



Vaccines for Children (VFC) Program Suspected Fraud and/or Abuse Referral Form

To report suspected VFC fraud and/or abuse, complete this referral form and return it to the South Carolina Division of Immunization via mail, telephone or Online.

Although contact information is optional, please consider sharing your name and phone number and/or an e-mail address so that the VFC program can confirm information you report. All identifying information will be kept confidential.

Reporter Information (Optional)	
Name:	Date:
Address:	
Telephone Number:	Email Address:
Relationship to Provider:	

Person or Organization Suspected of Fraud and/or Abuse	
Name of Provider/Office/Practice/Clinic:	
Address:	
Telephone Number:	Date(s) of the Incident(s):

Which of the following best describes the type(s) of possible fraud and/or abuse? (Check all that apply)

- Providing VFC vaccine* to non-VFC-eligible children.
- Selling or otherwise misdirecting VFC vaccine*.
- Billing a patient or third party for VFC vaccine*.
- Charging more than the established maximum federally approved VFC administration fee.
- Denying VFC-eligible children VFC-funded vaccine* because of the parents' inability to pay the vaccine administration fee.
- Not properly implementing provider enrollment requirements of the VFC Program including:
 - Failing to screen for and document eligibility status at each visit via IIS or EHR/EMR.
 - Failing to maintain VFC records for a minimum of three years
 - Failing to fully account for VFC- funded vaccine via IIS.
 - Failing to properly store and handle VFC vaccine.
 - Ordering VFC vaccine in quantities or patterns that do not match provider's profile or otherwise over-ordering of VFC doses via IIS.
 - Wastage of VFC vaccine via IIS.
- Other:

* This pertains to SC state funded vaccines as well.

Send referral form to the South Carolina Division of Immunization and Prevention (SCDIP) Program:

Written report: Attn: VFC Operation Mgr., 2100 Bull Street, Mills/Jarrett Bldg., Columbia, SC 29201

Telephone: 800-277-4687 select opt. 2

Online: Submit SIMON Helpdesk request at <https://dph.sc.gov/professionals/simon>

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Suspected Fraud and/or Abuse Referral Form**

Instructions for Completing 1997-ENG-DPH

Purpose:

The purpose of the Vaccines For Children (VFC) Program Suspected Fraud and/or Abuse Referral form is to provide documentation of all occurrences of suspected fraud and/or abuse of the Federal and SC State VFC program vaccines.

Item-by-Item Instructions:

1. Enter Reporter name and other information in space provided. *Reporter information is optional and not required for reporting suspected fraud and/or abuse.*
2. Complete information of Person or Entity being reported for suspected fraud and/or abuse.
3. Select type of suspected fraud and/or abuse. (Choose all that apply)
4. Submit form to the South Carolina Division of Immunization by U.S. mail, fax or email.

Office Mechanics and Filing:

All information will be documented in the CDC reporting system as required by the VFC program.

This form will be retained by the Division of Immunization Central Office for minimum of (3) years. This form must be kept as part of the VFC program records.

Under Retention schedule 15726
Record Group Number 169
Retention: 3 years, destroy