

Testimony
Legislative Audit and Fiscal Review Committee
March 27, 2012
North Dakota Department of Health

Good morning, Chairman Ruby and members of the Legislative Audit and Fiscal Review Committee. My name is Molly Sander, and I am the Immunization Program Manager for the North Dakota Department of Health. I am here today to provide comments regarding the *Use of State-Supplied Vaccines by a Provider* performance audit report.

Status of Response to Audit Recommendations

Recommendation 1-1: The Attorney General's Office will provide information regarding this recommendation.

Recommendation 1-2: The immunization program updated the Vaccines For Children (VFC) Program Manual, which is an internal guidance document for Department of Health staff and local public health unit contract staff. It outlines when the VFC Coordinator will review North Dakota Immunization Information System (NDIIS) data and which thresholds require follow-up with the provider. The document also outlines how VFC contract staff, located at local public health units, will compare NDIIS VFC eligibility to a random sample of provider medical records information during site visits.

Recommendation 1-3: The updated VFC Program Manual includes step-by-step instructions about how to conduct VFC site visits. The manual discusses each question on the VFC site visit questionnaire and how issues should be handled and when they should be reported to the Department of Health by contract staff.

Recommendation 1-4: The language in the Fargo/Cass Public Health and Custer Health VFC contracts was tightened in 2012. The Department of Health has conducted a cost/benefit analysis comparing costs of an external agency to costs using local public health contracts and department FTE. The department will make a decision about who should conduct VFC site visits in the very near future.

The updated VFC Program Manual outlines how contract VFC staff will be monitored and trained. This manual is also for their use and outlines when Department of Health staff should be notified of issues at provider offices. In 2012, the 0.5 FTE at the Department of Health will be conducting less than 10 site visits per year. This position will now focus more on managing the VFC program and contract staff activities. She will also be responsible for VFC accountability and site visit corrective actions. Additional site visits have been transferred to contract staff. Department of Health staff and contract personnel continue to have monthly video conferences. VFC contract staff received formal training and provided input to the North Dakota VFC program manual in December 2011. The VFC Coordinator will follow each of the contract staff on two visits per year to assure compliance with VFC Program requirements.

Recommendation 1-5: A memo regarding borrowing and returning between VFC and private vaccine was distributed to providers in December 2011 and can be found on the immunization program website. The memo outlined current requirements for the borrowing and returning of VFC and private vaccine. It also stated that if providers do not comply, borrowing and returning may no longer be allowed in the future.

The immunization program has developed recommended changes to the borrow/return functionality in the NDIIS and Blue Cross Blue Shield of North Dakota, who maintains the NDIIS, is currently making these changes. The changes in NDIIS are estimated to be completed in April 2012. The VFC Coordinator is in the process of updating the Vaccine Management Plan, which will include enhanced accountability requirements for providers and will be distributed to all providers with the annual VFC provider enrollment.

This concludes my testimony. I am happy to answer any questions you may have.