

Accountability

Putting the Pieces Together

**Nancy Fasano, Jeanne Santoli,
Melissa Moore, Jeanne Tropper**

**Program Managers Meeting
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**WHY DOES ACCOUNTABILITY
MATTER?**

There are \$3.6 Billion Reasons

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"Oh, that three billion dollars."

**And while we're on the subject,
why is the use of 317 vaccine funds any of
CDC's business?**

- What grantees do with the 317 vaccine budgets affects how we assure the integrity of the VFC vaccine use
- If a grantee plans for more than it can afford (with 317 and state/local funds), that will jeopardize the appropriate use of VFC vaccine funds.

317 Vaccine Funds, cont.

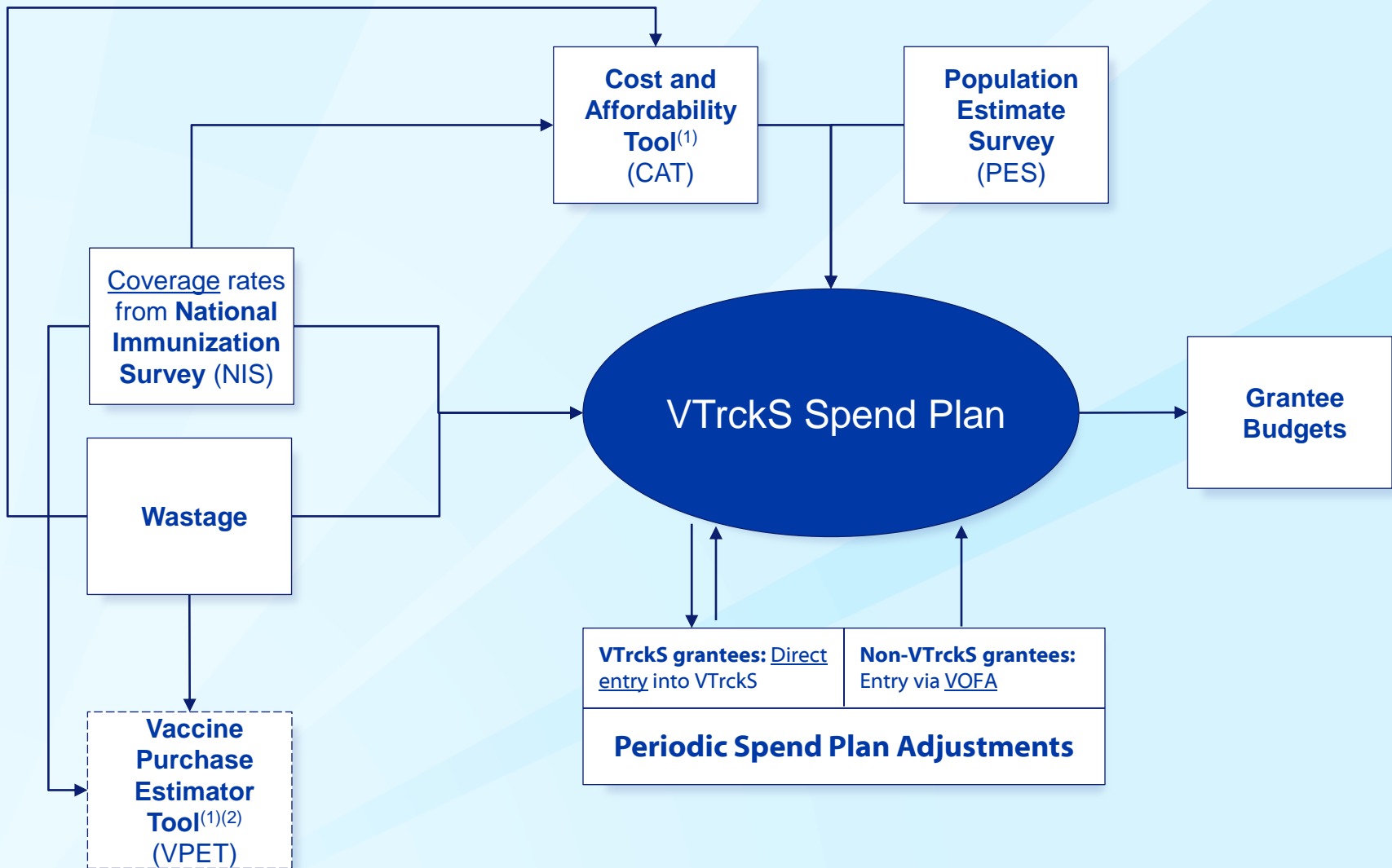
- To be accountable for the 317 vaccine funds, we need to know two things:
 1. Who is it used for?
 2. Can the grantee afford to serve that population with available 317 and state/local funds?
- If the answer to #2 is “no,” then the opportunity for misuse of VFC vaccine is very real because: Section 317 funding is finite; exceeding that amount automatically and inadvertently causes VFC funding to supplant Section 317 funding.

Quiz Question #1:



How many grantee spend plans are managed in VTrckS today?

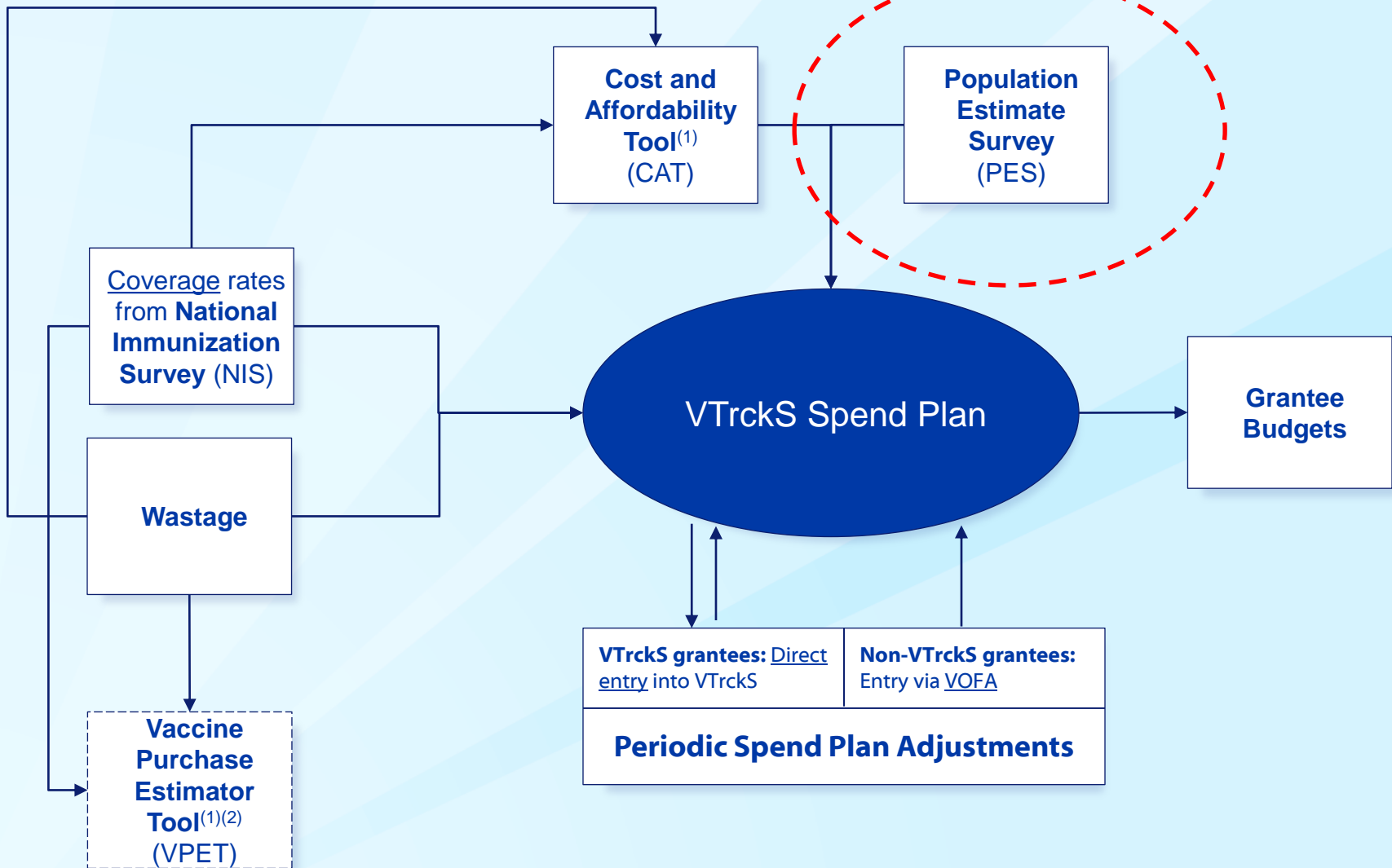
Vaccine Accountability Components and Tools



(1) The VPET and the CAT use similar logic to estimate the cost of vaccine using population as the primary input

(2) While the VPET and the CAT use similar inputs and logic, they are used for different accountability purposes

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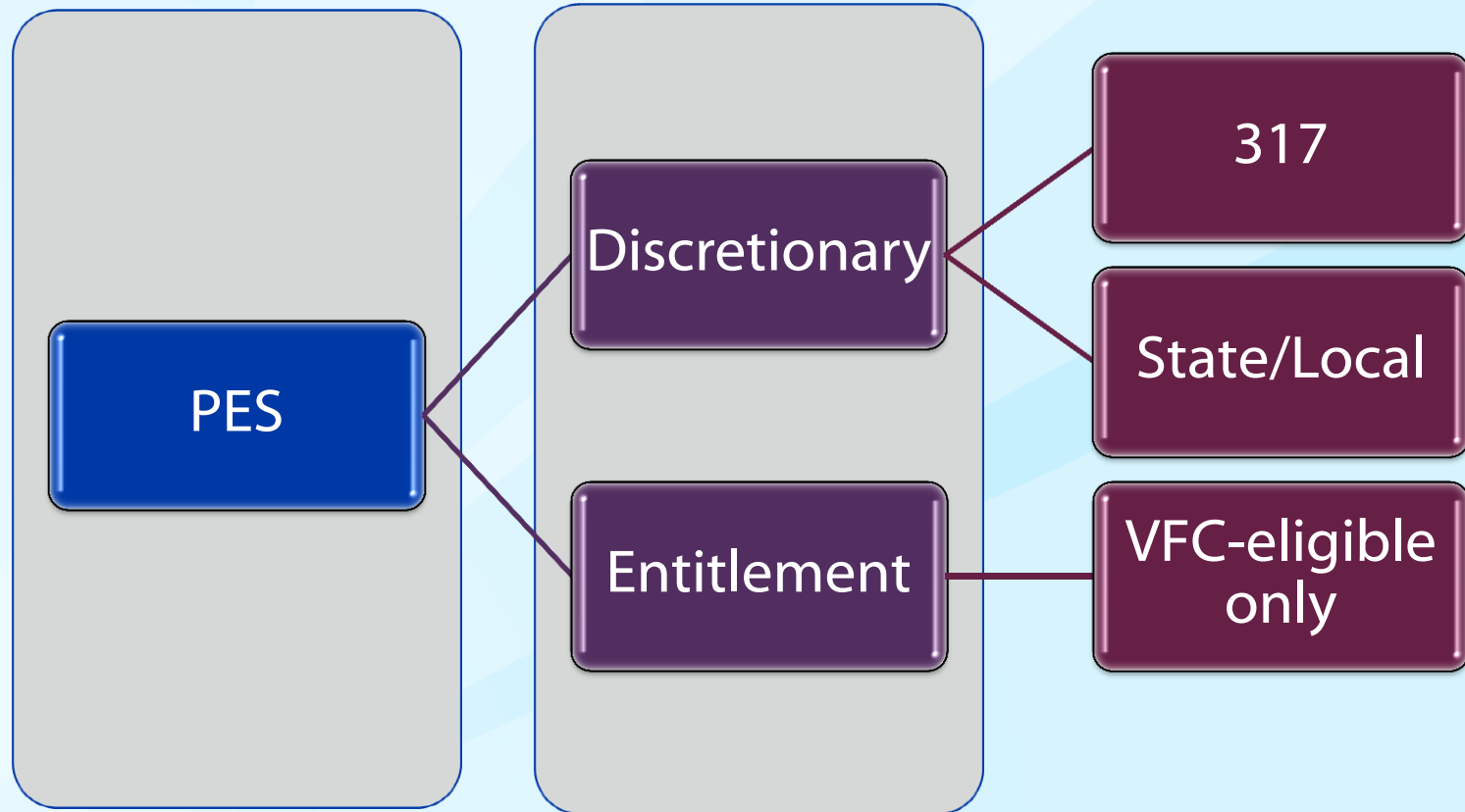
Population Estimates (PES)

“It all starts with the People!”

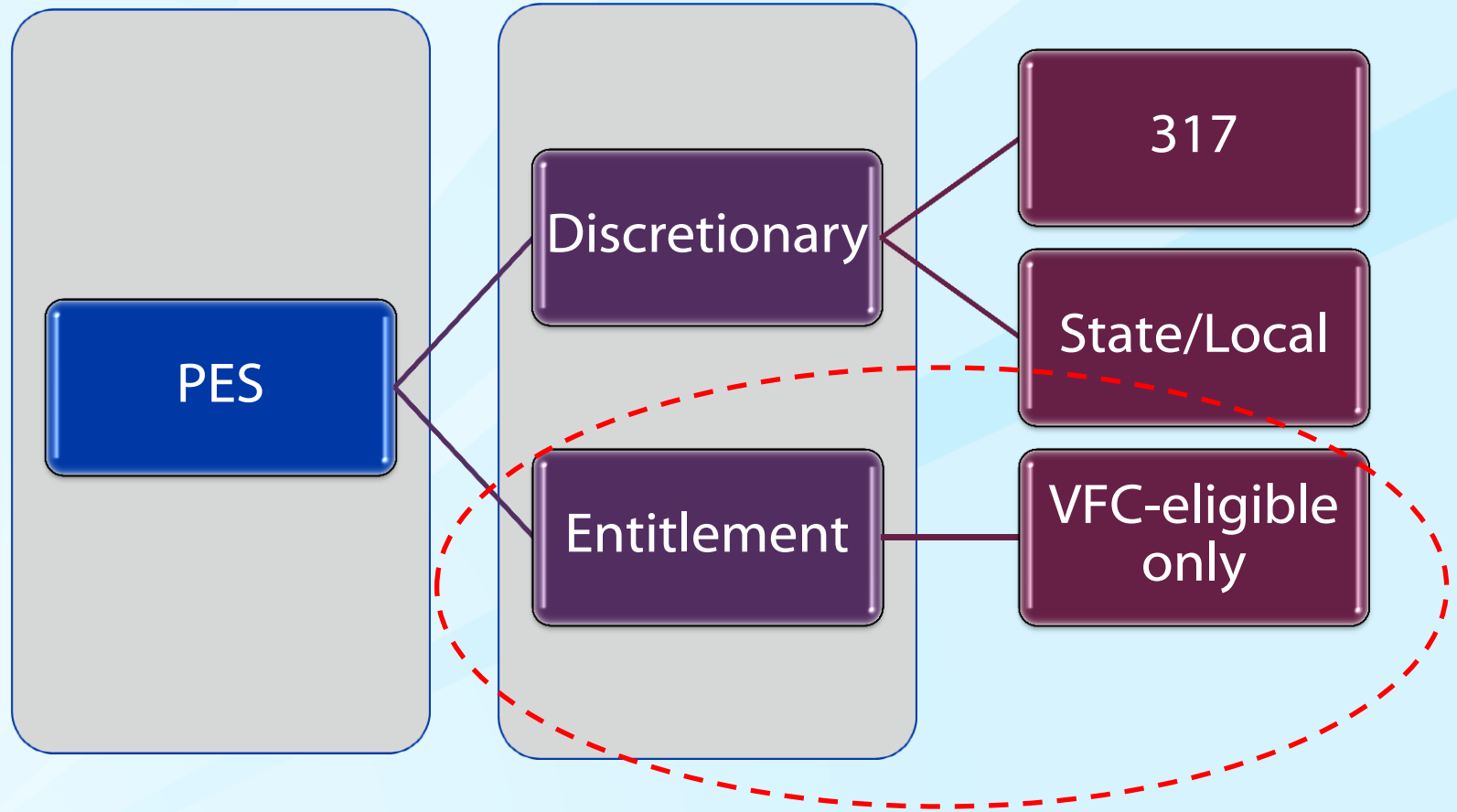
- Allows the grantees to identify by age cohorts, how many children reside within their jurisdictions that will be served with vaccines
- Population estimates are projections for upcoming (future) year



PES Subcategories



PES Subcategories



VFC PES

- Primary purpose is to populate VFC section of the spend plan
- CDC prepopulates this for data for grantees based on following principles:
 - VFC PES gives size of steady-state VFC population
 - Accurate, standardized data - Most current year available, with corrections for secular trends
 - De-duplication across categories (e.g. AI/AN and enrolled in Medicaid)
 - Reduce burden of completing PES to extent possible
 - If a grantee disagrees with pre-populated data, CDC reviews grantee-submitted source data and considers adjustments

VFC PES: Determining Population Size

- CDC pre-populates:
 - Population by age category (from most current Census Population Projections)
 - Medicaid (from CMS with request for state data)
 - Uninsured (from most current Census data)
 - American Indian/Alaska Native (AI/AN) (from most current Census data)
 - Underinsured at Federally Qualified Health Centers/Rural Health Centers (FQHC/RHCs) (from most current NIS data)
 - States submit estimates of children served by delegated authority and provide supporting data

VFC PES: Determining Population Size, cont.

- If a grantee disagrees with pre-populated data, CDC reviews grantee-submitted source data and consider adjustments
- CDC will:
 - Not accept birth data
 - Not accept pooled (over several years) insurance data
 - Only accept average monthly enrollment data for Medicaid and SCHIP

How VFC PES Data is Used

- Population by age entered

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- Grantee-specific coverage data from NIS

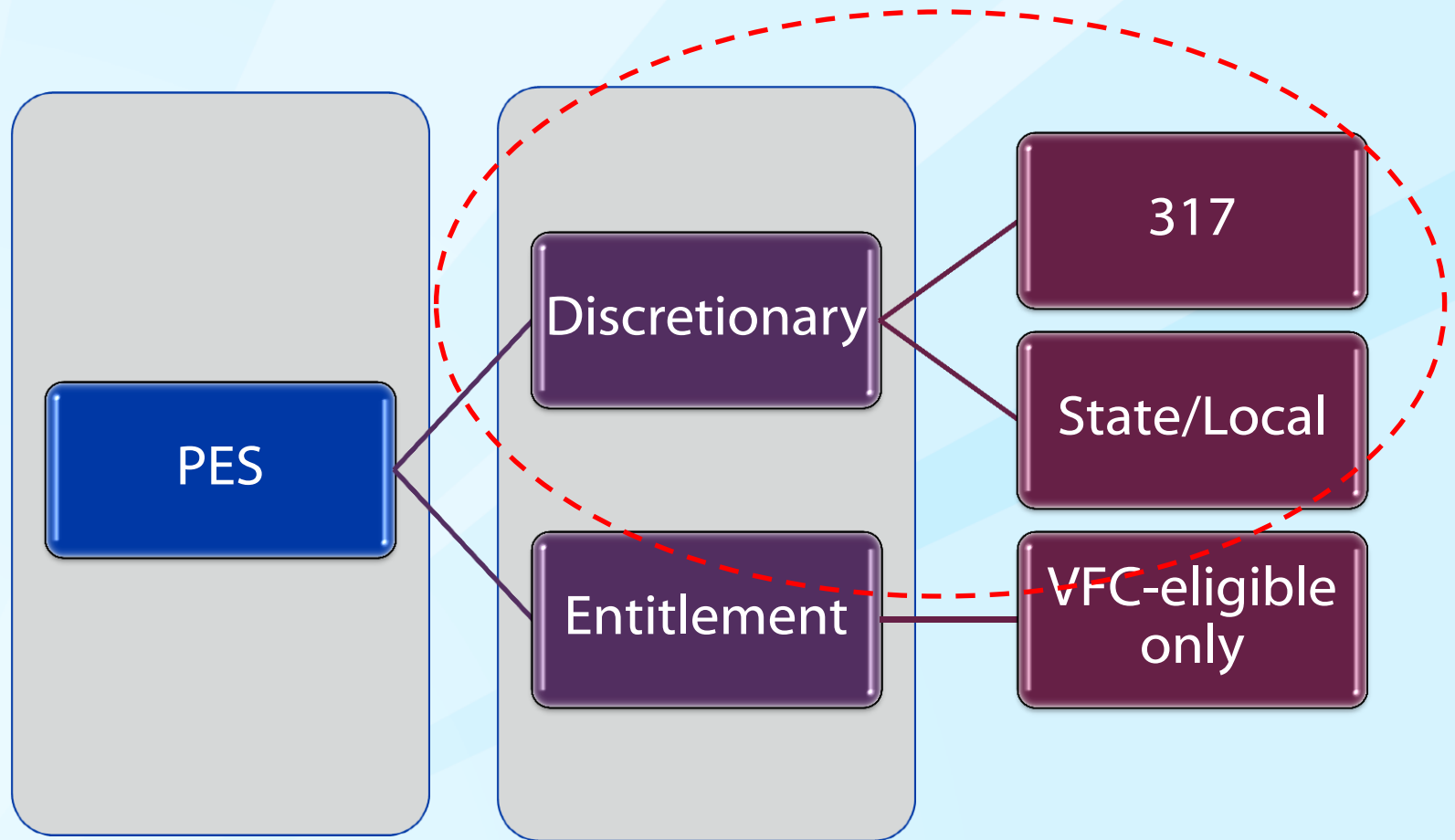
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- Baseline doses needed to cover VFC-eligible population

How VFC PES Data is Used, cont.

- Example: Calculating Grantee X's VFC baseline varicella dose needs for one year olds:
 - 12,534 children in the 1-2 year-old cohort
 - $12,354/2 = 6177$ children in age 1 cohort
 - NIS coverage for 1 dose of varicella is 85.7%
 - $85.7\% \times 1 \text{ dose} = 0.857$ doses of vaccine needed for age 1
 - Multiply number of children by number of doses needed to get baseline estimate of need:
 - $0.857 \times 6117 = 5294$ doses to cover VFC eligible children for the age 1 dose of varicella

PES Subcategories



317 and State/Local PES

- Primary purpose is to populate 317 and state/local sections of the spend plan
- CDC does NOT prepopulate this section for grantees
 - Grantees provide population by age category (similar to VFC)
 - Should be based on who you do serve, not on who you could serve
 - If grantees purchase SCHIP vaccine off the federal contracts, those population numbers must be included in State portion even if you are a city grantee that receives the SCHIP vaccine from the State program
 - Currently part of Cost and Affordability Tool (CAT)

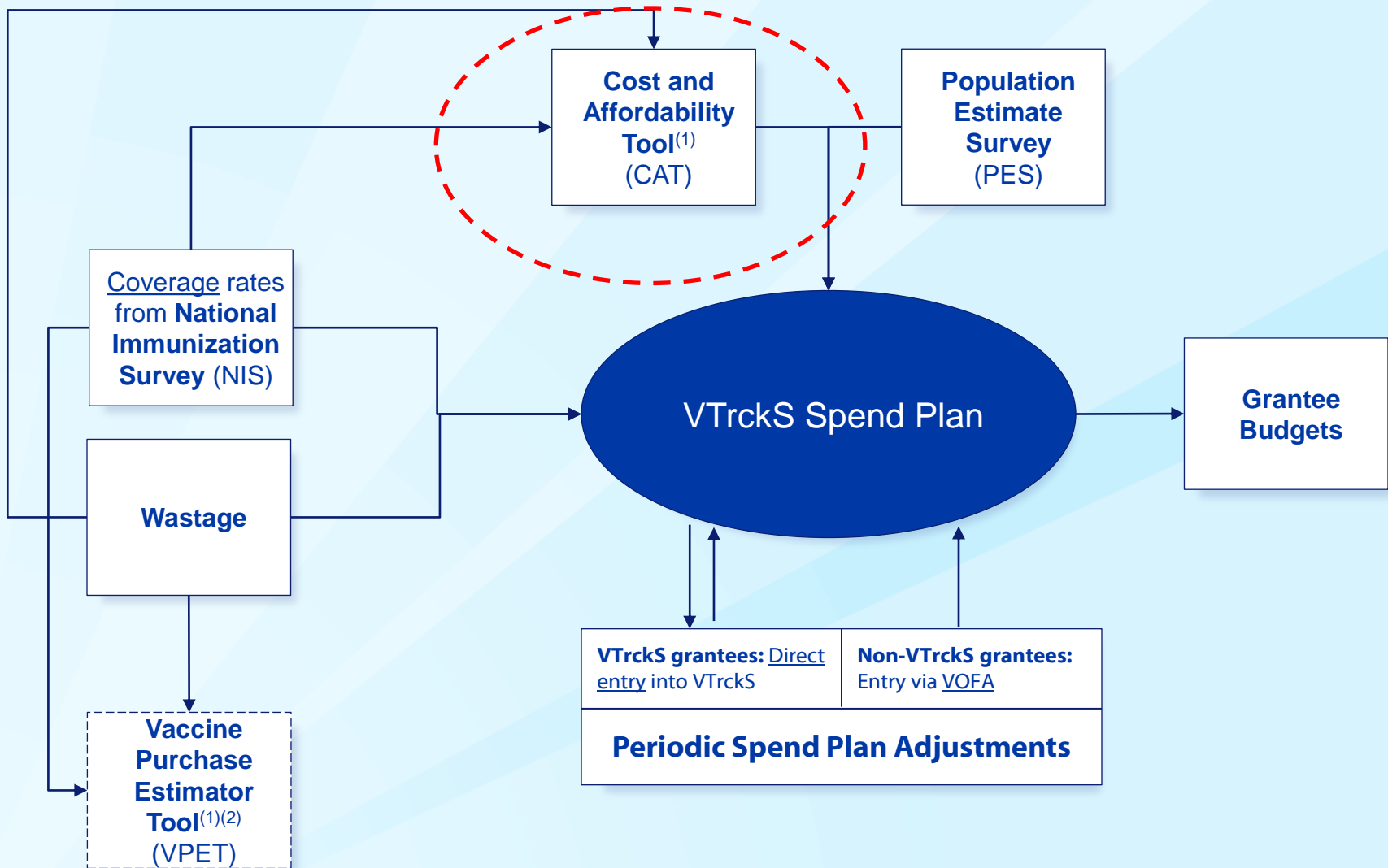
How 317 and State/Local PES Data is Used

- Just like the VFC data!
- Combined with grantee-specific coverage data from NIS
- Baseline doses needed to cover 317 and state/local eligible population (as indicated by finance policy) is determined from these two sources

How 317 and State/Local PES Data Is Used, cont.

- Example: Calculating Grantee X's 317 or state baseline varicella dose needs for one year olds:
 - 846 children in the 1-2 year-old cohort
 - $846/2 = 423$ children in age 1 cohort
 - NIS coverage for 1 dose of varicella is 85.7%
 - $85.7\% \times 1 \text{ dose} = 0.857$ doses of vaccine needed for age 1
 - Multiply number of children by number of doses needed to get baseline estimate of need
 - $.857 \times 423 = 362.5$ (363) doses to cover VFC eligible children for the age 1 dose of varicella

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Cost and Affordability Tool

- Purpose is two-fold:
 - The details of the grantee's vaccine finance policy that outlines which facilities receive vaccine by funding source.
 - Helps grantees to identify whether they can afford their finance policy
- Grantees enter population they intend to serve by age category with discretionary funds
 - Should be based on who you do serve, not on who you could serve
- Algorithm calculates cost of finance policy

CAT Changes This Year

- Reference data will not be provided
- Grantees will not be required to provide source data
- VPET algorithm will be included in section that calculates cost to vaccinate
- Will be rolled out with VFC PES in the Spring
 - Will attempt to integrate CAT and PES functionality to an online format if technologically possible

That's Nice, but HOW do the PES and CAT Ensure Accountability?

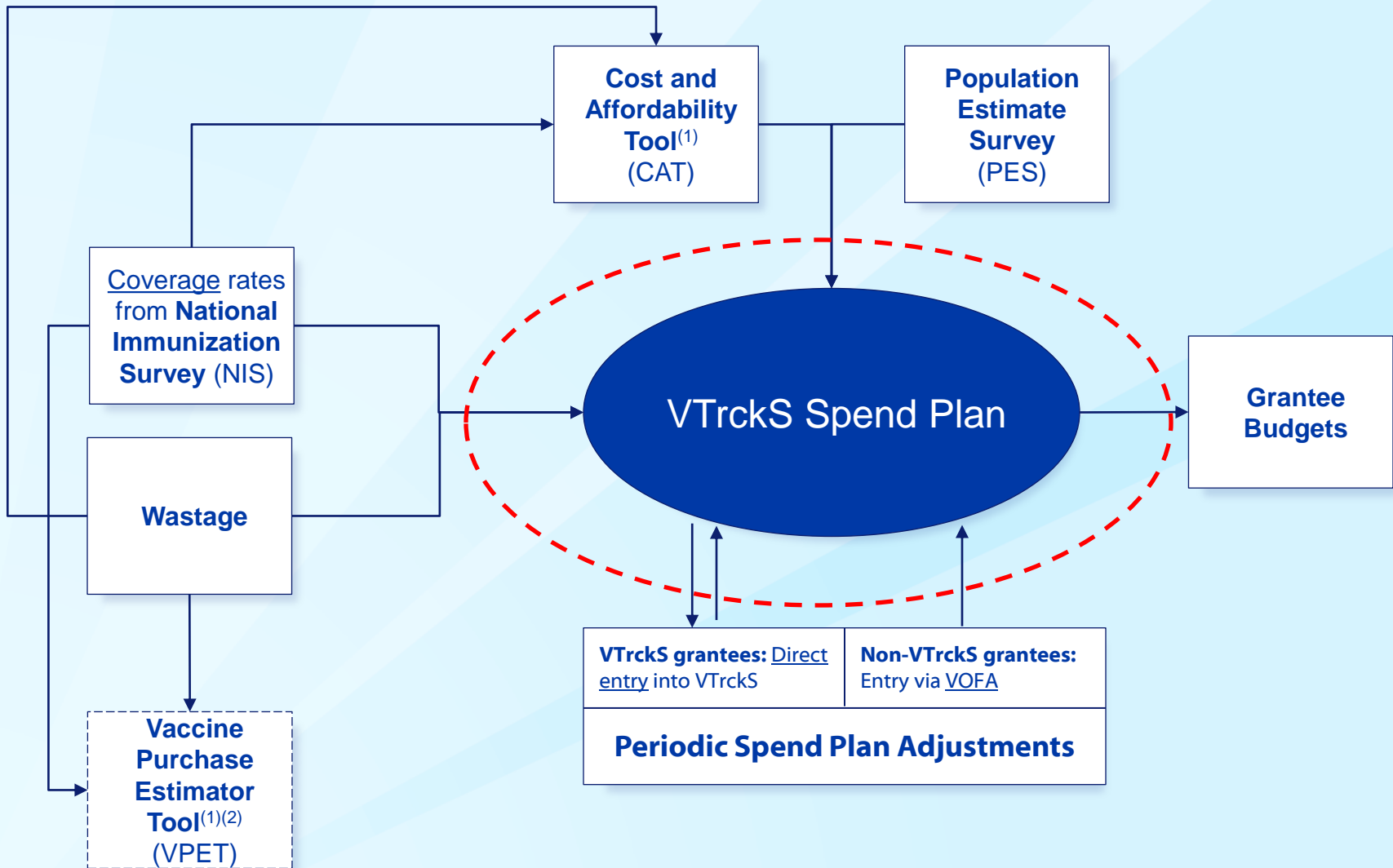
The population numbers from the PES and CAT, along with the grantee specific coverage data are the basis for determining funding split in your spend plan.



Changes to PES or CAT

- When are VFC PES changes needed?
 - When there is a significant change in any of the eligibility categories. Ex: Implementation of delegated authority in local health departments
- When are CAT changes needed?
 - When you have a change in discretionary funding.
 - When you have a change in finance policy. Ex: When you stop offering a vaccine or wish to start offering a vaccine or when you stop offering a vaccine to a particular population
 - When you have placed an order for a vaccine that you did not include in your previous CAT.

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What is the Spend Plan?

- Under the centralized distribution model, CDC purchases vaccines on behalf of grantees; grantees are given target budgets for each of the funds
- The spend plan is the tool used by grantees to map out all the vaccines to meet the needs of the populations the grantee's enrolled provider's plan to serve during course of a single fiscal year within the context of these budgets

How are Spend Plans Used?

April spend plan percentage splits, Grantee X

Brand Name	NDC	VFC	317	State
BOOSTRIX®	58160-0842-46	84.7%	11.0%	4.2%



Level of assessment/roll up	How percentage splits are used
Single grantee, by month, NDC	Assign fund source to provider orders
All grantees in depot, by month, NDC	Determine funding source for replenishment orders.
All grantees, by manufacturer, fiscal quarter	Guide obligation of federal funds for VFC vaccine contracts

How are Spend Plans Used?

- For determining grantee budgets

Grantee A Spend Plan	Apr	May	Jun	TOTAL
VFC DS/Non-DS	\$115	\$135	\$110	\$360
317 DS/Non-DS	\$55	\$65	\$50	\$170
State Non-DS	\$30	\$50	\$35	\$115
Direct Ship*	\$10	\$10	\$5	



Grantee A Budgets for Quarter
TOTAL
\$645

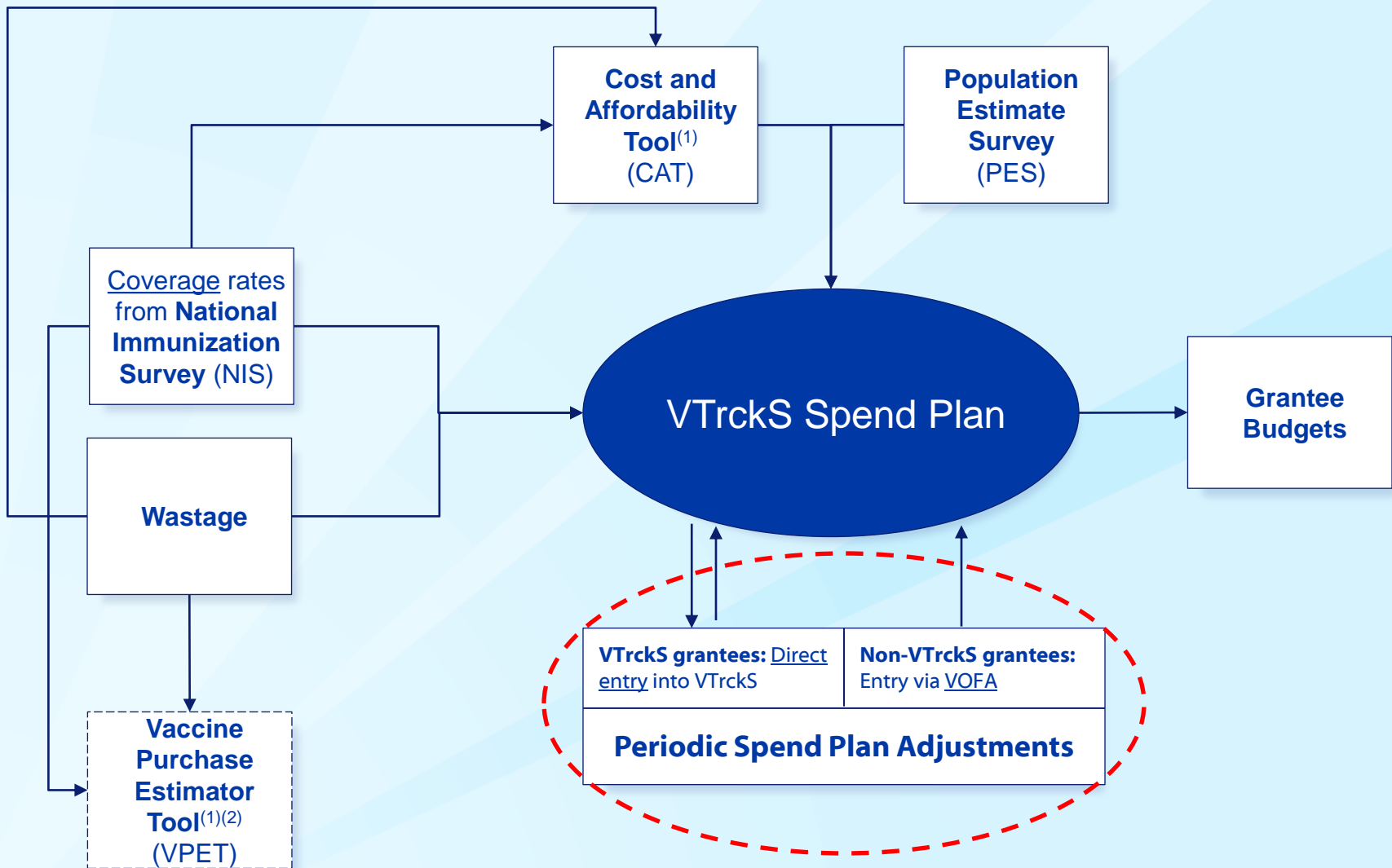
* State-funded Direct-ship orders are not included in either budget because they are processed without decrementing the grantee's budget

Quiz Question #2:



**Why do we enter the fund assignment
for direct ship vaccines only?**

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Vaccine Accountability

- CDC has several methods for ensuring vaccine accountability
 - Monthly submissions
 - Monthly reviews
 - Annual 317 tracking

Monthly Submissions

- The vaccine spend plan represents each grantee's projected need for the year
- Grantees are expected to keep their spend plans up to date on at least a monthly basis
- Each month grantees are expected to submit their spend plans, whether they have been updated or not, as an acknowledgement that the spend plan is accurate and up to date
- CDC began tracking submission rates in 2010 and will provide feedback on a quarterly basis beginning in April 2012

Monthly Updates

- What is the process?
 - Updates are made available the 2nd Monday of each month
 - A message is sent the Friday prior to the update being available detailing changes impacting the spend plan; changes include actual orders from the preceding month, NDC updates, price changes, reminders
 - Grantees have 7 business days to finalize their updates; exception: new fiscal year – grantees are allowed at least 2 weeks to complete initial spend plan
 - Submission compliance is tracked and monitored with follow up from Vaccine Advisors (VAs)
 - VAs complete reviews and provide appropriate feedback to grantees; some situations may require additional communication with respective Project Officers, CDC leadership

Monthly Reviews

- Vaccine Advisors conduct a monthly review of grantee spend plans to assess progress to date and provide feedback
- Key areas reviewed include
 - Submitted spend plans
 - Monitoring and replenishment reports
 - Quarterly budget

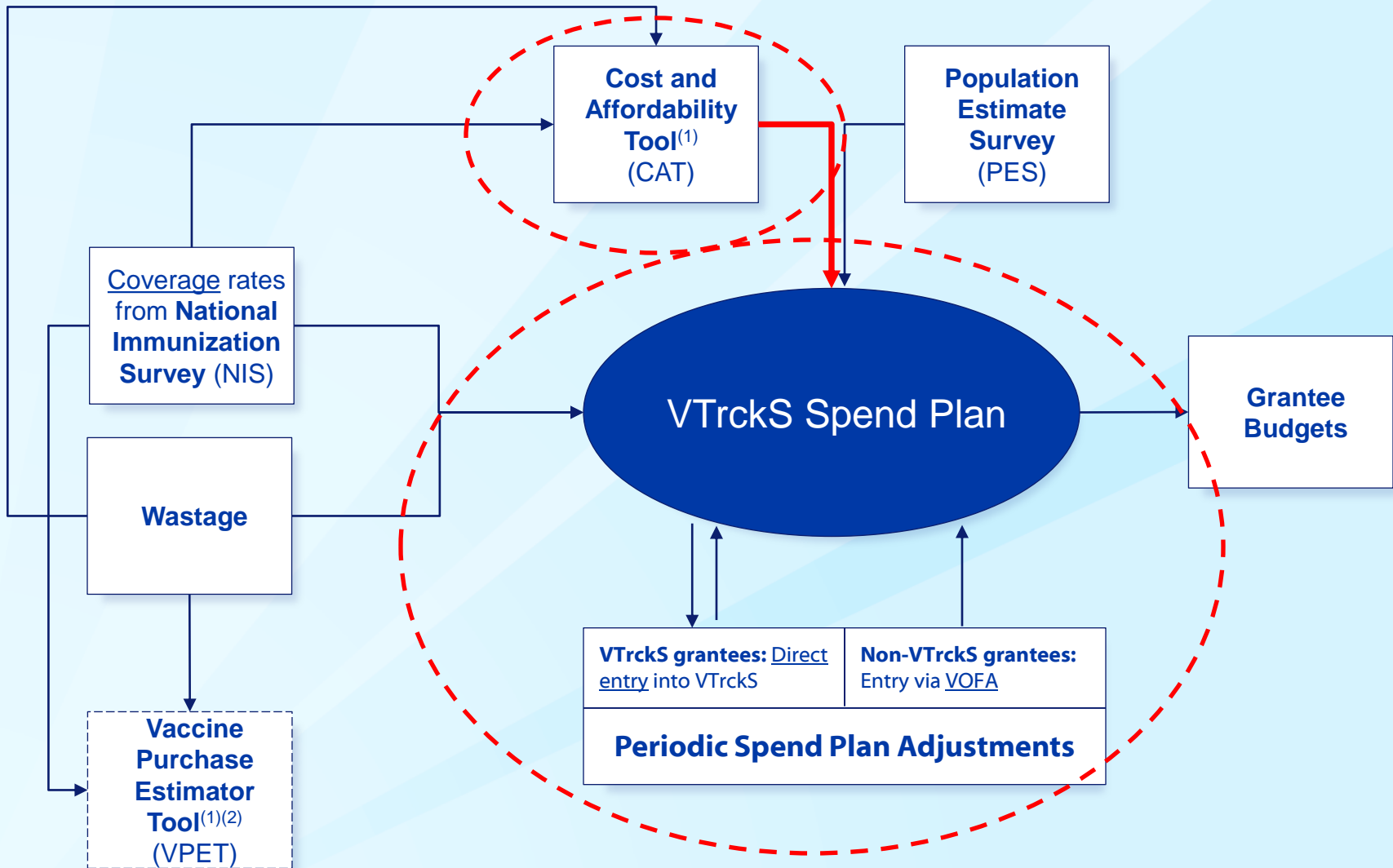
What do Vaccine Advisors look for?

- Has the CAT changed? If so, does the spend plan properly reflect the change?
- Is the grantee within their recommended dosage limits? If exceeded, do justifications make sense?
- Is spending for each fund type particularly high or low? If so, are mid-course adjustments necessary?
- Does the grantee have missing spend plans? If so, why? Is there a plan to resolve them?
- Is the grantee replenishing in a timely fashion according to agreed upon plan?
- Does the grantee have sufficient budget to get through the quarter?

317 Tracking

- In 2011, 317 was tracked using the same approach as used for ARRA funds in 2009/2010
- A special report was developed to help grantees understand what has been spent to date, what is programmed, what is un-programmed
- CDC has the discretion to ensure all funds are expended by year end
- During the last 2 quarters, CDC assesses grantee progress and determines how funds may be re-allocated
- Whether a particular grantee's funds are reallocated has no bearing on the amount targeted for the next fiscal year

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How Does the CAT Fit?



How does the CAT fit?

- Provides the population data necessary to update vaccine schedule
 - Vaccine schedule is where recommended doses are determined
 - Inputs include grantees specific coverage by vaccine type
 - Population estimates of target populations
 - Coverage X population = # recommended doses
- Without input from the CAT, SP cannot be updated
- CAT output is received by VACC team by the Thursday prior to the 2nd Monday of the month and incorporated into the updates
- To meet this timeframe, CAT changes need to be to POB by the previous Wednesday

The CAT Gone Wrong

- Grantee has an S-CHIP population but no state spend plan
- Grantee CAT does not include provisions for adult vaccines
- For 317 the Spend Plan shows much higher adult doses than the CAT shows, yet the 317 budget is still within target
- The CAT shows all pediatric vaccines are covered by 317 but the spend plan splits only show VFC funds for certain vaccines

**and now it's time for something
completely different**



Pieces of the A-133 Audit

