



## **Rhode Island Department of Health Office of Immunization Fraud and Abuse Policy and Procedures**

The Rhode Island Department of Health (RIDOH) Office of Immunization is required by federal grant to investigate vaccine use fraud and abuse allegations.

**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.”*

**Abuse** – *“provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Immunization and/or Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care...”*

### **Examples of Fraud and Abuse**

Fraud or abuse can occur in many ways. The Vaccine for Children (VFC)/State-Supplied Vaccine (SSV) program should try to differentiate between intentional fraud and abuse and unintentional abuse or error due to excusable lack of knowledge. Some examples of potential fraud and abuse that VFC/SSV staff might encounter include the following examples:

- Providing VFC/SSV vaccine to non-eligible patients
- Selling or otherwise misdirecting VFC/SSV vaccine
- Billing a patient or third party for VFC/SSV vaccine
- Charging more than the established maximum regional charge for administration of a VFC/SSV vaccine to a federally vaccine-eligible child
- Not providing VFC-eligible children VFC vaccine because of parents' inability to pay the administration fee
- Not implementing provider enrollment requirements of the VFC/SSV program
- Failing to screen patients for VFC eligibility
- Failing to maintain VFC records
- Failing to fully account for VFC/SSV vaccine
- Failing to properly store and handle VFC/SSV vaccine
- Ordering VFC/SSV vaccine in quantities or patterns that do not match provider profile or otherwise involve over-ordering of VFC/SSV doses
- Wasting of VFC/SSV vaccine
- Failing to comply with other requirements of the VFC/SSV programs as outlined in the

terms & conditions agreements

### **Office of Immunization Roles and Responsibilities**

The Office of Immunization will adhere to the following procedures to prevent fraud and abuse:

1. Before enrolling a provider in the VFC/SSV program, RIDOH staff will search the Office of the Inspector General (OIG) listing to ensure the provider is not listed as “Excluded”.
2. RIDOH will train new immunization staff to notice and handle activities which seem to be fraudulent or abusive.
3. All suspected fraud/abuse claims are to be reported to the Vaccine Manager/Fraud and Abuse Coordinator within two (2) business days of original suspicion.
4. All calls regarding fraudulent or abusive activities should be directed to the Health Information Line (401) 222-5960 for information gathering. The Health Information Line will then report this information to the Vaccine Manager/Fraud and Abuse Coordinator.
5. During quality assurance visits:
  - a. Visually inspect all refrigeration units and vaccines within to determine compliance.
  - b. Run KIDSNET/RICAIR (Rhode Island Child and Adult Immunization Registry) reports to identify any misuse of specific vaccines or vaccine categories. Reports include invalid dose, excess vaccine, vaccine given to ineligible child, and vaccine administration detailed observations.

The Office of Immunization will adhere to the following procedures during investigation:

1. Review all fraud and abuse allegations and site visit records, and interview RIDOH staff who have been in the office. Investigation must begin within five (5) business days of the suspected fraud/abuse claims being reported to the Vaccine Manager/Fraud and Abuse Coordinator.
2. Conduct a follow-up site visit, if necessary, to assess the situation.
3. Document all findings using the *Fraud and Abuse Worksheet*.
4. Contact the State Medicaid Agency, Office of the State Attorney General Department of Insurance, and the Centers for Disease Control and Prevention (CDC) project officer in Atlanta, if fraud and/or abuse are strongly suspected or indicated.
5. Work with RIDOH legal counsel in responding to any requests for sharing provider information.

**If fraud has been determined**, the Office of Immunization will adhere to the following procedures:

1. The Program will cooperate with all investigative agencies in supplying information and documentation necessary to support the case. Additionally, the Program will work internally with the Board of Medical Licensure to ensure that all internal protocols from that office are followed.
2. If the investigation results in suspension of the provider’s license to practice, a conviction, or any disciplinary action related to immunization practices, the Program will immediately remove all state-supplied vaccines from the office. All vaccine depots around the state will be notified that the provider is ineligible to receive state-supplied vaccine. Provider’s information will be removed from both the CDC Provider Education

Assessment and Reporting (PEAR) and the Vaccine Tracking System (VTrckS).

**If abuse has been determined**, the Office of Immunization will adhere to the following procedures:

1. The Program will place the provider under a probationary period for 6 months. During this time, the provider will be required to submit biweekly vaccine usage reports and will be limited to no more than a 2-week supply of vaccines at a time.
2. If the provider fails to comply with probationary period terms, the Program has the authority to revoke state-supplied vaccine authorization pursuant to the conditions set forth in the *Agreement to Participate Form*.
3. The provider shall be held accountable for the cost of any vaccines that are deemed to have been inappropriately managed.

### **Documentation**

1. The original *Fraud and Abuse Worksheet* will be filed in the provider's VFC/SSV enrollment folder. Copies will be sent to other agencies as necessary.
2. RIDOH will maintain a spreadsheet with the following data elements:
  - a. Subject's name (Medicaid ID, if known)
  - b. Address
  - c. Source of allegation
  - d. Date allegation reported to program
  - e. Description of suspected misconduct
  - f. Specific VFC/SSV requirements violated
  - g. Specific dates and actions taken with provider (specific follow-up activities: education, site visit, suspension, vaccine removal, or other actions taken prior to disposition)
  - h. Value of vaccine involved if available
  - i. Success of educational intervention
  - j. Disposition (closed, referred, patient entered an educational process) of case and date of disposition

### **Fraud and Abuse Oversight Personnel**

Primary:	Vaccine Manager
Alternate 1:	Chief, Office of Immunization
Alternate 2:	VFC Quality Assurance Manager
Alternate 3:	Adult Immunization Coordinator

## **Fraud and Abuse Referral Procedure (VFC only)**

Refer all suspected cases of VFC fraud and abuse to the Centers for Medicare and Medicaid Services (CMS), Medicaid Integrity Group (MIG) Field Office. CMS/MIG will refer the suspected case to the appropriate state Medicaid agency. The state Medicaid Agency will conduct preliminary investigations and as warranted, refer appropriate cases to the state's Medicaid Fraud Control Unit following Federal Regulatory procedures at 42 CFR section 455.15. The referral must be emailed to [MIG\\_Fraud\\_Referrals@cms.hhs.gov](mailto:MIG_Fraud_Referrals@cms.hhs.gov).

## **Personnel Training**

It is the Adult Immunization Coordinator and the VFC Quality Assurance Manager's responsibility to train field staff on how to prevent, identify, and follow up on situations that involve suspected VFC fraud and abuse or noncompliance with VFC program requirements. VFC staff training must include reviewing CDC's *Noncompliance with VFC Provider Requirements Protocol*.

## **Enrollment and Exclusion Checking Procedure**

Each year, during the enrollment process (June), the F&A Primary Contact will review the Department of Health and Human Services (HHS), Office of Inspector General (OIG), "*List of Excluded Individuals/Entities (LEIE)*." The basis for exclusion includes program-related fraud, patient abuse, licensing board actions, and default on Health Education Assistance Loans. Any individuals/entities on this list doing business in Rhode Island will be excluded from VFC/SSV program participation and shall be removed from PEAR) and VTrckS.

## **Reporting VFC Provider Terminations**

RIDOH shall report providers that are terminated from the VFC/SSV program (both voluntary and involuntary) to the state Medicaid agency.

## **Annual Review of Fraud and Abuse Policy**

RIDOH shall review and, as necessary, update Fraud and Abuse policy annually based on CDC guidance and any awardee-specific factors.

## **Fraud and Abuse Hotline**

The general public may report suspected cases of VFC/SSV fraud and abuse to 401-222-5960.

## **Reporting VFC Fraud and Abuse Cases for Further Investigation**

For CMS: If the VFC program determines that the situation requires referral for further investigation by an outside agency, the program must make these referrals within 10 working days from assessment. All suspected fraud and abuse cases that awardees determine should have further investigation must be referred to the Medicaid Integrity Group. All referrals should be sent to [MIG\\_Fraud\\_Referrals@cms.hhs.gov](mailto:MIG_Fraud_Referrals@cms.hhs.gov).

For CDC: All suspected VFC fraud and abuse cases that are referred to the Medicaid Integrity Group for further follow-up must be reported to the awardee's Program Operations Branch (POB) project officer within 2 working days of the referral to the Medicaid Integrity Group. It is acceptable to copy the awardee's project officer on the referral to the Medicaid Integrity Group as

the official report to CDC and requires submission of the data collected in the awardee's fraud and abuse database.

### **Preparing a Referral to the Medicaid Integrity Group Field Office**

All suspected fraud and abuse cases that merit further investigation must be referred to the Centers for Medicare and Medicaid Services (CMS), Medicaid Integrity Group (MIG) Field Office. The referral should be sent to [MIG\\_Fraud\\_Referrals@cms.hhs.gov](mailto:MIG_Fraud_Referrals@cms.hhs.gov) and should copy the CDC POB project officer. The following information should be included to assist the MIG and state Medicaid agency in evaluating the case:

- Name, Medicaid provider ID (if known), address, provider type (e.g., private provider)
- Source of complaint (e.g., provider officer, VFC staff, anonymous caller)
- Date on which awardee received information that provider might be engaged in behavior putting the VFC program at risk of loss due to fraud or abuse
- Description of suspected misconduct with specific details including:
  - Complete description of alleged behavior, persons involved, and contact information if available; include actions taken by program to confirm behavior
  - Specific Medicaid statutes, rules, regulations violated, and how conduct of provider violated the rules or regulations
  - Value of vaccine involved, when available
- VFC Fraud and Abuse Coordinator contact information
- Have available all communication between the VFC program and the provider concerning the suspected misconduct. This includes signed provider enrollment forms, any education given to provider stemming from previous compliance problems, and any general communication given to all enrolled providers.

## **State of Rhode Island**

### **Fraud and Abuse Contact List**

**Division of Health Care Quality**  
Department of Human Services  
600 New London Avenue  
Cranston, RI 02920  
Phone: (401) 462-3113  
Fax: (401) 462-6338  
[jyoung@dhs.ri.gov](mailto:jyoung@dhs.ri.gov)

**Program Integrity Unit**  
Department of Human Services  
600 New London Avenue  
Cranston, RI 02920  
Phone: (401) 462-1879  
Fax: (401) 462-3350

**Medicaid Fraud Control Unit**  
**Office of the Attorney General**  
150 South Main Street  
Providence, RI 02903  
Phone: (401) 274-4400  
Fax: (401) 222-3014

**Immunization Fraud & Abuse**  
**Lisa Gargano**  
**Chief, Office of Immunization**  
Rhode Island Department of Health  
3 Capitol Hill, Room 302  
Providence, RI 02908  
Phone: (401) 222-5921  
Fax (401) 222-1442  
[Lisa.Gargano@health.ri.gov](mailto:Lisa.Gargano@health.ri.gov)

**Board of Medical Licensure and Discipline**  
**James McDonald**  
Rhode Island Department of Health  
3 Capitol Hill, Room 205  
Providence, RI 02908  
[James.McDonald@health.ri.gov](mailto:James.McDonald@health.ri.gov)

**Consumer Protection Unit**  
**Department of Attorney General**  
150 South Main Street  
Providence, RI 02903  
Phone: (401) 274-4400  
Text Telephone (TTY): (401) 453-0410  
Fax: (401) 222-5110  
[www.riag.state.ri.us](http://www.riag.state.ri.us)

**Office of Health Insurance Commissioner**  
**Patrick Tighe**  
1511 Pontiac Ave, Building #69 First Floor  
Cranston, RI 02920  
Phone: (401) 462-9517  
Fax: (401) 462-9645

**Immunization Fraud & Abuse**  
**Lauren Piluso**  
**Vaccine Manager, Office of Immunization**  
Rhode Island Department of Health  
3 Capitol Hill, Room 302  
Providence, RI 02908  
Phone (401) 222-4639  
Fax (401) 222-1442  
[Lauren.Piluso@health.ri.gov](mailto:Lauren.Piluso@health.ri.gov)

Resources:  
[CMS Fraud and Abuse Information](#)