U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

HAB HIV Performance Measures
ADAP FAQs

December 2009

The document focuses on questions related to the HIV/AIDS Bureau's ADAP performance measures that are most frequently asked by programs that receive funds under the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Ryan White HIV/AIDS Program). FAQs will be updated as necessary.

Questions that relate to the various types of performance measures can be found at: http://www.hab.hrsa.gov/special/habmeasures.htm.

The following categories of questions have been frequently asked and the corresponding answers are detailed in this document:

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Application Determination

Question: Should a wait list be considered when using the ADAP Application Determination measure?

Answer: No. The measure assesses the efficiency of ADAP application determination. In order for an ADAP client to be placed on the ADAP wait list, the client's application must first be received and processed by the ADAP program. Therefore, a determination of eligibility has already been made. A wait list is a separate issue and does not influence the measure.

Question: How should applications submitted during the last two weeks of the measurement year be handled? Are they included in the subsequent measurement year?

Answer: Applications submitted in the last two weeks of the measurement year are excluded from the denominator. They would, however, be included in the subsequent measurement year. For example, applications submitted in the last two weeks of 2009 would be captured in a review for 2010.

Question: What is considered a "complete application" for enrollment in the ADAP?

Answer: The requirements for eligibility into an ADAP are determined by each program. A complete application is one that meets these requirements and enables the ADAP to enroll a client into the program.

Eligibility Recertification

Question: Is there a difference between reviewing a client for eligibility and "recertifying" a client for ADAP?

Answer: Yes, there is a difference. Before a client can be accepted into the ADAP program, a client must first meet the eligibility criteria. Once enrolled, eligibility must be reassessed at least two times in the year to assure they are still eligible to receive those services. This process is known as "recertification."

Question: What type of documentation is needed for recertification?

Answer: The requirements for the initial eligibility application and recertification are determined by the ADAP program. Eligibility recertification includes verification of third party payor sources, such as Medicaid and Medicare.

Question: Why is the timeframe for recertification 150 days?

Answer: The measure focuses on recertifying clients for ADAP services at least two or more times during the measurement year. The timeframe of 150 days allows ADAP programs to conduct their recertification prior to the end of a six month interval.

Formulary

Question: Why are the PHS Guidelines for the Use of Antiretroviral Agents published in the last 90 days of the measurement year excluded from the sample?

Answer: In most states and jurisdictions, a more formal process is undertaken to add new medications to the ADAP formulary. To account for the time it takes to complete this process, PHS Guidelines that are published in the last 90 days of the measurement year are excluded. They would, however, be captured in the subsequent year.

Question: What if there are no new classes of drugs included in the PHS Guidelines during the measurement year?

Answer: In the event that no new classes of drugs were included, this measure would not be applicable for the measurement year.

Inappropriate Antiretroviral Regimen Components Resolved by ADAP

Question: How can ADAPs identify inappropriate ARV regimen components?

Answer: In the ideal setting, mechanisms would be in place to review prescriptions for inappropriate ARV regiment components prior to

being provided by the ADAP. This would potentially avoid identified suboptimal antiviral potency, unacceptable toxicities or pharmacologic concerns. If a prospective review is not available, then the ADAP is encouraged to implement a retrospective process which systematically reviews, on a routine schedule, ARV prescriptions provided by ADAP to identify the inappropriate ARV regiment components as outlined in the PHS Guidelines "Antiretroviral Regimens or Components That Should Not Be offered At Any Time."

Question: Our ADAP program provides only insurance coverage for prescriptions. How do we implement this measure?

Answer: One strategy is to use the existing pharmacy utilization and safety reviews already in use by the insurance provider to identify, review and resolve inappropriate components. If the ADAP does not receive a list of medications prescribed, this measure may not be appropriate. Grantees are encouraged to talk with other programs about how they are utilizing this measure.

Question: How do we document that the ADAP program reviewed and resolved the inappropriate regimen?

Answer: In order to resolve the inappropriate regimen, the prescribing clinicians should be contacted by the ADAP program (or its agent) to review the regimen components and determine if the treatment should be modified or meets an exception based on clinical rationale (as specified in the PHS Guidelines). These activities should be documented in the ADAP client's record.

Question: What criteria should we use to determine if an exception is adequately justified?

Answer: The PHS Guidelines provide criteria for a clinical rationale for exceptions. The ADAP can also use the clinical expertise of its Medical Director or Advisory Committee, if available, or other clinical resources, such as the AIDS Education and Training Center (AETC) and the National HIV Clinician's Consultation Center to consider the case-specific rationale. The rationale should be documented in the ADAP client's record.

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Question: The exclusion criterion indicates ADAP is responsible only for the ARV medications funded by ADAP. Should we consider other information if we have it?

Answer: It is recognized that clients may have multiple payor sources for ARVs (including public and private sources, self pay, and clinical trials). As a result, the indicator provides an exception for ADAP programs to be only responsible for identifying ARV regimen components funded by ADAP. However, if additional information is available, such as other relevant medication history and payment source information, this information should be considered when reviewing and resolving inappropriate regimens. The goal is to ensure the safety of the patient.

Question: Shouldn't the denominator include all ADAP ARV prescriptions? Why is this limited only to those with inappropriate antiretroviral (ARV) regimen or components?

Answer: The measure is designed to examine the regimen components that were identified by the ADAP program as inappropriate and determine what percent were resolved by the ADAP program. If the focus of the measure was strictly on the percentage of inappropriate regimen components prescribed, then all ADAP ARV prescriptions would be included.