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

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

HIV/AIDS Bureau

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RWHAP DATA SUPPORT

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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.

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Outline

- Data Management Practices
- Data Quality Issues Identified During Outreach
- Questions

I'm really excited about today's webinar. It's specifically focused on and for ADAPS (meaning a program at the state or territorial level that provide medication and/or insurance services). 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.

This past winter, many of you spoke with us to discuss last year's ADR submission. As always, we learned a lot about your work and how it is reflected in your data!

Today, 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 data quality issues identified during outreach as well as some strategies suggested by your fellow ADAPs and the DISQ team.

As always, we'll save time at the end for your questions.

So let's get started.

ADR Outreach

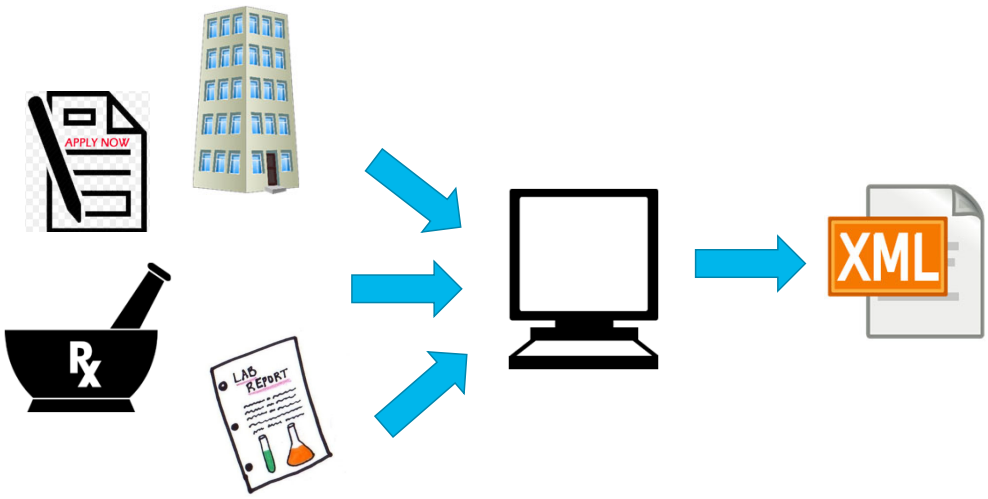
- Reviewing your data in aggregate and at the individual ADAP level
- Created and distributed ADR Summary Reports to all ADAPs
- Talked to 37 ADAPs about:
  - Data management practices
  - Strategies for creating the ADR
  - Data quality issues

To learn more about your data quality, we've been reviewing the data that you submitted. We also looked at data trends from previous years' submissions.

We created state-specific ADR Data Quality Summary Reports and held calls with 37 ADAPs this past winter to go over your 2019 ADR. This helped us learn 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.

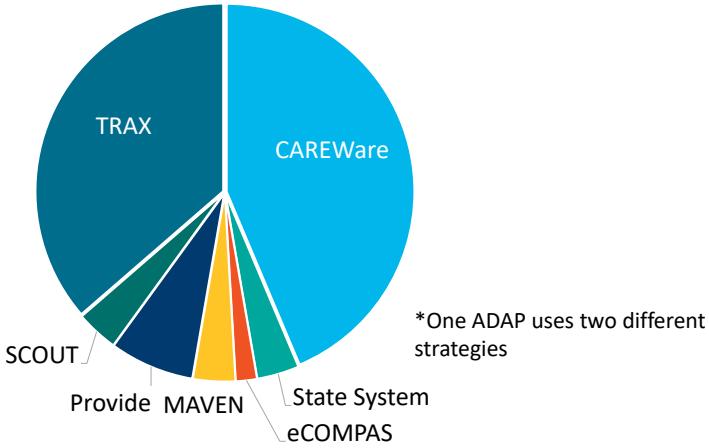
So now let's go over what we learned.

Data Management Practices



We continue to hear that most of you have multiple sources for your data and it may also be in different data systems or formats. (1) Demographic and enrollment data may come from an eligibility system or paper forms. (2) An ADAP's medication data (both full pay and copay) is often claims data from pharmacy benefit managers(PBMs) or pharmacies. (3) Lab data may come from the HIV surveillance program and; finally, the insurance premium information may come from several different sources includes your PBM, vendors who are enrolling clients in insurance programs or community agencies. All of these data must somehow get into one system and then converted into the proper XML schema.

Strategies for Creating the ADR



In terms of strategies to create the ADR, many of you use an ADR-Ready System, such as CAREWare, Provide, eCOMPAS and SCOUT to create your ADR client-level data file; TRAX is another system used where you can take data from different sources, 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.

Data Management Strategies

- Making changes to your processes?
  - Give yourself plenty of time for submission to identify and address issues
- Importing/merging data from multiple sources?
  - Check data throughout the year, not just before the deadline
- Use your data for program purposes!
- Make sure you have the latest versions/builds
  - CAREWare 6-Minimum build is 102
  - TRAX

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. Many of your systems or processes are changing. If that's the case, build in some extra time in creating the ADR to identify and address unforeseen issues. Also, if you are importing or merging data from multiple sources, do this throughout the year, not just before the deadline. And, use your data throughout the year for program purposes to not only determine whether your data reflect your program activities but to help inform your program activities. Finally, make sure you are using the latest version of your system to create the 2020 ADR. Make sure that you have required CAREWare build for the ADR. For TRAX users, the application should automatically update when you open it to version 5.2.

Data Quality Issues

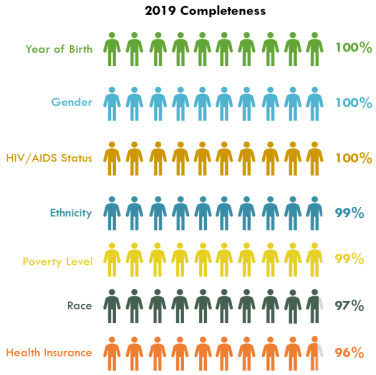
- Demographic data
- Enrollment data
- Insurance data
- Medication data
- Clinical data

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

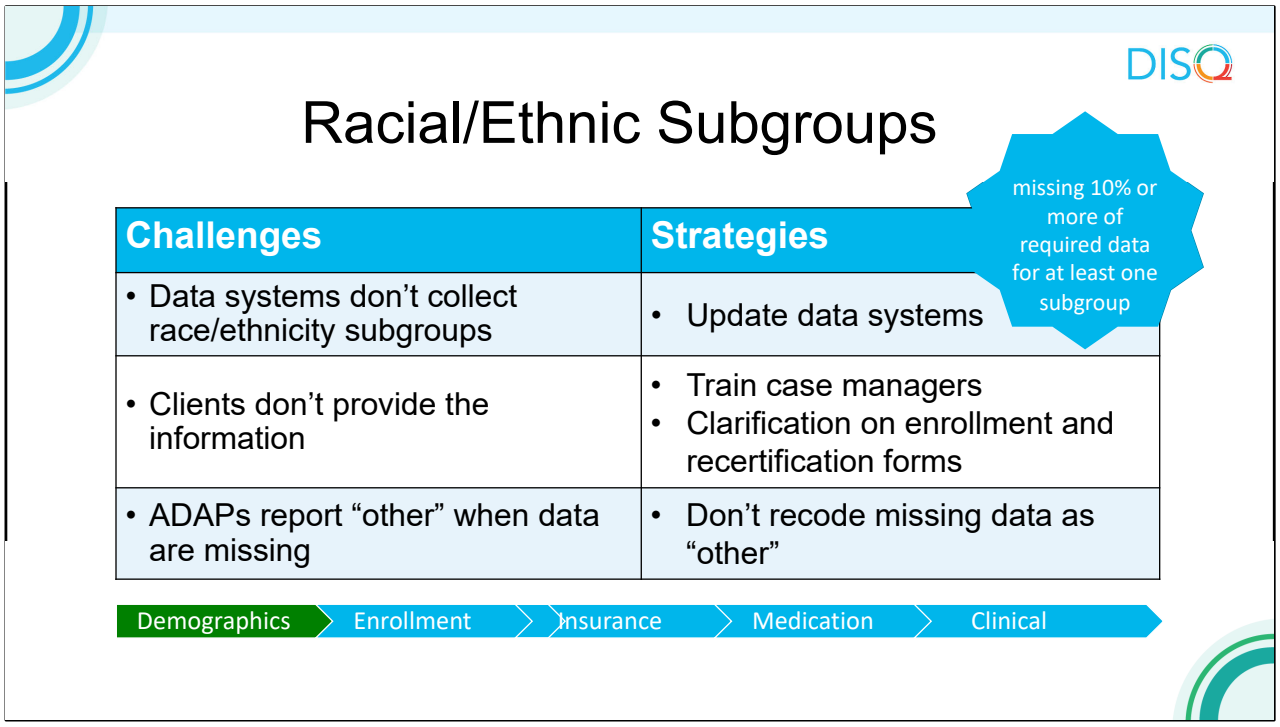
Let’s start with demographic and enrollment data

Known Rates for Demographic Data



Demographics | Enrollment | Insurance | Medication

The 2019 demographic data were very complete-nice job!

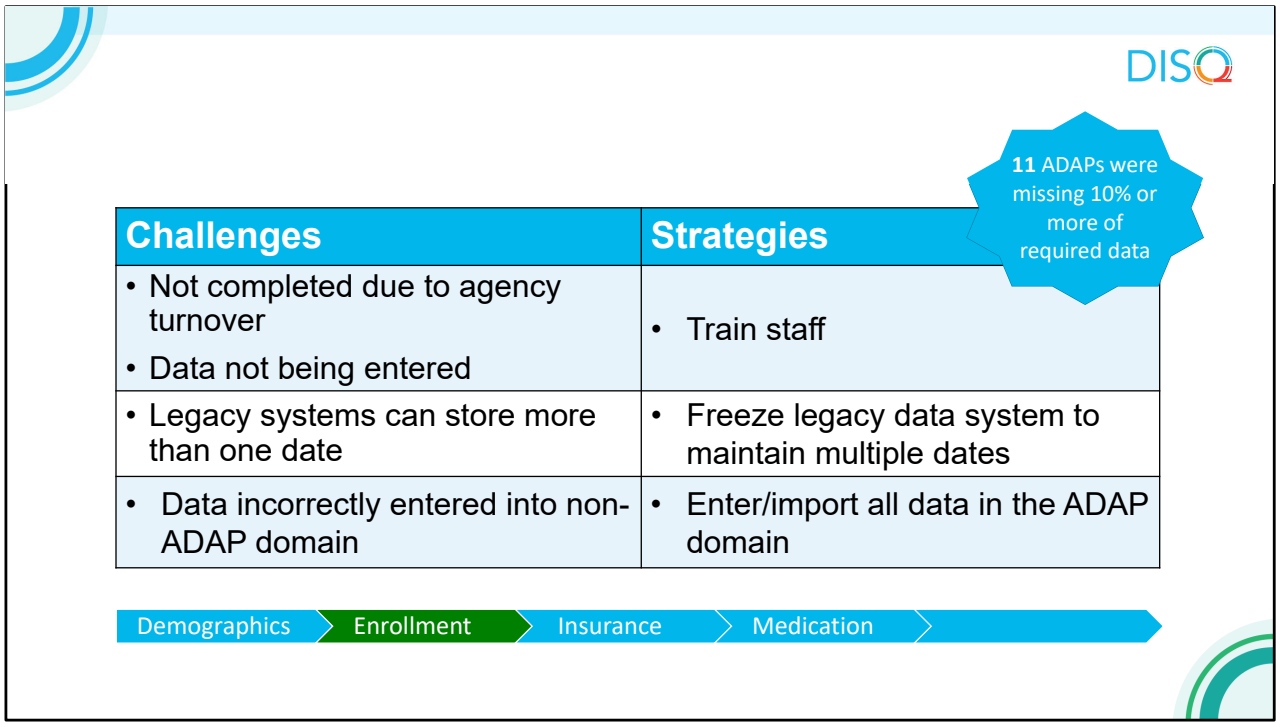


The one area for which there was higher missing data was race/ethnicity subgroups. Some 17 ADAPs reporting at least 10% missing data for at least one of the subgroups.

Issues reported included that an ADAP's data system did not collect this data or clients don't report the information. Some ADAPs also reported their missing data as 'other' rather than missing data.

So how are your fellow ADAPs addressing these challenges? They are working on any needed system updates as well as providing training to case managers and clarification on application forms to help improve data quality.

The DISQ team also wanted to remind ADAPS to leave missing data as missing, rather than recoding it as "other".



Now let's look at enrollment and recertification data. The most common enrollment and recertification data quality issue was for recertification date, with 11 ADAPs having at least 10% missing data for this data element. Some ADAPs noted that there were challenges with completing recertifications due to agency turnover; in some cases data were not being entered. Several ADAPs also have legacy data systems where dates are overwritten as the system can only store one date. One ADAP that uses CAREWare entered the recertification data in a non-ADAP domain.

So what are ADAPs doing to tackle these issues and what other suggestions does the DISQ team have?

One strategy is that ADAPs plan to train staff to ensure that they understand the recertification requirement and know where to enter data. For those ADAPS with legacy systems, a common approach is to freeze the data to ensure that they have the dates that are needed. Finally, ADAPs using CAREWare are ensuring that only the ADAP domain is being used.

Enrollment Status

- Overall great improvement in correctly reporting clients with no services received as enrolled services not requested

Challenges	Strategies
• Enrolled receiving services reported when client did not receive services	• Run reports to identify clients with incorrect enrollment status • Update enrollment status prior to submitting ADR

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

Data accuracy for the enrollment status of "enrolled, services not received" was a focus area of DISQ outreach following the 2018 ADR. While there are still some ADAPs that are not correctly reporting this enrollment status, there was great improvement in the 2019 ADR. There are now a limited number of ADAPs who are not updating the enrollment status prior to reporting. ADAPs reported that updating the enrollment status in CAREWare can be burdensome as they must do this manually for each client after they have completed their review of the data.

An effective strategy that was shared is to update enrollment status one time prior to completing the ADR.-basically to run a report to identify clients with an incorrect enrollment status once all services for the year have been entered. The enrollment status can then be updated prior to submitting the ADR. For CAREWare users, there is a custom report that can help you identify enrollment statuses that don't match services received. Fixing this is still a manual process (one client at a time) and there is no way to 'batch' the changes, but the request has been submitted to HAB for this feature.

Application Received Date (part 1)

Challenges	Strategies
• Upload completeness report includes both accurate and inaccurate data in missing/out of range	• Review data before upload • Review validation report to identify potential issues

EXAMPLE

Accurate data : New client submitted application in December 2020. Application was approved in January 2021 #

Inaccurate data: New client submitted partial application in April 2018. Application approved January 2021. Partially complete application incorrectly reported as application received date

Demographics | Enrollment | Insurance | Medication | Clinical

For application received date, there is a known issue where certain Application Received Date values are treated as allowable according to published ADR guidance (e.g., Data Dictionary, ADR Instruction Manual) but as missing/out of range in the Upload Completeness Report (UCR). Specifically, this issue has applied to application received dates that fall before the beginning of the reporting period. For example, a client reported on the 2019 ADR with an Application Received Date in December 2018 and an Application Approved Date in January 2019 would have the Application Received Date included as missing/out of range in the UCR. However, the data is accurate and should be reported that way. In some cases the application date may have been historical and was just never updated when a complete application was processed. In this case it is not accurate.

So how to tell if your data are accurate since they all fall into the missing/out of range grouping in the ADR? Reviewing data in your data system before upload is a great strategy as it is often easier to determine this when your data are still in your data system. For CAREWare users, there is a custom report that can help you review the data.

If you've already uploaded your data, there are two validation checks that can help in identifying potential issues-#45 and #99. Validation 45 specific looks at dates before the reporting period, so based on our example this won't tell you if it is accurate or not, but it will give you the list of eUCIs to review in your data system. Validation 99 is looking at dates that are more than two years old, so it's a great indicator of dates that are probably inaccurate.

Application Received Date (part 2)

Challenges	Strategies
• Upload completeness report includes both accurate and inaccurate data in missing/out of range	• Review data before upload • Review validation report to identify potential issues

Check #45 (Alert) – Clients with an ADAP Application Received Date before the reporting period

Check #99 (Warning) Clients with new enrollment flag reported as 'yes' but ADAP Application Date more than two (2) years prior to reporting period

Demographics | Enrollment | Insurance | Medication | Clinical

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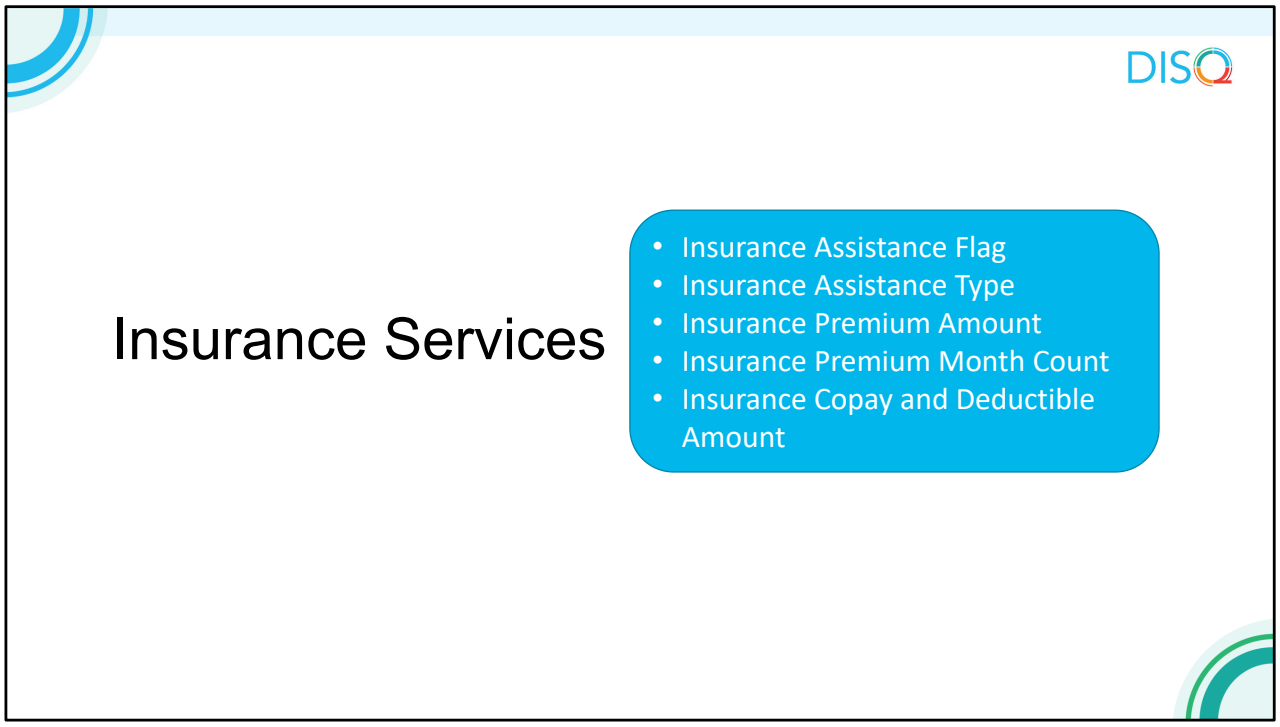
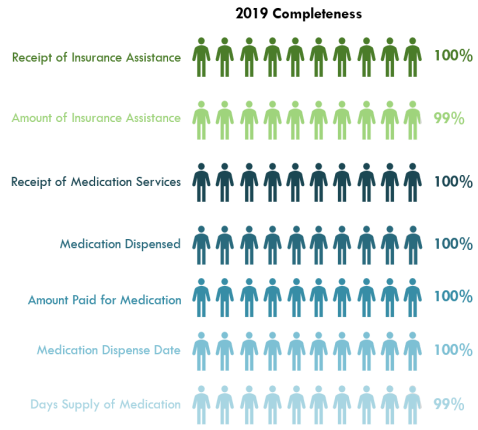


Now let's move to Insurance Services. As a reminder, insurance services includes five data elements-a flag for whether or not the client receives insurance services, the type, premium amount and month count for any clients who received full or partial premiums and finally the copay and deductible amount for medication copays, co-insurance and deductibles.

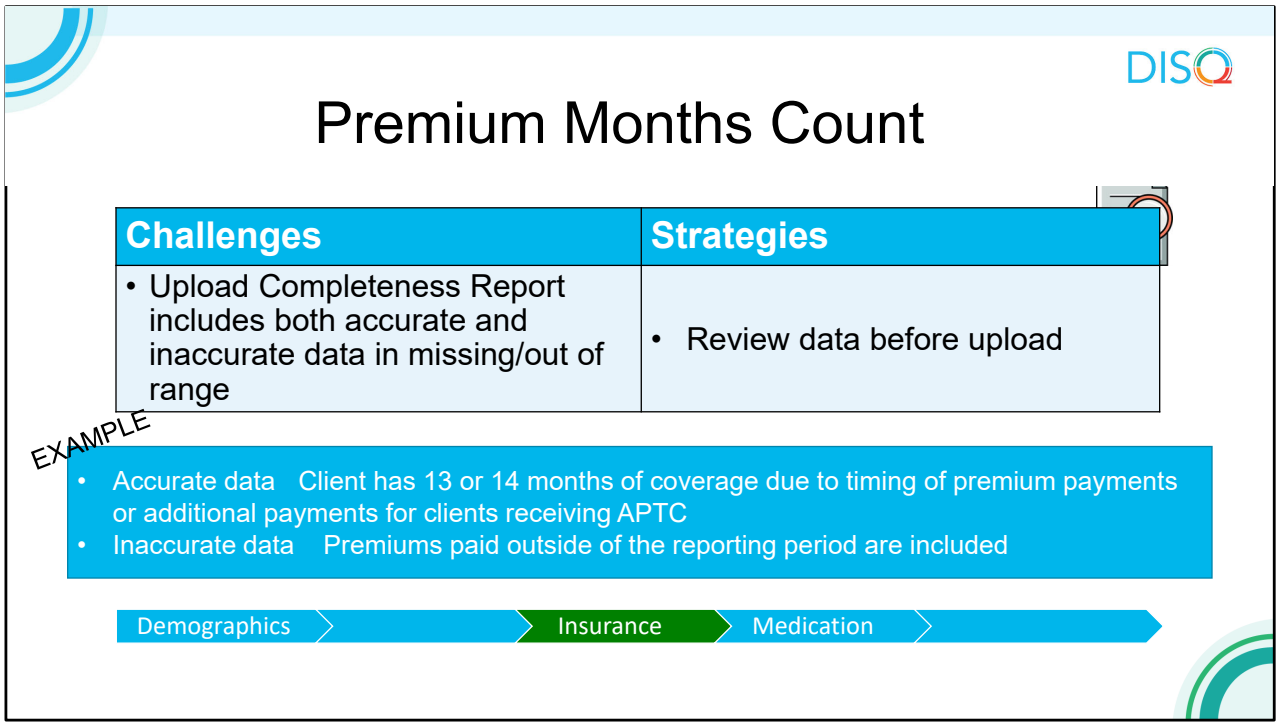
Known Rates for Services Data



Data quality issues are accuracy, not completeness

Demographics | Insurance | Medication

For insurance services, the data were complete. The data quality issues identified are more specific to accuracy, not completeness.



Let's start with months of premiums coverage. Similar to the inconsistency between Application Received Date values in the UCR and the Instruction Manual/Data Dictionary, the DISQ Team has previously noted an issue for premium months coverage. Specifically, the Manual and Data Dictionary specify that the count of months must fall between 0 and 12, so any values that exceed 12 are counted as missing/out of range in the ADR UCR. The Manual also notes that any premiums paid during the reporting period should be reported, regardless of the time frame that the premium covers. Let's look at an example. A client reported on the 2019 ADR had 13 or 14 months of coverage reported because they had two premium payments made in December-one for December and one for enrollment in a new plan that started in January. You may also have a client who received an Advance Premium Tax Credit (or APTC) and they ended up owing more for insurance premiums once they filed their taxes, so the ADAP needed to make an additional insurance payment in the year. These are both examples of accurate data. However, inaccurate data would be where an ADAP groups multiple years of data in the submission and reports premiums paid outside of the reporting period. This is usually evident with higher premium months count such as 15, 20 or even 24 months

So how to tell if your data are accurate since they all fall into the missing/out of range grouping in the ADR? Reviewing data in your data system before upload is a great strategy as it is often easier to determine this when your data are still in your data system. For this data element, it will be difficult to figure out if your data are accurate or inaccurate without checking data in your source system. For CAREWare users, there is a custom report that can help you review the data.

Insurance Assistance Type

Challenges	Strategies
• Confusion about definitions	• Review ADR instruction manual
• Can't differentiate insurance type in claims data	• Review claims data with PBM/vendor • Use internal program names
• Data system cannot capture type based on current design	• Update data system
• Data entered/imported in wrong place in data system	• Talk to system vendor about where to enter/import data

Demographics | Insurance | Medication

Let's discuss the accuracy issues more. At least 12 ADAPs continue to have difficulty with accurately reporting insurance services. The most common issue was accurately reporting premium assistance services and there is still some confusion about the definitions. We'll go over the definitions in a moment

Some ADAPS have trouble differentiating between full and partial premiums or medication copay and full pay in their claims/billing data.

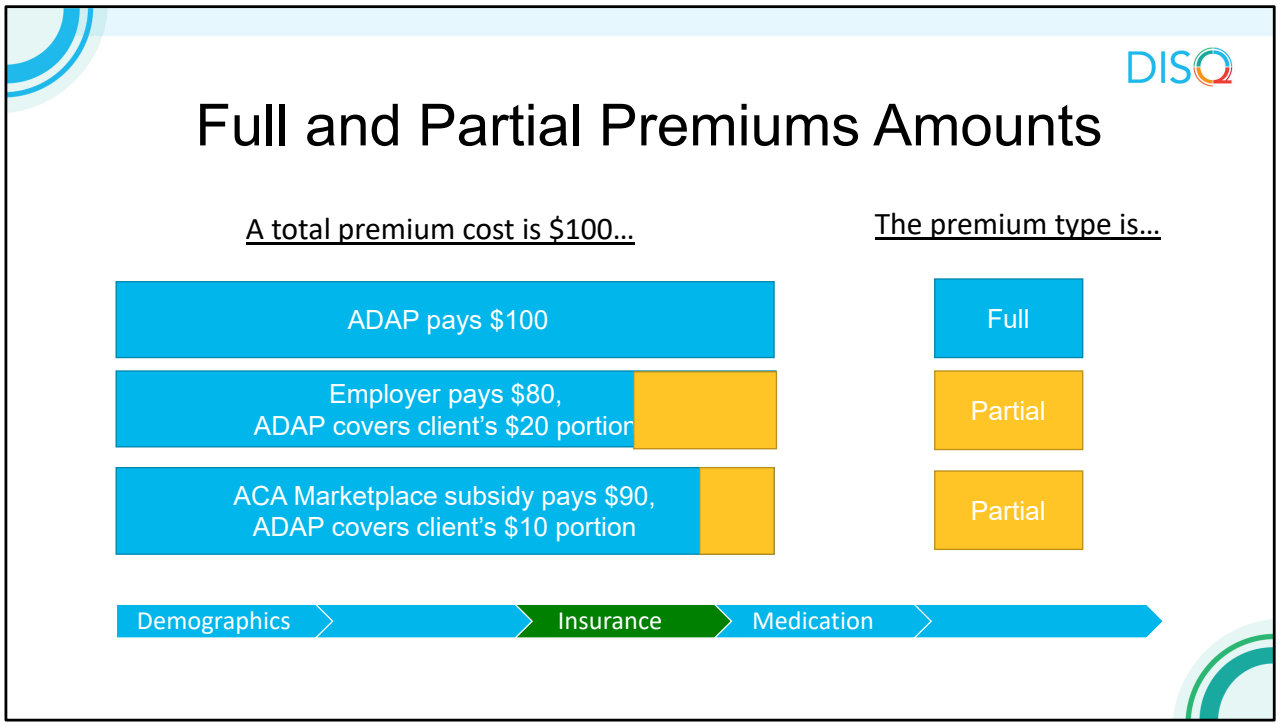
Some ADAPs' data systems don't capture the information correctly and in some cases the data are not entered in the right place. For CAREWare users, there was some confusion about where ADAP data needed to be entered in order to be included in the ADR.

So how are your fellow ADAPs tackling the data quality issues that we just reviewed?

First, be sure to use the ADR manual to review the definitions, particularly for partial premiums. If you're not sure if you're reporting correctly, our colleagues at Data Support will be happy to review that with you.

You can also review claims 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/pharmacy 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 distinguish their insurance programs by using different names that also enables them to better distinguish the data. We know that this isn't an option for everyone but it can be very helpful. During the webinar that we held last year to share our outreach findings, we had several ADAPS share their approaches to distinguishing between full and partial premiums, so check out that webinar if you're interested.

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. For CAREWare users, you'll want to ensure that data are entered into the ADAP domain and the correct place. Full and partial premiums and medications copays/co-insurance and deductibles are all insurance services. 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. Full pay medications should be entered as medication services.

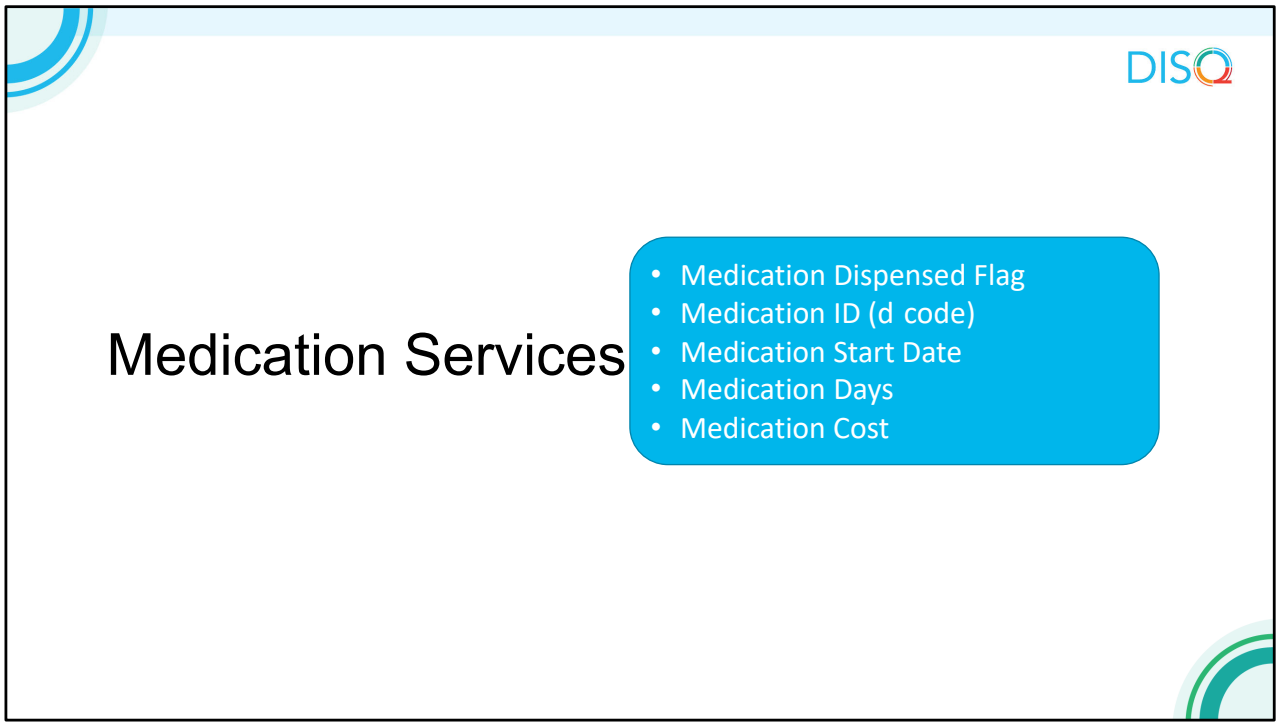


So I mentioned that we were going to discuss definitions more since it is such a common issue. If an ADAP is paying the entire cost of the premium, it is a full premium. Where confusion seems to be is when it is a partial. If a client is receiving employer-based insurance and the ADAP is paying the client's portion of the cost, that is a partial premium. 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. Finally if the ADAP is paying Medicare Part D Low Income Subsidy premiums that is a partial as well since it is a subsidized premium.

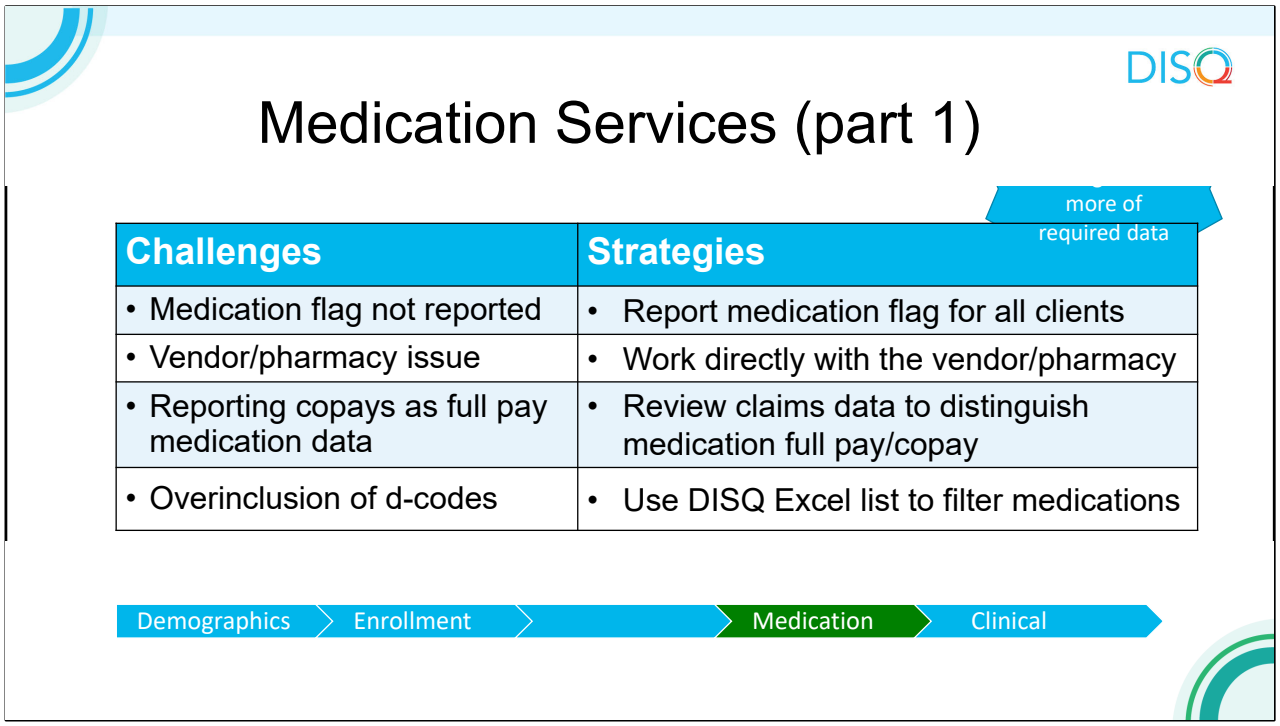
So now it's time for our first poll.

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 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 dcode, start date, days dispensed and cost need to be reported.



While data completeness is high for medication data, data quality issues were noted for about 15 ADAPs. Specific issues include:

- Not using the medication flag correctly
- Receiving inaccurate data from the vendor or pharmacy
- Not filtering d-codes
- Reporting copays as full pay medication as already noted

So how to tackle these issues?

For the medication flag, remember that a response is required for all clients (either

yes or no). This means that you report yes or no as to whether or not a client received a medication service.

If you're having issues with your vendor/pharmacy, work directly with them to resolve it. We also recommend that you outline your data needs in your contracts with them to try to avoid reporting issues if possible.

For claims data, review to determine if there is a way to distinguish medication full pay from copay. I already mentioned some strategies earlier in the webinar.

If you're not using an ADR-ready system, you'll need both the Multum list for an NDC to d-code crosswalk and the Excel list from the DISQ team to filter your medications.

Medication Services (part 2)

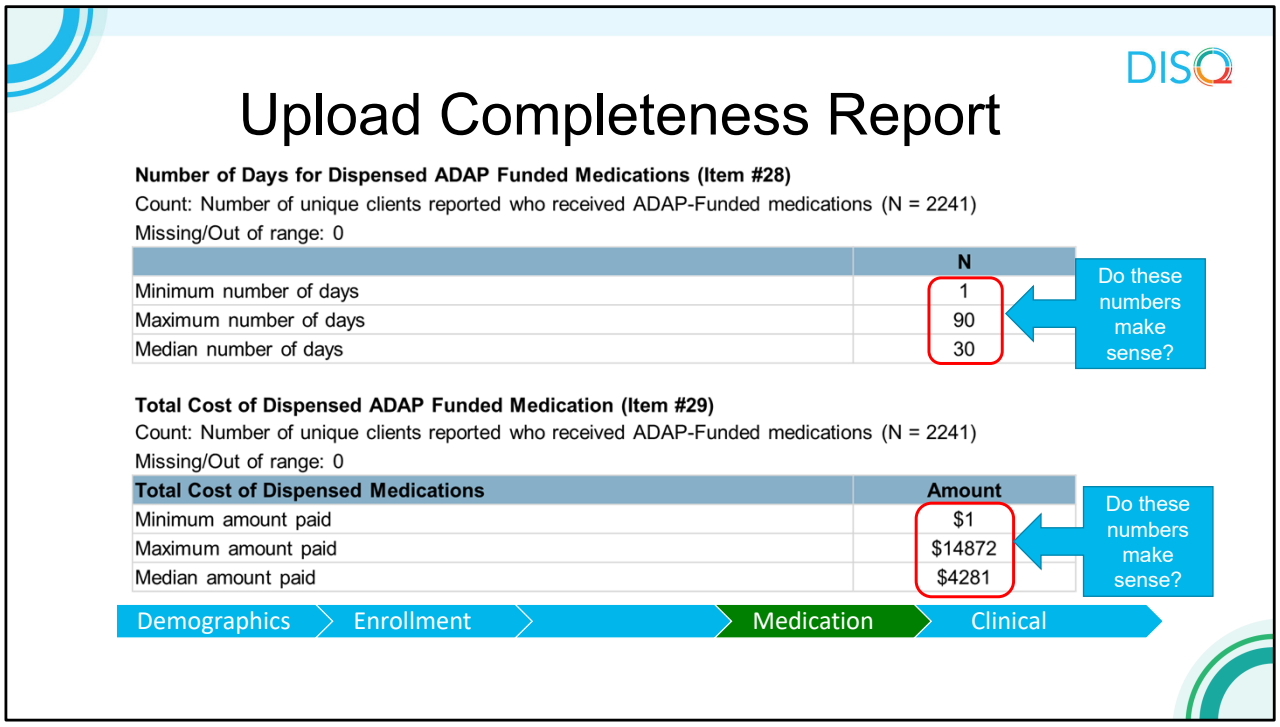
Challenges	Strategies
• Incorrectly reporting medication days or cost • Duplicate medication data reported	• Upload your data early • Review the Upload Completeness Report

Demographics | Enrollment | Medication | Clinical

There were two more challenges reported:

- Incorrectly reporting medication days or cost and finally
- Reporting duplicate medications.

What strategies can you use to address these challenges? Well, you hear from us each year to upload your data early. Reviewing your Upload Completeness Report can help you identify issues with your medication data. Let's take a quick look at any example.



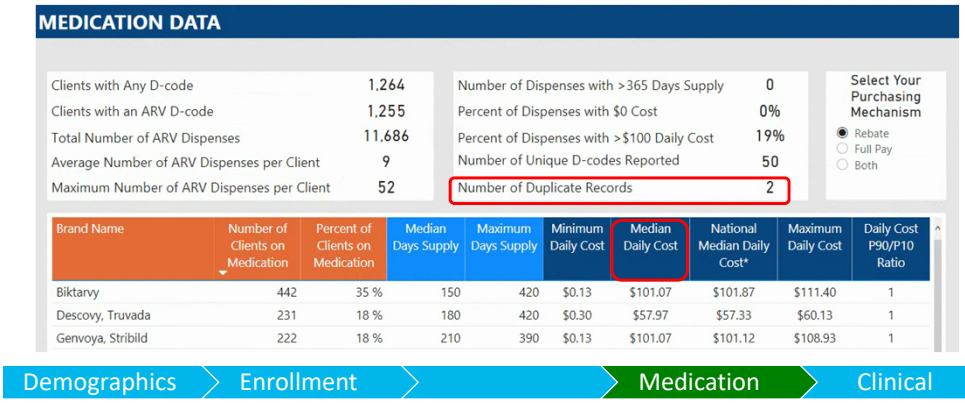
There are two data elements that can be helpful to review for medication services data quality: item #28 for number of days dispensed and item #29 for total cost of dispensed medication. For number of days dispensed, do the minimum, maximum and median days look correct? If you had a maximum of 240 days, that means one dispense was for 240 days. Would that be right? Probably not.

For total cost , again review the minimum, maximum and median. Be sure to take into consideration if you are a direct purchase ADAP, rebate ADAP or a hybrid as this affects the cost. If the numbers are different than what you expected, you may have a data quality issue.

Even with the UCR, it may still be difficult to identify issues such as duplicate medications or copays reported as full pays. The ADR Data Quality Summary Report includes some data to help with this, but unfortunately it isn't available until ADR outreach which is after you report your data. Or is it?

New Tool From The DISQ Team

- Content from ADR Data Quality Summary Tables 4-6
- If you'd like to view your 2020 ADR data using this tool, contact the DISQ team



We heard feedback from ADAPs that it would be helpful to have the ADR Summary Report available during the reporting period. So we've developed a tool to help you review your medication data during the reporting period! The content aligning with tables 4-6 in the ADR Summary Report.

Using data elements in these tables such as number of duplicate records to address duplicate medication reporting or reviewing median daily cost to discern that you are reporting copays as full pays or may have issues with how days supply or cost are being reported can help you identify data quality issues.

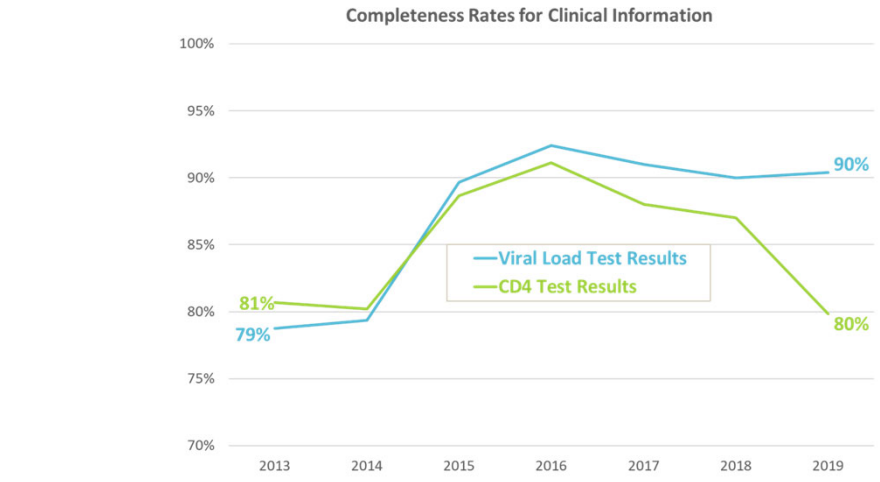
If you'd like to view your 2020 ADR data in this tool, contact the DISQ team.

Now let's move on to Poll 2.

Which of the following best describes how your ADAP distinguishes medication copay/co-insurance/deductibles from full pay medications?

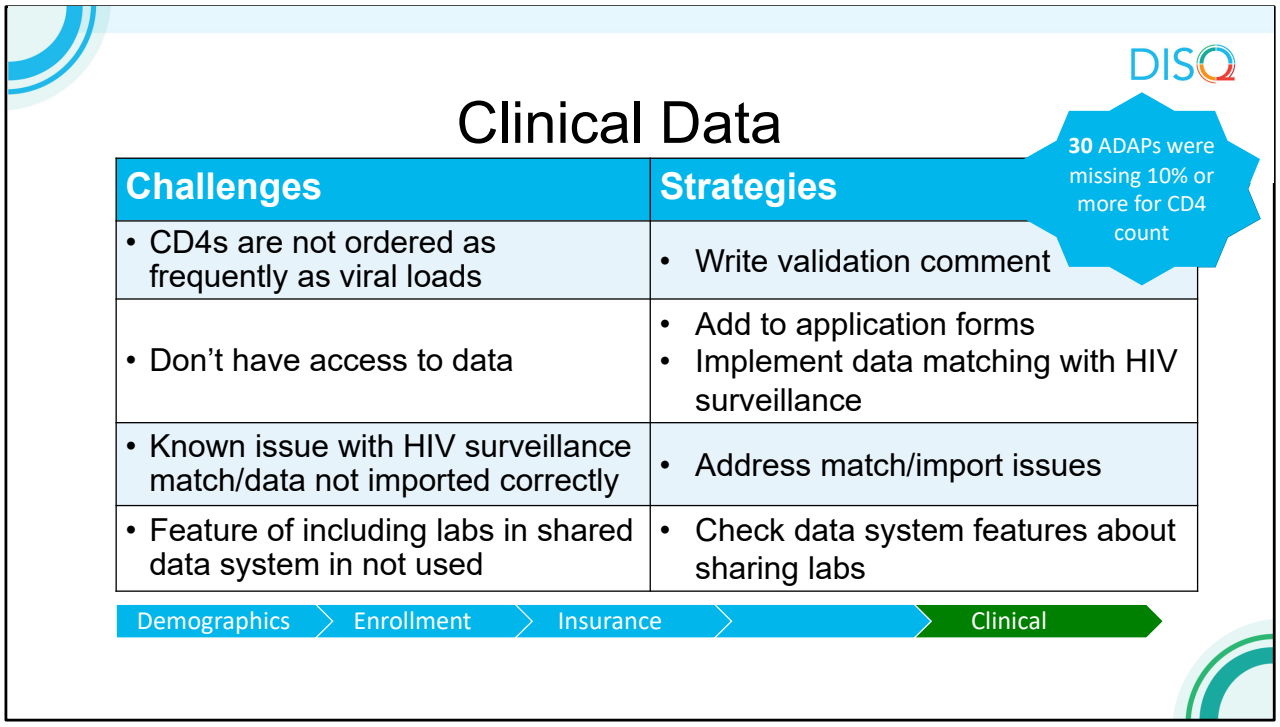
- ❍ I get separate claims data for medication copays and full pays
- ❍ I get one claims file and there is a distinct data element in the claims data to distinguish copays vs full pays
- ❍ I get one claims file and have to determine copays vs full pays (no distinct data element)
- ❍ I have different program names for medication copays vs full pays
- ❍ Other (please send to Q & A)

Clinical Completeness Remains High



Demographics | Enrollment | Insurance | Clinical

So the last data elements that we'll discuss are for clinical completeness or CD4 and VL reporting. Clinical data reporting has been at or above 90% for viral load counts since 2015. However, CD4 reporting has declined in that same period.



More than half of all ADAPS had 10% or more missing data for CD4 count; the number was much lower for viral loads (11). For last CD4 date and count, a common reason reported for lower numbers is that clinicians are not ordering the lab test as much as compared to viral loads. For CD4 and VL missing data, some ADAPs don't have access to lab data, while some have data matching/sharing issues. ADAPs with higher percentages of missing data either reported that they are not conducting routine matches with HIV surveillance or that there was a known issue with the match. In addition, some ADAPs still have challenges in both correctly importing data as well as knowing how to leverage available clinical data to increase completeness.

So how to tackle this?

For those ADAPs for whom clinicians are not ordered CD4s as frequently as viral loads, be sure to write validation comments for this.

If you're an ADAP that does not have access to lab data, consider collecting the information as part of applications and recertifications although remember that this cannot be self report. If you're not yet matching and sharing data with your HIV surveillance program, 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.

Of course, if there is an issue with the actual match or importing the results, try to address it as soon as possible.

Finally, some ADAPS leverage lab data from other providers in a shared data system. In CAREWare, there is a box that you need to check when running the ADR to include CD4 or VL counts entered in other domains.

Before we move on to reviewing next steps for the current submission, let's do our final poll.

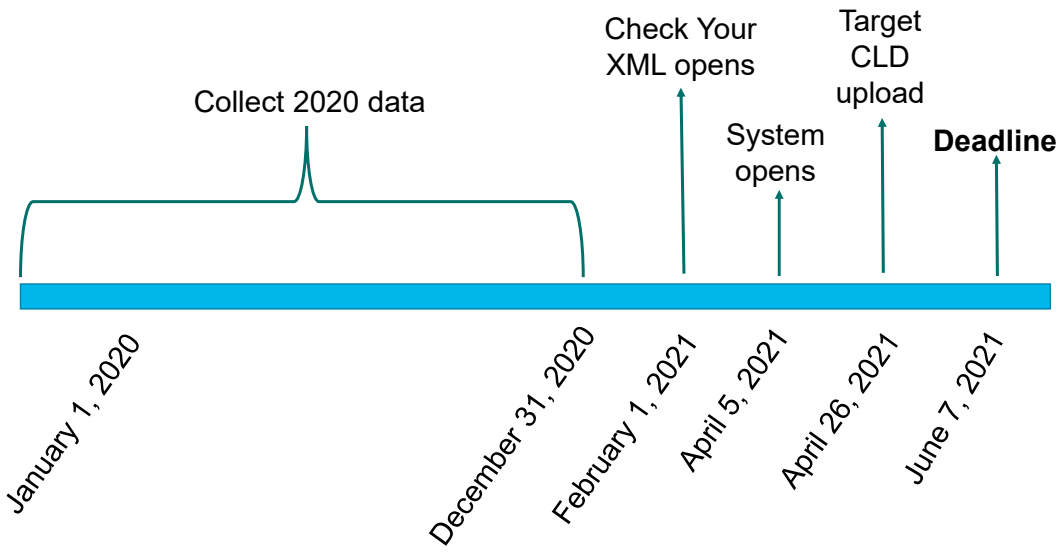
Now let's go to our final poll.

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 2020 ADR submission.

2020 ADR Submission Timeline



Ok, onto the timeline for the 2020 ADR. You spent calendar year 2020 collecting data for the ADR.

On February 1, 2021, 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. We hosted a webinar on March 3rd 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, opened on April 5, so you can start working on your Recipient Report and uploading your client-level data file to the main system.

By April 26, we'd like to see an initial client-level data file uploaded to the main system if at all possible. This will give you plenty of time to check and correct your data as needed before the final submission. And, you'll avoid pesky calls from TA providers and your project officer as the deadline approaches – which is June 7, 2021.

TA Materials

- TargetHIV website ADR reporting resources
- 2020 ADR Instruction Manual
- ADR Validations
- ADR In-Focus Series
- ADR Download Package
- Webinars

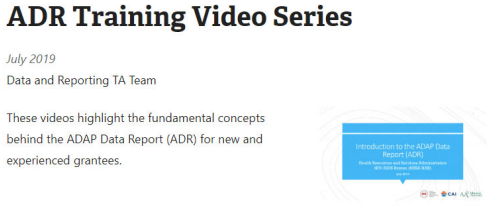
Reminder: The DISQ Team will review your Upload Completeness Report with you to help identify data quality issues

There are also a lot of TA materials on TargetHIV. You can find this list on the handout that Audrey chatted out at the beginning of the webinar. TargetHIV actually has a section just for the ADR! It includes the instruction manual as well as validations. The ADR in Focus series covers several different topics, include one on How to Use the Upload Completeness Report. Just as a reminder, the DISQ team is happy to meet with you once you upload your data to help you review your Upload Completeness Report-just ask.

For those of you wanting to plan ahead, we also released a detailed list of the 2021 ADR changes. The ADR download package includes the schema which can be useful if this is your first time reporting the ADR and you are not using an ADR-ready system. Finally don't forget the webinars that we conducted this year.

Check out the ADR Video Series!

- Three short videos
  - Introduction to the ADR
  - Creating the ADR client-level data file
  - ADR data quality
- Great for new staff and those who need a refresher



Also just a quick reminder that last year we released our short videos that are great for new staff or if you just need a refresher.

TA Resources

- The DISQ Team
  - Data.TA@caiglobal.org
  - Sign up for the DISQ listserv
  - Submit a DISQ TA request
- Ryan White HIV/AIDS Program Data Support
  - RyanWhiteDataSupport@wrma.com
  - 888-640-9356
- EHBs Customer Support Center:
  - 877-464-4772
  - Submit an EHBs TA Request
- CAREWare Help Desk:
  - cwhelp@jprog.com
  - 877-294-3571
  - Join the CAREWare listserv

This may feel like a lot to do. There are several resources available to help you. The DISQ Team addresses questions for those needing significant assistance to meet data reporting requirements. DISQ also deals with data quality issues, as well as providing TA on TRAX and support in creating documentation.

Data Support addresses RSR-related content and submission questions. Topics include: Interpretation of the Instruction Manual and HAB's reporting requirements; Allowable responses to data elements; Policy questions related to the data reporting requirements; and Data-related validation questions.

The EHBs Customer Support Center addresses software-related questions. Topics include: Electronic Handbook (EHB) navigation, registration, access and permissions and Performance Report submission statuses.

Finally, the CAREWare help desk is your best resource for any TA requests related to CAREWare. We encourage you to register for the listserv to join the conversation with other CAREWare users across the country.

Most importantly, there is no wrong door for TA – if we can't assist you we're happy to refer you to someone who can! Thank you all for joining us today to learn more about preparing for RSR submission. Now I will pass things off to Ruchi for the Q&A portion of the webinar.