

Guide for LHDs with Non-Compliant VFC Providers and MCIR VIM



Vaccines for Children

Acronyms:

ACIP – Advisory Committee on Immunization Practices
LHD – Local Health Department
MCIR – Michigan Care Improvement Registry

MDCH – Michigan Department of Community Health
VFC – Vaccines for Children
VIM – Vaccine Inventory Module

Purpose Statement: LHD must conduct follow up to all non-compliant VFC providers utilizing the MCIR VIM. If the provider refuses to comply, subsequent to instituting all steps in the local health department's non-compliance policy, the LHD shall submit the provider name, provider VFC PIN # and documentation to the MDCH VFC Coordinator for further action.

Guidance Rationales:

1. To ensure accordance with Public Act 540 and federal, state and local VFC Program requirements.
2. To ensure that all eligible children receive all pediatric vaccines that are recommended by the ACIP.
3. To ensure dose accountability for VFC vaccine distributed to participating providers, and to ensure that all expired doses and borrowed/lost doses are recorded and if required, reimbursed.
4. To assure program support for the LHDs implementing the VFC Program requirements.

Responsibility: It is the responsibility of the LHD VFC Program, in collaboration with regional MCIR staff and MDCH to ensure that all VFC participating providers comply with the above listed *Guidance Rationales*. LHDs with current policies for VFC non-compliance shall coordinate these steps with MDCH.

Procedure for VFC VIM non-compliance:

LHD must follow these referenced minimum standards (steps) prior to referring a non-reporting provider to MDCH.

Step 1: LHD staff shall monitor VFC providers VIM balancing and ordering schedules and determine on a case-by-case basis, the specific circumstances surrounding a providers failure to submit supporting documents. (Report of providers failing to balance inventories can be provided by MCIR regional staff) The LHD will contact provider and request all supporting documents and will educate and/or assist in gathering documents. LHDs must allow a provider 7 days from date of initial contact to submit all required documents.

Step 2: Failure by a provider to submit documents after 7 days from initiation of Step 1, will result in:

- Referral to MCIR for VIM Re-fresher session.
- Additional LHD VFC follow up, support and intervention will be provided as needed to address inventory balancing with a review of VFC Program requirements to assure compliance.
- LHD VFC will determine lost doses in order to balance VIM and MCIR will instruct provider on balancing and recording lost doses if necessary.
- LHD to require provider to balance inventory weekly in order to support current MCIR data entry and ease error identification.
- LHD with jurisdictional MDCH Immunization Field Representative shall request a meeting(s) with the site to include staff *and* the physician to discuss and implement additional corrective action plan steps as necessary *and/or* intervention between LHD and the provider.
- Providers, who have gone through this process and are again non-compliant during the same calendar year, may be immediately referred to MDCH by the LHD.

Step 3: LHD allows provider 30 days to comply with the requirements set forth in Step 2. If provider fails to comply, the LHD may stop all vaccine orders for the site and make a referral to MDCH. The LHD referral must include all supporting documentation necessitating the need for MDCH intervention.

Step 4: Once a referral to MDCH has occurred, a provider site may be removed from participating in the VFC Program under circumstances in which the LHD has utilized Steps 1 – 3, including all applicable educational/support resources, facilitated MCIR trainings/support and the provider is unable to become or remain compliant with program requirements. The VFC section manager will review referral including all factors warranting removal and supporting documentation and issue approval. Correspondence will be sent from the MDCH Immunization Division Director (or designee), which outlines the corrective actions and the unacceptable outcome. The LHD will be provided with a copy of this letter. The LHD should maintain direct contact with the non-compliant provider during all steps of the above process.