



ADR Town Hall: Looking Back and Moving Ahead

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

HIV/AIDS Bureau

July 28, 2021



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

My name is Ruchi. I'm a member of the DISQ Team, one of several groups engaged by HAB to provide training and technical assistance to AIDS Drug Assistance Programs, or ADAPs, in completing the ADAP Data Report (ADR). Following the ADR submission every year, we have an ADR Town Hall webinar to talk about the submission and things to think about for next year.

Today's Webinar is Presented by:



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Today's Webinar is presented by AJ Jones, also of the DISQ team. AJ will talk about the 2020 ADR submission, and next steps now that the submission is over.

Throughout the presentation, we will reference some resources that we think are important.

Now before we start, I'm going to answer one of the most commonly asked questions about the slides. The recording of today's webinar will be available on the TargetHIV website within one week of the webinar; the slides and written question and answer are usually available within two weeks.

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Outline

Why Have A Town Hall?

Looking Back: 2020 ADR

Moving Ahead: Next Steps

Let's Hear From You!

We're going to touch briefly on several topics today, but we're also going to leave time to hear from you! First, I'll review why we do a Town Hall. Next I'll highlight some of the main challenges from the 2020 ADR. I'll touch on what our next steps will be and then I'll turn it over to you for your feedback, questions and concerns.

We use your input to...

- Review reporting requirements that may need clarification or modifications
- Revise existing TA tools and materials
- Increase awareness of existing tools and resources

Looks like a few of you did have challenges with the ADR, and we hope to learn more about those today. We will use your input today to review any requirements that may need clarifications. We'll also use your feedback to revise existing tools and materials. For example, we may modify language in the instruction manual so it is clearer. Or, if you find that a report in the ADR Web System is not that intuitive, we may update that tool. We'll also take today as an opportunity to increase awareness of existing tools and resources.

Other Channels of Feedback

- Data quality outreach
- 2020 report comments
- Contact us to ask questions or provide suggestions

Other than today, there are a couple of other venues we will use to get your input.

First, we communicate with you through our regular Fall calls and data quality outreach, which I'll discuss more later on in the presentation

We are also carefully reading your comments in the 2020 ADR to understand your specific program and how it affects data collection and submission.

And, outside of the more formal forums, we are always available for questions or suggestions.

Submission Timing

- Some ADAPs had staff deployed to support local COVID response, but the deadline was not extended this year
- Despite these challenges, 51 ADAPs submitted on time and all submitted within a week

So let's look back at the 2020 ADR

We also learned that in several cases, ADAP staff were being deployed to assist in their local COVID response. However, unlike last year's submission the ADR deadline was not extended for the 2020 report.

I'm happy to report that despite these challenges, most ADAPs successfully submitted their ADRs by the deadline, and everyone has submitted data! Nice job everyone.

There were some UCR changes this year...

- We didn't advertise changes to ADR Upload Completeness Report (UCR) calculations

Start Date of ADAP Funded Medication Being Dispensed (Item #27)

Denominator: Number of unique clients reported who received ADAP-Funded medications (N = 14359)

Start Date of ADAP Funded Medication	N	Percentage
January - March	11066	77.1%
April - June	10323	71.9%
July - September	9746	67.9%
October - December	9526	66.3%
Missing/Out of range	0	0.0%

First, a few updates from us on things we should have done better during the submission!

There were a few changes to the way that the ADR Upload Completeness Report, or UCR, calculated some of the date tables. For the Medication Start Date table, the UCR now uses the unique number of clients as the denominator for EACH row. Previously, on the very first dispense a client had during the year was counted for this table, so we saw big drop offs in later quarters. These changes are intended to better reflect your data, but several of you had questions about why these tables looked so different from last year.

There were some UCR changes this year... (continued)

- We didn't advertise changes to ADR Upload Completeness Report (UCR) calculations

D-Code	Generic Name	Brand Name	N	Percentage
d04376	abacavir	Ziagen	92	0.6%
d08284	abacavir/dolutegravir/lamivudine	Triumeq	1490	10.4%
d05354	abacavir/lamivudine	Epzicom	157	1.1%
d04727	abacavir/lamivudine/zidovudine	Trizivir	15	0.1%
d04882	atazanavir	Reyataz	163	1.1%
d08340	atazanavir and cobicistat	Evotaz	62	0.4%
d08736	bictegravir, emtricitabine, and tenofovir alafenamide	Biktarvy	5310	37.0%

The percent of clients on a given medication was also updated to use the unique number of clients on each medication in this table. This is a big change from previous years, where the percent of clients on a medication could exceed 100%.

...And an error in the UCR Start Date table

- Start Dates on 1/1 and 12/31 were counted as “missing/out of range”

Start Date of ADAP Funded Medication Being Dispensed (Item #27)

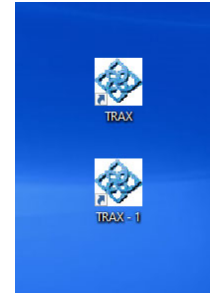
Denominator: Number of unique clients reported who received ADAP-Funded medications (N = 893)

Start Date of ADAP Funded Medication	N	Percentage
January - March	631	70.7%
April - June	567	63.5%
July - September	452	50.6%
October - December	486	54.4%
<i>Missing/Out of range</i>	2	0.2%

Finally, a patch was released during the ADR submission because the coding for the start date element was treating January 1 and December 31 dates as missing/out of range. Thanks to those of you who brought this to our attention early so we could get it corrected!

Limited TRAX issues

- TRAX did not automatically update, meaning existing users had to re-download the program
- TRAX will not accept letters in the ClientID column, and will crash without a message
- DISQ helped some users get their TRAX CSVs set up



For those of you who have done the submission before, TRAX did not automatically update this year. This meant that users had to re-download the application. For those of you who have done the ADR before, this sometimes left multiple copies of TRAX on our computers, only one of which would work correctly.

DISQ also helps folks every year get their ADR CSVs set up – this often includes some find/replace to align with the values in the ADR system, formatting, and pulling in client IDs to be consistent across files.

CAREWare (part 1)

- CAREWare was not updated to support reporting Rukobia on the ADR
- Confusion about how to enter application approval and recertification dates
- Make sure you enter data into the ADAP domain

Vital Enrollment Status	
ADAP Enrollment Status:	Enrolled, receiving services
Latest Enrollment Date:	3/2/2020
Application Date:	12/4/2018
Vital Status:	Alive
Case Closed Date:	
Date of Death:	

There also continues to be some confusion about importing into CAREWare. Remember, be sure to use the CAREWare Provider Data Import (or PDI) specifications and if you have any questions, reach out to the CAREWare helpdesk.

This year, CAREWare was not updated to pull in the new medication Rukobia into the file. Because this is a salvage therapy that not many clients are on, HAB decided that a late-in-the-game CAREWare update would place an unnecessary burden on ADAPs for not much benefit.

There was also some confusion about how to enter ADAP application received date, application approved date and recertification date that resulted in validation warnings. It's easy to get confused because even though I just listed three different data elements, there are only two places to enter dates! A quick refresher-Application Date is where you enter the date that a complete application for a new client was received. Once you enter this date, it should never be changed. The date that the application was approved is actually entered under latest enrollment date as are all the recertification dates. Remember that if a client was enrolled in the ADAP in the past but is not currently enrolled and submits an application to be enrolled again, the client is not new and that application should be reported as a recertification date. Still have questions? The CAREWare helpdesk can help you so just call or email them. I'll share their contact information at the end of the webinar.

CAREWare (part 2)

CAREWare Tips for ADAPs

August 2018

ADR In Focus

CAREWare Tips for ADAPs: Key Areas That Impact ADR Data Quality

CAREWare is a free, electronic health and social support services information system for HRSA HIV/AIDS Bureau Ryan White HIV/AIDS Program recipients and subrecipients. It produces a compliant xml file for the AIDS Drug Assistance Program (ADAP) Data Report (ADR) as well as the Ryan White Services Report (RSR).

In order to ensure that you submit the highest quality data in the ADR, it is important to understand how different CAREWare features work, in particular :

- Contract and service setup
- Entering client ADAP application dates, and
- Updating enrollment status

If these data are not entered correctly, or not kept up to date, it may result in missing or inaccurate data.

Many ADAPs that use CAREWare import data from other sources such as HIV Surveillance programs and Pharmacy Benefit Managers (PBM). It is critical that data from these sources are mapped properly when imported into CAREWare so that they are accurately reflected in the ADR. Built-in reports in CAREWare enable users to review data quality before uploading the data to the ADR system. Tips for each of these areas are outlined below.

Tip 1: Setting up contracts for insurance assistance - premiums and copay/deductibles

One of the important steps in managing your ADAP data in CAREWare is to setup contracts that accurately capture the ADAP services you provide. Contracts can be set up most directly by selecting Admin Options> Contracts. They can also be accessed in the ADAP setup wizard. Be sure that you are using the [most recent build available from HHS](#).

Remember!
It is important to install the most recent build of CAREWare so that your ADR xml file is generated correctly. For more information on the current CAREWare build, visit the [HRSA HHS website](#).

This is also a good time to remind everyone that there is already an ADR In Focus that has several helpful CAREWare tips including the one that I just reviewed. We'll need to update the screenshots to CAREWare 6.0, but the tips won't change.

CAREWare (part 3)

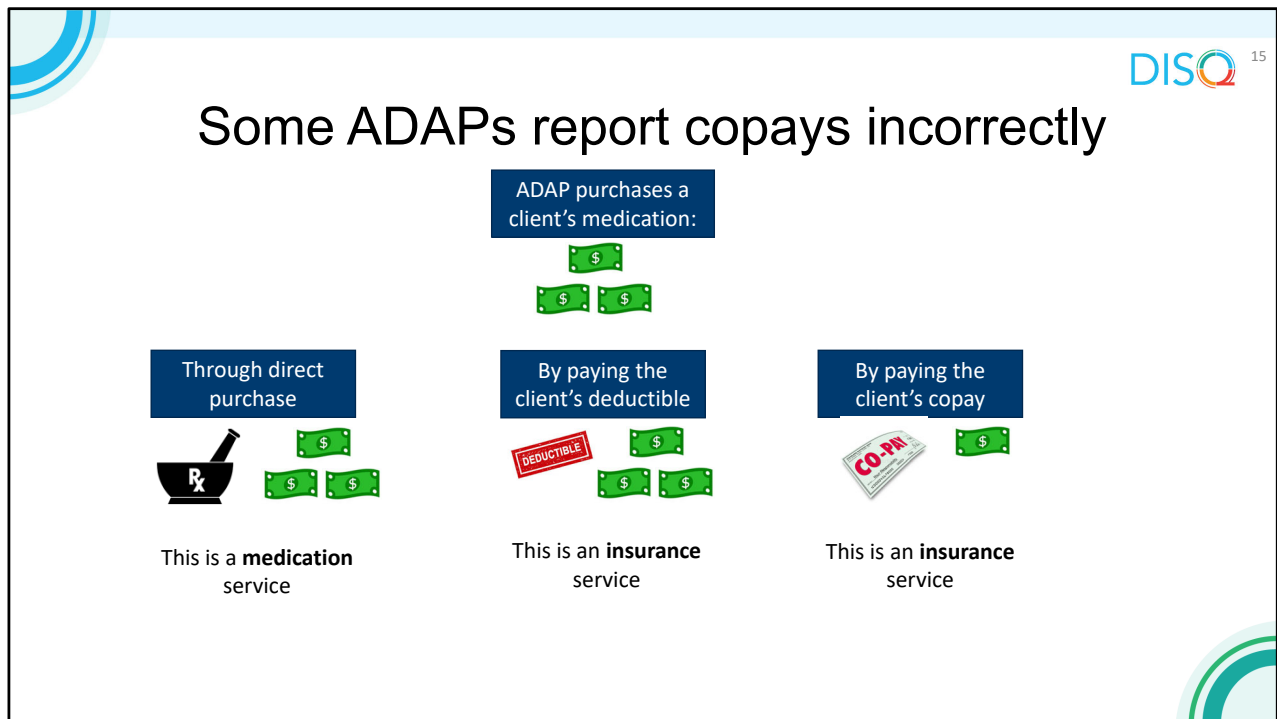
- Request custom reports from CAREWare to review data quality issues
 - Clients with no services
 - Application date compared to enrollment dates
 - Drug Payments = \$0
- Review data in CAREWare before uploading
 - Client Viewer and Validation Report
- [Check CAREWare Wiki site](#)

It may also be helpful to know that based on questions that have been received over the years, the CAREWare helpdesk has developed custom reports to help ADAPs review specific data issues. These include clients with no services received, application received and approval dates after recertification dates and cases where drug payments = \$0. You can check with them if you need a custom report and we also have copies of some of the reports.

Be sure to use the tools in CAREWare to review your data including the Validation report and the Client viewer.

As a final reminder, in addition to the HAB website and TargetHIV, check out the CAREWare wiki site which has a lot of documentation and updates regarding CAREWare.

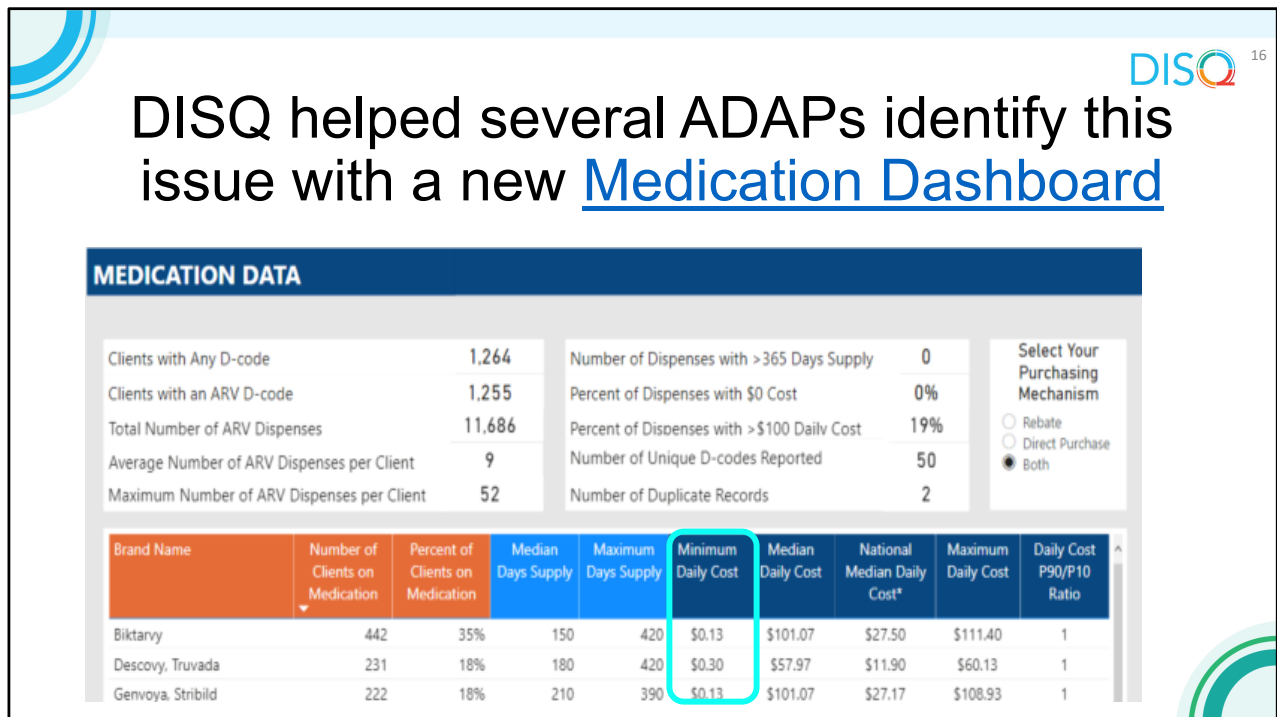
Some ADAPs report copays incorrectly



Now let's move on to medication copay/co-insurance and deductibles.

While not as common a data quality issue as incorrectly reporting premium assistance, some ADAPs had issues with correctly reporting medication copays. The most common problem was incorrectly reporting some or all medication copays as full pay medications. Some CAREWare users were incorrectly entering medication copays as a medication service in CAREWare rather than an insurance service. Some ADAPs cannot differentiate between copay and full pay medications in claims data.

DISQ helped several ADAPs identify this issue with a new [Medication Dashboard](#)



We heard feedback from ADAPs that it would be helpful to have the ADR Summary Report available during the reporting period. The DISQ team has developed a tool to help you review your medication data, with 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 minimum 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.

Reporting Requirements

- Full vs partial premiums
 - Challenges in distinguishing partial v full in source data
 - Learn more about how other ADAPs tackled this issue by reviewing the [ADR Data Quality: Lessons from Outreach](#) webinar

Another area of confusion is distinguishing between full and partial premiums. As with the medication issue, there is often not a structured variable in the source data to distinguish this, so while an ADAP knows that they paid the premium, they don't know if it is a full or partial premium. A common issue is when the client is participating in the Marketplace and receives a subsidy, but the ADAP does not have that documented in a structured field, so they report the premium as full. If an ADAP pays the non-subsidized part of a premium, it is a partial premium.

Now if you missed it, several of your peers presented earlier this year on how they approach this issue. If you missed that webinar or you just want to review it, you can find the webinar archive on the TargetHIV website.

Upload Completeness Report

- Not being reviewed by all ADAPs
- Essential part of ensuring that data are of high quality and accurately reflect services being provided
- Use the [ADR in Focus: How To Use the Upload Completeness Report](#) as a guide to reviewing the tool
- The DISQ team can also review your UCR with you-just ask us!

Finally, we still can see that not everyone is reviewing the UCR before submission. It is very important to review the UCR to make sure that you have limited missing data and that the data accurately reflect the services that you are providing.

There is also an ADR in Focus that we've created that provides guidance regarding how to review the ADR.

You may not have known that the DISQ team can review your UCR with you. We can review to help you prepare for next year's ADR or after upload during the submission. Just ask!

Documentation

- Many ADAPs don't have documented processes for how to use their data to create the ADR
 - Staff transitions and deployments due to COVID augmented this issue this year
- Hard to understand process of using multiple data sources without adequate documentation
- In some cases, new staff learned that data were not mapped correctly and had to update coding

Finally, we learned that many ADAPs have not documented their processes on how they create their ADRs. In addition to staff turnover, deployments because of COVID made this a larger issue this year.

Without documentation regarding how to use the files to create the ADR, it can be very difficult for staff newer to the process to meet the ADR requirements. In addition, if the process is documented, it is usually easier to identify any issues. We learned from a few ADAPs that had new staff that the prior staff did not map the data correctly, but they didn't know because there was no documentation.

Need help with this? Hold that thought for a minute....

Next Steps (part 1)

- Review 2020 ADR report comments
- Hold calls with ADAPs to discuss
 - Data trends
 - Low completeness rates for certain data elements
 - Data quality issues related to medication
- Recreate ADR Data Summary Reports with 2019 and 2020 comparison

I'll be sharing how to get help with documentation as part of next steps

In the next couple of months, we'll follow up with ADAPs that had significant problems as indicated by report comments. We go through every single comment, so it takes a little time to give you feedback.

And, just like the last couple of years, we'll hold calls with all ADAPs to make sure your data reflect your program and learn about any changes you're making to your data management processes. We will update the ADR Data Summary Reports to compare 2019 and 2020 data and will share those as part of our outreach activities.

Next Steps (part 2)

- Work with ADAPs to document ADR processes

ADR				Your System		
ID	Variable	Definition	Value	Variable	Value	Notes
Client Demographics Elements						
4	Ethnicity	Client's ethnicity.	1. Hispanic 2. Non-Hispanic			
5	Race	Client's race.	1. White 2. Black or African American 3. Asian 4. Native Hawaiian/Pacific Islander 5. American Indian or Alaska Native			

Contact us at Data.Ta@caiglobal.org
or submit a
[TA Request Form](#)

We'll also work with ADAPs who haven't yet documented their processes to do just that. It may be as simple as using the crosswalk that is part of the TRAX download package or using a separate document but we can adjust our approach to meet the needs of your ADAP. If you'd like to get started on that, you can either email us directly or fill out a TA request form on TargetHIV.

What to expect for the 2021 ADR

- Minor changes to the Recipient Report and CLD (e.g., wording changes and minor edits to the data elements)
- There are two more substantive changes to keep on your radar:
 - You will report all medications, and will report using NDCs instead of d-codes
 - You will now report clinical data for all clients, and will report all labs rather than the last value during the year
- Check out the [ADR In Focus on 2021 Changes](#)

Before we wrap up, we wanted to give a quick overview of what to expect for the next year's submission.

First, there are some minor changes to the Recipient Report which shouldn't make too much a difference for completing your report. There will be new questions on whether you had an unexpected increase in clients, and whether you have an open formulary. The question about clinical eligibility will be dropped, and some question had some minor modification for wording. The CLD also had a few minor changes, like splitting apart "other" and "unknown" reasons for disenrollment.

There are two more substantive changes that we wanted to highlight today to make sure you're aware of the changes early: first, for medication data reporting, you'll now report everything (not just ARVs, Hep C and B meds, and A1-Ois) and will report using NDCs instead of d-codes. Second, you'll report clinical data for all clients (including those who received insurance services), and you'll report all values during the year instead of just the last test. For those of you who also complete the RSR, this means that that the two reports will now align.

For more information on the changes, check out the ADR In Focus that we put together highlighting what you need to know. And, of course, if you have any questions or feedback we encourage you to let us know on today's Town Hall, or we can follow up with you after today's session.

Technical Assistance 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](#)

I'd like to review the available technical assistance before we finish up. The DISQ Team addresses questions for those needing significant assistance to meet data reporting requirements, such as helping ADAPs who do not know what to do or where to start; Determining if data systems currently collect required data; Assisting ADAPS in extracting data from their systems and reporting it using the required XML schema; and Connecting ADAPs to other ADAPs that use the same data system. We encourage you to sign up for our TA listserv using the link listed on this slide. DISQ also deals with data quality issues, as well as providing TA on TRAX and support in creating documentation.

Data Support addresses ADR-related content and submission questions. Topics include: Interpretation of the Instruction Manual and HAB's reporting requirements; Allowable responses to data elements of the Recipient Report and client-level data file; 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.

There is no wrong door for TA – if we can't assist you we're happy to refer you where you need to go!