CHAPTER 6: FRAUD AND ABUSE

I. Fraud and Abuse

As the complexity of immunizations and immunization-related programs grow, TVFC providers may become more vulnerable to unintentionally committing acts that could be construed as fraud and/or abuse. Fraud and abuse, whether intentional or not, is subject to all federal fraud and abuse laws.

II. Definitions

A working understanding of what constitutes fraud and abuse is critical for all persons working in the TVFC Program. Following are definitions of terms related to fraud and abuse.

**Fraud** - An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in an unauthorized benefit to himself or another 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 TVFC 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 costs to the Medicaid Program.

**Oversight** - The act of training, monitoring, and providing assistance to providers on TVFC Program policies and procedures.

**Enforcement** - Identifying rules and policy violations and ensuring corrective action is taken.

**Termination** - Action taken when a provider is no longer eligible for the TVFC Program due to fraud, abuse, or non-compliance.

**Waste** - The careless, inefficient, or unnecessary use of TVFC Program resources.

### III. Examples

Fraud or abuse can occur in many ways. Some types of fraud and abuse are easier to prevent or detect than others. All TVFC providers should familiarize themselves with the examples below, as they illustrate common practice errors that could result in fraud or abuse allegations. *This list provides examples only, and should not be considered an exhaustive list of situations that would constitute fraud or abuse.*

- Provide TVFC vaccine to non-TVFC-eligible children;
- Sell or otherwise misdirect TVFC vaccine;
- Bill a patient or third party for TVFC vaccine (other than administration fees);
• Charge more than $14.85 per dose for administration of a TVFC vaccine to an eligible child;
• Failure to meet licensure requirements for enrolled providers;
• Deny TVFC-eligible children TVFC vaccine because of the inability to pay the administration fee;
• Send a parent or guardian to collections or charge additional fees for non-payment of the administration fee;
• Failure to implement provider enrollment requirements of the TVFC Program;
• Failure to screen for and document TVFC eligibility at every visit;
• Failure to maintain TVFC records for five years;
• Failure to fully account for TVFC vaccine;
• Failure to properly store and handle TVFC vaccine;
• Order TVFC vaccine in quantities or patterns that do not match provider profile or otherwise involve over-ordering of TVFC doses; and
• Loss of TVFC vaccine due to negligent waste.

IV. Failure to Comply with TVFC Requirements

When providers enroll in the TVFC Program, they agree to comply with all the requirements of the program. Lack of adherence to the TVFC Program requirements by an enrolled provider could lead to fraud and abuse of the TVFC Program by that provider. Non-compliance with the TVFC Program requirements may occur due to an unintentional lack of understanding of the requirements. Behavior may also be intentional. If the non-compliance appears intentional and the provider has received
financial benefits from the behavior, the situation may result in immediate referral for investigation of suspected TVFC fraud and abuse.

V.  Fraud and Abuse Prevention

The TVFC Program actively works with enrolled providers to help prevent fraud and abuse in the TVFC Program. The best methods to prevent fraud and abuse are strong educational components discussed during the provider enrollment process and during the TVFC Compliance Visits. Both occasions provide the opportunity to identify and prevent situations that may develop into fraud and abuse.

VI.  Reporting Fraud and Abuse

Suspected fraud or abuse can be reported to the TVFC Program or the Responsible Entity (DSHS HSR or LHD) via email, telephone, fax, or letter. Furthermore, newspaper articles and internet pages that promote potential fraudulent situations are also investigated.

The Responsible Entity and DSHS quality assurance (QA) contractors must report all cases of alleged or suspected fraud or abuse. Reports received by the DSHS Immunization Unit in any form that merit further investigation will be referred to the Centers for Medicare and Medicaid Services (CMS), Medicaid Integrity Group (MIG) Field Office. The state Medicaid agency will conduct preliminary investigations and, as warranted, refer appropriate cases to the state’s Medicaid Fraud Control Unit following the Federal Regulatory scheme at 42 CFR section 455.15 and 42 CFR section 455.23.