

## Section Three: Program Evaluation

Policy: HSR and LHD must monitor TVFC-enrolled providers and clinic sites.

Purpose: To assure that enrolled providers comply with all TVFC requirements.

### I. TVFC Visits

#### A. Site Monitoring Activities

For the purposes of this policy, public clinics are defined as HSR clinics, LHD clinics, and WIC clinics. Private clinics are defined as all other clinic sites.

##### 1. HSRs/LHDs must:

Conduct TVFC On-site Quality Assurance **follow-up** visits in private clinics they directly serve, to assure that areas for improvement identified by the QA contractor are emphasized and that clinics are making progress in improving service delivery. Follow-up is conducted according to the following criteria when a “NO” response is recorded on the initial On-site Evaluation Report:

- a) Five working days from the receipt of the On-site Evaluation Report or notification from the QA contract staff, via telephone or visit for questions 48a, 50a, 50c, 50d, 50e, 51b, 51c, and 51d
- b) Ten working days from the receipt of the On-site Evaluation Report via telephone or visit for questions 4, 5, 6, 12, 14, 16a, 16b, 20, 21, 27, 28, 29, 32, 33, 35a, 35b, 47, 48b, 48c, 49a, 49c, 50b, 50f, 50g, 51a, 51e, 51f, 52, 53, 54a, 54b, 55, 56, 57, 59, 61a, 61b, 62, 63, and 64.
- c) **OPTIONAL: Follow-up** six months from the receipt of the On-site Evaluation Report for question 40. (AO recommends that the Comprehensive Clinic Assessment Software Application (CoCASA) be repeated whenever question 40 is a “NO”. HSRs and LHDs determine whether or not to repeat the CoCASA based on budgetary constraints.)
- d) Questions 15a, 15b, 36, 37a and 37b are informational in nature and a “NO” response on these does not indicate follow-up is needed in private clinics.

##### 2. HSRs must:

- a) Conduct initial and follow-up on TVFC On-site Quality Assurance visits and Contract Monitoring Visits, including the Assessment Feedback Incentive and Exchange (AFIX) component utilizing

CoCASA, in all HSR, LHD, and WIC clinic sites that administer vaccines in the areas they cover. The follow-up criteria are the same as listed under A.1. Contract Monitoring Visits are conducted on entities that have a contract with the Immunization Branch, and every question on the On-site Evaluation Report must be answered. The TVFC On-site Quality Assurance visits are conducted on entities that do not have a contract with the Immunization Branch, and only the VFC questions on the On-site Evaluation Report must be answered.

- b) Prior to submitting to AO, HSRs must review all HSR and LHD-conducted site visits to ensure:
  - i) all questions have been answered,
  - ii) all “NO” responses have corrective actions documented that are in accordance with the instructions for each question, and
  - iii) all reports have been signed and dated by the reviewer.
- c) HSR must then submit via email the On-site Evaluation Report, Record Review Tool, Loss/Gain Calculation Chart, CoCASA data files and the CoCASA Summary Report to the AO within two weeks after the site visit is conducted.
- d) When the site visits are placed on the TVFC website and accepted by the AO, the visit will show up as “Pending” on the website. HSRs must document all follow-up activities conducted for each question that received a “NO” response on the website. HSRs must review all follow-up activities conducted by their LHDs to ensure appropriate follow-up has been done.
- e) Once the HSR is satisfied that the information on the follow-up is acceptable, a comment should be added to the website indicating that the follow-up is approved. The website will automatically record the name and date of the HSR staff approving the LHD follow-up.

3. LHDs must:

- a) Conduct the initial TVFC On-site Quality Assurance visit for subcontractors and WICs not directly operated by the LHD. Submit a completed report to the HSR within two weeks after the site visit is conducted.
- b) Conduct follow-up site visits in private clinics based on the criteria mentioned in the above section A.1. Document completed follow-up on the website within the assigned follow-up time frame.
- c) Review all reports to ensure that:
  - i. all questions have been answered,
  - ii. all “NO” responses have corrective actions documented that are in accordance with the instructions for each question, and
  - iii. all reports have been signed and dated by the reviewer.

**NOTE: The HSR is responsible for ensuring that the provider receives a complete copy of the on-site evaluation report. HSRs may require LHDs to provide copies to the providers the LHD serves. LHDs should consult with their HSR.**

**B. AFIX**

1. An AFIX visit consists of an immunization record review of patient records. Those records are entered into the Comprehensive Clinic Assessment Software Application, (CoCASA). CoCASA provides a report on the clinic's immunization coverage rates based on the records entered.
2. AFIX should be conducted in conjunction with TVFC On-site Quality Assurance Visits and Contract Monitoring Visits.
3. AFIX must be conducted in 100% of all public clinics (HSR, LHD, and WIC).
4. The quality assurance contractor will conduct an AFIX visit in conjunction with the TVFC site monitoring visit annually, thereby ensuring that all eligible private clinics are offered AFIX.
5. A CoCASA (50 records) is required for all public and private clinics. The TVFC Resource Manual: On-Site Evaluation Reports should be reviewed for other information regarding the use of the CoCASA software and AFIX visit information.
6. Reminder, recall, simultaneous administration, and proper record keeping techniques are the minimum required feedback to be given to each clinic during an AFIX visit.
7. HSRs and LHDs are encouraged to conduct AFIX (CoCASA) in non-enrolled clinic sites in the communities they serve.

Private providers (all clinics other than HSR, LHD, and WIC) may refuse the Co-CASA portion of the TVFC On-site Quality Assurance visit, but must allow all other components of the visit to be conducted. Providers who refuse should be educated on the importance of AFIX. HSRs and LHDs should consult the TVFC as necessary to obtain information to educate providers and remove barriers and increase participation in AFIX.

**C. Reminder/Recall Training**

1. Reminder/Recall Training should be conducted in conjunction with TVFC On-site Quality Assurance Visits and Contract Monitoring Visits, as needed.

2. The quality assurance contractor will conduct Reminder/Recall Training in conjunction with the TVFC On-site monitoring visit annually on providers that meet the criteria, thereby ensuring that all private clinics that qualify are offered Reminder/Recall Training.
3. HSRs and LHDs are to conduct Reminder/Recall Trainings in any clinic that shows interest but did not have the training conducted by the quality assurance contractor.
4. HSRs and LHDs are to conduct follow-up on any provider that received the Reminder/Recall Training from the quality assurance contractor.

Any provider can refuse the Reminder/Recall Training portion of the TVFC On-site Quality Assurance visit, but must allow all other components of the visit to be conducted. Providers who refuse should be educated on the importance of Reminder/Recall.

## **II. Provider Compliance Policy**

The 2009 Draft Provider Compliance Policy is located in Appendix P.