Data Reports (Part 2): AIDS Drug Assistance Program Data Report

Ryan White HIV/AIDS Program (RWHAP) Part B Administrative Reverse Site Visit

October 24, 2019

Glenn Clark, ADAP Advisor, DSHAP
Amy Griffin, Project Officer, DSHAP
Miranda Fanning, Chief, Data Management and Analysis Branch, DPD
HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People

Learning Objective

Participants will learn more about

- ADAP Data Report (ADR) data reporting requirements
- completion of the ADR
- common issues with the ADR
- ways to use the ADR for program implementation

Overview

- ADR Overview
- ADR Reporting Basics
- Upcoming Reporting Changes
- Overview of ADR Data Available
- Assessing reporting completeness
- PO Review of the ADR
- CAREWare 6
- Discussion and Q&A
- Available technical assistance (TA)
- TA Clinic

Ryan White HIV/AIDS Program ADAP Data Report (ADR)

ADR Reporting Requirement

- All RWHAP Part B programs (with the exception of the Pacific Island Jurisdictions) are required to submit an annual ADAP Data Report

- The requirement is outlined each year in a Program Term of the RWHAP Part B Notice of Award

  - "If the recipient expends any of the RWHAP Part B award on the AIDS Drug Assistance Program (ADAP), it must comply with data reporting requirements of the ADAP Data Report (ADR) for those funds, and the recipient must mandate compliance by each of its subrecipients. Please refer to the HIV/AIDS Program ADAP Data Report webpage at [Ryan White HIV/AIDS Program ADAP Data Report (ADR)](#) for additional information"

ADR: Types of Information Reported

- RWHAP Part B recipients complete the two sections--Grantee Report and Client Report

  - Grantee Report

    - ✓ Basic information about recipient characteristics and policies

  - Client Report (or client-level data)

    - ✓ A collection of records (one record for each client enrolled in the ADAP) for all clients enrolled in ADAP in the previous calendar year

- Recipients may need to get data from Pharmacy Benefit Managers (PBMs) or other sources to complete the ADR

ADR: Reporting Process

Examples of ADR Ready Systems:

CAREWare	eCOMPAS
Provider Enterprise	Scout

Non-Endorsement

The Health Resources and Services Administration (HRSA) and their associated Bureaus in no manner endorse or sponsor the aforementioned listed vendors or their products or offerings. This listing is based on self-report and successful upload of a test report.

ADR Components

- **Grantee Report**
  - Recipient Information
  - Programmatic Administration
  - Purchasing Mechanisms
  - Funding
  - Expenditures
  - ADAP Medication Formulary

- **Client Level Data**
  - Encrypted Unique Client Identifier (eUCI)
  - Demographics
  - Enrollment and Certification
  - ADAP Services Received
  - Medication/Insurance Assistance information
  - Clinical Information

ADR: Reporting Timelines

Submitted annually:

- Grantee Report covers: April 1st– March 31st
- Client Report covers: January 1st– December 31st

Timeline	
Early February	ADR Check Your XML and Data Quality feature opens
Early April	ADR Web System opens for submissions
Late April	Target upload date for ADR client-level data files
Early June	All ADRs must be in submitted status by 6:00pm ET of the published due date

ADR Timelines available at:

https://hab.hrsa.gov/program-grants-management/ryan-white-hivaids-program-adap-data-report-adr

ADR: Important Things to Remember

Start early!

- Grantee Report
  - The Grantee Report follows the grant year
    - ✓ April 1st – March 31st
  - Make sure to include all fiscal resources in funding, not just federal funding
  - Formulary needs to be kept up to date
    - ✓ Prior year medications pull forward

Proposed ADR Changes- Client Level Data

- Changed name of variables to clarify intent of variable

- Changed response options to account for new/different situations, clarify intent of response options

- Change poverty level to a continuous variable

- Transition from Dcodes to National Drug Codes (NDCs)

- Changed scope of reporting to include

  - All drugs paid by ADAP rather than limiting drugs to A1OI's, Antiretrovirals, and hepatitis B and C medication

    - ✓ Remove medication start dates and number of days

  - All CD4s and Viral Loads throughout the year and regardless of the type of service received

Proposed ADR Changes- Grantee Report

- Add additional questions:
  - Has your ADAP experienced an unexpected increase in enrolled clients?
    - ✓ If yes, how many new clients were enrolled?
  - Does your ADAP have an open formulary, inclusive of all FDA approved medications?
- Remove questions:
  - Clinical criteria required to access ADAP
    - ✓ If CD4 criteria, please specify the CD4 count requirement
    - ✓ If Viral load criteria, please specify the VL count requirement
    - ✓ If other clinical criteria, please specify
  - ADAP Funding received during the reporting period for:
    - ✓ Total contributions from RWHAP Part B Base Funding
    - ✓ Total contributions from RWHAP Part B Supplemental Funding
- Additional medications in the formulary table

Questions

Discussion Questions Breakout

ADAP Data Count!

- ADR data are used to report information about the scope and impact of the ADAP Program to:
  - your Project Officer
  - HAB leadership
  - HIV/AIDS community
  - Other stakeholders
  - The public
- ADAP data should accurately reflect your program activities

New Annual Client Level ADAP Data Report

- New Annual Client Level ADAP Data Report publicly available: https://hab.hrsa.gov/data/data-reportsNational and State level data
- Years 2014-2017
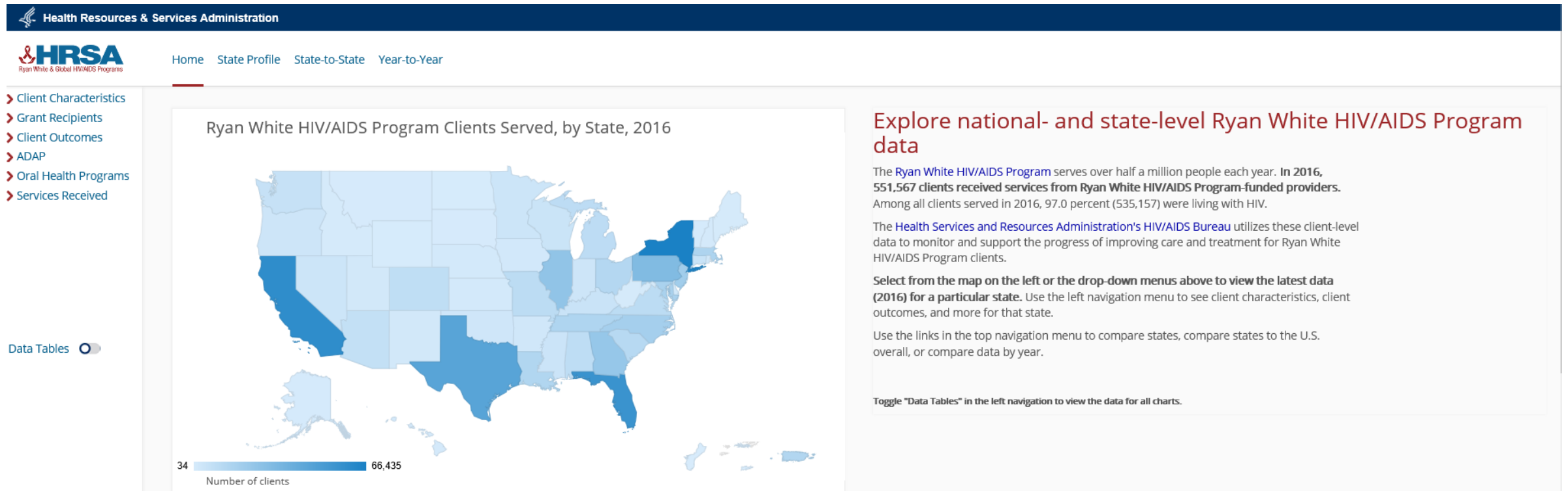- Tables include demographics and service utilization

Ryan White HIV/AIDS Program

AIDS Drug Assistance Program (ADAP)

Annual Client-Level Data Report
2017

State Profiles Overview

A dynamic web-based tool for accessing summary level RWHAP data

Available at: https://hab.hrsa.gov/stateprofiles2016/#/

Assessing Reporting Completeness and Accuracy

- Upload Completeness and Validation Reports data submission review
- Upload Completeness Report
  - Shows information on contents of uploaded file
  - Displays distribution of responses for each data element
  - Recipients have two Data Completeness Report options
    - ✓ By provider
    - ✓ By data element
- Validation Report
  - Displays errors
  - Warnings
  - Alerts

Review the Upload Completeness Report Activity

Project Officer Review of the ADR

Value of the ADR for a Project Officer (PO)

- As a <u>client-level</u> data report, the ADR is a rich source of data about the ADAP in each state/territory

- It is the only complete picture HAB receives of an ADAP—reflects all ADAP funding streams, services, and clients

- The 2018 ADR was the 6th ADR submission, so we can see the ADAP over time

- It's important to remember context when reviewing the data

What a PO Looks for in an ADR

- Are there any limits on the ADAP?

- What's the current Federal Poverty Guidelines for ADAP?

- Is the ADAP a direct purchase, rebate, or both?

- Who's contributing money to the ADAP; why or why not?

- How much of the rebates collected come back to ADAP?

- How do the total drug expenditures compare with the total insurance expenditures; has this changed in the past few years?

What a PO Looks for in an ADR

- How extensive is the ADAP formulary?

- Has the ADAP added new drugs to the formulary in the past year?

- Does the ADAP cover any hepatitis B and C medications? Does it cover the curative hepatitis C medications?

What a PO Looks for in an ADR

- Is there 'missing/out of range' for any data element?
  - If so, what percentage do they represent
  - Are any of the data elements related to client eligibility (e.g. HIV/AIDS status, poverty level, client health insurance)
  - Are any of the data elements related to service provision (Insurance assistance and/or medication assistance)

What a PO Looks for in an ADR

Upload Completeness Report

- The demographic breakdown of the ADAP clients:
  - How does this compare to the epi data
  - Has this changed over time

- The poverty level breakdown:
  - What % are at or below 138% FPL?
  - Did the state expand Medicaid
  - Do the numbers line up with what the State has described about this population

What a PO Looks for in an ADR

- The Medical Insurance Breakdown:

  Note: This represents <u>all</u> of the insurance statuses for the client over the year.

  - What % have private insurance? Medicaid? Medicare
  - What % are no insurance/uninsured
  - Is the number higher/lower than you anticipated; why

What a PO Looks for in an ADR

Upload Completeness Report

- The # of new clients:
  - How does this compare to the number of new clients in previous years
  - Is there a spike in new enrollments
- The enrollment status breakdown:
  - What % of clients were enrolled, services not requested
  - What % of clients disenrolled
- The disenrollment reason breakdown:
  - What % didn't recertify
  - What happened to those clients

What a PO Looks for in an ADR

- The # and % of clients receiving insurance assistance and the type of insurance assistance received
  - How does it line up with the # of insured clients
- The # and % of clients receiving medication assistance
  - How does it line up with the # of uninsured clients/strength of formulary
- Medications utilization:
  - Anything surprising

Follow-up PO Questions for Monitoring Calls

Sample questions:

- Does the recipient agree with the numbers (i.e. the 'story' the ADR tells) If not, what checks did the recipient do on the data before submitting

- If there is key missing data (e.g., client eligibility-related), how does the recipient explain the missing data

- If there is a large % of clients <138% FPL and/or a large % of uninsured clients, why

Questions

CAREWare

Technical Assistance Resources

TA Resource	Type of TA
Ryan White Data Support 888-640-9356 | RyanWhiteDataSupport@wrma.com	• RSR-related content and submission questions • Interpretation of the RSR Instruction Manual and HAB's reporting requirements • Instructions for completing the RSR Recipient and Provider Reports • Data validation questions
DART Data.TA@caiglobal.org	• Data reporting requirements • Extracting data from systems and reporting it using the required XML schema • TRAX and the encrypted Unique Client Identifier (eUCI) Application • Data quality issues
HRSA Contact Center 877-464-4772 | http://www.hrsa.gov/about/contact/ehbhelp.aspx	• RSR software-related questions • Electronic Handbook (EHBs) navigation • EHBs registration • EHBs access and permissions • Performance Report submission statuses • RSR Web System navigation
CAREWare Help Desk 877-294-3571 | cwhelp@jprog.com	• How to generate the XML file from CAREWare correctly • How to view a sample client summary file • Creating custom reports

Contact Information

- **Glenn Clark, MSW, AIDS Drug Assistance Program (ADAP) Advisor**
  Division of State HIV/AIDS Programs, HIV/AIDS Bureau
    Email: glclark@hrsa.gov

- **Amy Griffin, MSW, Project Officer, Northeastern/Central Services Branch**
  Division of State HIV/AIDS Programs, HIV/AIDS Bureau
    Email: AGriffin@hrsa.gov

- **Miranda Fanning, MPH, Chief- Data Management and Analysis Branch**
  Division of Policy and Data, HIV/AIDS Bureau
    Email: mfanning@hrsa.gov

Connect with HRSA

To learn more about our agency, visit

www.HRSA.gov

Sign up for the HRSA *eNews*

FOLLOW US: