursions quickly so corrections can be made to prevent vaccine loss. CDC also recommends checking the current temperature of the storage unit prior to accessing and administering vaccine.

Providers have two options for documenting temperature readings:

Option 1: Handwrite the temperature on a paper log. The log should be posted on each vaccine storage unit door or nearby in a readily accessible and visible location. A printable temperature log can be found on the Immunization Action Coalition's website.

Option 2: Use a continuous temperature monitoring and recording system that allows providers to electronically document temperature readings. These electronic readings must be readily assessable upon request.

Whether using a paper temperature log or an electronic document the following information **must** be included:

1. At least one min/max temperature reading per day at the beginning of the workday
2. Time and date of each reading
3. Name or initials of the person who assessed and recorded the reading

If the provider's electronic recording system doesn't contain the required information noted above or cannot be readily assessed upon request then the temps must be documented on a paper temperature log.

Providers must maintain all paper temperature logs or a back-up system of electronic data (both hard copy and electronic copy) for a minimum of three years.

If a temperature excursion is suspected, providers should follow their vaccine accountability and management plan SOPs, including adjusting temperature to the appropriate range and notifying the MSDH Immunization Program to determine whether the vaccine can still be used. Until this determination can be made, vaccine should be labeled “Do Not Use” and stored under correct temperature storage conditions, if possible. The vaccine may still be viable; therefore, vaccine must not be discarded or removed from proper storage conditions until the provider is directed to do so by the manufacturer.

Providers must contact the manufacturer directly with questions about storage temperature or temperature excursion for specific vaccines. Manufacturers have access to internal thermostability data concerning the impact of exposures to inappropriate temperatures or light for each vaccine lot.

Management of Expired, Spoiled, and Wasted Vaccines

When managing expired, spoiled, and wasted vaccine, providers must:

- Remove the vaccines from any storage unit that stores viable vaccines.
- Label vaccines “Do Not Use.”
- Report and record the incident, including the reason and number of doses lost
- An MSDH Vaccine Return Form #131 should be completed and sent to the Immunization Program **within one month** of spoilage or expiration. You will receive an e-mail with a shipping label to use for returning the vaccine to McKesson per CDC requirements.
- Wasted vaccines should be disposed of appropriately and documented on the Vaccine Wastage Form #132.

The following vaccines should NOT be returned to McKesson:

- Vaccine syringes that have been opened (with or without needles)
- Broken or damaged vaccine vials or syringes
- Vaccine vials that do not have the original sealed cap intact (this includes multi-dose vials from which some doses have been withdrawn)

Types of Vaccine Loss:

- Expired or spoiled vaccine: Nonviable vaccine in its original container (vial or syringe) that can be returned for excise tax credit. This includes expired vaccine or vaccine spoiled due to temperature excursions, transport conditions, or emergency situations such as a power failure.
- Wasted vaccine: Nonviable vaccine that is can't be returned for excise tax credit. This includes vaccine in an open vial, drawn into a syringe, or compromised because its container was dropped or broken.
- Lost or unaccountable vaccine: Vaccine for which the physical vaccine vial or syringe is missing.

Vaccine Handling and Preparation

Proper vaccine handling and preparation are equally as important as storing vaccines properly. Providers should follow best practices, including:

- Vaccines should be prepared immediately prior to administration.
- Prepare vaccines in a designated, clean medication area, away from any space where potentially contaminated items are placed.
- Always check expiration dates prior to preparing the vaccine. Never administer expired vaccines.
- Reconstitute lyophilized vaccine with the diluent that came with the vaccine—nothing else.
- A single-dose vial contains one dose and should only be used for one patient.

- A separate, sterile needle and syringe should be used for each injection.
- Discard any pre-drawn doses no later than the end of the workday or per the manufacturer package insert (if sooner).

In instances where providers anticipate a high volume of patients needing vaccines (for example, during flu season or back-to-school vaccinations), it is important for providers to remember:

- CDC strongly recommends not pre-drawing doses before they are needed.
- As an alternative to pre-drawing vaccines, CDC recommends using manufacturer-filled syringes.

Emergency Situations

Providers should plan ahead for emergency situations such as power outages, natural disasters, and equipment failure. This information should be incorporated into a Vaccine Management Plan so providers can follow the protocol for protecting vaccines, including possible transport methods and alternative storage locations. Providers should keep on hand or have ready access to the supplies needed for emergency transport. Alternative storage locations should be inspected prior to an emergency to validate that proper vaccine storage conditions can be maintained. In large clinics, generators and a security system to alert appropriate staff in the event of a power outage may be feasible. If used, generators should be tested quarterly and serviced annually based on manufacturer specifications for testing procedures and maintenance schedules. Additional information on vaccine storage and handling can be found in CDC's Vaccine Storage and Handling Toolkit and on CDC's vaccine administration website and educational materials.

Vaccine Management Plans

VFC providers must develop, maintain, and implement a Vaccine Management Plan with detailed and up-to-date SOPs for routine and emergency vaccine management. Provider-developed plans must be reviewed and approved by awardees.

Vaccine Management Plans must address:

- Contact information for current primary and back-up vaccine coordinators
- Provider staff roles and responsibilities
- Documented training related to vaccine management
- Proper storage and handling practices, including how to handle a temperature excursion
- Procedures for vaccine ordering, receiving, inventory control, stock rotation, and handling vaccine loss and waste
- Procedures for emergency situations, including transport, equipment malfunction, power failure, and natural disaster

Vaccine Management Plans must be updated annually or more frequently as needed and verified as current with the vaccine coordinator's signature and date of review.

Vaccine Management Training

Vaccine management training first occurs during provider enrollment and includes a review of the key components of a Vaccine Management Plan. Thereafter, providers are required to receive training annually. The vaccine coordinator and back-up coordinator must be fully trained on routine and emergency standard operating procedures for vaccine shipments, storage and handling, transport, and inventory management. Other provider staff may also need training, including those who are involved with vaccine management and storage and handling.

VFC providers are responsible for training their staff on proper vaccine storage and handling procedures. Trainings should target:

- Staff receiving vaccine deliveries – how to open, record, and store vaccine shipments immediately
- Staff handling or administering vaccine storage and handling procedures
- Staff transporting vaccine off-site – routine and emergency vaccine management

Vaccine Ordering

Vaccine loss due to expiration is frequently a consequence of over-ordering and/or poor inventory management. To prevent this, providers need to determine the appropriate amounts to order for their private and public vaccine inventories. Providers must submit their total vaccine inventory amounts with each vaccine order. CDC recommends providers:

- Place vaccine orders while they still have a four-week supply of vaccine available to allow for potential delays.
- Place smaller, more frequent orders rather than large orders to minimize the amount of vaccine loss should an incident occur during shipment or in the vaccine storage unit.
-

Also important to the vaccine ordering process is the provider's ability to immediately store vaccine after receipt. Facilities must be open with appropriate staff at least one weekday other than Monday, for at least four consecutive hours, to receive and immediately store vaccine.

Providers must keep their Provider Profiles current to reflect any changes to their public and private patient categories and submit updates to awardees. The profile data to monitor vaccine orders to ensure providers are not inadvertently over-ordering, stockpiling, or building inventory, which can put vaccine at risk for waste or indicate fraud or abuse.

Any changes to the provider's facility address or day/hours of operation must be communicated to the MSDH Immunization Program immediately.

Vaccine Inventory Accountability

Separating Pediatric Vaccine Stock - Providers are required to have separate vaccine inventories:

- VFC Vaccine Public Stock
- CHIP Vaccine Public Stock
- 317 Vaccine Public Stock (if applicable)
- Privately Purchased Vaccine Stock

CDC's expectation is that vaccine borrowing will be rare because providers should maintain adequate inventories of vaccine for both privately and publicly insured children. VFC vaccines should never be used as a continuous replacement system for a provider's privately purchased vaccine inventory.

Borrowing is approved only for instances when:

- There is a lack of vaccine stock because of delayed or spoiled shipments. This bidirectional borrowing does not apply to influenza vaccine.
- Vaccine will expire soon and will be lost if not used. Providers with a small privately insured patient population can use this option to administer short-dated, privately purchased vaccine to a VFC-eligible child and replace it with a longer-dated, VFC dose.
- New staff calculated ordering intervals incorrectly, leading to a lack of either private or public vaccine stock.
- VFC seasonal influenza vaccine stock is not yet available. Providers may use private stock, seasonal influenza vaccine for VFC-eligible children and replace it when VFC vaccine becomes available. This one-directional borrowing is unique to seasonal influenza vaccine. Hosting a mass

vaccination clinic without appropriate amounts of public and private vaccine does not qualify for borrowing.

Vaccine Borrowing Documentation

Vaccine Borrowing Report - A Vaccine Borrowing Report must be completed when either:

- Privately purchased vaccine is administered to a VFC-eligible or CHIP child, or
- VFC vaccine or CHIP vaccine is administered to a privately insured child, or
- CHIP vaccine is administered to a VFC-eligible, or
- VFC vaccine is administered to a CHIP child

Invoices

Providers may need to maintain invoices to validate that privately purchased vaccine was used to replenish borrowed VFC vaccine. The invoice date should correspond with the replacement date on the Vaccine Borrowing Report.

Vaccine Transfer

Proper vaccine inventory management at the provider level plays a major role in preventing the need to transfer vaccines. However, even with proper inventory management, providers may experience a situation where they have soon-to-expire vaccine stock. Where practical, and as long as the cold chain is maintained, transfer of short-dated vaccine can occur between VFC providers to avoid wasting vaccine. Providers must notify the MSDH Immunization Program of short-dated vaccine so that a transfer can be coordinated. This should be a rare practice if providers are appropriately managing inventory.

Vaccine transfers can only occur:

- With the approval and under direct guidance of the immunization program
- When a process is in place to ensure vaccine viability during transfer, as outlined in CDC's [Vaccine Storage and Handling Toolkit](#)—the process must include the use of a DDL with a current and valid Certificate of Calibration Testing for temperature monitoring during transport, as well as other appropriate equipment
- When temperature monitoring documentation validates the vaccine has not been exposed to a temperature excursion—this documentation must be transported with the vaccine

Vaccine Restitution

Vaccine restitution is the replacement of vaccine doses (i.e., VFC and/or state) that were lost due to provider negligence and will be handled on a case by case basis.

Off-Site and Mass Vaccination Clinics

Some providers may conduct off-site clinics when approved by the MSDH Immunization Program. These opportunities can improve access and vaccination coverage for VFC-eligible children. However, these situations require additional program oversight and vaccine accountability. Not only are these providers required to adhere to all general program requirements, including screening and documenting VFC eligibility, they must maintain enhanced storage and handling practices, including:

- The number of VFC vaccines transported to an off-site or mass vaccination clinic should be based on anticipated number of VFC-eligible children to be served.
- Vaccines may be transported—not shipped—to a clinic site using vaccine transportation procedures outlined in CDC's [Vaccine Storage and Handling Toolkit](#). This includes transporting vaccines to and from the site at appropriate temperatures and using appropriate equipment, as well as monitoring and documenting temperatures using a DDL with a probe in buffered material.
- Upon arrival at the clinic site, vaccines must be stored correctly to maintain appropriate temperature throughout the clinic day.

- Temperature data must be reviewed and documented every hour during the clinic using a DDL with a digital display and probe in buffered material.
- At the end of the clinic day, temperature data must be assessed prior to placing vaccines back into storage units to prevent administration of vaccines that may have been compromised.

If at any time, vaccines are exposed to temperature excursions, they must be labeled “do not use” until further information can be gathered on usability.

Enhanced oversight for mass vaccinators also includes:

- Vaccine ordering—while CDC recommends vaccines be delivered directly to provider facilities, this may not be possible for mass vaccination clinics. To protect the cold chain and vaccine viability, vaccines must be ordered and shipped directly from CDC to a location within the MSDH Immunization Program jurisdiction when direct delivery is not possible. Vaccines may also only be administered within the jurisdiction.
- Provider forms—following VFC operations guidance, mass vaccinators must sign a Provider Agreement and complete a Provider Profile.

Off-Site and Mass Vaccination Clinic Vaccine Handling and Preparation

CDC recommendations and best practices for vaccine handling during an off-site or mass vaccination clinic include:

- Do not draw up vaccines before arriving at the clinic site. Drawing up doses days or even hours before a clinic is not acceptable. CDC strongly recommends not pre-drawing doses before they are needed.
- Use manufacturer-filled syringes, if possible, as an alternative to pre-drawing vaccines.
- Each person administering vaccines should pre-draw no more than one multidose vial (MDV) at one time.
- Monitor patient flow to avoid drawing up unnecessary doses.
- Discard any remaining vaccine in pre-drawn syringes at the end of the workday.

Additional information on handling and preparing vaccine can be found in CDC’s [Vaccine Storage and Handling Toolkit](#) and on CDC’s vaccine administration website.

Contact the MSDH Immunization Program for additional information on Off-Site and Mass Vaccinations clinics.

Section 5 - Fraud and Abuse

Fraud and Abuse Overview Federal fraud and abuse laws apply to awardee VFC programs. State fraud and abuse laws (e.g., related to insurance, consumer protection, or medical licensure) may also be applicable for portions of awardee VFC programs involving state funds. The terms “fraud” and “abuse” related to VFC are consistent with the definitions in Medicaid regulations (42 CFR § 445.2).

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 laws.

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. Abuse also includes recipient practices that result in unnecessary cost to the Medicaid program.

Fraud and Abuse Examples*

- Failing to comply with any part of the Provider Agreement
- Providing VFC vaccine to non-VFC-eligible children
- Selling or otherwise misdirecting VFC vaccine
- Billing a patient or third party for VFC vaccine
- Charging more than the established maximum regional fee for administration of VFC vaccine
- Over-ordering VFC vaccine (e.g., quantities or patterns do not match the provider’s profile)
- Waste of VFC vaccine
- Denying VFC-eligible children VFC-funded vaccine because of parents’ inability to pay the administration fee
- Failing to screen for and document eligibility status at each visit
- Failing to maintain VFC records for a minimum of three years
- Failing to fully account for VFC-funded vaccine
- Failing to properly store and handle VFC vaccine

**This list provides examples only, and should not be considered comprehensive.*

Addressing Provider Non-Compliance with VFC Requirements

Providers agree to comply with the VFC program requirements outlined in the Provider Agreement and discussed during the enrollment and subsequent site visits. Lack of adherence could lead to fraud and abuse charges for the provider. This non-compliance may occur due to an unintentional lack of understanding of program requirements, or the behavior may be intentional. If a compliance issue appears intentional and the provider has received financial benefits from the behavior, the situation requires immediate referral to an outside agency for investigation of suspected VFC fraud and abuse.

Failure to comply with VFC requirements is defined as:

- Any VFC provider who does not maintain the federal and/or state requirements associated with implementation of the Provider Agreement.

Instances of suspected non-compliance or fraud and abuse may be identified by:

- VFC program staff
- Provider staff
- A third party

Anyone that suspects non-compliance or fraud and abuse should complete the MSDH Vaccine Fraud & Abuse Referral form on the next page.



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Mississippi Vaccines for Children Program Vaccine Fraud and Abuse Referral

To submit a request to investigate suspected fraud or abuse, please complete the information requested below. Examples of fraud or abuse are listed on the reverse side of this form. These are examples only. The list does not represent every situation in which fraud or abuse can occur. Therefore, an area has been provided to describe suspected fraud or abuse to be investigated.

DATE OF REFERRAL: _____

PROVIDER NAME: _____

FACILITY NAME: _____

FACILITY ADDRESS: _____

CITY: _____ COUNTY: _____

Brief detail of allegations of fraud and/or abuse:

Reporter anonymity is not guaranteed.

REPORTED BY: _____ Title: _____

CONTACT INFO: _____

Please return completed forms to the MSDH Immunization Program at the information listed below or by e-mail to michelle.robertson@msdh.ms.gov.

MSDH Immunization Program
570 East Woodrow Wilson • Post Office Box 1700 • Jackson, MS 39215-1700
Phone: 601-576-7751 • Fax: 601-576-7888
Equal Opportunity in Employment/Services

Examples of acts constituting fraud and abuse include, but are not limited to the following:

- Billing a patient or third party for Vaccines for Children (VFC) vaccine.
- Providing VFC vaccine to non-VFC eligible children or adults.
- Charging more than Mississippi's VFC program allowable administration fee for VFC vaccine (\$10.00).
- Refusing to provide VFC-eligible children VFC vaccine because of parent's inability to pay the administration fee.
- Failing to screen patients for VFC eligibility.
- Failing to maintain VFC records and comply with other requirements of the VFC program, per the signed provider enrollment agreement.
- Over-ordering or stockpiling VFC vaccine.
- Intentional improper storage and handling of VFC vaccine.
- Failure to fully account for VFC vaccine.
- Failure to notify parents of compromised vaccine/offer revaccination.
- Failure to maintain VFC records as required.
- Failure to comply with VFC ordering guidelines.
- Inappropriate vaccine administration practices.
- Transfer of VFC vaccine without program approval.
- Routine borrowing of VFC vaccine for use of non-VFC eligible patients.

CDC Resource Guide

Please visit <https://www.cdc.gov/vaccines/hcp/admin/downloads/vacc-admin-storage-guide.pdf> for access to the links contained within this guide.

AT-A-GLANCE RESOURCE GUIDE

VACCINE ADMINISTRATION AND STORAGE AND HANDLING

IMMUNIZATION AND VACCINES (GENERAL)

General Best Practice Guidelines for Immunization: Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP)
Guidance about vaccination and vaccines for health care providers.
www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html

Epidemiology and Prevention of Vaccine-Preventable Diseases (the Pink Book), 13th Edition: Course Textbook (2015)
Comprehensive information on routinely used vaccines and the diseases they prevent.
www.cdc.gov/vaccines/pubs/pinkbook/index.html

Vaccine Administration e-Learn
Free, interactive educational program on proper vaccine administration.

“You Call the Shots” Online Training Modules
A series of training modules for health care providers on vaccine recommendations with self-tests to assess learning. CE credit available.
www.cdc.gov/vaccines/ed/youcalltheshots.htm

Vaccine Safety
Safety information about specific vaccines and answers to commonly asked questions.
www.cdc.gov/vaccinesafety/hcp/providers/index.html

Vaccine Information Statements (VIS)
Statements required by law to inform patients about the benefits and risks of a vaccine they are receiving.
www.cdc.gov/vaccines/hcp/vis/

VACCINE STORAGE AND HANDLING

- ▶ **Epidemiology and Prevention of Vaccine-Preventable Diseases (the Pink Book): Storage and Handling Chapter**
www.cdc.gov/vaccines/pubs/pinkbook/vac-storage.html
- ▶ **Vaccine Storage and Handling Guidelines and Recommendations**
Resources on vaccine storage and handling recommendations and guidelines.
www.cdc.gov/vaccines/recs/storage/default.htm
- ▶ **Vaccine Storage and Handling Toolkit**
Comprehensive guidance for health care providers on vaccine storage and handling recommendations and best practices.
www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf
- ▶ **“Keys to Storing and Handling Your Vaccine Supply” Training Video**
This training outlines vaccine storage and handling best practices, and provides helpful tips for preventing errors and preserving vaccine supply and integrity.
www2.cdc.gov/vaccines/ed/shvideo/

VACCINE ADMINISTRATION

- ▶ **Skills Checklist for Immunization**
A self-assessment tool from the Immunization Action Coalition for health care staff who administer vaccines.
www.immunize.org/catg.d/p7010.pdf
- ▶ **Epidemiology and Prevention of Vaccine-Preventable Diseases (the Pink Book): Vaccine Administration Chapter**
www.cdc.gov/vaccines/pubs/pinkbook/vac-admin.html
- ▶ **Vaccine Administration Guidelines and Recommendations**
CDC resources include information on vaccine dosage, route, and site; vaccines with diluents; sample vaccine records; recommendations for emergency situations; managing vaccine reactions; and vaccine indications.
www.cdc.gov/vaccines/hcp/admin/admin-protocols.html
- ▶ **Injection Safety**
Information for health care providers about safe injection practices.
www.cdc.gov/injectionsafety/providers.html
- ▶ **Using Standing Orders for Administering Vaccines: What You Should Know**
The Immunization Action Coalition provides standing orders for ACIP-recommended vaccines and an overview about the use of standing orders for vaccination.
www.immunize.org/standing-orders/