

Virtual VFC Site Visits: Frequently Asked Questions

1. How should compliance visits be prioritized?

Prioritize providers overdue for visits, followed by providers who will be due for a visit prior to the end of the budget period.

2. Has there been a change to the virtual/remote enrollment visit recommendation?

No. For a limited time, LHDs may conduct enrollment site visits virtually. See “Site Visit Guidance” document for more details (www.michigan.gov/SiteVisitGuidance).

3. What is the best way to send/collect an Acknowledgment of Receipt from the provider?

You can send the Acknowledgment of Receipt via email towards the end or following the visit. The provider can return the signed copy via email. We now have a fillable PDF version available on the Site Visit Guidance website.

4. Are electronic signatures for the Acknowledgement of Receipt acceptable?

Yes.

5. Should Unannounced Storage and Handling (USH) Visits be conducted virtually for this upcoming year (7/01/2020-6/30/2021)?

Storage and handling visits should be conducted virtually for the current budget period. We recommend that you conduct **scheduled** storage and handling visits as it may be extremely difficult to get staff to participate in an unannounced visit virtually. For this budget period, scheduled storage and handling visits will count towards our 5% USH visit requirement.

6. Can a Storage and Handling (S&H) visit be conducted virtually if using the hybrid (in person + remote) method?

S&H visits are not approved to be conducted using the hybrid method. All sections of the S&H visits are required to be conducted in-person if not done virtually.

7. We completed a lot of spot checks for providers who are showing overdue. Should we go back and start to do the full virtual compliance visits with these providers?

Yes, prioritize providers overdue for visits when scheduling virtual compliance visits. You may choose to visit these providers via virtual method, in-person, or hybrid.

8. What are acceptable options for conducting the storage & handling portion of the visit virtually - specifically vaccine stock rotation and expired vaccines?

Use of a portable device (e.g., phone, tablet, laptop) is recommended for storage unit inspections; however, you may be limited in how much you can verify using this method. The following are recommendations to overcome some of those limitations:

- If feasible, utilize MCIR VIM to answer questions about expired vaccine and provide education on proper rotation of vaccine stock.
- You may request temperature monitoring documentation through pre-visit communication.

9. Is it acceptable for a provider to send pictures of their storage units, or are they required to use a webcam and show them during the webinar? Our concern is providers may not have a mobile device available to use to walk around the practice during the visit.

Yes, you may request that providers who lack mobile devices to use to walk around the practice and send

picture(s) of the storage unit (inside and out) beforehand for review during the visit.

If a provider is unable to present their storage unit using the selected virtual platform with screen sharing functionality, reviewers must collect the following electronic storage and handling documentation:

- Pictures of storage units (inside and out)
- Pictures of DDL probe placement
- Certificates of calibration
- Three months of temperature documentation
- Pictures of “Do Not Disconnect” Signage Placement

10. Providers may not have equipment necessary for virtual visits. Can a telephone call replace a virtual visit if photos or videos of the storage units and patient records can be sent to program staff by smartphone?

No. LHDs must use a HIPAA-compliant webinar platform to conduct patient record reviews. Photos and videos of storage units are acceptable if the provider lacks a mobile device with webinar capabilities.

11. If a provider cannot or is unwilling to share information such as patient charts via webinar/screen-sharing software, will they be unable to participate in a virtual visit and need to be scheduled once a hybrid or in-person visit can be conducted?

Yes, providers must be willing and able to share patient charts via webinar. LHDs must provide a platform that is HIPAA-compliant. If this is not possible, the provider will need to be scheduled for a hybrid or in-person visit when it is safe to do so.

12. What is a “HIPAA-compliant process and platform”? Is FaceTime acceptable? Zoom? LHDs can use the virtual platform of their choice as long as it supports HIPAA compliance and screen sharing for document review (e.g., patient records, vaccine management plans, etc.). However, the CDC VFC program does not endorse any virtual platforms and cannot determine HIPAA compliance – LHDs will need to determine that independently based on their available webinar platform statements/guidance regarding HIPAA compliance and features/functionality. LHDs can make that determination with the assistance of their IT department (if needed). Please refer to the following HHS guidance on telehealth and HIPAA for additional information: <https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf>

13. What is the preferred way to handle providers who can’t accommodate a virtual and/or in-person visit?

At this time, LHDs should document a contact visit noting the reason the provider is unable to participate in a virtual or in-person visit. CDC does not recommend taking punitive action at this time.

14. Can the virtual visits be recorded?

No, virtual visits may not be recorded as this will violate HIPAA compliance.

15. Can the hybrid visit model be used to review some information a day or two prior to the virtual visit, or does everything need to be reviewed the same day?

No, the option to review and document information in PEAR prior to the visit is not available for the virtual visit. Information may be reviewed beforehand in preparation for the visit; however, it should also be reviewed with the provider and documented at the time of the visit.