The ADAP Data Report (ADR)

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Objectives

- To remind us of what we’ve already accomplished
- To clarify reporting definitions and expectations
- To review the ADR variables, including how HAB integrated your input
- To outline the timeline for ADR implementation

Objectives

- To identify technical assistance resources for implementing the ADR
- To discuss some next steps for grantees
- To address questions

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How Did We Get Here?

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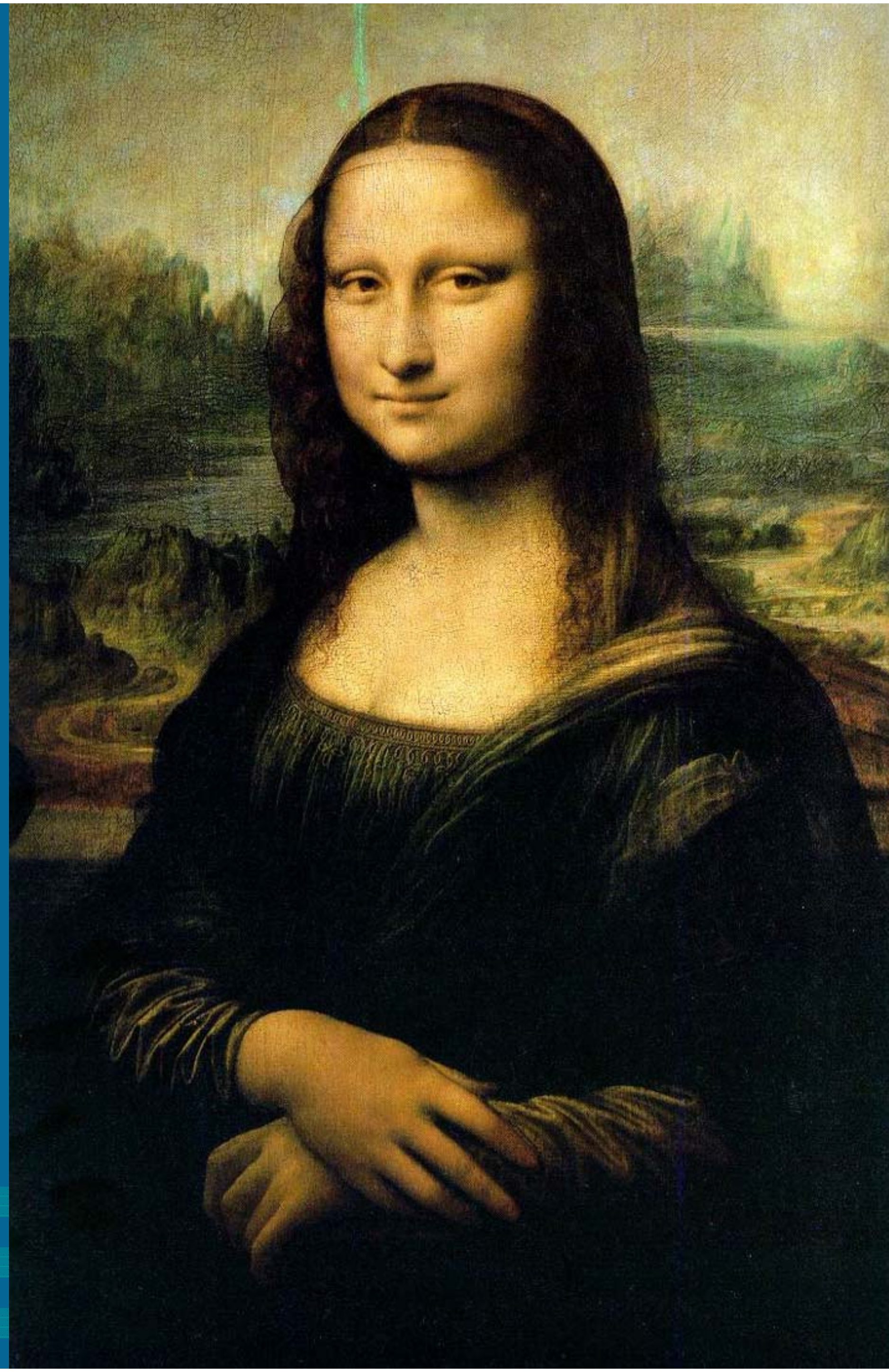
How Did We Get Here?

- Need to move to client level data to respond to inquiries by Congress and other stakeholders
- Client level data will allow us to more effectively evaluate the ADAP program



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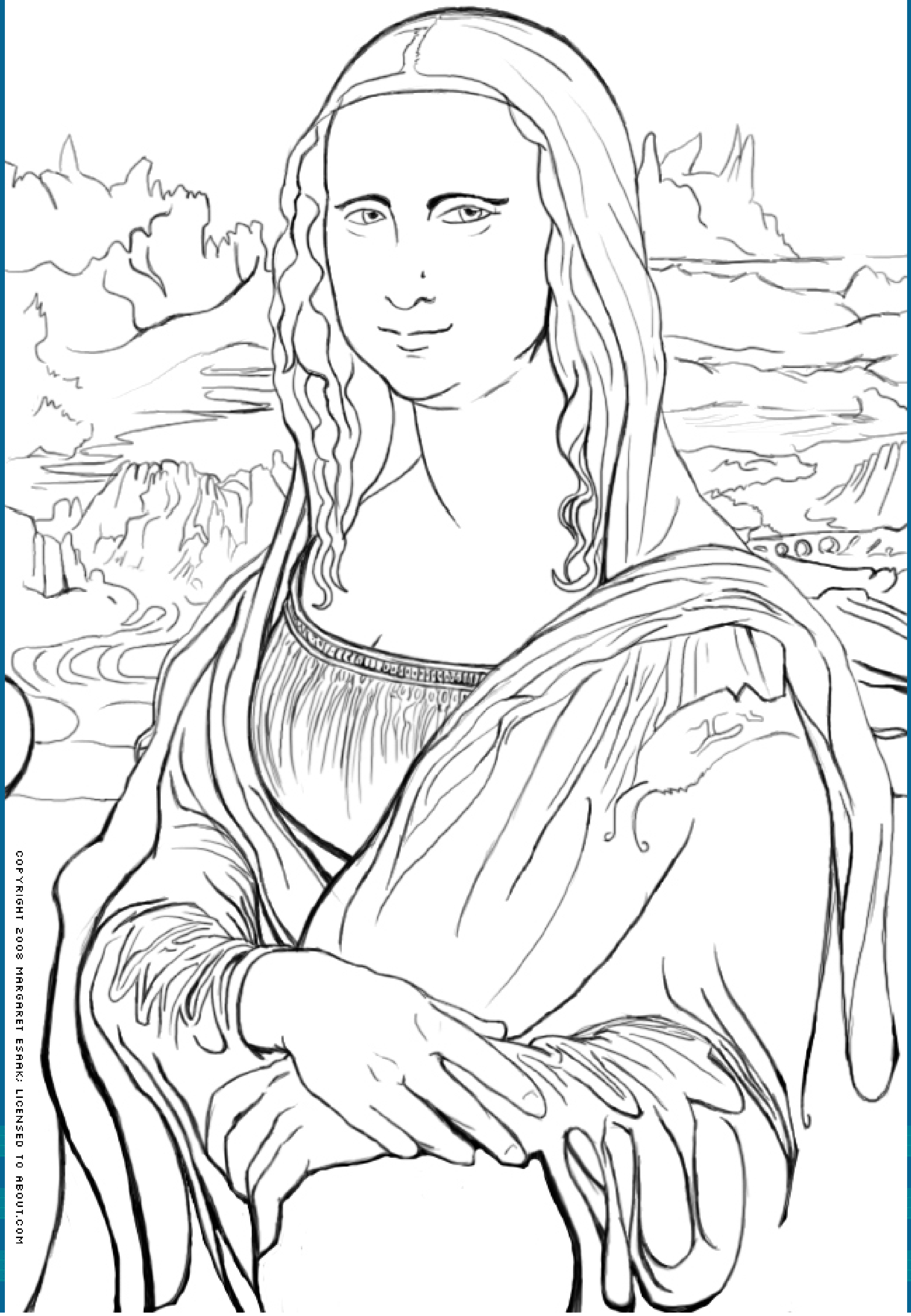

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How Did We Get Here?

- 2005 - 1st discussion of ADAP client level data at grantee consultation
- 2008 - Research Triangle Institute (RTI) ADAP client feasibility study
- 2010 - NASTAD request for information
- 2010 All Grantees Meeting vetting session

How Did We Get Here?

- Several activities in 2011
  - Two web-based vetting sessions
  - Two week vetting comment period
  - Internal HAB ADR committee met to finalize variables submitted to OMB
  - 60 day OMB package submitted July, 2011
  - Federal Register Notice released July 22, 2011

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Reporting Definitions and Expectations

- Client - An individual who has been determined to be eligible to receive ADAP-funded services, regardless of whether or not he/she actually received any services during the reporting period. This includes:
  - Individuals who applied, are determined to be eligible but do not yet need services
  - Individuals on the waiting list

Reporting Definitions and Expectations

- New Client - Client has not been previously enrolled in this State/Jurisdiction ADAP

- A client who is disenrolled and then re-enrolled at a later date is NOT a new client when he/she returns to the ADAP program

Reporting Definitions and Expectations

- Served Client- Client who received ADAP-funded medications and/or ADAP-funded insurance assistance/Medicare Part D
  - An ADAP-funded medication service is paid for <u>in full</u> by the ADAP program
  - Copays, co-insurance (Medicare) and deductibles are insurance assistance services, not medication services

Reporting Definitions and Expectations

- Disenrolled Client - Client had been disenrolled from this State/Jurisdiction ADAP. Reasons for disenrollment may include:
  - Ineligible, change in ADAP program FPL requirements
  - Ineligible for ADAP, now eligible for Medicaid
  - Ineligible, other reason
  - Did not recertify
  - Did not fill prescription
  - Deceased
  - Dropped out, no reason given
  - Other/Unknown

Reporting Definitions and Expectations

- Enrolled ADAP clients must be recertified as eligible to receive services every six months. This includes:
  - Clients who did not receive services because they did not need services or they were on the waitlist
- Recertification at a minimum must include:
  - Financial eligibility determination
  - Ensuring that ADAP is the Payer of Last Resort
  - Appropriate documentation (i.e. financial/insurance or lack thereof/denial of coverage)

ADAP Data Report OMB-Submitted Variables

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Grantee Level Variables

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Cover Page Variables

- Name of grantee
- Grant number
- ADAP number
- DUNS number
- Address
- Contact information
- Reporting period

Programmatic Summary Submission

Programmatic Summary Variables

- Program Administration
  - ADAP program limits
  - Developments or changes
  - FPL Eligibility Requirements
  - Medicaid/State only Pharmacy assistance coordination
- Funding
- Expenditures
- ADAP formulary
  - ARV medications
  - Hepatitis B medications
  - A1-0I medications
  - Hepatitis C medications

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Annual Reporting

Annual Reporting Variables

- Program Administration
  - Frequency of recertification
  - Clinical criteria eligibility
- Cost saving strategies
- Sources of ADAP funding (HAB prepopulated)

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Changes From Vetting

- Request for additional entry options in Funding question
  - Part B Supplemental
  - Other negotiated rebates

Client - Level Variables

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Demographics

Guiding Questions

What are the socio-demographic characteristics of ADAP clients?

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Reporting Instructions

- Required for all clients, specifically individuals who were determined to be eligible to receive ADAP services during the reporting period. This includes:
  - Individuals who applied, are determined to be eligible but do not yet need services
  - Individuals on the waiting list
- Data can be self-report (provided by the client during certification/recertification process)

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Demographic Variables

- Ethnicity
- Race
- Gender
  - Transgender status
- Pregnancy Status
  - Pregnancy Outcome
- Year of birth
- HIV/AIDS status
- Poverty Status
- High Risk Insurance Pool
- Health insurance coverage

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Changes From Vetting

- Pregnancy and HIV/AIDS Status moved from clinical information section
  - Allows for self report
- High Risk Insurance Pool is now separate question (was in the insurance coverage section)

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Clinical Information

Guiding Questions

- What are the clinical characteristics of clients who receive ADAP-funded medications?

Reporting Instructions

- Required for any ADAP clients who received ADAP-funded medications during the reporting period
- Data must be from a lab report, clinical documentation or from your HIV surveillance program
- One CD4 and one viral load (the most recent available) must be reported during each 12 month reporting period (April 1-March 31)

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Clinical Information Variables

- CD4
  - Most recent count
  - Most recent date
- Viral load
  - Most recent count
  - Most recent date

Changes From Vetting

- CD4 and VL will only have to be reported once in a 12-month period
- CD4 and VL will only have to be reported for clients who received ADAP-funded medications

Enrollment and Certification

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Guiding Questions

- What was the client's enrollment status during the reporting period?
- How frequently are clients certified/ recertified for ADAP eligibility?

Reporting Instructions

- Required for all clients, specifically individuals who were determined to be eligible to receive ADAP services during the reporting period. This includes:
  - Individuals who applied, are determined to be eligible but do not yet need services
  - Individuals on the waiting list

Reporting Instructions

- A new client is an individual who meets <u>all</u> of the following criteria:
  - applied to ADAP for the first time ever;
  - met the financial and medical eligibility criteria of the ADAP during the period for which you are reporting data
- An existing client is a client who met the following criteria:
  - enrolled in ADAP in a previous reporting period and;
  - continues to be enrolled in the current reporting period, regardless of whether they used ADAP services in either reporting period

Enrollment and Certification Variables

- Was the individual a new or existing client?
  - New client
    - Date completed application received by ADAP program
    - Date client was approved to receive ADAP services
    - Date client first received an ADAP-funded service

Enrollment and Certification Variables

- All clients (New and existing)
  - Date client was determined to be eligible to continue to receive ADAP-funded services
  - Client's enrollment status as of the end of the reporting period
  - If disenrolled, reason for disenrollment

Changes From Vetting

- Enrollment status options revisited
  - Re-enrollment dropped as an option
  - Enrollment status at end of the reporting period

ADAP-Funded Insurance Services

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Guiding Questions

- What ADAP-funded insurance services did clients receive during the reporting period?

- What is the cost of ADAP-funded insurance assistance?

Reporting Instructions

- Required for any ADAP clients who received an ADAP-funded insurance service. This includes:
  - Insurance co-pays for medication/services
  - Insurance deductibles for medication/services
  - Insurance premiums
- Premium, co-pay, deductible, Medicare Part D coinsurance, copayment or donut-hole coverage amount reported is based on when it was paid, regardless of the time frame it covers

ADAP-Funded Insurance Variables

- ADAP insurance assistance during reporting period?
  - Total Insurance Premium paid
    - Number of months covered by Premium
  - Total Deductible and Co-Pays paid
  - Total amount of Medicare Part D Co-insurance, Co-payment or TrOOP expenses

Changes From Vetting

- CoPays and Deductibles Grouped
- ADAP-funded medications and insurance assistance are now in two separate sections

Drugs and Drug Expenditures

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Guiding Questions

- What types of ADAP-funded medications are dispensed to clients?

- What are the total expenditures for those medications?

Reporting Instructions

- Required for any ADAP clients who were dispensed ADAP-funded medications paid in full by ADAP. These medications are:
  - ARVs, Hepatitis B and Hepatitis C medications
- Does not include clients for whom only the medication co-pay or deductible was paid

ADAP-Funded Medications

- Were any ADAP-funded medications dispensed to the client during the reporting period? If yes, report the following information for each medication dispensed during the reporting period:
  - 5 digit drug code (dXXXXX sometimes referred to as the HRSA code)
  - Start date
  - Number of days for which the medication was dispensed (e.g.30, 60, 90 day supply)
  - Cost (Pre-rebate)
- Do you collect dispensing fees separately?
  - Total cost of all dispensing fees for all medications

Changes From Vetting

- Using 5 digit drug code that is available in the Multum database rather than medication grouping
- Only required to report dispensing fees separately if that is how you collect your data

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Timeline

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Timeline

- July, 2011 - ADR variables have been submitted to OMB
- July, 2011 – Federal Register Notice released
- Fall, 2011 - HAB will provide training to grantees
- Fall, 2011- HAB will assess readiness of grantees to collect and report client level data and provide technical assistance

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Timeline

- April, 2012- Updated CAREWare released
- April 1 – September 30, 2012: First data collection period:
- October 1 – December 15, 2012: Timeframe in which these data need to be reported to HRSA

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Technical Assistance Resources

Technical Assistance Resources

- HAB Website
- TARGET Website
- SPNS HIT Capacity Building Initiative
- Regional Trainings (late 2011)
- CAREWare
- HAB Contractors

Next Steps For You As Grantees

- Talk to the person who in your office does the Ryan White Services Report (RSR) for the Part B
- Develop plan on how you will get the data that you need

Next Steps For You As Grantees

- How do you plan on collecting the information needed to report ADR data? Examples include:
  - ADAP initial/recertification application
  - Contractor database(s)
  - Eligibility specialist
  - Case management agencies
  - Pharmacy benefits contractor(s)
  - Labs/Physician Reports (for CD4 and VL)
  - Other sources?

Next Steps For You As Grantees

- Where are the data stored?
  - Is more than one system used (one for eligibility and one for meds/insurance assistance services)?
  - Is the data in-house or at a contractor or both?
  - Is it in an electronic format already?
- Do I know how to create an XML? Do I know what an XML is?

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