



Indiana Department of Health-Immunization Division

The PEAR Fraud and Abuse Module in PEAR must be used to monitor, document, and track actions related to the VFC program fraud and abuse.

Upon notification of suspected fraud and/or abuse of publicly funded vaccines, the Accountability Coordinator will:

- A. Immediately collect and prepare written documentation of the suspected fraud and/or abuse of publicly funded vaccines. Documentation will include the provider's name, address, medical license number, VFC PIN, date(s) of event, manner in which the information was obtained, the name of the individual reporting the suspected fraud/abuse, and a telephone number at which the individual reporting the suspected fraud/abuse can be reached. Gathered information will also include a copy of the Immunization Provider Profile form, Provider Agreement form, provider's vaccine order history, vaccine distribution reports from the vaccine management system, and Doses Administered reports. Documentation should correspond to the time frame that fraud and/or abuse is suspected. The listed forms will be forwarded to the Office of Legal Affairs. Under the guidance of the Office of Legal Affairs, the following steps may be taken:
 - a. The Accountability Coordinator will notify the relevant agencies. This may include but not be limited to Medicaid or Medicaid contractor designee, Medicaid Fraud Control Unit (MFCU), State Department of Insurance (DOI), and the Office of Inspector General (OIG).
 - b. The Division Director will immediately notify the Centers for Disease Control and Prevention (CDC)
 - c. The Accountability Coordinator will immediately contact the Indiana Professional Licensing Agency to verify the validity of the suspected abuser's medical license.
- B. Remain available during the case review to respond to follow-up questions, provide additional documentation, and/or participate in interviews as requested.
- C. Upon resolution of any formal review or investigation, the Immunization Division will develop an appropriate educational training plan for the provider in question to ensure proper administration and management of publicly funded vaccines. This may include, but is not limited to:
 - a. VFC enrollment training
 - b. Requiring provider to enroll (if not already) and use CHIRP for ordering and managing vaccines.
 - c. More frequent reporting of requested data and/or information to the Immunization Division
 - d. Change in ordering cycle
 - e. Limited vaccine ordering
- D. Upon receipt of the written documentation, Immunization Division Policies and Procedures Committee will review the case. If abuse and/or fraud are suspected, they will refer it to the appropriate agency for investigation, such as the State of Indiana Office of Attorney General and the Medicaid Fraud Unit.

Resolution

A provider determined to be engaged in fraud and/or abuse will be inactivated (suspended) from participating in any publicly funded vaccination program. Reinstatement in the program will be contingent on the outcome of proceedings conducted by the Attorney General's (AG) office or the Office of the Inspector General (OIG). Final resolution may include, but not limited to, the following interventions:

- Remedial Education
- Recoupment of funds
- Reimbursement of vaccines
- Reinstatement without penalty
- Referral for criminal prosecution
- Civil resolutions

If the reported or suspected violator is one of the non-Medicaid providers who are enrolled in the Program, the Immunization Division will evaluate the validity of the report and if it appears to be of a criminal intent, to report all findings to the Office of the State Attorney General.

Medicaid Referral

Suspected fraud or knowledge of fraud and abuse, including but not limited to the false or fraudulent filings of claims and the acceptance or failure to return money allowed or paid on claims known to be fraudulent must be reported to Indiana Medicaid or other designees.

1. Suspected PROVIDER fraud must be reported to:

- The Office of Medicaid Policy and Planning
- The Indiana Medicaid Fraud Control Unit (MFCU – within the Attorney General’s Office)
- Surveillance and Utilization Review Unit (SUR) within the Office of Medicaid Policy and Planning.

2. Suspected MEMBER fraud must be reported to:

- Office of Medicaid Policy and Planning
- The Surveillance Utilization Review Unit,
- The Bureau of Investigation (within the Division of Family Resources)
- The Office of the Inspector General.

Responsibility

The Immunization Division will develop training modules to educate investigative and enforcement agencies regarding the unique features and structure of the program, including the program integration of publicly purchased vaccines for Medicaid, the underinsured, Alaskan Natives and American Indians, and the uninsured populations.

The Immunization Division will work in collaboration with internal counsel and will seek input from State investigative and enforcement agencies to develop effective protocols for reporting allegations of fraud; share information and collaborate with all involved parties to determine the best course of action to pursue for suspected cases of fraud; and to educate staff regarding how to properly obtain and document information when an allegation of fraud and/or abuse is reported and how to appropriately gather additional information.

Information about parties who are excluded by the Office of Inspector General is found at their website <http://www.oig.hhs.gov/fraud/exclusions.html> on the List of Excluded Individuals and Entities (LEIE). Information about parties who have been placed in non-payment status by all Executive departments (including OIG’s) is found at the General Services Administration website <http://epls.arnet.gov> . The OIG’s LEIE contains approximately 17,000 names; the GSA list contains approximately 30,000 names. The OIG also issues monthly reports on its website.

A member of the Immunization Division staff will review these lists each month and cancel the enrollment of any providers identified on the list. Any publicly funded vaccine in the provider’s possession should be collected and the provider should be prohibited from receiving future shipments until the exclusion is lifted. If the exclusion is lifted, the individual or entity should be required to reapply for program participation. Any allegations of fraud and abuse in the private sector will require assistance from the State Department of Insurance to determine whether there have been criminal violations of applicable state law including commercial health care fraud and abuse and pursue prosecution or coordinate with the Office of the State Attorney General in pursuant of prosecution.

References & Resources

Immunization Fraud and Abuse Program Contacts



Indiana Department of Health-Immunization Division

Dave McCormick
Tracy Brunette

Immunization Division Director
Accountability Coordinator

317.233.7010
317.606.5091

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