



ADR

## Using CAREWare for ADR Reporting

ADAP Data Report

HIV/AIDS Bureau

March 6, 2024



Welcome to today's Webinar. Thank you so much for joining us today!

My name is Julie Vitale. I'm a member of the DISQ Team, one of several groups engaged by HAB to provide training and technical assistance to recipients and providers for the AIDS Drug Assistance Program Data Report (ADR).

## Today's Webinar is Presented by:



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The ADR is the report that the AIDS Drug Assistance Programs or ADAPs complete each year. ADAPs are the states and territories that provide insurance and drug assistance services. If you work for a state or territory's ADAP program and use CAREWare to manage your ADAP data, this webinar is for you! If not, you are more than welcome to stay, but this might not apply to you.

Throughout the presentation, we will reference some resources that we think are important. To help you keep track of these and make sure you have access to them immediately, my colleague Isia is going to chat out the link to the presentation slides right now which include all the resources mentioned in today's webinar.

At any time during the presentation, you'll be able to send us questions using the "Q&A" function on the settings bar on the bottom of the screen. All questions will be addressed at the end of the webinar in our live Q&A portion. During that time, you will also be able to ask questions live if you'd like to unmute yourself and chat with us directly.

Now before we start, I'm going to answer one of the most commonly asked questions about the recording. The recording of today's webinar will be available on the TargetHIV website within one week of the webinar. The slides are already available for you to access on the TargetHIV website using the link that Isia just chatted out. Please note that these slides are not 508 compliant, but we will follow up with all registrants in about two weeks when the 508 compliant slides and written question and answer are posted.

## Disclaimer

Today's webinar is supported by the following organizations and the contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, the Health Resources and Services Administration (HRSA), the U.S. Department of Health and Human Services (HHS), or the U.S. government.

The DISQ Team is composed of CAI, Abt Associates, and Mission Analytics and is supported by HRSA of HHS as part of a cooperative agreement totaling over \$4 Million.

jProg is the developer of CAREWare and is supported by HRSA of HHS as a part of a contract totaling over \$3.6 Million.

Today's webinar is supported by the organizations shown on the slide, and the contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by the Health Resources and Services Administration, the U.S. Department of Health and Human Services, or the U.S. Government.

## Using CAREWare for ADR reporting - Agenda

- What makes a client appear on the ADR from CAREWare data entry?
- Data entry
- Creating the ADR Client-level Data XML file from CAREWare
- CAREWare tools for reviewing the data
- Resources
- Questions

Thanks, Julie. Today we'll be talking about using CAREWare for ADR reporting. The presentation is designed to answer these questions: where do I enter data in CAREWare for the ADR and how do I prepare, run and review my ADR Client Level Data file. Today's presentation will not cover topics relating to importing data or configuration of ADAP domains in CAREWare. Here are the points we'll be covering today:

What makes a client appear on the ADR from CAREWare data entry?  
Where data lives that is used to collect and calculate values for the ADR  
How to create the ADR Client Level Data XML file from within CAREWare itself  
How do I use CAREWare tools for reviewing the data  
What resources can we review to using CAREWare for the ADR  
Then, we will open up for questions

Let's start with a poll to gauge the attendees' history of CAREWare with the ADR. Isia, would you launch the poll please?



How many times have you used CAREWare to complete your yearly ADR requirement?

- Never before! This will be my first time.
- Just once
- 2-3 times
- more than 3 times

{Reflection re: ADR experience of users}

## What makes a client appear on the ADR from CAREWare data entry?

- The client is entered in CAREWare.
  - First Name
  - Last Name
  - Date of Birth
  - Gender (how the client self-identifies)
- The client is enrolled at any time during the calendar year in CAREWare.
- The client is **not**:
  - HIV-negative (affected)

\* Important note: the client **will appear** even if they did not receive services in the year.

Ok, let's get started by talking about what criteria are necessary to make someone appear on the ADR?

First, the client must have a record in CAREWare. Every client record must have a first name, last name, date of birth and a gender. Just like with RSR, gender is a self-report field.

Second, the client must be enrolled at any time during the calendar year of the ADR.

Clients whose HIV status is HIV-negative (affected) are not included in the ADR. A client does not need to have actually received medication or insurance services to appear on the ADR.

# ADR Manual Appendix A: Require Client-level Data Elements

**System Variable**

**Client Demographics**

**Enrollment and Certification**

**Health Insurance Services**

**Medication Services**

**Clinical Information**

[ADR Manual](#)  
**Appendix A: Required Client-level Data Elements**

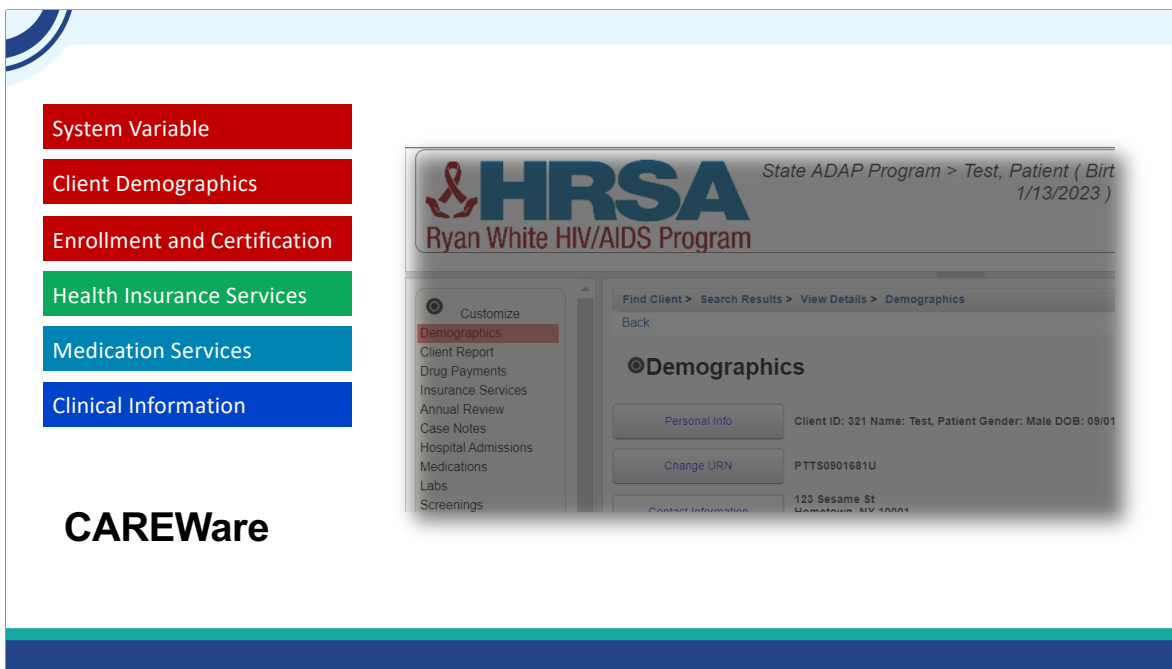
Id #	Client-level Data Elements	All Clients	Type of Client			Type of Service	
			New	Existing	Disenrolled	Health Insurance	Medication
<b>System Variables</b>							
2	Encrypted Unique Client Identifier						
<b>Client Demographics</b>							
4	Client's self-reported ethnicity						
68	Client report Hispanic subgroup						
5	Client's self-reported race						
69	Client report Asian subgroup						
70	Client report Native Hawaiian/Pacific Islander subgroup						
6	Client's current self-reported gender						
71	Client's sex at birth						
9	Client's year of birth						
10	Client's HIV/AIDS status						
11	Client's percent of the federal poverty level						
13	Client's health coverage						
4	Client's self-reported ethnicity						
<b>Enrollment and Certification</b>							
14	New client	*					
15	Date completed application was received		*				
16	Date completed application was approved		*				
17	Date of last eligibility confirmation			*			
18	Client Enrollment Status	*					
19	Reason(s) for Disenrollment				*		
<b>Health Insurance Services</b>							
20	Receipt of Health Insurance Services	*					
67	Type of Health Insurance Assistance Received					*	
21	Amount Paid for Premiums					*	
22	Months Coverage of Premiums Paid					*	
23	Amount Paid for Medication Co-payments and Deductible					*	
<b>Medication Assistance Services</b>							
25	Receipt of Medication Services	*					
26	Medication(s) Dispensed						*
27	Medication Dispensed Date						*
28	Day(s) Supply of Medication						*
29	Amount Paid for Medication						*
<b>Clinical Information</b>							
32	CD4 Count Dates	*					
33	CD4 Test Counts	*					
34	Viral Load Dates	*					
35	Viral Load Test Counts	*					

This is Appendix A of the ADR Manual. Here, you can see what requirements appear for different clients, based on their enrollment statuses and the ADAP services they received.

The data elements are separated into 6 sections

- (Click) – System Variable
- (Click) - Client Demographics
- (Click) - Enrollment and Certification
- (Click) - Health Insurance Services
- (Click) - Medication Assistance Services
- (Click) - Clinical Information

To be clear, this is true of all ADAPs, regardless what system they are using.



CAREWare makes this simpler for ADAPs when they use an ADAP domain in CAREWare to manage their clients and services. When generating the ADR Client-level data file, CAREWare is programmed to create the System Variable, also known as the Encrypted Unique Client Identifier for each client record, and ensures that the right data elements are reported for clients according to these specifications.

CAREWare collects data for the ADR in different places in the system. Here, I've highlighted the different "landing spots" where data is collected.

*(Click)* - Client Information is collected in Demographics and Annual Review.

*(Click)* - This is also where the Name, Date of Birth and Gender variables are collected to create the Client UCI.

*(Click)* - Enrollment and Certification is tracked in the Enrollment Status and ADAP Enrollment History sections of the Demographics screen.

*(Click)* - Health Insurance Services are entered in Insurance Services.

*(Click)* - Medication Services are entered in Drug Payments.

*(Click)* - Finally, Clinical Information is entered in the Labs section of CAREWare.

This is Appendix A of the ADR Manual. Here, you can see what requirements appear for different clients, based on their enrollment statuses and the ADAP services they received.

Some

The data elements are separated into 5 sections

Client Demographics Enrollment and Certification Health Insurance Services  
Medication Assistance Services Clinical Information

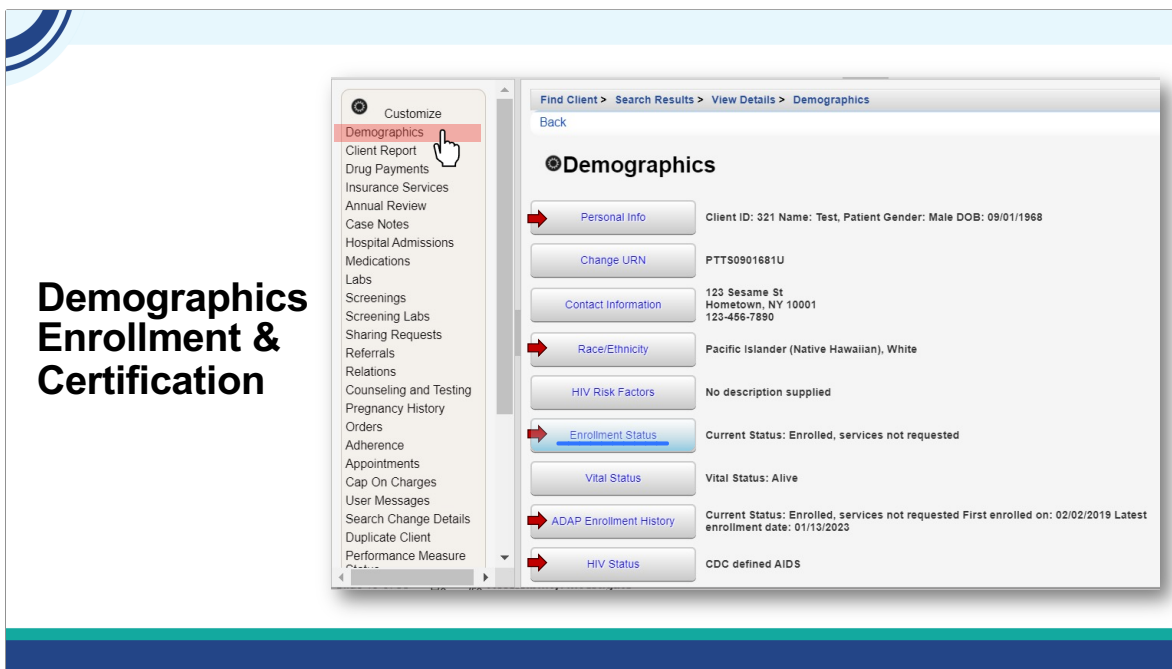


## ADR Client-level Data Elements in CAREWare

Location of ADR Client Level Data Elements

Demographics			
Field ID	Field Name	Coding	Location in CAREWare
2	Unique client ID (eUCI) Encrypted	Encrypted using hash function	Auto-calculated by CAREWare from first and last name, date of birth, and gender of each client
4	What is the client's self-reported ethnicity?	<ul style="list-style-type: none"> <li>• Hispanic/Latino</li> <li>• Non-Hispanic/ Latino</li> </ul>	<b>Demographics&gt;Race/Ethnicity - Hispanic or Latino field</b> Note: Only the two options listed under coding count for the ADR, unknown is excluded and results in missing in the ADR
68	Hispanic Subgroups (Select one or more)	<ul style="list-style-type: none"> <li>• Mexican, Mexican American, Chicano/a</li> <li>• Puerto Rican</li> <li>• Cuban</li> <li>• Other Hispanic, Latino/a or Spanish origin</li> </ul>	<b>Demographics&gt;Race/Ethnicity</b> Check each Hispanic ethnicity that is true. (The Hispanic or Latino field value must be set to Yes to see these options.)

As a reference, the CAREWare programmers have created this resource called the *Location of ADR Client Level Data Elements*, to demonstrate where each data element lives in CAREWare, and relevant details about how data is captured and calculated.



Lets take a closer look. *(Click)* - Starting with Demographics, there are several submenus to capture the client information for the ADR.

*(Click)* - The submenus involved are Personal Info, Race/Ethnicity, Enrollment Status, ADAP Enrollment History, and HIV Status.

*(Click)* - Lets take a look at Enrollment Status

## Demographics – Enrollment Status

Find Client > Search Results > View Details > Demographics > Enrollment Status

Save **ADAP Enrollment History** Cancel

### Enrollment Status

Current ADAP Enrollment Status:

Last Date of Eligibility Confirmation:

Application Approved Date:

Application Received Date:

First ADAP Service:

Enrollment Status and ADAP Enrollment History are where program eligibility is tracked in CAREWare. If a client you expect to be on the ADR doesn't appear, this is the place to check first.

In this form, the only field a user can edit is the Application Received Date. The Application Received Date is the date the client's initial completed application was first received. Once entered, this date should never be updated.

All the other dates are calculated.

Application Approved Date is the earliest 'enrolled' record in the ADAP Enrollment History. Subsequent eligibility confirmations should be entered in ADAP Enrollment History. The most recent one will show here on the Last Date of Eligibility Confirmation.

*(Click)* - If you click ADAP Enrollment History, you are brought to the page that allows you to track enrollment events for the client.

**ADAP Enrollment History**

State ADAP Program > Doe, Jane ( Birthdate: 1/1/1990, Last service: )

HRSA Ryan White HIV/AIDS Program

Find Client > Search Results > View Details > Demographics > ADAP Enrollment History

View Add Edit Delete Back Print or Export Hide/Show Columns

ADAP Enrollment History

Date	Enroll Status	Reason For Disenrollment	Other Date
02/29/2024	Disenrolled	Program eligibility criteria changed, client no longer eligible	
09/01/2023	Enroll, services not requested		

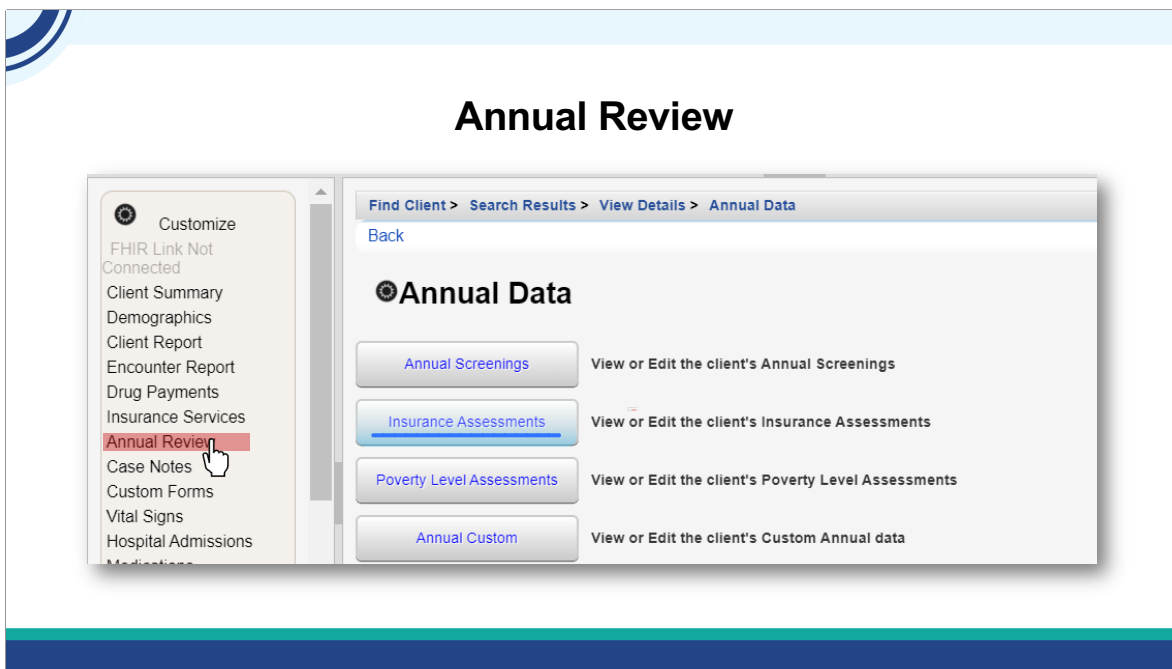
Rows: 20 Page 1 of 1 Displaying 1 to 2 of 2 items

There are Four enrollment statuses:

- Enrolled, Receiving Services
- Enrolled Services not requested
- Enrolled, on Waiting List and
- Disenrolled

A client will appear on the ADR if they are enrolled during any part of the calendar year, even if carried over from the prior year.

If a client is disenrolled, a reason must be selected. In this example, their reason for being disenrolled due to no longer being eligible for the program. This client would be reported both on this and next year's ADR, because their status was Enrolled, Services not Requested until they were disenrolled a few months into 2024.



The clients' poverty level assessments and insurance assessments are found by clicking the annual review hyperlink. All clients are expected to have at least one insurance assessment and a least one poverty level assessment in the reporting year. You should report all insurances a client had in the year.

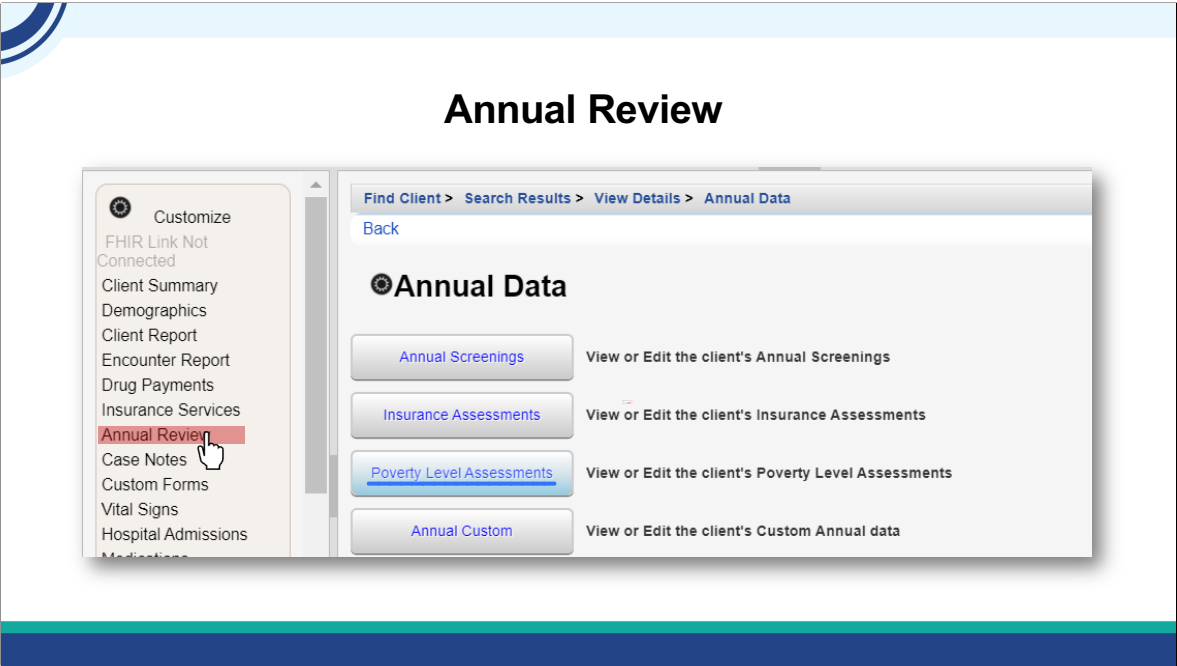
Lets take a look at Insurance Assessments.

# Insurance Assessment

The screenshot shows a software interface for an insurance assessment. On the left is a navigation menu with categories like 'Client Summary', 'Insurance Services', and 'Annual Review'. The 'Annual Review' item is highlighted. The main window title is 'Find Client > Search Results > View Details > Annual Data > Insurance Assessments'. Below the title are 'Save' and 'Cancel' buttons. The main content area is titled 'Add' and contains the following fields and options:

- Insurance Assessment Date: [Text input field]
- Primary Insurance: [Dropdown menu]
- RSR (Risk Stratification Review) section with the following checkboxes:
  - Association Plan:
  - High Risk Insurance:
  - Indian Health Service:
  - Medicaid, CHIP or Other Public Plan:
  - Medicare (unspecified):
  - Medicare Part A/B:
  - Medicare Part C:
  - Medicare Part D:
  - No Insurance:
  - Other Plan:

Here we see the insurance assessment screen. You enter the date of the insurance screening, then select the primary insurance type in the dropdown, and then check off any other insurances the client may have in the reporting year.



Next, let's take a look at Poverty Level Assessment, which is also under Annual Review.

## Poverty Level Assessment

Find Client > Search Results > View Details > Annual Data > Poverty Level Assessments

[Save](#) [Cancel](#)

### Add

Date:  Enter a value for poverty level assessment date

Household Size:  Enter a value for the Household size Household Size must be greater than zero

Household Income:  Enter a value for the Household Income

Individual Income:  \$

For the client's Poverty Level Assessment, Date, Household Size and Annual Household Income are required fields. CAREWare will calculate the Federal Poverty Level for you from the Household Size and Household Income. Individual Income is not required for the ADR, but might serve a local purpose. Isia, would you launch the first knowledge Check please?



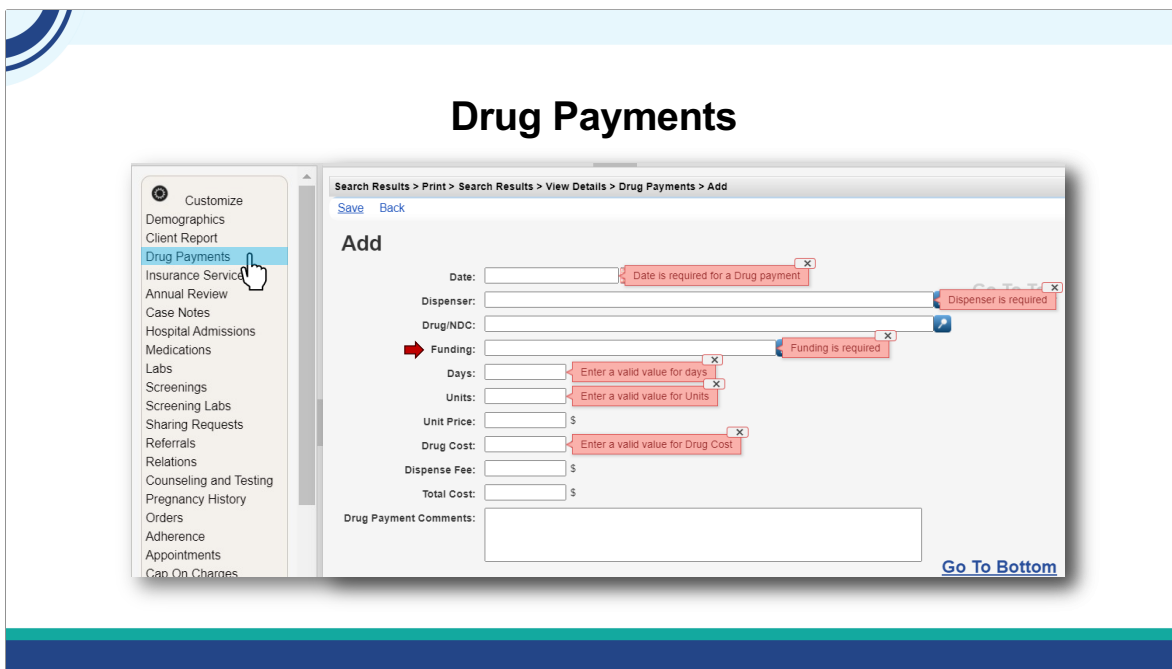
## Knowledge Check #1



For which clients should the health coverage be reported?

- 1) Clients with an insurance service in the reporting year
- 2) Clients with a medical service in the reporting year
- 3) Clients with any ADAP service in the reporting year
- 4) All clients, **with or without** services in the reporting year.

Correct answer: 4) All clients, **with or without** services in the reporting year.



Next, Drug Payments for medications are entered here for clients. The required fields are:

- Date
- Dispenser
- Drug NDC
- Funding
- Days
- Units
- And Drug Cost

When entering drug payments manually, CAREWare will warn you if you are missing a necessary field entry, as shown here.

*(click)* - Important note – the value for Funding must be set to “ADAP” for the payment to be reported on the ADR!

## Missing Drugs/NDCs (National Drug Code)

Find Client > Search Results > View Details > Drug Payments > Add

Save Back

### Add

Date:

Dispenser:  Page 1 of 918 [Go To Top](#)

Drug/NDC:

Funding: albumin human(d02376), Albumin Human, 13143030136, 5%, 250, New York Blood Center

Days: albumin human(d02376), Albumin Human, 13143030142, 5%, 500, New York Blood Center

Units: albumin human(d02376), Albumin Human, 13143030231, 25%, 50, New York Blood Center

Unit Price: albumin human(d02376), Albumin Human, 13143030234, 25%, 100, New York Blood Center

Drug Cost:

Dispense Fee:  \$


Total Cost:  \$

Drug Payment Comments:

[Go To Bottom](#)

If you trying to enter a drug and it doesn't appear on the Drug/NDC dropdown, you might have to update the ADR medication list.

# Managing NDCs



**HRSA**  
Ryan White HIV/AIDS Program

*juvitale > State ADAP Program*



- Customize
- Add Client
- Find Client
- Reports
- Rapid Entry
- Appointments
- My Settings
- System Information
- System Messages (6)
- Administrative Options
- Switch Providers
- Log Off
- My Links

### Administrative Options

Employee SetupLink a user account to employee informationGo To Top

Manage NDCsManage the ADAP Drug Formulary

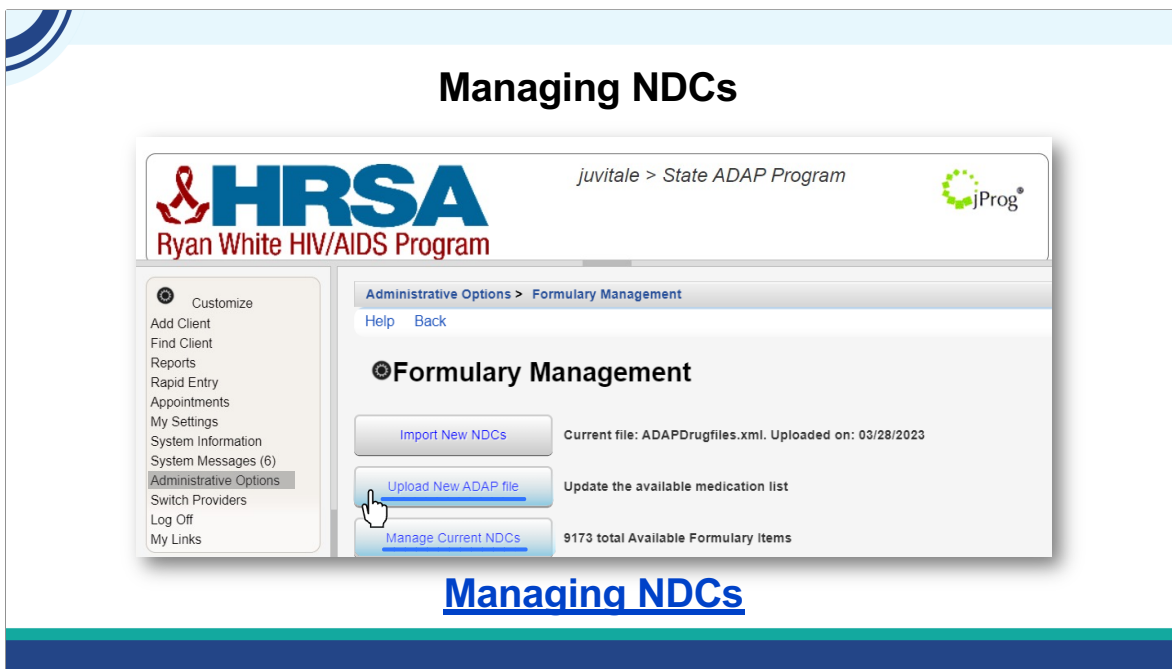
Drug Payment Funding SourcesManage Drug Payment Funding Sources

Manage Referral SetupManage external providers, referral classes and more

HRSA.Gov CAREWare Resources: ADR Medication List

As new drugs are available to clients, the drug lists in CAREWare need to be updated on a regular basis. You can find that list on the HRSA website at this hyperlink.

To do this, goto Administrative Options, and then Manage NDC's.



Once you've downloaded the newest file, you can upload it on the Formulary Management Page.

(Click) - You can also manage your formulary if you don't have an open formulary.

Please refer to the Jprog resource for more information on this at this hyperlink.

## Managing NDCs

**HRSA**  
Ryan White HIV/AIDS Program

juvitale > State ADAP Program

jProG

Administrative Options > Formulary Management > Manage Current NDCs

View Edit Remove NDC Remove Brand Remove Generic **Add Placeholder** Update All Dispensing Fees Back Print or Export Hide/Show Columns

ADAP Formulary Management

Search:

Drug Code	Generic	Brand	NDC	Indication	Dispense Fee	Active	Activation Date
d00001	acyclovir	Acyclovir	00954208025, 200	Antiretrovirals	\$8.50	Yes	01/07/2011
d00004	atenolol	Atenolol	64980043810, 50 m		\$0.00	Yes	10/05/2022
d00012	codeine	Codeine Sulfate	68482019301, sulfa		\$3.55	Yes	3/17/2022

## Managing NDCs

If a new medication is on your formulary that is not available in the NDC file, you can add a placeholder that will allow you to enter data for the medication. You will need to enter the NDC with all the leading zeroes.

Next, we'll talk about insurance services, but first...time for a knowledge check... Isia, would you launch the next knowledge Check please?

## Knowledge Check #2



True/False

Within 1 week of FDA approval, all new medications are automatically updated in CAREWare.

False

## Health Insurance Services

Search Results > Print > Search Results > View Details > Insurance Services

Save Save And Add Add Receipt Back

### Add Service

Client: Patient Test

Date: / / Date is required

Contract: Contract should be entered when adding or editing a service.

Tag:

Service Name: Medicare Part D Co-Insurance (ADAP)

Months Covered: Units is a required field Months Covered must be between 1 and 12

Price: Price is a required field

Total: Total is a required field

Case Manager:

Ok, now let's talk about insurance services. These are the fields required for an Insurance Service:

Date  
Contract  
Service Name  
Months Covered  
Price  
Total

As with Drug Payments, CAREWare will warn you if you are missing a necessary field entry, as shown here. You do need to choose a Service Name for some of the fields to load.



## ADAP Insurance Services and the CAREWare Subservices

Insurance Assistance Category	CAREWare subservice (short name)
Full Premium payment	High-risk insurance premiums-full payment (ADAP)
	Medicare supplement premiums-full payment (ADAP)
	Other health insurance premiums-full payment (ADAP)
Partial Premium payment	High risk insurance premiums-partial payment (ADAP)
	Medicare supplement premiums-partial payment (ADAP)
	Other health insurance premiums-partial payment (ADAP)
Copay/Deductible	High-risk insurance deductible (ADAP)
	High risk-insurance copayment (ADAP)
	Medicare supplement deductible (ADAP)
	Medicare supplement copayment (ADAP)
	Other health insurance deductible (ADAP)
	Other health insurance copayment (ADAP)
	Medicare Part D copayment (ADAP)
	Medicare Part D deductible (ADAP)
	Medicare Part D Out-of-Pocket (ADAP)

Note, the following subservices **will not** map to the ADR: High-risk insurance premiums (ADAP), Medicare supplement premiums (ADAP), Other health insurance premiums (ADAP).

With Insurance services, it is important that you pick the correct subservices so the services map correctly for the ADR. This table lists the available CAREWare subservices that you can use for each ADR insurance assistance category.

In addition, the following subservices will not map to the ADR:

- High-risk insurance premiums (ADAP)
- Medicare supplement premiums (ADAP)
- Other health insurance premiums (ADAP)


They exist in CAREWare because previously in the ADR, ADAPs did not have to distinguish between full and partial premiums. ADAPs may use these subservices for local purposes only, but any subservices reported using these categories will not be reported in the ADR.

Likewise, if you create your own subservice, it will not map correctly for the ADR.


The full list of insurance services that are valid for ADR are listed in [ADR Client-level Data Elements](#).

Please reach out to the CAREWare Help Desk for assistance if you believe your subservices are not set up correctly.

## Clinical Information: Labs



State ADAP Program > Test, Patient ( Birthdate: 9/1/1968, Last service: 1/13/2023 )



Find Client > Search Results > View Details > Labs

View Add Delete HL7 Source Back Help Back Print or Export Hide/Show Columns

### Labs

Search:

Date	Test Name	Test Operator	Test Result	Assay	Provider	Comment
01/13/2023	Viral Load	>=	200 (Copies/mL)	Other/Unk	State ADAP Program	
01/13/2023	CD4 Count	>=	200 (cells/mm <sup>3</sup> )		State ADAP Program	

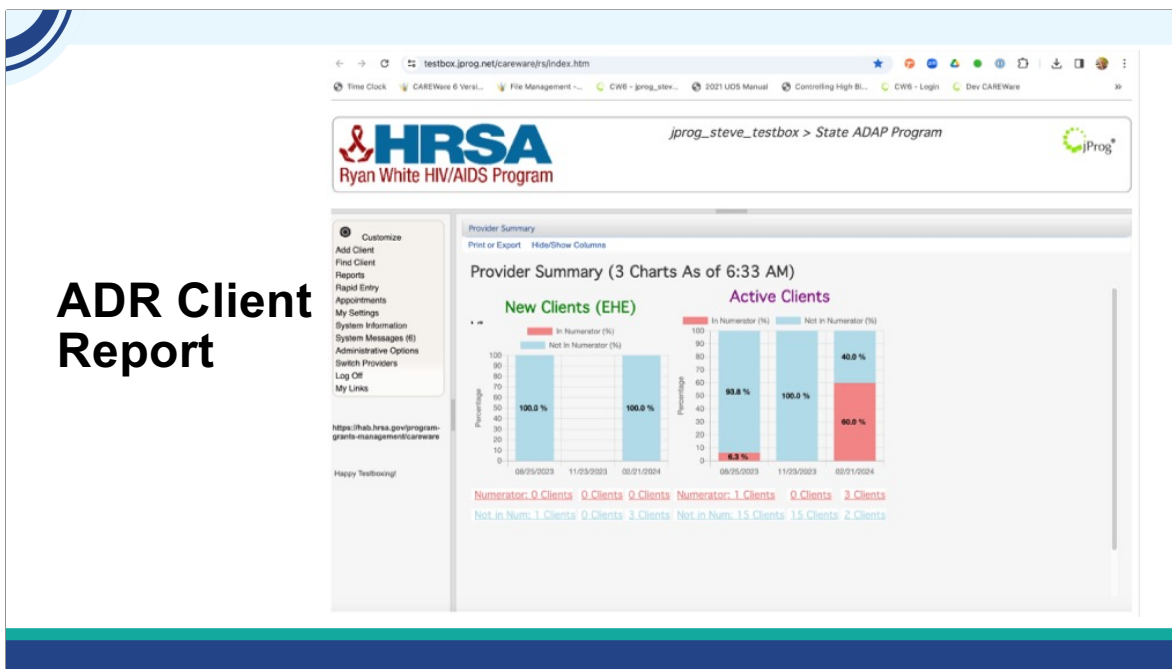
Finally, the two ADR-required labs, CD4 and Viral loads, can be entered under the Labs hyperlink.

Viral load and CD4 Counts are both entered as quantitative labs with a number for the test result in CAREWare. This is typically straightforward for the CD4 count, but Viral Load results can come in with a qualitative result, a description such as “Undetectable” or “Not Detected.” These need to be entered or imported as a number, which is the minimum detection threshold of the test (often this is 20). If you are not sure what the minimum detection threshold is, use zero. Reach out to the DISQ team if you would like any additional support on this.



## **Running the ADR**





## ADR Client Report

To create the special XML file that you will submit to the Electronic Handbook, go to Reports: HRSA Reports: ADR Client Report in your CAREWare ADAP domain. Select the ADR submission year and Select Run. Save the file to a secure network or local location.

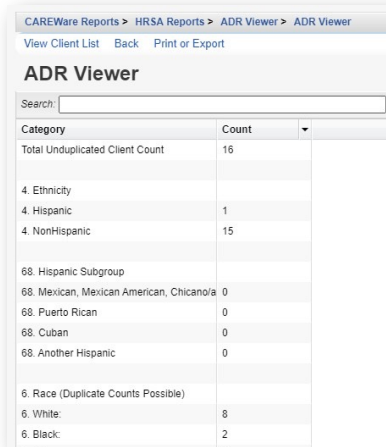
Here are the steps with the video: Go to Reports, HRSA Reports, ADR Client Report, Select the Reporting Year and click Cross Provider Labs if desired, click run, click download ADR file saving to your desired location.



## **Reviewing the ADR**



## CAREWare's ADR Viewer



The screenshot shows the CAREWare ADR Viewer interface. At the top, there is a breadcrumb trail: CAREWare Reports > HRSA Reports > ADR Viewer > ADR Viewer. Below this, there are links for 'View Client List', 'Back', and 'Print or Export'. The main title is 'ADR Viewer'. There is a search bar labeled 'Search:'. Below the search bar is a table with two columns: 'Category' and 'Count'. The table lists the following categories and counts:

Category	Count
Total Unduplicated Client Count	16
4. Ethnicity	
4. Hispanic	1
4. Non-Hispanic	15
68. Hispanic Subgroup	
68. Mexican, Mexican American, Chicano/a	0
68. Puerto Rican	0
68. Cuban	0
68. Another Hispanic	0
6. Race (Duplicate Counts Possible)	
6. White:	8
6. Black:	2

The ADR Viewer allows you to review the ADR Client Level Data File that is going to be submitted. You can check each data element for accuracy, and look at Unknown, Missing, and “No” values here for completeness.

## CAREWare's ADR Validation Report

CAREWare Reports > HRSA Reports > ADR Viewer > ADR Viewer

View Client List Back Print or Export

### ADR Viewer

Search:

Category	Count
Total Unduplicated Client Count	16
4. Ethnicity	
4. Hispanic	1
4. Non-Hispanic	15
68. Hispanic Subgroup	
68. Mexican, Mexican American, Chicano/a	0
68. Puerto Rican	0
68. Cuban	0
68. Another Hispanic	0
6. Race (Duplicate Counts Possible)	
6. White:	8
6. Black:	2

## EHB's Upload Completeness Report

### 2023 ADR Client-Level Data Upload Completeness Report

Grant Number: Report Period: 01/01/2023 - 01/01/2024 Report Id: 32301

Recipient Name: CAREWare Total Clients: 25

#### Summary Data

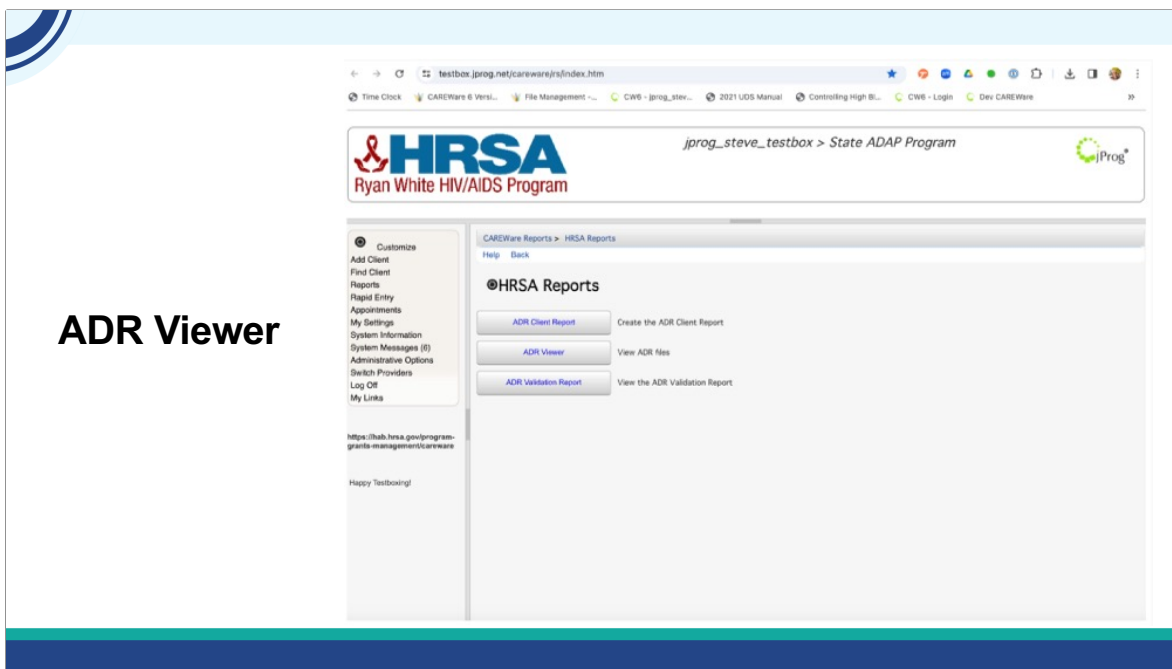
	2023	
	N	%
Total clients submitted	25	100.0%
Clients who received insurance services	17	68.0%
Clients who received ADAP-Funded medications	11	44.0%
Clients with no services reported	7	28.0%

#### Demographic Data

**Ethnicity (Item #4)**  
Current year Denominator: Number of unique clients reported (N = 25)

Ethnicity	2023	
	N	%
Hispanic/Latino(a)	5	20.0%
Non-Hispanic	20	80.0%
Missing/Out of range	0	0.0%

This report is very similar to the Upload Completeness Report of in the EHBs, with the added advantage of being able to quickly get a list of clients for any data element and click right to the record of any client in the list. Let's take a look.



## ADR Viewer

To get to the ADR Viewer, Navigate to Reports: HRSA Reports: ADR Viewer. Select Choose File and select the ADR Client Report XML file you downloaded earlier. Then, select “View ADR File”

In the list view, keep an eye out for any values in Unknown or Missing for the different data points. These may be things you can complete to make your data the best possible. To view clients with these statuses, select the row, then “View Client List.”

Remember that correcting these values does not update the file. When you have completed all the reviews, corrections, and changes, create another ADR Client XML file to incorporate the changes you’ve made.



## CAREWare's ADR Validation Report

Check #	Validation Message	Severity	# Clients
36	Clients with age of 90 years old or older	Warning	1
44	Clients with New Enrollment reported as 'yes' but missing ADA	Alert	4
65	Clients missing CD4 Test	Warning	17
72	Clients missing Viral Load Test	Warning	17
86	Clients missing Ethnicity	Warning	11
87	Clients missing Race	Alert	11
90	Clients with Asian race missing Asian subgroup	Alert	1
95	Clients did not receive Insurance Assistance or Medication Ass	Alert	6
96	Clients with missing Race and missing ethnicity	Warning	9
103	Clients with missing or invalid HIV/AIDS Status ID	Warning	8
105	Clients with missing or invalid current MedicalInsuranceID	Warning	17
106	Clients with enrollment status of 'Enrolled, on Waiting List'	Alert	2
108	Clients with insurance premium assistance months outside of	Alert	4
112	Clients with Last Eligibility Confirmation Date required but Las	Alert	2
117	Clients missing Poverty Level Percent.	Warning	27

Next, the ADR Validation Report allows you to review what's going to be submitted for validation messages.

## CAREWare's ADR Validation Report

Check #	Validation Message	Severity	# Clients
36	Clients with age of 90 years old or older	Warning	1
44	Clients with New Enrollment reported as 'yes' but missing ADI	Alert	4
65	Clients missing CD4 Test	Warning	17
72	Clients missing Viral Load Test	Warning	17
86	Clients missing Ethnicity	Warning	11
87	Clients missing Race	Alert	11
90	Clients with Asian race missing Asian subgroup	Alert	1
95	Clients did not receive Insurance Assistance or Medication As	Alert	6
96	Clients with missing Race and missing ethnicity	Warning	9
103	Clients with missing or invalid HIV/AIDS Status ID	Warning	8
105	Clients with missing or invalid current MedicalInsuranceID	Warning	17
106	Clients with enrollment status of 'Enrolled, on Waiting List'	Alert	2
108	Clients with insurance premium assistance months outside of	Alert	4
112	Clients with Last Eligibility Confirmation Date required but Las	Alert	2
117	Clients missing Poverty Level Percent.	Warning	27

## EHB's Validation Report

Row No.	Check No.	Message	Type
▶ 1	65	1 client(s) reported with missing CD4 test. CD4 tests should be reported for all clients	Warning
▶ 2	72	1 client(s) reported with missing Viral Load test. Viral Load tests should be reported for all clients	Warning
▶ 3	86	1 client(s) missing ethnicity.	Warning
▶ 4	87	1 client(s) missing race.	Alert
▶ 5	96	1 Client(s) with missing Race and missing ethnicity.	Warning
▶ 6	103	1 client(s) with missing or invalid HIV/AIDS Status ID.	Warning
▶ 7	105	1 client(s) with missing or invalid current MedicalInsuranceID.	Alert
▶ 8	117	1 client(s) missing Poverty Level Percent.	Warning

This is very similar to the Validation Report in the EHBs. This report also has the added advantage of being able to quickly get a list of clients triggering a validation. You can quickly go to the record of any client in the list. Let's talk a bit more about validation messages.

## Three Types of Validation Messages



**Errors:** Data with errors are not accepted. You must edit your data and re-upload.



**Warnings:** In response to warnings, you should go back and look at your data to see if edits can be made. If edits cannot be made, you will need to submit a validation comment explaining why your data look the way they do.



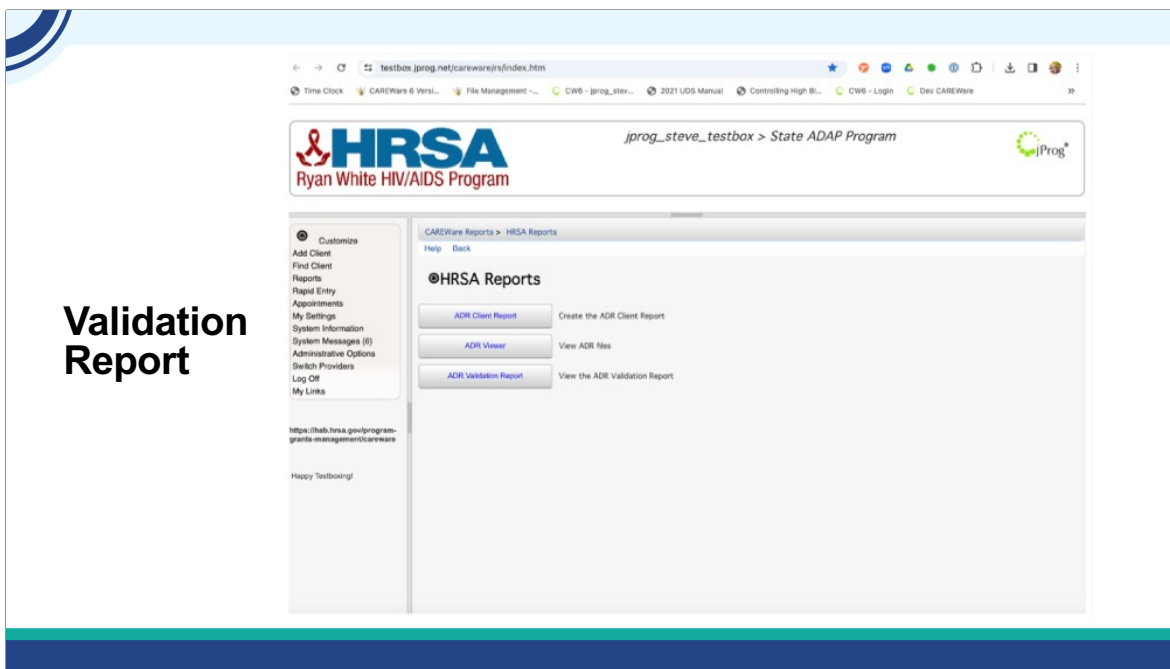
**Alerts:** Alerts are informational and do not prevent submission. However, please make corrections as necessary if you receive a validation alert.

Validation Reports are divided into three severity classes: errors, warnings, and alerts

An error severity level is a show stopper. You won't be able to submit your ADR Client File if this is not fixed. One of the many advantages that CAREWare users have is that its impossible to end up with an Error. The checks and balances within XML file creation process eliminates the risk of exporting a file that either does not pass the schema check or has an error. In fact, the only error you could run into with CAREWare CLD files is forgetting to upload it to the Electronic Handbook!

A warning on the other hand, will require explanation or comment, to be able to submit your ADR Client-level data file in the Electronic Handbook. An example of this is a client with a missing viral load. The comment may be something like, "a patient left the state and was lost to care."

Alerts are items to review to make sure that your data is correct. An example is an alert that a client has been reported to be over 90 years of age. Thankfully, we are seeing more and more of our clients living into their 90s!



## Validation Report

The ADR Validation Report is also within HRSA Reports.

Let's take a look. We click ADR Validation Report, select the year, cross provider labs if we want, and run. We then click view ADR Validation Report. For each row, we see a client count for each check. We can select the row and then View Client List to go into the clients' records and add information as we verify it from the EMR or case management system. Let's check out who's missing Viral loads in 2023's ADR Client File. Click the validation row, then view client list. We select the client in the list and Go To Client. Then we can review the client's labs and add the missing data if it's present in other records that had not made it into CAREWare.

After you have done all your changes through the client viewer, run the validation report to check for anything you may have missed. Correct these issues.

Finally, when your data is as complete and error free as possible, create a final Client File, naming it something that denotes it's the submission file. The next steps for submission to EHB are outside the scope of this presentation, but there are several TA resources on TargetHIV to help you with this.

Let's Check our Knowledge! Isia, would you launch the final knowledge Check please?

## Knowledge Check #3



Which of the following require comments to submit a client level data file to the Electronic Handbook?

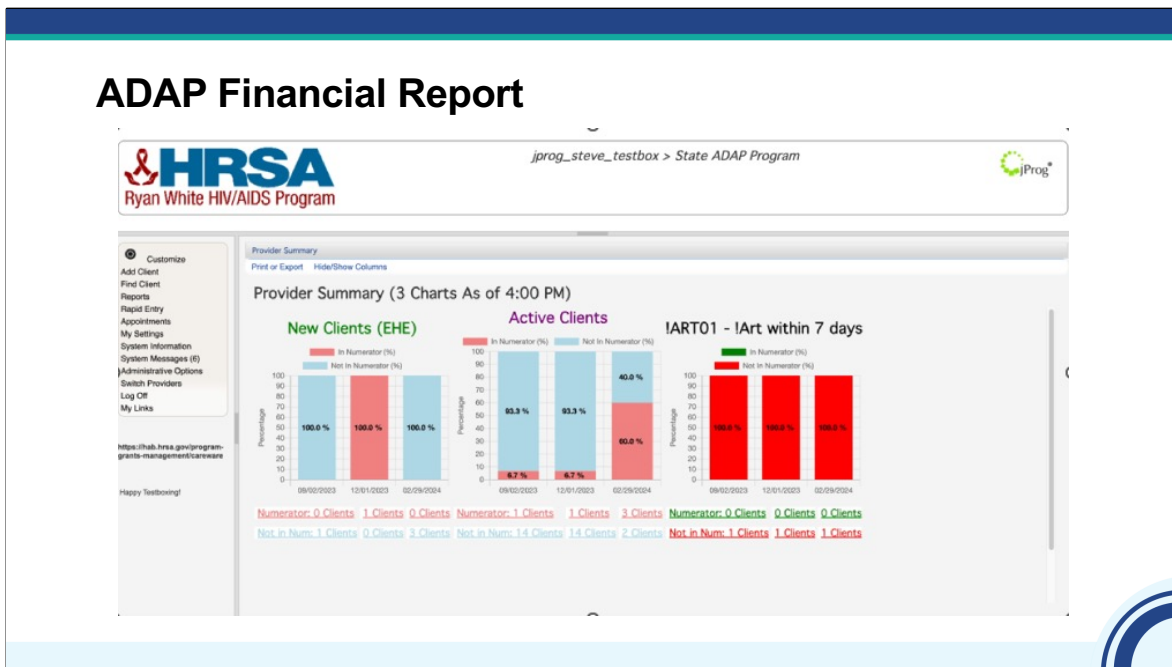
- Alert
- Warning
- Error

Answer: Warning

**Something you may not have known about...**

Here's a bonus you may not have known about.

# ADAP Financial Report



We added a way to easily create a report that shows Medication utilization.

This is the ADAP Financial Report

The ADAP financial report lets you see how many clients had medications and the totals for those medications for a period.

Let's go through that.

We go to Reports

ADAP Financial Report

Set our dates

Filter by dispenser, funding source, or other filters if we want, then click run.

Here we see the output

# ADAP Financial Report

## ADAP Financial Report

Sunday, January 1, 2023 through Sunday, December 31, 2023

### Report Criteria:

Dispensers: All Sources, ADAP, Best Drugs, State of Chaos, Test  
Funding Sources: All Sources  
Group By: None

### State ADAP Program

Dispenser:	Funding Source:	NDC:	Medication:	Clients:	Units:	Duration:	Drug Cost:	Dispense Fee:	Total Cost:
ADAP	ADAP	00002-0640-02	Seconal Sodium	2	61	67	\$357.40	\$20.50	\$377.90
ADAP	ADAP	00002-0640-33	Seconal Sodium	1	168	28	\$14,266.56	\$12.00	\$14,278.56
ADAP	ADAP	00002-0665-02	Tulinal	1	10	180	\$89.00	\$17.00	\$106.00
ADAP	ADAP	00002-1407-01	QuiNIDine Gluconate	1	1	7	\$1.00	\$8.50	\$9.50
ADAP	ADAP	00093-3147-05	Cephalexin Monohydrate	1	168	28	\$14,266.56	\$12.00	\$14,278.56
ADAP	ADAP	00173-0661-00	Ziagen	1	365	365	\$3,248.50	\$8.50	\$3,257.00
ADAP	ADAP	00173-0664-00	Ziagen	1	10	60	\$10.00	\$17.00	\$27.00

Here's a close-up of this report.

You can see it shows details on all the medications entered through the Drug Payments tab. It gives totals such as # of clients and Total Cost for each NDC entered during the reporting period.



## When Can I Get the ADR Build of CAREWare?

ADR Build 230 has just been released!

jProg maintains the latest production-recommended build of CAREWare, including this one, at:



<https://ryanwhite.hrsa.gov/grants/manage/careware>

One of our most popular questions at the CAREWare Help Desk is when will the ADR build of CAREWare be ready. Every year, our programmers update CAREWare to comply with changes to ADR and to add features and fix bugs. We just announced it's release on the CAREWare Listserv.

## Resources for the ADR and CAREWare

- jProg Happyfox Knowledge Base
  - [CAREWare Knowledge Base](#)
    - [Create the ADR Client Report XML File](#)
    - [Review the ADR Client Report with the ADR Viewer](#)
    - [Review the ADR Validation Report](#)
    - [Custom Reports for ADR Data Quality](#)
- Other resources related to ADR
  - [CAREWare Tips for ADAPs: Key Areas That Impact ADR Data Quality](#)
  - [ADAP Data Report \(ADR\)](#)

I'd like to give you the hyperlinks to get to some jProg CAREWare resources.

First, we have our **knowledge base**. This has articles to support you on your ADR and more. Here are 4 articles you might want to review when completing your ADR this year.

Next, you may want to check out [CAREWare Tips for ADAPs: Key Areas That Impact ADR Data Quality](#) to get your data as best as it can be.

TargetHIV also has a collection of ADR resources, including webinars and print resources to help you complete your ADR.

# RWHAP Technical Assistance Resources

The [RWHAP TA Resources Brochure](#) features information on each RWHAP technical assistance provider, including:

- RWHAP reports they support
- Questions they frequently respond to
- Contact information

Ryan White HIV/AIDS Program TA Resources		
<b>RWHAP Data Support</b> Reports: RDR, ADR, AETC, EHE, HIVGA, PFR/Innovation Report, Expenditure Report, GCMS, and DSR The Ryan White Data Support team provides support for questions related to data report content and submission data validation, and interpretation of the instructions manual and HIV/AIDS reporting requirements. They can address such issues as:	<ul style="list-style-type: none"> <li>I don't understand something in the instruction manual.</li> <li>I don't understand a reporting requirement.</li> <li>What is the submission response for a given data element?</li> <li>I received a validation message (error, warning, alert) and I don't know how to fix it.</li> <li>What is my organization's relationship with our recipient/development partner?</li> </ul>	<ul style="list-style-type: none"> <li>How do I manage contacts in the GCMS?</li> <li>What is my provider's registration code?</li> <li>What is my OUD code?</li> <li>How do I change my report's administrative status?</li> <li>I received the report returned to me in the system. I don't understand a certain report's administrative category and what activities are included in that category.</li> </ul>
<b>Data Integration, Systems and Quality (DISO) Team</b> Reports: RDR, ADR, AETC, EHE, HIVGA The DISO team aims to enhance the completeness, accuracy and consistency of RWHAP data through capacity building, training and technical assistance (TA) for recipients and providers. They can address such issues as:	<ul style="list-style-type: none"> <li>I'm a new user and I don't know where to look.</li> <li>I need help with my client-level data.</li> <li>What is the data reporting address and how do I use it to my report?</li> <li>How do I update my XML file?</li> <li>How do I use TRAK?</li> <li>How do I integrate data from multiple sources?</li> <li>How do I use the updated completeness report?</li> </ul>	<ul style="list-style-type: none"> <li>I need help addressing a data issue identified in my system-generated report.</li> <li>How do I check the quality of our data?</li> <li>I would like to improve my data reporting process and improve my data quality.</li> <li>Is there another organization that uses the same data system that I can talk to?</li> </ul>
<b>EHBs Customer Support Center</b> Reports: RDR, ADR, AETC, EHE, HIVGA, PFR/Innovation Report, Expenditure Report, GCMS The EHBs Customer Support Center assists with registering, accessing, and navigating the EHBs. They can address such issues as:	<ul style="list-style-type: none"> <li>I can't log into the EHBs in the EHBs.</li> <li>I need to subchange which is not working.</li> </ul>	<ul style="list-style-type: none"> <li>I need help building my report in the EHBs.</li> <li>I have a system error.</li> </ul>
<b>CAREWare Help Desk</b> Reports: RDR, ADR, EHE, HIVGA The CAREWare help desk can assist with generating XML files from CAREWare. They can address such issues as:	<ul style="list-style-type: none"> <li>I need help with CAREWare.</li> <li>How do I generate my complete XML file using CAREWare?</li> </ul>	<ul style="list-style-type: none"> <li>How do I create a custom report in CAREWare?</li> <li>How do I import data from another system into CAREWare?</li> </ul>
<b>Contact Your Project Officer</b> They can address such issues as:	<ul style="list-style-type: none"> <li>I have questions about my organization's RWHAP program.</li> <li>I need help with my program report.</li> <li>I have a question about my grant funding.</li> <li>Can I host the report machine?</li> </ul>	<ul style="list-style-type: none"> <li>My organization is a subcontractor and my provider is not submitting their data on time.</li> <li>My organization did not collect all the required data. What do I do?</li> </ul>

There are several technical assistance resources available to help you with your ADR. The RWHAP TA Resources brochure outlines information about each technical assistance provider, including the reports they support, frequently asked questions they respond to, and their best contact information. You can find this resource on the TargetHIV website.

Most importantly, please don't forget that there is no wrong door for TA – if we can't assist you, we're happy to refer you to someone who can!

## Connect with HRSA

To learn more about our agency, visit

[www.HRSA.gov](http://www.HRSA.gov)

 Sign up for the HRSA *eNews*

FOLLOW US:    

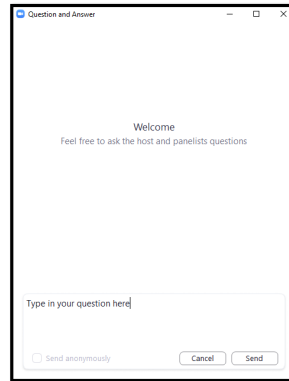
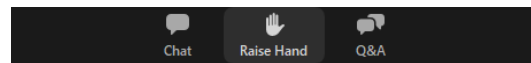
And then lastly, to find out more about HRSA, check out HRSA.gov. I'd like to thank everyone again for joining us on today's webinar and now we'll move onto the Q&A. I'll be handing this over to Julie.

## Let's Hear From You!

- Please use the “raise hand” function to speak. We will unmute you in the order that you appear.

**OR**

- Type your question in the question box by clicking the Q&A icon on the bottom toolbar.

As a reminder, you can send us questions using the “Question” function on your control panel on the right hand side of the screen. You can also ask questions directly “live.” You can do this by clicking the raise hand button (on your control panel). If you are using a headset with a microphone, Isia will conference you in; or, you can click the telephone button and you will see a dial in number and code. We hope you consider asking questions “live” because we really like hearing voices other than our own.

We do want to get all of your questions answered, and we do not usually run over an hour. If you have submitted your question in the question box and we cannot respond to your question today, we will contact you to follow up. We often need to explore your question in order to give you the most appropriate answer.

Lets take a look at your questions?

The next question we have...

Isia, do we have anyone with their hand raised?

Would XXX like to take themselves off mute and explain your question a bit further?

That is a great question! We will have to follow-up with you offline about this question. We'll need to know a bit more about your situation before we can answer this.

Would any of my colleagues want to elaborate on this?

Steve, perhaps you can take this one?

Roy, would you mind taking this one?

What other questions do you have?

Remember to fill out your evaluation. We'll be sending out the 508 compliant slides and the Q&A in about two weeks.