ADR

AIDS Drug Assistance Program (ADAP) Data Report (ADR) Data Quality: Lessons from Outreach

Ryan White HIV/AIDS Program ADR

HIV/AIDS Bureau

April 24, 2024

RWHAP DATA SUPPORT

DISQ Data Integration, Systems & Quality TECHNICAL ASSISTANCE

Welcome to today's Webinar. Thank you so much for joining us today!
My name is Ruchi Mehta. I'm a member of the DISQ Team, one of several groups engaged by HAB to provide training and technical assistance to ADAPs for the ADR.

Today's Webinar is Presented by:

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DISQ

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DISQ

Today's Webinar is presented by Debbie Isenberg also from the DISQ team. In today's webinar, Debbie will share the findings from this year's ADR outreach activities as well as some approaches that your fellow ADAPs are using to address some data quality issues. 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.

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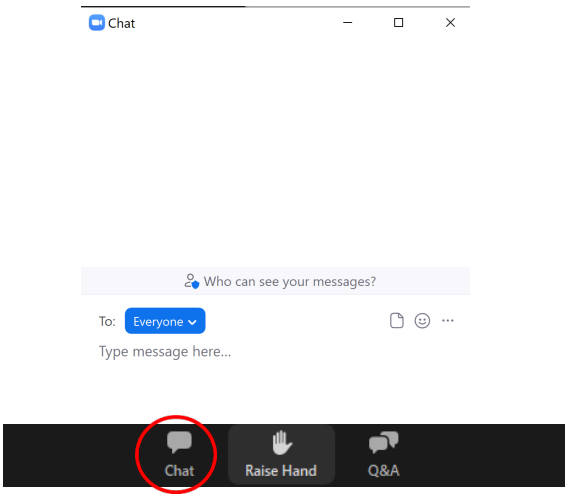
Let's 'Chat' Today!

- The "chat" function is enabled today
  - Share feedback and tips
- Submit questions by using the 'Q & A' feature



So before I jump in I wanted to let everyone know since we're a smaller group for the ADR, we've turned on the 'chat' feature in Zoom today. That means you can also share feedback and tips during the webinar today. We'll still use the Q & A feature as we always have-you can type in questions now or ask questions live during the Q & A portion of the webinar and Ruchi will tell you more about that later today.

Outline

- Data Management Practices
- Data Quality Issues Identified During Outreach
- TA Resources and Next Steps
- Questions

Today's webinar is specifically focused on and for AIDS Drug Assistance Programs or ADAPS meaning a program at the state or territorial level that provides medication and/or insurance services. ADAPs are not the same as a local AIDS Pharmaceutical Assistance Programs. This webinar is also pretty technical, so if you're new to your ADAP, you'll probably want to review the prior webinars as a way to help better understand the information that I'm providing today. Also please feel free to submit any written questions throughout the webinar and we'll address them at the end.

Many of you spoke with us to discuss last year's ADAP Data Report (or ADR) submission. As always, we learned a lot about your work and how it is reflected in your data!

Today, (click) I'm going to discuss some of the data management practices that you shared with us including strategies for creating the ADR. Then I'll share some of the (click) data quality issues identified during outreach as well as some strategies suggested by your fellow ADAPs as well as the DISQ team.

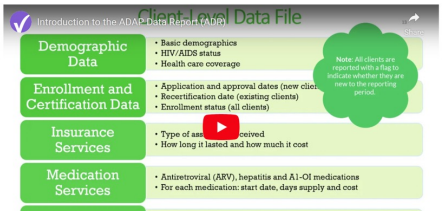
I'd like to start with a poll to get a sense of who's on the webinar today so I'm going to turn things over to Isia. Isia, take it away.

Which of the following best describes your experience in completing the ADR submission?

❍ I'm brand new and have never completed the ADR before
❍ I've submitted the ADR before but still have questions
❍ I've submitted the ADR before and am good to go!
❍ I'm not sure how to answer that question

What is the ADR?

- Annual Report Requirement for AIDS Drug Assistance Programs
  - Due on the first Monday of June
- Comprised of two components
  - Recipient Report
  - Client Report



ADR Training Video Series

For those of you who are new, I'm going to present a quick overview of the ADR. The ADAP Data Report (or ADR) is an annual reporting requirement for AIDS Drug Assistance Programs due on the first Monday of June.

There are two components of the ADR: the Recipient Report and the Client Report.

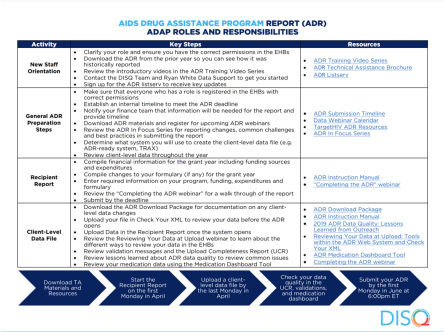
The Recipient Report collects basic information about recipient characteristics, programmatic policies, funding, expenditures, and medication formulary.

The client-level data report include one record for each client enrolled in the ADAP during the reporting period and includes information about demographics, enrollment and certification, insurance and medication assistance services and clinical information.

For those of you who are new, check out the ADR Training Video Series on TargetHIV.

What To Do If You're New

- Download the ADR Roles and Responsibilities document
  - Clarify your role
  - Get EHBs access
  - Download the ADR from the prior year
  - Review the ADR Training Video Series
  - Sign up for the ADR listserv
  - Contact the DISQ Team and Ryan White Data Support



AIDS DRUG ASSISTANCE PROGRAM REPORT (ADR)
ADAP ROLES AND RESPONSIBILITIES

Activity	Key Steps	Resources
New Staff Orientation	• Clarify your role and ensure you have the correct permissions in the EHBs • Download the ADR from the prior year so you can see how it was historically reported • Review the introductory videos in the ADR Training Video Series • Contact the DISQ Team and Ryan White Data Support to get you started • Sign up for the ADR listserv to receive key updates	• ADR Training Video Series • ADR Technical Assistance Brochure • ADR Listserv
General ADR Preparation Steps	• Make sure that everyone who has a role is registered in the EHBs with correct permissions • Establish an internal timeline to meet the ADR deadline • Notify your finance team that information will be needed for the report and client-level data • Download ADR materials and register for upcoming ADR webinars • Review the ADR In Focus Series for reporting changes, common challenges and best practices in submitting the report • Determine what system you will use to create the client-level data file (e.g. ADR-ready system, TRAX) • Review client-level data throughout the year	• ADR Submission Timeline • Data Webinar Calendar • TargetHIV ADR Resources • ADR in Focus Series
Recipient Report	• Compile financial information for the grant year including funding sources and expenditures • Compile changes to your formulary (if any) for the grant year • Enter required information on your program, funding, expenditures and formulary • Review the "Completing the ADR webinar" for a walk through of the report • Submit by the deadline	• ADR Instruction Manual • "Completing the ADR" webinar
Client-Level Data File	• Download the ADR Download Package for documentation on any client-level data changes • Upload your file in Check Your XML to review your data before the ADR opens • Upload Data in the Recipient Report once the system opens • Review the Reviewing Your Data at Upload webinar to learn about the different ways to review your data in the EHBs • Review validation messages and the Upload Completeness Report (UCR) • Review lessons learned about ADR data quality to review common issues • Review your medication data using the Medication Dashboard Tool	• ADR Download Package • ADR Instruction Manual • 2019 ADR Data Quality: Lessons Learned from Outreach • Reviewing Your Data at Upload: Tools Available in the ADR Web System and Check Your XML • ADR Medication Dashboard Tool • Completing the ADR webinar

Download TA Materials and Resources → Start the Recipient Report on the first Monday in April → Upload a client-level data file on the last Monday in April → Check your data quality in the UCR, validations, and medication dashboard → Submit your ADR by the last Monday in June at 6:00pm ET

DISQ

There are a few initial steps that you can take. You can download the ADR roles and responsibilities document which outlines the key steps that I'm reviewing.

First, (click) clarify what your role is. Will you be working on the Recipient Report? The client-level data? Both?

Second, (click) will you need access to the Electronic Handbooks (or EHBs) to complete your role? Well, if you're supposed to enter information into the Recipient Report, upload client-level data or submit the ADR, you'll need EHBs access.

(click) If you have EHBs access, download the Recipient Report and the Upload Completeness Report from last year. This will help you understand your historical submission and have a starting point for your work. If you don't have EHBs access as part of your role, ask someone who does to download these for you.

(click) Next, review the ADR Training Video series.

(click) Don't forget to sign up for the ADR listserv. This is how we communicate with you about updates or any issues for the ADR.

(click) Finally, ask for help if you need it. Both the DISQ Team and Ryan White Data Support can help.

ADR Outreach

- Conducted two stages of outreach
  - Stage 1 - possible data quality issues that may take longer to resolve or require a change in processes
  - Stage 2 – more comprehensive review

Ok, let's jump in to the focus of today's webinar-what we learned from this year's outreach activities. We did things a little differently for outreach for the 2022 ADR. Specifically we did a two-stage process.

Last summer we reached out to ADAPs who, based on review of their validations and Upload Completeness Reports, may have had data quality issues that would require longer to resolve or a change in processes. In the winter/early spring, we conducted outreach with ADAPs based on a more comprehensive review of their 2022 ADR including review of the ADR Summary Reports created by DISQ.

ADR Outreach

- Reviewed your data
- Created and distributed ADR Data Quality Summary Reports to all ADAPs
- Cumulatively we met with 39 ADAPs

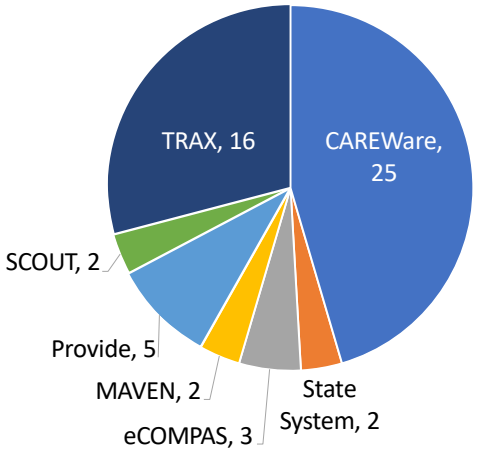
In both cases we reviewed data that you submitted and all ADAPs received the ADR Data Quality Summary Reports (these are updated annually). Combined, we held calls with 39 ADAPs.

As part of these calls, we learned more about your program, data management practices, and strategies for creating the ADR. We also reviewed your data with you because while we can sometimes spot data quality issues through our own data analysis, we also rely on you to compare the data with your expectations to figure out if there is a data quality issue.

We learned a lot and want to share what we learned with you to help with the upcoming submission.

Strategies for Creating the ADR

Several of you changed data systems last year or are planning new approaches this year



*One ADAP used two different strategies

In terms of strategies to create the client level data file for the ADR, many of you use an ADR-Ready System, such as CAREWare, Provide, eCOMPAS or SCOUT to create your ADR client-level data file; TRAX is an application used where you can take data from various data systems, enter the data into multiple .CSV files and TRAX generates the ADR XML file. As you can see from the graphic, the two most commonly used approaches are CAREWare and TRAX.

(click) A few of you changed approaches last year which in some cases impacted your ADR data quality. Some of you are also changing approaches this year.

Data Management Strategies

- Making changes to your processes or new to doing the ADR?
  - Give yourself plenty of time for submission to identify and address issues
- Make sure you have the latest versions/builds
  - CAREWare 6 Build 230
  - TRAX 5.8

Through our conversations with you about your data management practices and strategies for creating the ADR, we identified some high-level steps you can take to improve ADR data quality. First, many of your systems or processes are changing or folks are new. If that's the case, (click) build in some extra time this year in creating the ADR to identify and address unforeseen issues.

(click) Make sure you are using the latest version of your system to create the 2023 ADR. For CAREWare, the minimum build is 230. For TRAX users, you'll need to reinstall TRAX this year to get the current version. There are no changes to the csv tables but both the manual and CHEX have been updated. If you use another system, check with your vendor.

Data Management Strategies

- Importing/merging data from multiple sources?
  - Check data throughout the year, not just before the deadline
- Use your data for program purposes!

In terms of ongoing activities, (click) if you are importing or merging data from multiple sources, do this throughout the year, not just before the deadline. And while today's focus is on the ADR, we encourage to (click) use your data for program purposes such as informing and evaluating program activities.

You Continue To Make Great Progress!

- Multiple ADAPs had or were in the process of implementing changes to improve data quality
- Data reported continues to be 'translated' better

Now before we jump in to a review of data quality issues, I want to highlight a few successes. When we reached out, multiple ADAPs commented that they had implemented or were implementing changes to improve their data. ADAPS also continue to do better translation of their programs to the ADR reporting requirements. It's a work in process but everyone's jumping in. So I just want to take a moment and congratulate everyone on the progress that you've made.

Data Quality Issues

- Demographic data
- Enrollment and certification data
- Insurance services data
- Medication services data
- Clinical data

Now, let's get into the meat of our conversation with you – specific data quality issues. We have split these issues into the major sections of the ADR Client Report.

Demographic and Enrollment Data

Let’s start with demographic and enrollment data '

Known Rates for Demographic Data

Ethnicity	Gender	Birth Year
Race	Sex at Birth	Poverty Level
Hispanic SG	Asian SG	NHPI SG
HIV/AIDS Status	Health Coverage	

Demographics | Enrollment | Insurance | Medication | Clinical

Overall demographic data were very complete. Among the 11 demographic data elements , we're going to focus on one data element where there are data accuracy issues: (click) Health coverage

Health Coverage

- "Other Plan" response option being reported incorrectly

Challenges	Strategies
Confusion about how to report marketplace plans	Marketplace plans are reported as private-individual
CAREWare users check off to enter text field	Create a custom field if you need to gather more information

Demographics | Enrollment | Insurance | Medication | Clinical

We identified accuracy issues with two response options: Other Plan and Medicare Part C.

We learned that ADAPs are using other plan to report individuals who have marketplace plans. In addition, some ADAPS using CAREWare are using 'Other Plan' as a custom field so that they can enter information in the text box.

Marketplace plans should be reported as private-individual. If CAREWare users want to have a place to capture more detail about health coverage, you would need to create a custom field and not use "other plan'.

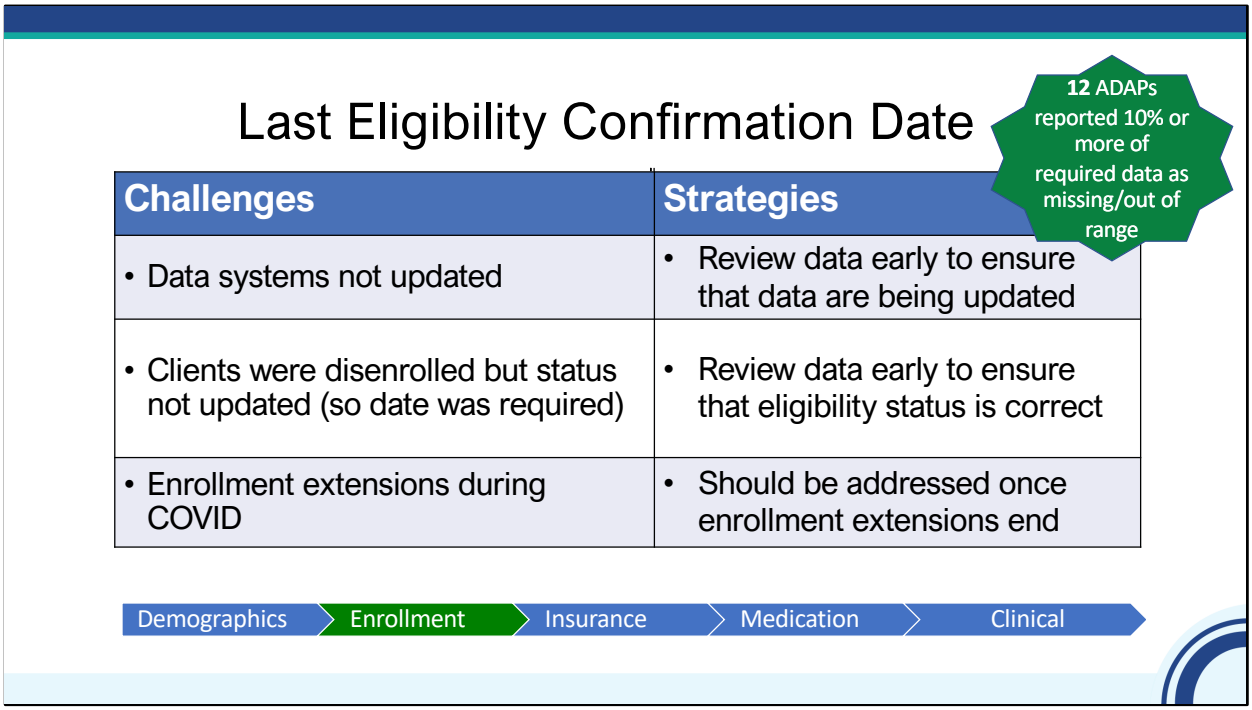
Health Coverage

- "Medicare Part C" response option not being reported

Challenges	Strategies
• Legacy systems that don't have this response option	• Update system as feasible to incorporate option
• Applications don't capture information	• Update applications as feasible to incorporate option

Demographics | Enrollment | Insurance | Medication | Clinical

Medicare Part C was added as a response option in the 2021 ADR. We learned as part of outreach that ADAPS don't always have data systems that can capture this or don't have it on their applications so they aren't asking clients. Strategies identified were updating data systems and applications as feasible



Now let's switch to last eligibility confirmation date. This was first implemented in the 2022 ADR where recertification date was changed to last eligibility confirmation date. It is only required for existing clients who were not disenrolled as of the end of the reporting period. About 12 ADAPs had 10% or more of required data as missing or out of range. Out of range means that the date is either prior to or after the reporting period.

Some of the challenges mentioned included that data systems weren't updated. This was sometimes due to staffing challenges but in some cases ADAPs weren't aware of the issues until they ran their ADR. Another challenge was that clients were disenrolled but their enrollment status was never updated in the data system so they were included in the required data. Finally, some ADAPs mentioned that they had enrollment extensions due to COVID so recertification was not done.

Some what are some strategies. Well you may see a theme here. Reviewing data early is the best way to ensure that you can catch any data entry issues. When you review your data, it should align with your recertification policy. For example, if you have annual or more frequent recertification, you should rarely have dates out of range.

Most ADAPs that mentioned enrollment extensions due to COVID have noted that those have ended so that doesn't appear to be an issue moving forward.

Disenrollment Reason

- Disenrollment reasons of other and unknown used instead of specific categories

- Program eligibility criteria changed, client no longer eligible
- Client's eligibility changed, client no longer meets eligibility criteria
- Did not recertify
- Did not fill prescription as required by program
- Deceased
- Dropped out, no reason given

Demographics | Enrollment | Insurance | Medication | Clinical

Another issue that we identified is other, unknown or missing disenrollment reason. In the 2021 ADR, the response option Other/Unknown was separated so these were separate categories. What we've learned in outreach is that often the reasons put in 'other' categories will fit into one of the other ADR options. These include (click) :

- Program eligibility criteria changed, client no longer eligible
- Client's eligibility changed, client no longer meets eligibility criteria
- Did not recertify
- Did not fill prescription as required by program
- Deceased
- Dropped out, no reason given

(click) One effective approach that some ADAPs have used is to create a crosswalk of the common reasons reported and align them with the ADR disenrollment reasons. It's also important to ensure that disenrollment reasons are collected in your data system.

So go ahead and chat in. Are there any challenges with Demographic or Enrollment data that you want to share? How about effective strategies?

Now let's move to Insurance Services. As a reminder, insurance services includes five data elements-a flag for whether or not the client receives insurance services (yes or no), the insurance type which can include full premiums, partial premiums and medication copayments, co-insurance and deductibles, premium amount and month count for any clients who received full or partial premiums and finally the medication copay and deductible amount for medication copays, co-insurance and deductibles.

Known Rates for Insurance Services Data

- Issues were more specific to accuracy of the reported data, not completeness
- Over the last three several years, DISQ has focused a lot more on the accuracy of insurance services
- ADAPS have been able to implement changes once they knew they were reporting incorrectly

Demographics | Enrollment | **Insurance** | Medication | Clinical

For insurance services, the data were complete for the majority of ADAPs. The data quality issues identified are more specific to accuracy, not completeness. Over the last three years, the DISQ team has focused a lot more on accurate reporting of insurance services. The great news is that several ADAPS have been able to modify their reporting practices once they realized that there were issues.

Reporting Flags and Associated Data Elements

New Enrollment

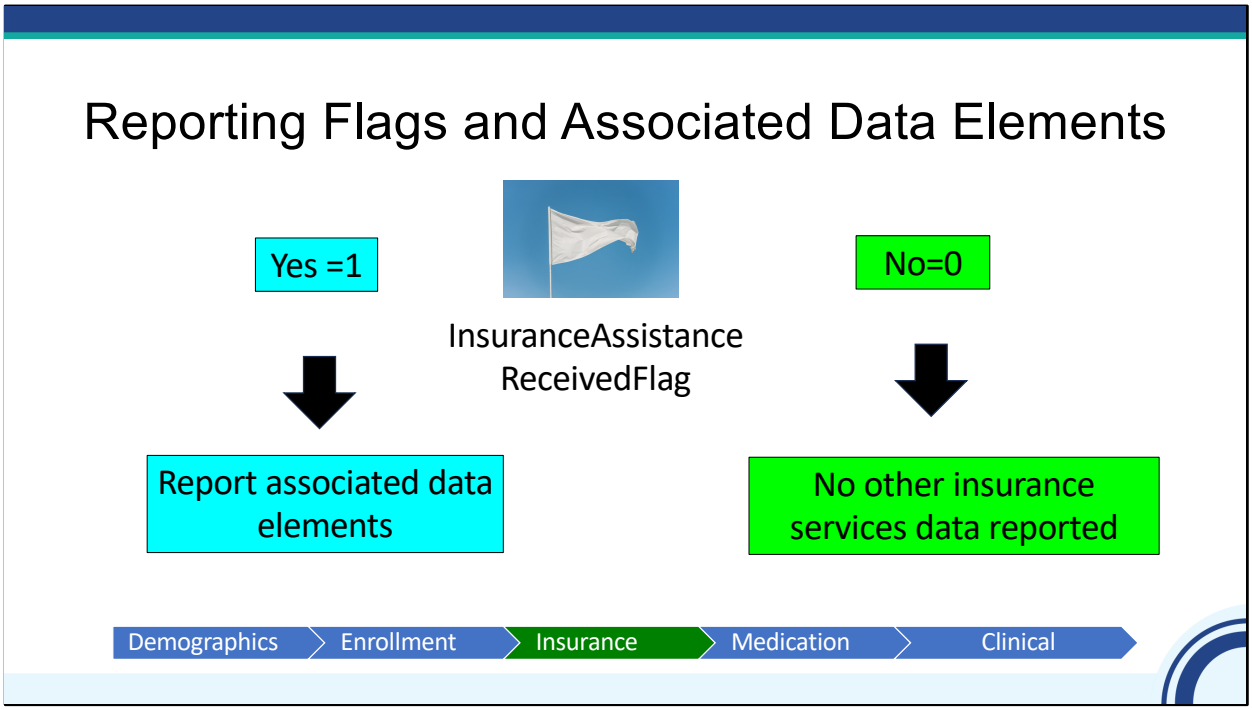
Insurance Assistance Received Flag

Medications Dispensed Flag

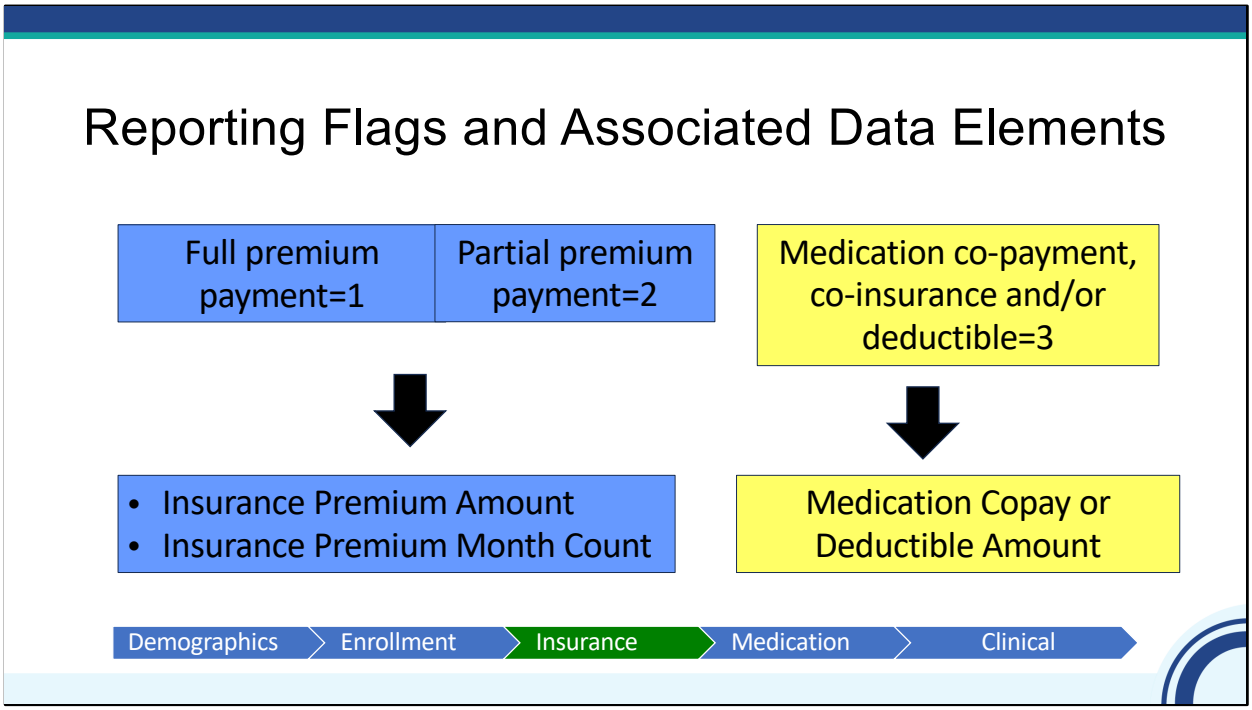
Demographics | Enrollment | Insurance | Medication | Clinical

Now before we dive into insurance premium and copays, I want to talk about flags and associated data elements. The ADR has three different flags: (click) one for new clients, (click) one for insurance assistance services and (click) one for medication services. All clients must have a value reported for the flag. ADR ready systems should be incorporating the flags and associated data elements correctly in the XML, so this is mainly specific to TRAX users or those of you who may create your own XML file.

Today I'm focusing on the insurance assistance flag and associated data elements.



So let's talk a little more about (click) the insurance assistance flag. If an ADAP paid for a full premium payment, partial premium payment or medication co-payments, co-insurance and/or deductibles for a client in the reporting period, (click) the flag would be reported as yes or the number 1; otherwise (click) you would report no or the number 0. If no is reported, (click) there are no other insurance assistance data elements reported. Please don't report 0 for premium amount, premium month count or medication co-pay or deductible amount. If yes is reported, (click) there are additional data elements that will need to be reported.



So now let's talk about those additional data elements. First, the ADAP has to report the type of insurance assistance (click)-full premium, partial premium and/or medication co-payment, co-insurance and/or deductibles. All insurance assistance types that were received should be reported.

If the client received a full and/or partial premium, (click) the ADAP must also report the premium amount and the premium month count.

If the client received medication co-payment, co-insurance and/or deductibles, (click) the ADAP must also report the medication co-pay or deductible amount.

If the flag and associated data elements are not correctly reported, it is difficult for HAB to use the submitted data.

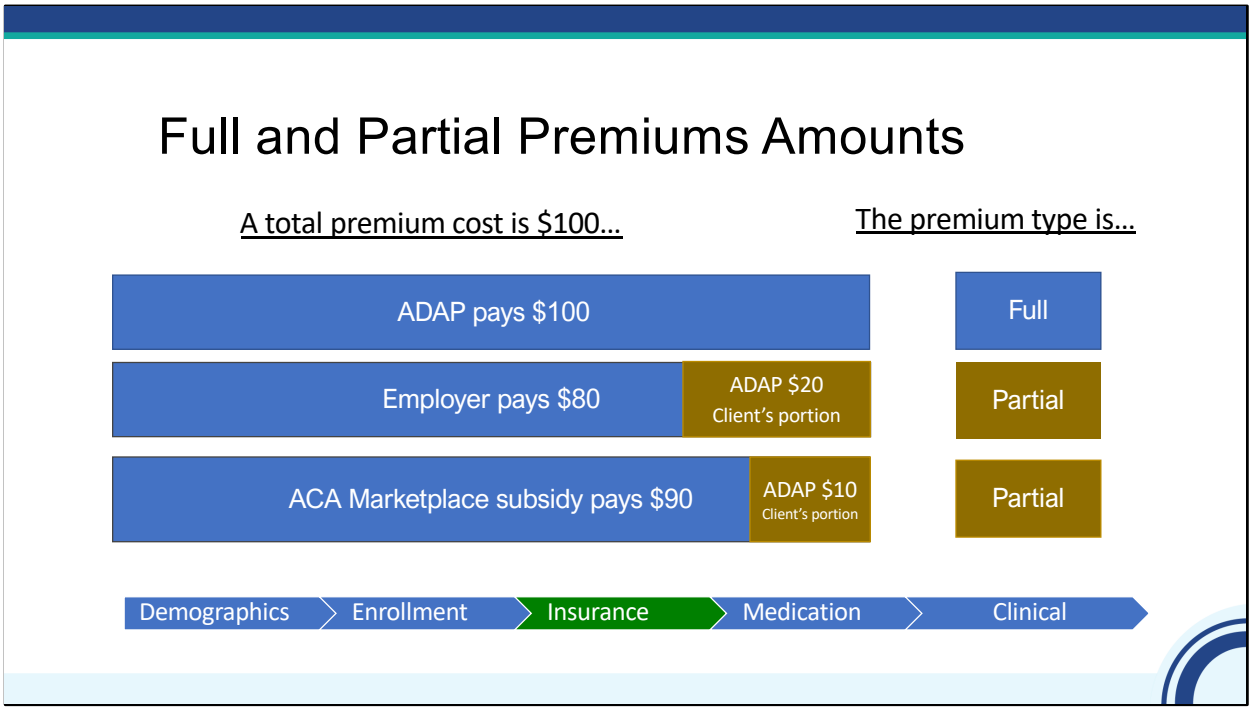
Insurance Assistance Type

Challenges	Strategies
• Confusion about definitions (but getting better!)	• Review ADR instruction manual • ADR In Focus: Partial Premiums
• Can't differentiate insurance type in claims/premium data	• Review claims data with PBM/IBM • Use internal program names • Enter premium type when requesting payment
• Data entered/imported in wrong place in data system	• Talk to system vendor about where to enter/import data

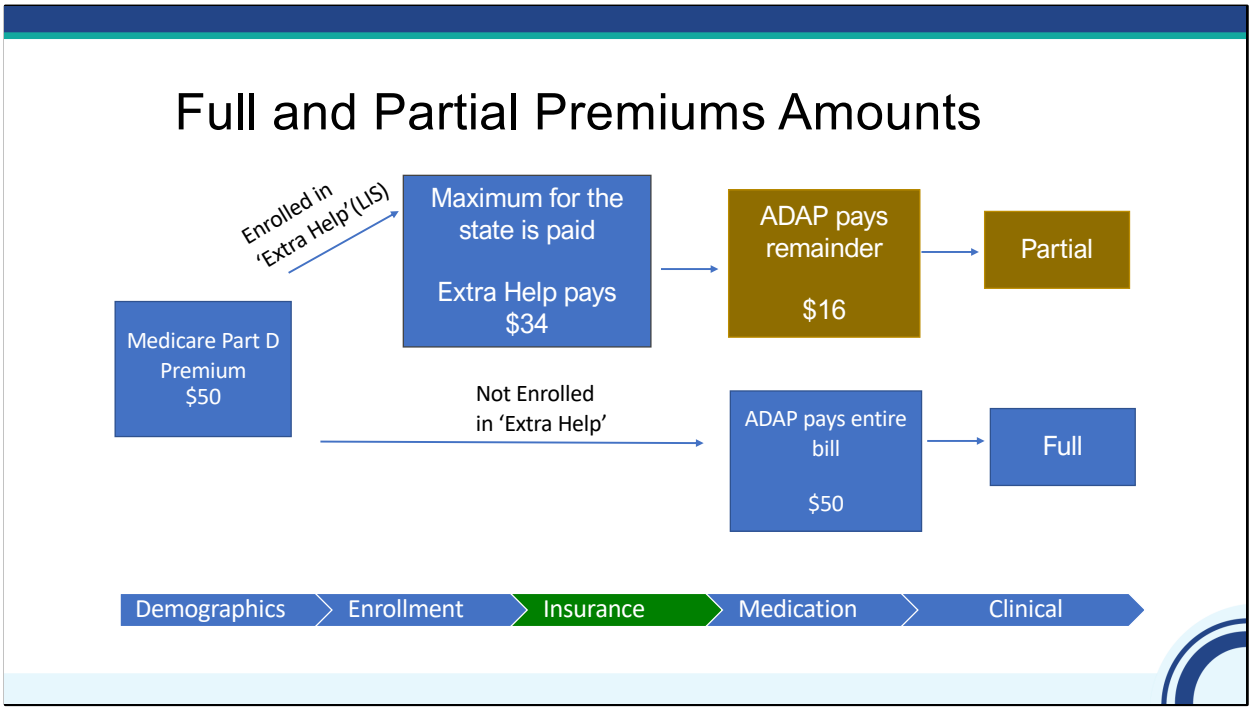
Demographics | Enrollment | **Insurance** | Medication | Clinical

In addition to correctly reporting flags and associated data, several challenges were identified as part of outreach. We learned that there is still confusion regarding what is a full premium and what is a partial premium, so we'll be reviewing that again in a moment. Some ADAPs also can't tell from their data how to differentiate between full and partial premiums or medication full pay or copay. In some cases the data are not entered or imported in the right place. So how are your fellow ADAPs tackling the insurance services issues that we just reviewed?

First, be sure to use the ADR manual to review the definitions, particularly for partial premiums. The DISQ Team also created a resource specifically on partial premiums and it includes more clarification about partial vs full premiums. If you're not sure if you're reporting correctly, the DISQ team can meet with you to learn more about your ADAP and help crosswalk your insurance premium assistance activities with full and partial premiums. You can also review claims or premium payment data and determine if you can use data elements to distinguish full/partial premiums and medication full pay/copay. It may be beneficial to meet with your PBM/IBM to discuss what each data element in the claims data means as well as their ability to provide the needed information. The DISQ team can assist you if needed with this-just ask! Some ADAPs also use distinct program names that help differentiate different premium and medication assistance, but we know that this may not be feasible for all ADAPs. For ADAPs that submit requests for premium payment to a vendor, another strategy is to include the premium type with the payment request so that the information is included in the vendor data file. ADAPs who had issues with how data were captured in their data system are working to update their systems. For data entry/import issues, talk to the system vendor if you aren't sure where to enter/import data. Full and partial premiums and medications copays/co-insurance and deductibles are all insurance services. Full pay medications should be entered as medication services. For CAREWare users, you'll want to ensure that data are entered into the ADAP domain and the correct place. You also need to be sure that you're using the correct subservices for these and there is a CAREWare tip sheet that we developed that can help you with this.



So I mentioned that we were going to discuss definitions more since it is such a common issue. Let's review a few examples of full and partial premiums.
(click) If an ADAP is paying the entire cost of the premium, it is a full premium.
(click) If a client is receiving employer-based assistance and the ADAP is paying the client's portion of the cost, that is a partial premium.
(click) If you obtained insurance for the client through the ACA marketplace and the client received a subsidy and the ADAP pays the non-subsidized portion, that is a partial premium as well. If a client is not receiving a subsidy, then it would be a full premium.



The final example is a little more complicated. This is for Medicare Part D. If a client is getting extra help and has Medicare Part D Low Income Subsidy (LIS), any amount that the ADAP pays is a partial premium. If the client does not have Medicare Part D LIS, the ADAP premium payment is a full premium.

Using the UCR To Identify Inaccurate Data

Insurance Assistance Type* (Item #67)
Denominator: Number of unique clients reported who received insurance services (N=500)

Insurance Assistance Type Received	N	Percentage
Full Premium payment	250	50.0%
Partial Premium payment	0	0.0%
Medication co-pay/deductible including Medicare Part D co-Insurance, co-payment, or donut hole coverage	400	80.0%
Missing/Out of range	0	0.0%

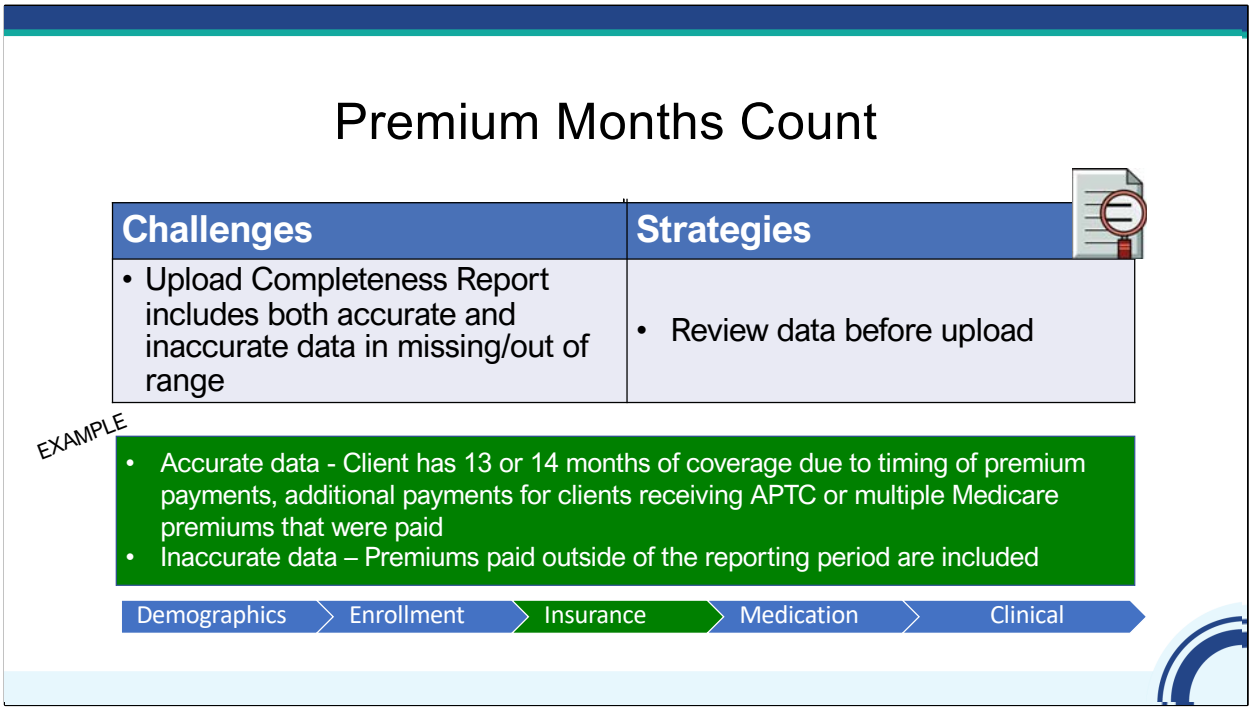
Do these numbers make sense?

As you review your data this year, be sure to check the Upload Completeness Report in the ADR web system. Specifically, review the results for insurance assistance type. Make sure that it makes sense based on the insurance services that your ADAP provides. For example, if you know that you pay for ACA marketplace plans for which the client receives a subsidy, only reporting full premiums would be incorrect.

So now it's time for our next poll and I'm going to turn things over to Isia. Isia, take it away.

Based on the definitions just outlined for full and partial premiums, which of the following best describes how accurately you are reporting full and partial premiums?

- ❍ Our reporting aligns with the definitions so I'm good
- ❍ Based on the definitions, I need to make changes
- ❍ I'm not sure if we're following the definitions



Now let's talk about premium months coverage. The reporting requirement is that any insurance premiums paid during the reporting period should be reported, regardless of the time frame that the premium covers. For most ADAPs, that means that most of their clients receiving insurance premium services will have a maximum of 12 months of coverage. However, there are some situations that can contribute to more than 12 months.

There are situations where an ADAP may report a client with 13 or 14 months of coverage reported because they had two premium payments because of the timing of when payments are made. In addition, an ADAP may also have a client who received an Advance Premium Tax Credit (or APTC) and they end up owing more for insurance premiums once they file their taxes, so the ADAP needs to make an additional insurance payment in the year. An ADAP also may be paying more than one Medicare Premium in the same month. These are examples of accurate data. Inaccurate data would be if premiums paid outside of the reporting period are reported or there were data entry issues.

Premium Months Count

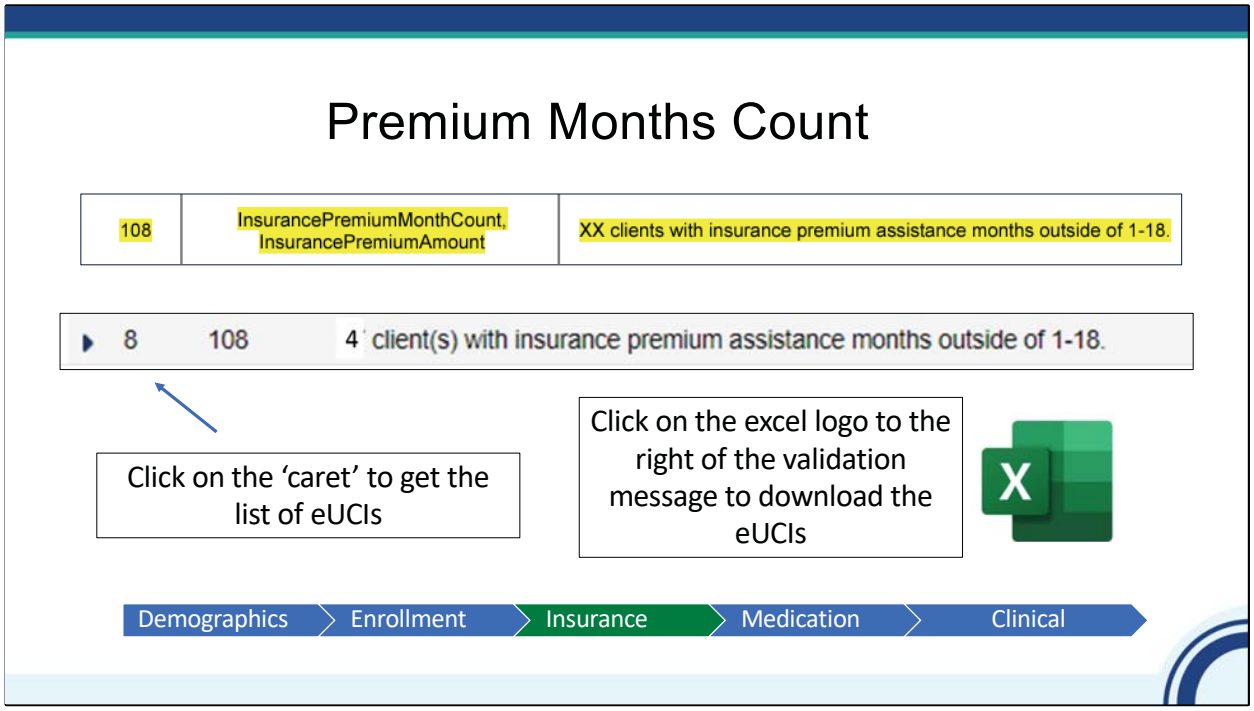
Insurance Premium Number of Months of Coverage (Item #22)

Denominator: Number of unique clients reported with full or partial premium payment insurance assistance received (N = 400)

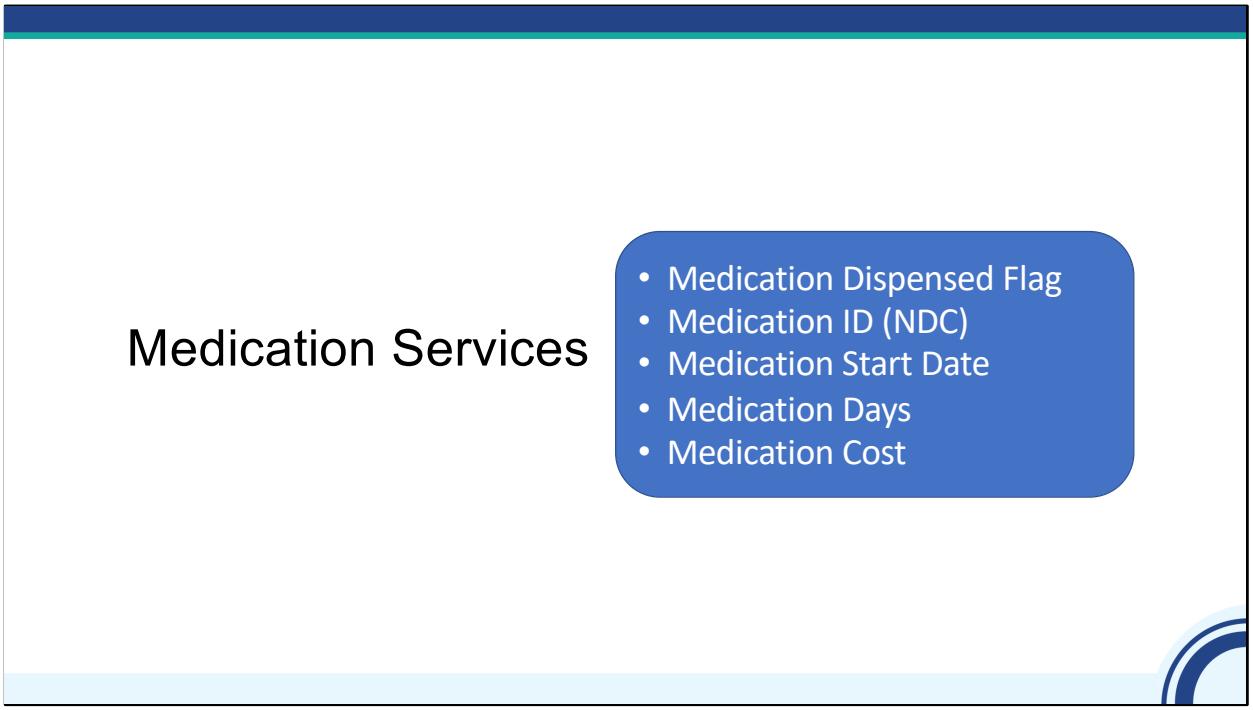
Insurance Premium Number of Months of Coverage	N	Percentage
0 month	0	0.0%
1 - 3 months	20	5.0%
4 - 6 months	100	25.0%
7 - 9 months	60	15.0%
10 - 12 months	200	50.0%
13 -15 months	10	2.5%
Missing/Out of range	10	2.5%

Demographics | Enrollment | Insurance | Medication | Clinical

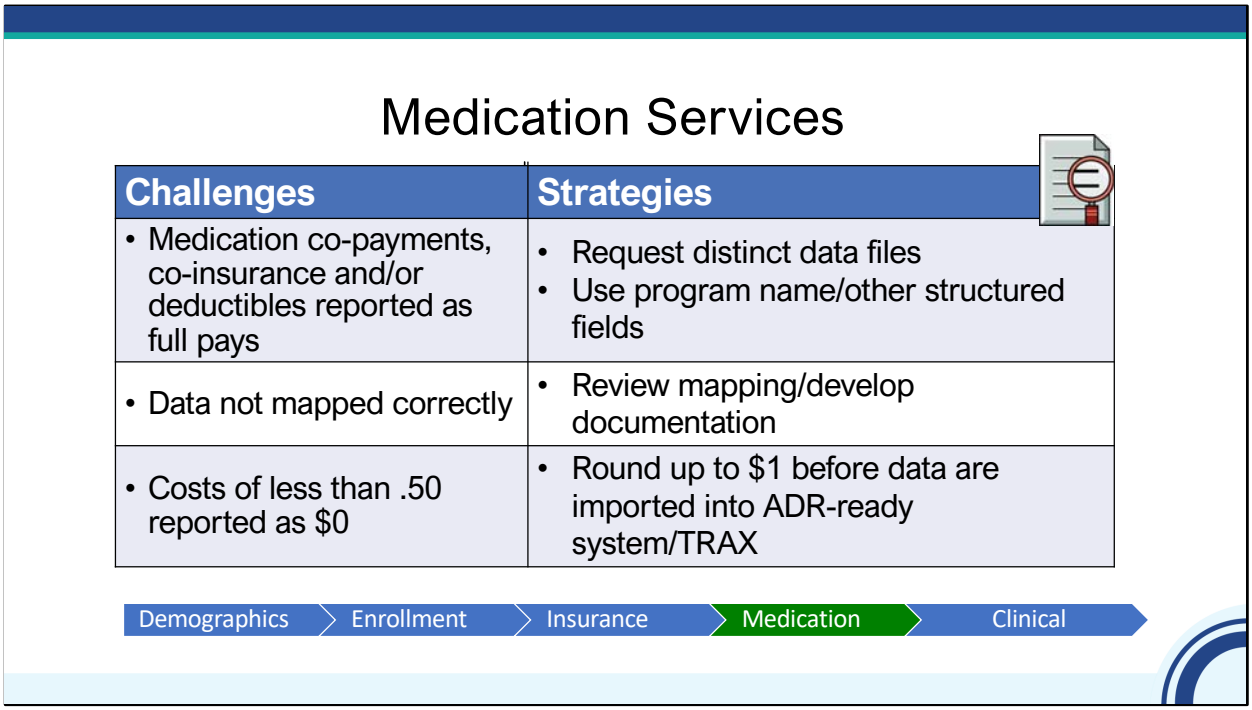
Last year HAB added another row to the Upload Completeness Report to identify premiums coverage for 13-15 months. (click twice)



This year HAB has added a validation (#108) that will trigger if a client has more than 18 months of premium coverage in the reporting period. In the system, (click) you can click on the caret to get the eUCIs. (click) You can also download an excel table that lists the impacted clients.



Now let's move on to Medication Services. There are five data elements for medication services-a flag for whether or not the client receives medication services. In addition for each dispensed medication, the National Drug Code (NDC), start date, days supply and cost need to be reported.

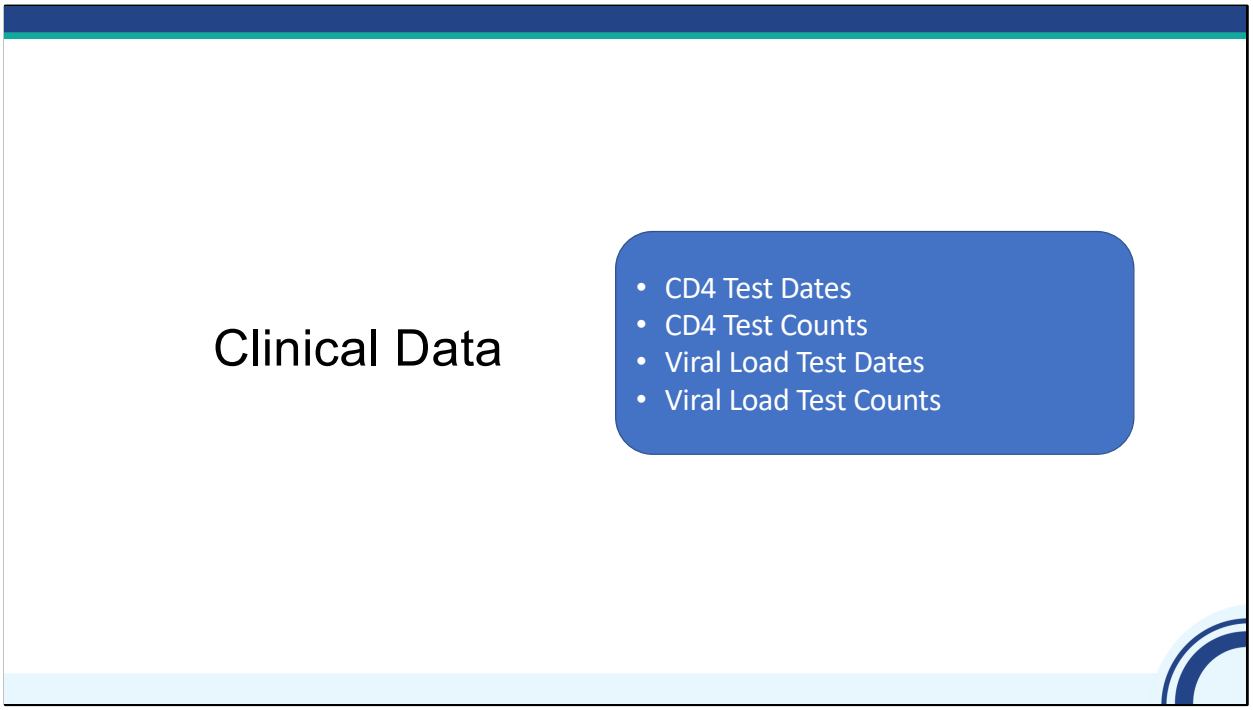


While data completeness is high for medication data, data accuracy issues were noted for a few ADAPs.. Specific issues include:

- Copays reported as full pay medications
- Data not mapped correctly
- Costs less than .50 rounded to $0

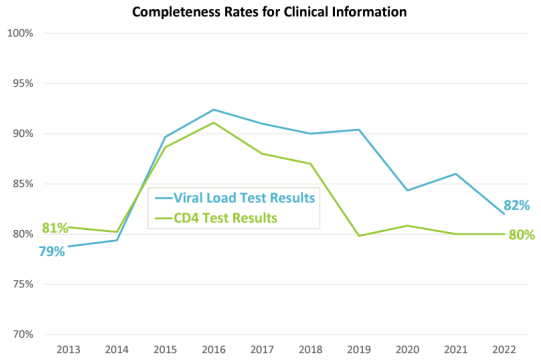
If you're having trouble distinguishing between full pay medications and medication co-payments, co-insurance and/or deductibles, see if your pharmacy/PBM can separate the data before they give it to you. If they can't, see if you can use the ADAP program name or other structured fields in the data to help distinguish. If your data aren't being mapped correctly, be sure to review and update your mapping and enhance your documentation. The DISQ Team can help with this, so just let us know. For costs less than .50, there are two approaches: first, you can modify your data before importing it/entering it. Second, you can ensure that the data system that you're using is rounding up. You can reach out to the DISQ team with any issues.

So go ahead and chat in. How about Medication Services? Any other challenges that you want to discuss. Strategies that have been effective for you?



Now let's move on to Clinical Data. There are four data elements for clinical data – CD4 test dates and counts and viral load test dates and counts. All labs in the reporting period should be reported for all clients.

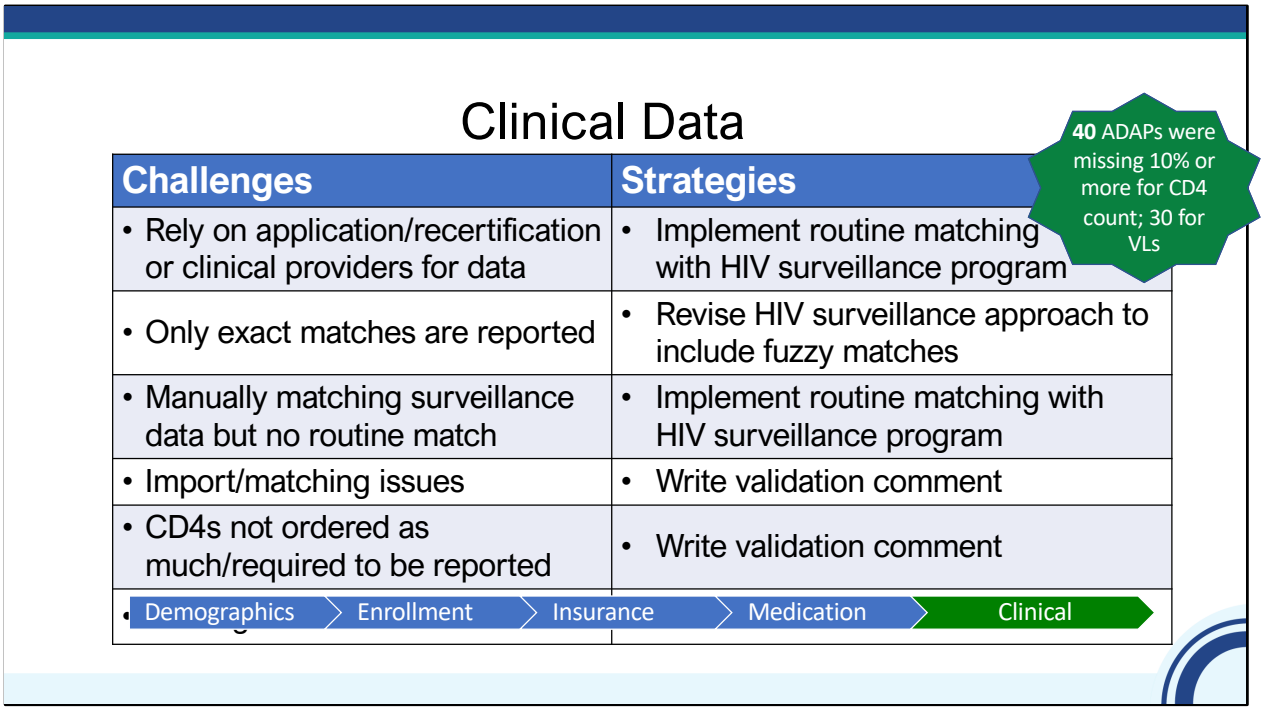
Clinical Data



Demographics | Enrollment | Insurance | Medication | Clinical

Let's talk about data completeness over time. CD4 count completeness has been decreasing since 2019 and ADAPs have told us that CD4 are being ordered less than viral loads. Viral load completeness saw a larger decrease in 2020 which was impacted by COVID deployments and short term changes in enrollment. In 2021, the reporting requirement changed where ADAPs had to report all CD4 and all Viral Load for all clients. Some ADAPs had challenges in 2022 tied to staffing issues or approaches to the match that resulted in a decrease in reporting completing. The good news is that they think those were specific to last year.

Let's look at some of the challenges and strategies in more detail.



Nearly ¾ of all ADAPS had 10% or more missing data for CD4 count, while 30 had 10% or more missing data for viral loads. This was about the same as last year (43 and 30). Several ADAPS are relying on applications for lab information and don't always get updated data for recertifications. This challenge was impacted as ADAPs revised their recertification practices in respond to PCN 21-02. Some ADAPs also reported that HIV surveillance was only providing labs for exact matches; this was due to a misunderstanding about the approach or staff limitations. Several ADAPS are also manually matching surveillance data to a list right before the submission but are not routinely matching surveillance data. Several ADAPs also reported importing or matching issues. For last CD4 date and count, some ADAPs noted that clinicians are not ordering the lab test as much as compared to viral loads or that the data are not required to be submitted on applications. If you're not yet matching and sharing data with your HIV surveillance program or you're doing it manually but there isn't a routine match, implement it. Matching and sharing data with your HIV surveillance program (and vice versa) is encouraged by both HRSA HAB and CDC. If you need help getting started, contact the DISQ team. We can also help with matching approaches as only using exact matches will limit the benefit of matching to HIV surveillance data.

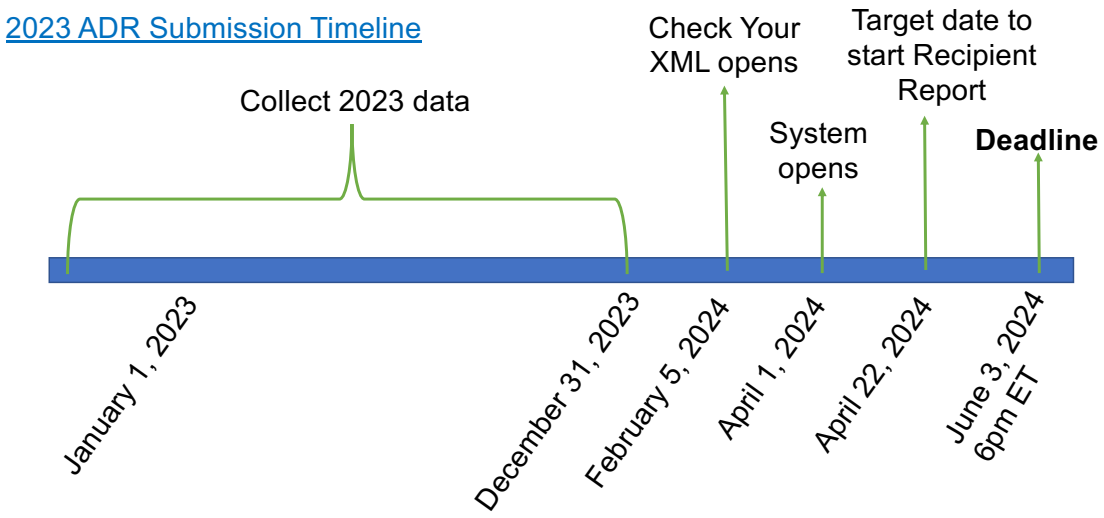
For those ADAPs with import or matching issues, fewer CD4s ordered or missing surveillance data, you would just write validation comments for this when the data are submitted.

Now let's go to our final poll.
Which of the following best describes your understanding of your ADAP's data quality issues?

- We have known data quality issues we are fixing and don't need help
- We have known data quality issues we are trying to fix and need help
- We don't have any data quality issues
- I don't know if we have any data quality issues and would like TA

That's about it for outreach. Now let's turn to the 2022 ADR submission.

2023 ADR Submission Timeline



Let's review the timeline so you know when everything is due. You spent calendar year 2023 collecting data for the ADR.

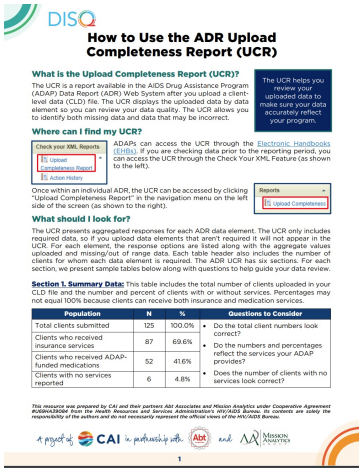
(click) On February 5, 2024, the Check Your XML and Data Quality feature for the ADR opened. This feature allows you to test your client-level data XML file for schema compliance and run reports on the quality of your data before the live system opened. We hosted a webinar on February 14th walking you through tools in the ADR web system and the Check your XML feature. If you missed the webinar, there is a recording available on the TargetHIV website.

The main ADR Web System, accessible through the EHBs, (click) opened on April 1 so you can start working on your Recipient Report. Please also upload your client-level data here rather than Check Your XML. It's a better option for a few important reasons: you get the two year comparison in the Upload Completeness Report and it doesn't disappear in 48 hours but you can always delete it if needed and upload a new file.

(click) By April 22, we'd like to see that you've started your ADR Recipient Report. We know that many of you are actively working and starting your Recipient Report is an important part of that process. And, you'll avoid pesky calls from TA providers and your project officer as the deadline approaches – which is (click) June 3, 2024

TA Materials

- ADR Instruction Manual
- ADR Data Validations
- ADR In Focus Series
  - How to Use the Upload Completeness Report
  - Partial Premiums
  - CAREWare Tips for ADAPs: Key Areas that Impact ADR Data Quality



DISQ

How to Use the ADR Upload Completeness Report (UCR)

What is the Upload Completeness Report (UCR)?

The UCR is a report available in the AIDS Drug Assistance Program (ADAP) Data Report (ADR) Web System after you upload a client-level data (CLD) file. The UCR displays the uploaded data by data element so you can review your data quality. The UCR allows you to identify both missing data and data that may be incorrect.

The UCR helps you review your uploaded data to make sure your data accurately reflect your program.

Where can I find my UCR?

ADAPs can access the UCR through the Electronic Handbooks (EHBs). If you are checking data prior to the reporting period, you can access the UCR through the Check Your XML Feature (as shown to the left).

Once within an individual ADR, the UCR can be accessed by clicking "Upload Completeness Report" in the navigation menu on the left side of the screen (as shown to the right).

What should I look for?

The UCR presents aggregated responses for each ADR data element. The UCR only includes required data, so if you upload data elements that aren't required it will not appear in the UCR. For each element, the response options are listed along with the aggregate values uploaded and missing/out of range data. Each table header also includes the number of clients for whom each data element is required. The ADR UCR has six sections. For each section, we present sample tables below along with questions to help guide your data review.

Section 1. Summary Data: This table includes the total number of clients uploaded in your CLD file and the number and percent of clients with or without services. Percentages may not equal 100% because clients can receive both insurance and medication services.

Population	N	%	Questions to Consider
Total clients submitted	125	100.0%	• Do the total client numbers look correct? • Do the numbers and percentages reflect the services your ADAP provides? • Does the number of clients with no services look correct?
Clients who received insurance services	87	69.6%	
Clients who received ADAP-funded medications	52	41.6%	
Clients with no services reported	6	4.8%	

This resource was prepared by CAI and their partners Abt Associates and Mission Analytics under Cooperative Agreement #U69HA35004 from the Health Resources and Services Administration, HIV/AIDS Bureau. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the HIV/AIDS Bureau.

A project of CAI in partnership with Abt and Mission Analytics

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Now let's move on the resources. These are in the slides that Isia chatted out so I'm not going to review them in a lot of detail. Resources include the instruction manual, data validations and the ADR in focus series which covers different topics

Past Webinars

Date	Title
October 25, 2023	Preparing for 2023 ADR Reporting: Updates and Best Practices
December 13, 2023	Strategies for ADR Integration
February 14, 2024	Reviewing Your Data at Upload: Tools in the ADR Web System and the Check Your XML Feature
April 3, 2024	Completing the ADR: Recipient Report & Client Level Data Upload

Finally don't forget the webinars that we conducted this year. They are all available on the TargetHIV website.

Tools Available for Data Review

- ADR-Ready Systems may have tools available
  - CAREWare has the Viewer and Validation Report
- TRAX users can use CHEX
- Upload data in EHBs and review the Upload Completeness Report
  - Focusing just on the validation report limits your data review

So we want to ensure that you know there are lots of tools (and technical assistance) to help you submit high quality data. Let's review some of the tools.

Many ADR systems have tools built into the system. For example CAREWare has both the Viewer and the Validation Reports. If you aren't sure what your data system has, check with your system vendor.

TRAX Users can use CHEX which is available in the download package.

Finally, upload your data in EHBs and review the Upload Completeness Report. Using just the Validation Report does not review your data in the same way.

The DISQ Team is happy to review your data with you-just ask

CAREWare Users

- CAREWare ADR Minimum Build – 230
- CAREWare webinars
  - Using CAREWare for ADR Reporting
  - CAREWare Custom Reports for the ADR
- CAREWare Custom Reports for Data Quality
- ADR in Focus: CAREWare Tips for ADAPs - Key Areas that Impact ADR Data Quality
- ADR Validation Reports
- ADR Viewer

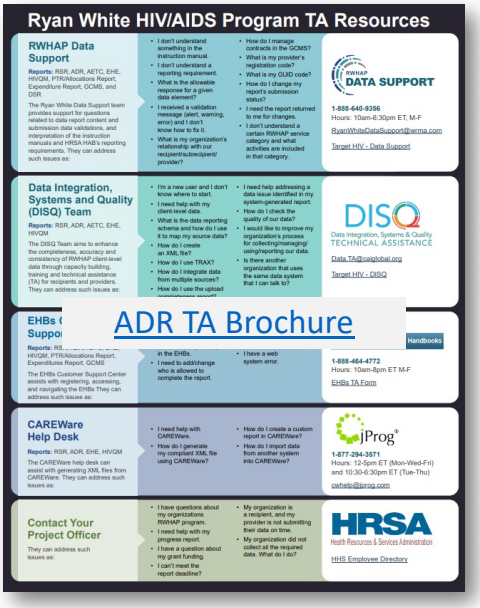
For the CAREWare users this slide is for you. First, the minimum build for the ADR is build 230 and it is available at the link on the slide. I've also included links to the two recent CAREWare webinars that were presented by jProg. I've also included a link to those custom reports that jProg has developed in case you want to use them but we suggest you always start with the CAREWare Viewer.

In addition, check out the ADR in Focus with helpful CAREWare tips. I've also included links for instructions on how to use the ADR Validation Reports and the ADR Viewer.

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



This may feel like a lot to do, but there are several technical assistance resources available to help you. 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. (click) I've also included the ADR Specific TA brochure link if you'd like to use that one as well.

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!

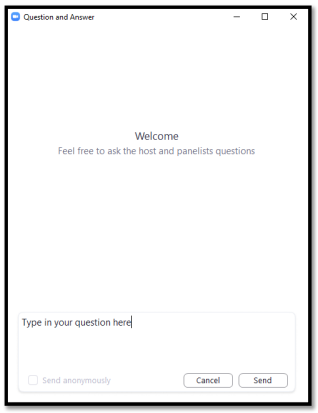
Finally, to connect with and find out more about HRSA, check out HRSA.gov. Now I'd like to turn things back over to Ruchi for the Q & A.

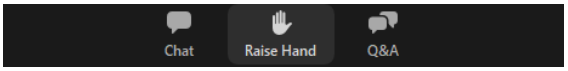
Let's Hear From You!

- 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.





And now to your questions – but first, I would like to remind you that a brief evaluation will appear on your screen as you exit, to help us understand how we did and what other information you would have liked included on this webinar. We really appreciate your feedback, and use this information to plan future webinars. My colleague Isia is going to put a link out in the chat feature if you would prefer to access the evaluation right now. We'll also send a final reminder via email shortly after the webinar.

As a reminder, you can send us questions using the "Q&A" button on your control panel on the bottom of your screen. You can also ask questions directly "live." You can do this by clicking the "raise hand" button, which is also on your control panel. If you raise your hand, we'll be able to allow you to unmute and ask your question. 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 via email to follow up. Sometimes we need to do some follow-up before providing you with a final answer, so stay tuned for the written Q&A as well for answers to all of your questions.