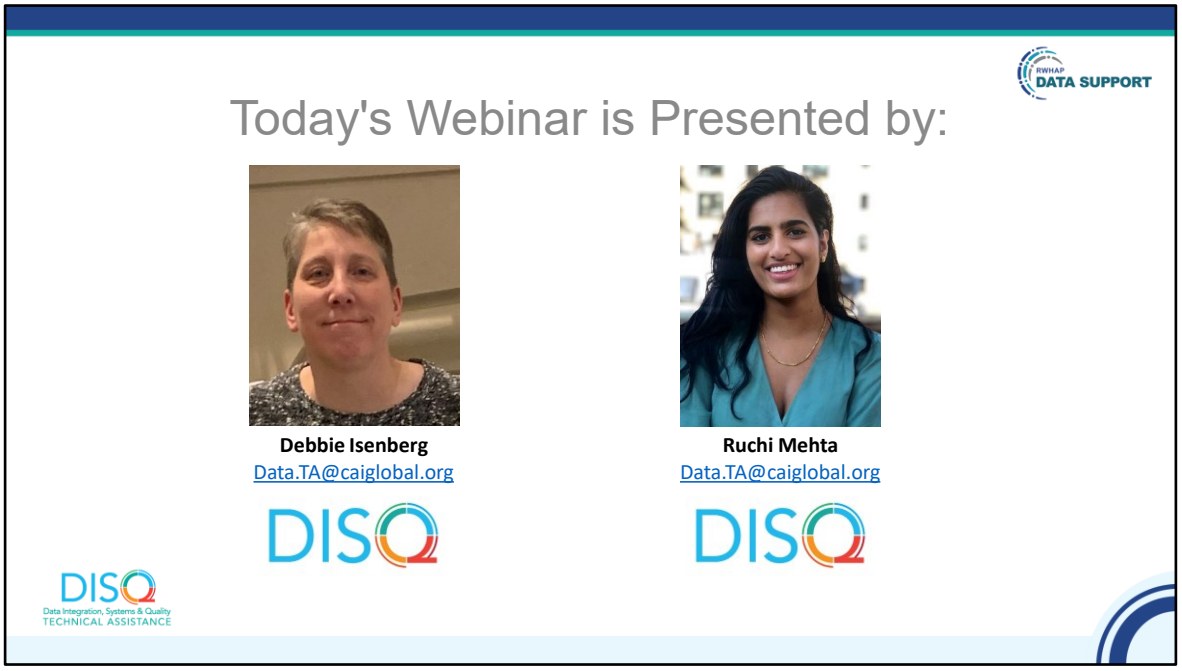
AIDS Drug Assistance Program (ADAP) Data Report (ADR) Data Quality: Lessons from Outreach

Ryan White HIV/AIDS Program ADAP Data Report (ADR)
HIV/AIDS Bureau
April 13, 2022

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.

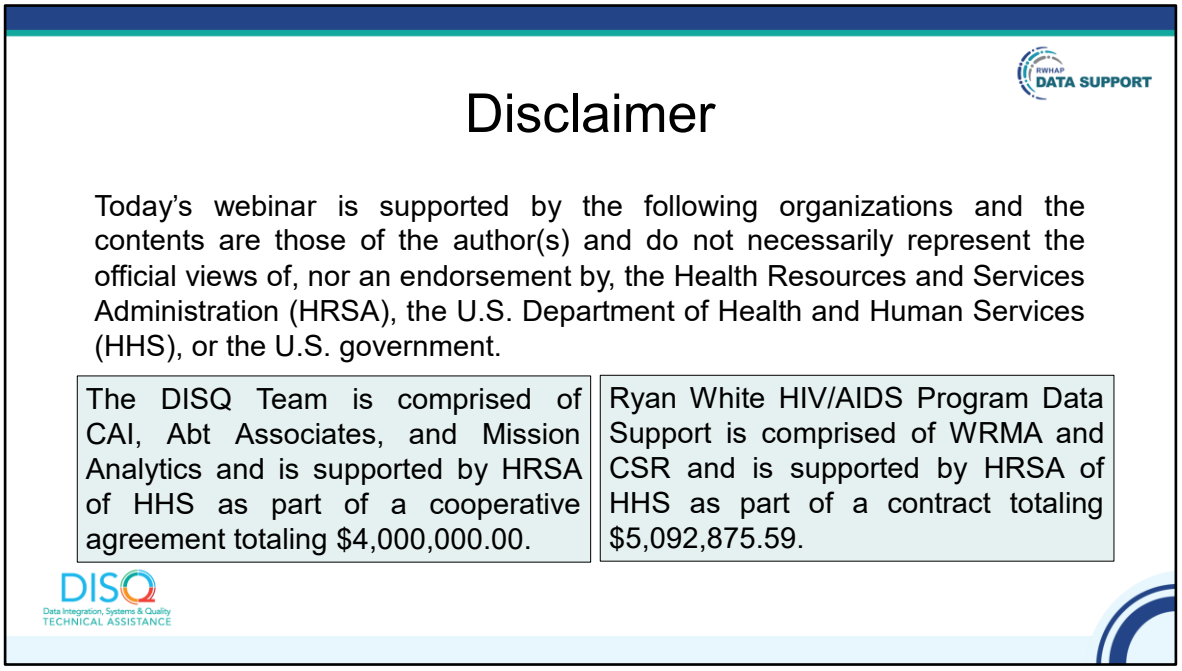


Today's Webinar is presented by Debbie Isenberg also from the DISQ team. In today's webinar, Debbie will share the findings from this year's ADR outreach activities as well as some approaches that your fellow ADAPs are using to address some data quality issues.

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 a document right now that includes the locations of all the resources mentioned in today's webinar.

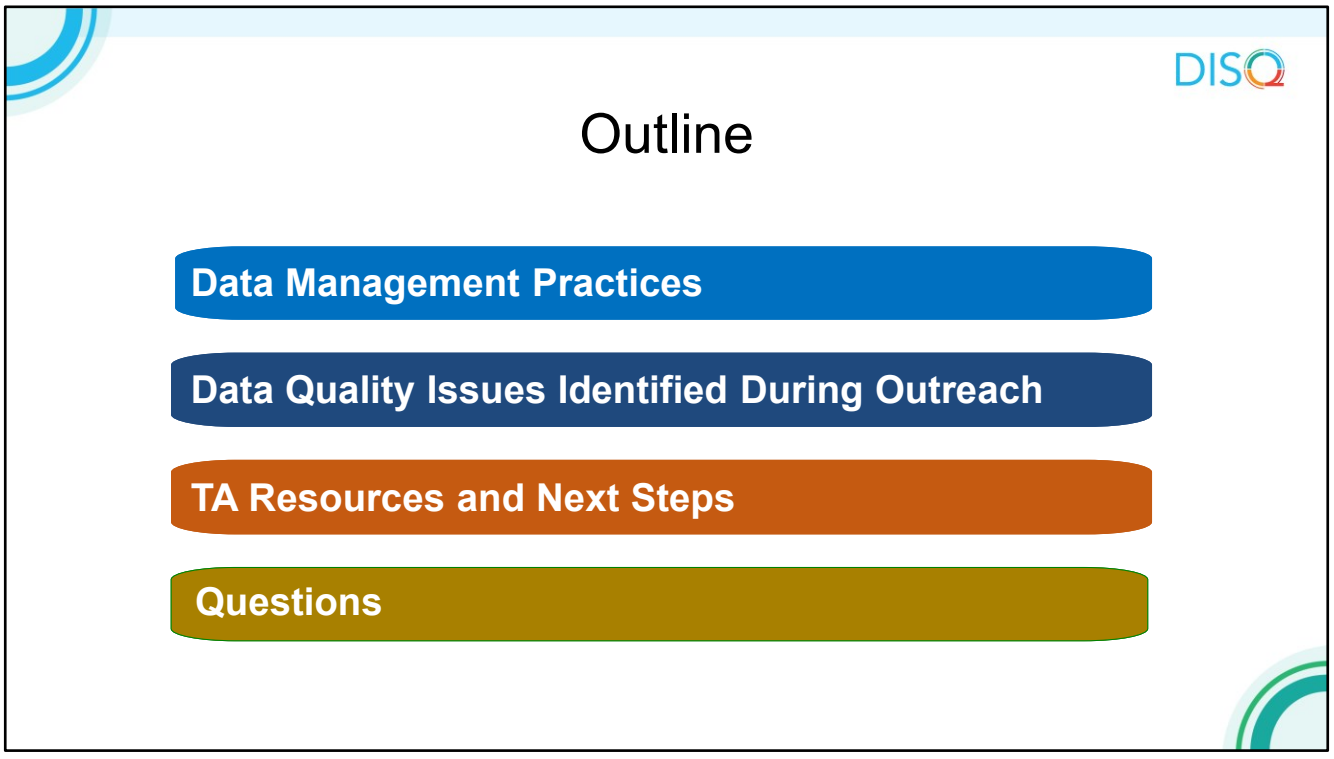
At any time during the presentation, you'll be able to send us questions using the "Question" function on your settings on the bottom of the screen. You'll also be able to ask questions directly "live" at the end of the presentation. You can do so by clicking the "raise hand" button (on your settings) and my colleague Isia will conference you in.

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.



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

Now I'd like to turn the webinar over to Debbie.



Thanks Ruchi. 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 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. Also please feel free to submit any written questions throughout the webinar and we'll address them at the end.

In early 2022, 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, I'm going to discuss some of the data management practices that you shared with us including strategies for creating the ADR. (click) Then I'll share some of the data quality issues identified during outreach as well as some strategies suggested by your fellow ADAPs as well as the DISQ team.

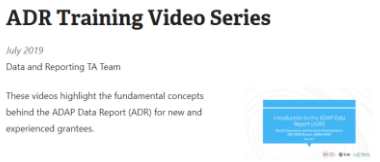
I'd like to start with a poll to get a sense of who's on the webinar today so I'm going to turn things over to Isia. Isia, take it away.

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 To Do If You're New

- ☑ Clarify your role
- ☑ Get EHB 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 to help get you started



For those of you who are new, there are a few initial steps that you can take.

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

Second, 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 EHB access.

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

Next, review the ADR Training Video series. These are short videos to help orient you to the ADR.

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.

ADR Outreach

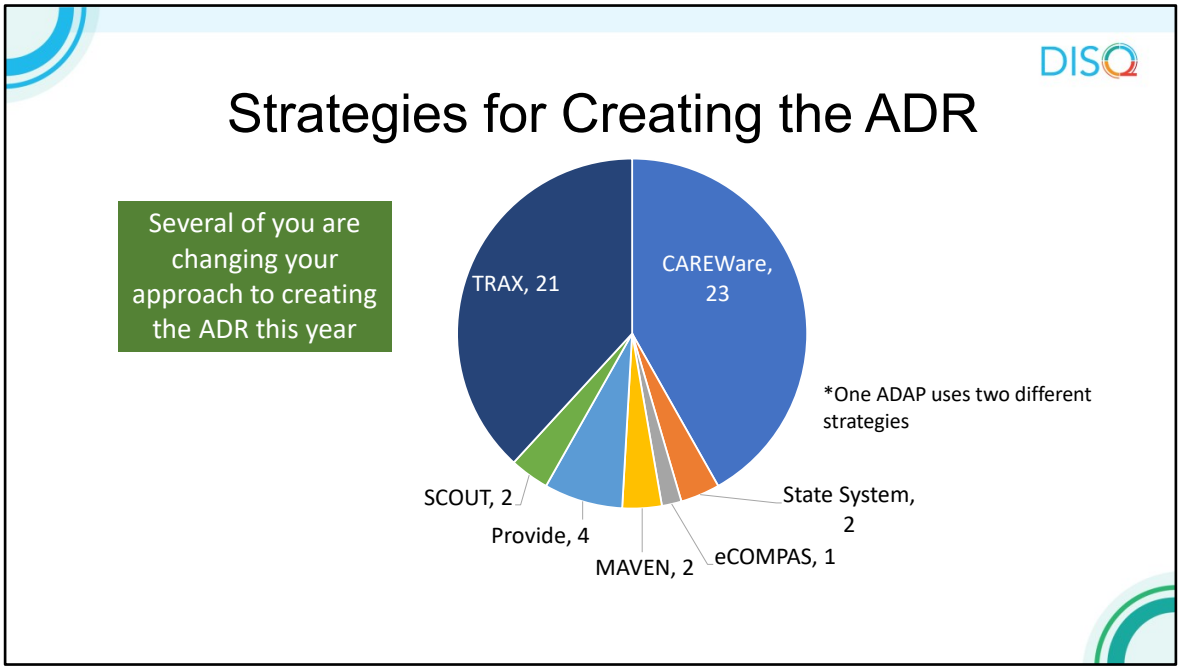
- Reviewed your data in aggregate and at the individual ADAP level
- Conducted new in-depth review of premium data
- Created and distributed ADR Summary Reports to all ADAPs
- Talked to 38 ADAPs about:
  - Strategies for creating the ADR
  - Data management practices
  - Data quality issues

Ok, let's jump in to the focus of today's webinar-what we learned from this year's outreach activities.

To learn more about your data quality, we reviewed data that you submitted. We also looked at data trends from previous years' submissions. Finally, this year we conducted a new in-depth review to look more closely at insurance premium data to help ADAPs in accurately reporting full and partial premiums. More about that later.

We created state-specific ADR Data Quality Summary Reports and sent them to all of the ADAPS and held calls with 38 ADAPs to go over your 2020 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.

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



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 and SCOUT to create your ADR client-level data file; TRAX is another system used where you can take data from various 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.

Several of you mentioned that you're changing your approach from last year and anticipate that one of the benefits will be improved data quality!

Data Management Strategies

- Making changes to your processes?
  - Give yourself plenty of time for submission to identify and address issues
- Make sure you have the latest versions/builds
  - CAREWare 6, Build 112z14
  - TRAX 5.4
- Importing/merging data from multiple sources?
  - Check data throughout the year, not just before the deadline
- Use your data for program purposes!

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 this year in creating the ADR to identify and address unforeseen issues. Make sure you are using the latest version of your system to create the 2021 ADR. For CAREWare that is Build 112z14 that was released on April 5th. For TRAX users, the application should automatically update when you open it to version 5.4. You also want to be sure that you download the updated csv table templates.

In terms on ongoing activities, 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 use your data for program purposes such as informing and evaluating program activities.

COVID Impact

- Changes in enrollment information
  - More clients eligible for Medicaid
  - More clients eligible for insurance assistance
- Recertification/disenrollment practices were modified
  - Poverty level and health coverage also higher missing data
- Dispensing policies were modified
  - 90 day supply common among ADAPs
- CD4 and VL harder to get
  - Clients not getting labs
  - HIV surveillance programs working on COVID

Now before I jump into specifics, I wanted to share that based on our conversations with you this year, it is clear that COVID impacted the ADR data in multiple ways. First, there were enrollment changes. This includes more clients who were Medicaid eligible or eligible for insurance assistance. Several ADAPS also noted changes in their recertification and/or disenrollment practices where recertification frequency was modified and clients were not disenrollment. In some cases, this also impacted data elements commonly collected as part of recertification such as recertification date, poverty level and health coverage.

Many ADAPs reported increasing the days dispensed so 90 day dispenses were common; in some cases, refill policies were also relaxed. Finally CD4 and VL labs were harder to get. Some clients weren't getting labs because of COVID and in cases where data sharing was in place with HIV surveillance programs, the staff were deployed or working on COVID.

You've Made Great Progress!

- Despite the challenges with COVID, you've done a great job
- Data quality is getting better
- ADAPs are addressing data quality issues that are identified

Despite the additional challenges from COVID, you have been able to continue to provide services to people with HIV. Data quality has improved in several areas and many of you are implementing changes to make your data quality even better!

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

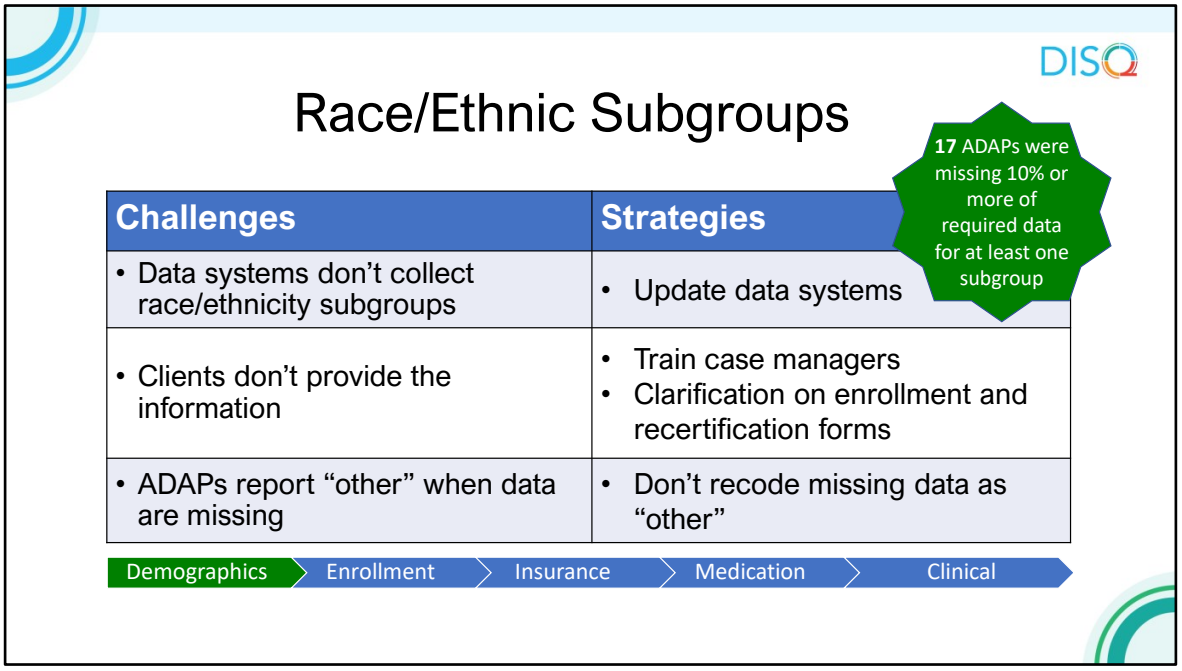
Let’s start with demographic and enrollment data

Known Rates for Demographic Data

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

Demographics | Enrollment | Insurance | Medication | Clinical

Overall demographic data were very complete. Among the 12 demographic data elements , we're going to focus on three today where there were higher rates of missing data AND the data element will be in the ADR for 2021: (click) race/ethnicity subgroups



Some 17 ADAPs reporting at least 10% missing data for at least one of the subgroups, the same number of ADAPS as for the 2019 ADR.

Issues reported included that an ADAP's data system did not collect the 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 providing 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".

Enrollment Status

- Challenges remain in using the enrollment category of 'enrolled, services not received'

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

Now let's look at enrollment and recertification data. Data accuracy for the enrollment status of "enrolled, services not received" still remains a challenge for many ADAPs. We've heard that updating this enrollment status can be burdensome in data systems because it has to be done manually and isn't an enrollment status that would be updated as part of recertification since the assumption is that clients are enrolled to get services.

An effective strategy that was shared is to update enrollment status 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

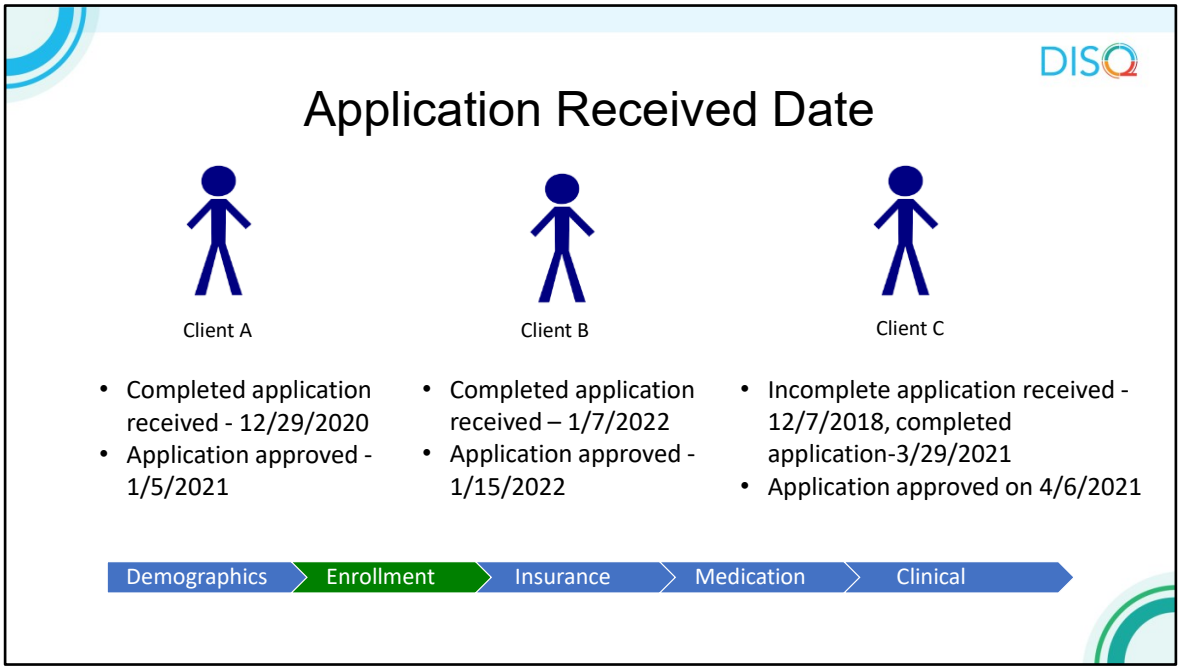
- Values are categorized as missing/out of range in the Upload Completeness Report

ADAP Application Received Date (Item #15)
Denominator: Number of unique clients reported who are newly enrolled in ADAP for this reporting period (N = 30)

Application Receipt Date	N	Percentage
January - March	6	20.0%
April - June	3	10.0%
July - September	10	33.3%
October - December	6	20.0%
Missing/Out of range	5	16.7%

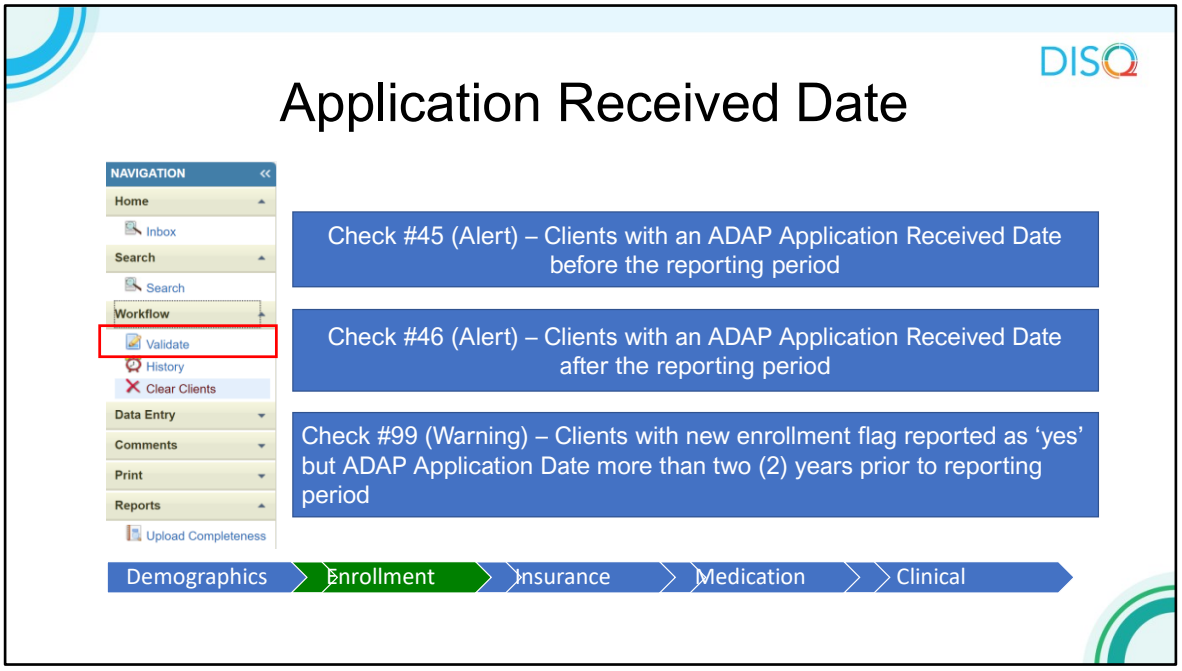
Demographics | Enrollment | Insurance | Medication | Clinical

Now let's look at Application Received Date. For new clients, you report the date that the completed application was received and the date that it was approved. The ADR Instruction Manual notes that the date a new client's completed application was received can be a date before the reporting period if the approval date was within the reporting period. However, in the Upload Completeness Report, dates before the reporting period will be reported as missing/out of range. This can make it difficult to distinguish accurate from inaccurate data.



For Client A, a completed application was received on December 29, 2020 and approved on January 5, 2021. In the Upload Completeness Report, the December 29, 2020 date would populate as missing/out of range, but the data are accurately reported and no change is needed. For Client B, a completed application was received on January 7, 2022 and the application was approved on January 15, 2022. While the dates reported are accurate, this client should not have been reported in the 2021 ADR. That's because their application approved date was not in 2021; it was in 2022. In the Upload Completeness Report, the January 7, 2022 date would populate as missing/out of range.

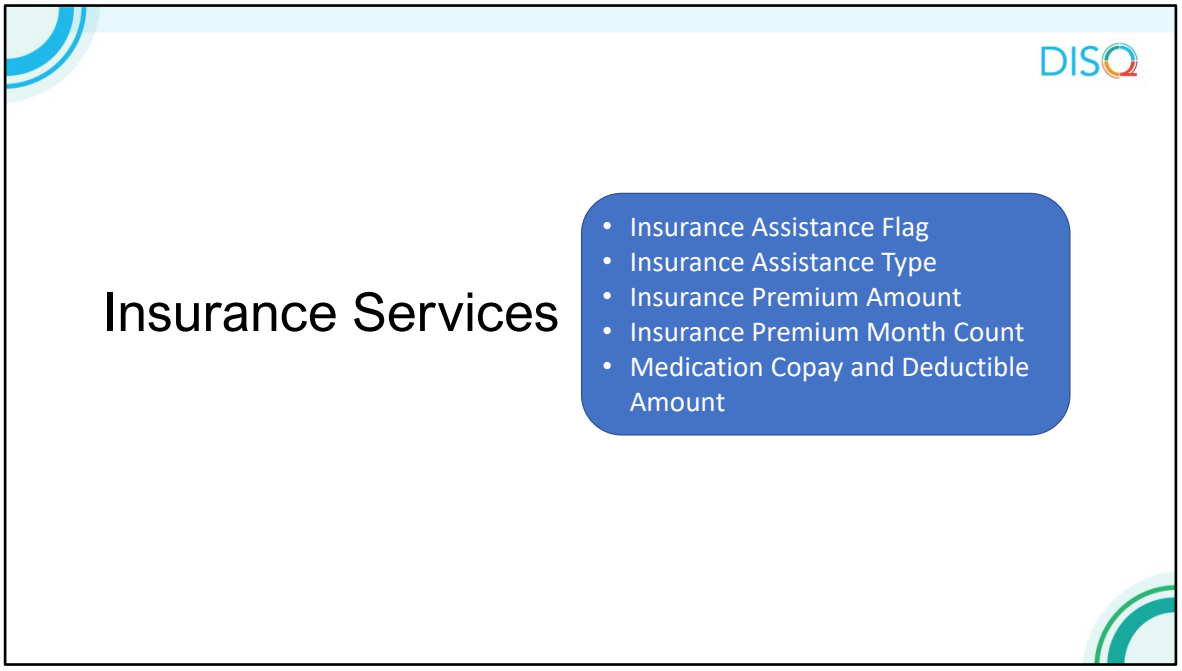
For Client C an incomplete application was received on December 7, 2018. It was not processed since it was incomplete and the client did not reapply until 2021 when they submitted a complete application that was received on March 29, 2021. The application was approved on April 6, 2021. The date that the incomplete application was received was reported for the ADR. In the Upload Completeness Report, the December 7, 2018 date would populate as missing/out of range. The application received date was incorrectly reported and should have been March 29, 2021. The date should be updated for the ADR submission.



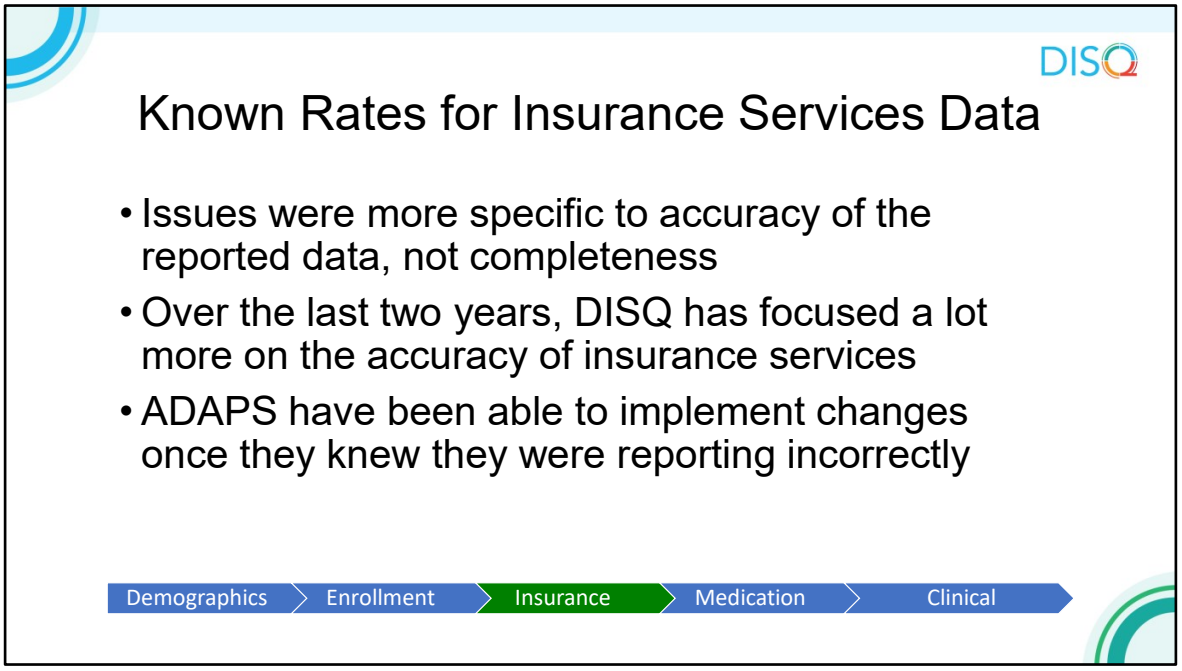
If you've already uploaded your data, there are three validation checks that can help in identifying potential issues-#45, #46 and #99. Validation 45 looks at dates before the reporting period. Clients A and C from the example that we just reviewed would be included in this validation but you won't know if the data are accurate or not. However, it will give you the list of eUCIs to review in your data system.

Validation #46 looks at Application Received dates after the reporting period. Client B would generate a validation message for validation 46.

Validation #99 is looking at Application Received Dates that are more than two years old. Client C would generate a validation message for this validation. Once the date was updated to the date of the completed application, this validation would go away.



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 copays, 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.



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

In-Depth Review of Premium Data

- Average monthly cost for clients that received only full or only partial premiums
- Difficult to determine full vs partial premiums solely from the data
- Identified additional ADAPs who were reporting premiums incorrectly

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

To help identify data that may not be accurate, this year the DISQ Team conducted an in-depth review of insurance premium data, looking at the average monthly premium cost for clients that received only full or only partial premiums. While data alone can't tell you if it is a full or partial premium, it was helpful in identifying ADAPS with whom we wanted to learn more about the types of premiums that were provided. Ultimately as you'll hear, we were able to identify several ADAPS that were reporting premiums incorrectly. There's still more work to be done so reviewing your data to ensure that it reflects your program is key.

Insurance Assistance Type

Challenges	Strategies
• Confusion about definitions	• Review ADR instruction manual • ADR In Focus: Partial Premiums
• Can't differentiate insurance type in claims/premium data	• Review claims data with PBM/vendor • Use internal program names

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

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. 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/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 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.

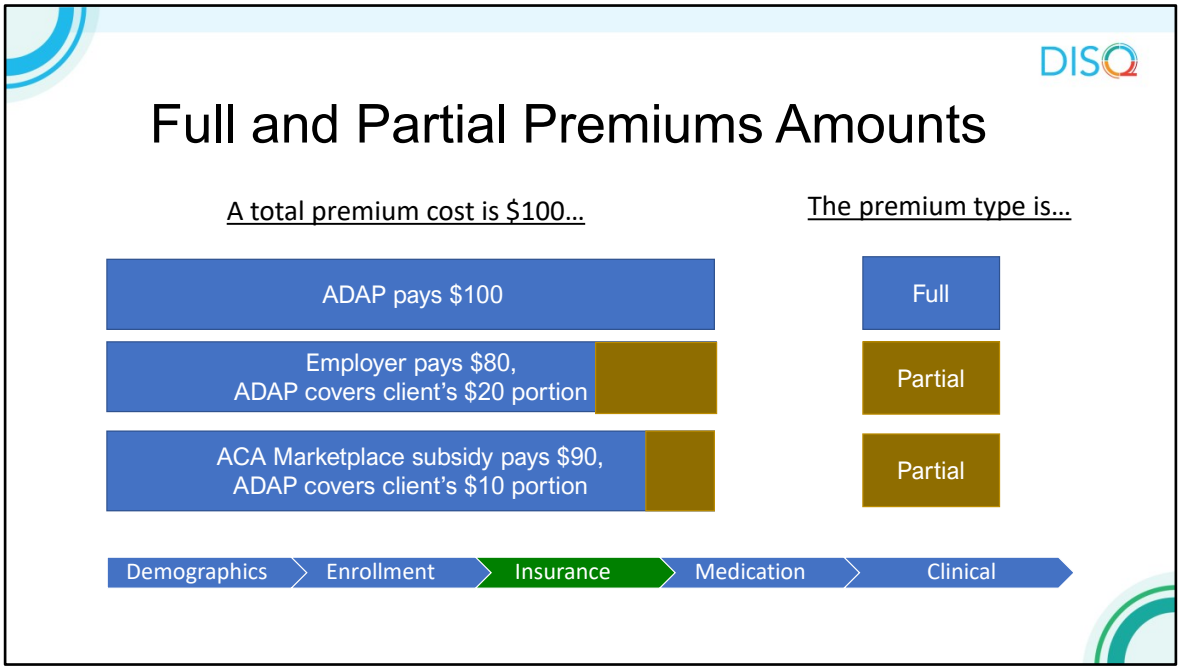
Insurance Assistance Type

Challenges	Strategies
• 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 | Enrollment | **Insurance** | Medication | Clinical

Some additional challenges included that 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 data needed to be entered in order to be included in the ADR.So what are some of the strategies used by your fellow ADAPS?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.

Several ADAPS noted that they have already fixed the issue for this year's ADR or are working on a plan now to fix the data for this year's submission. Other ADAPS just realized this year that they have not been reporting correctly and are working to fix these issues.

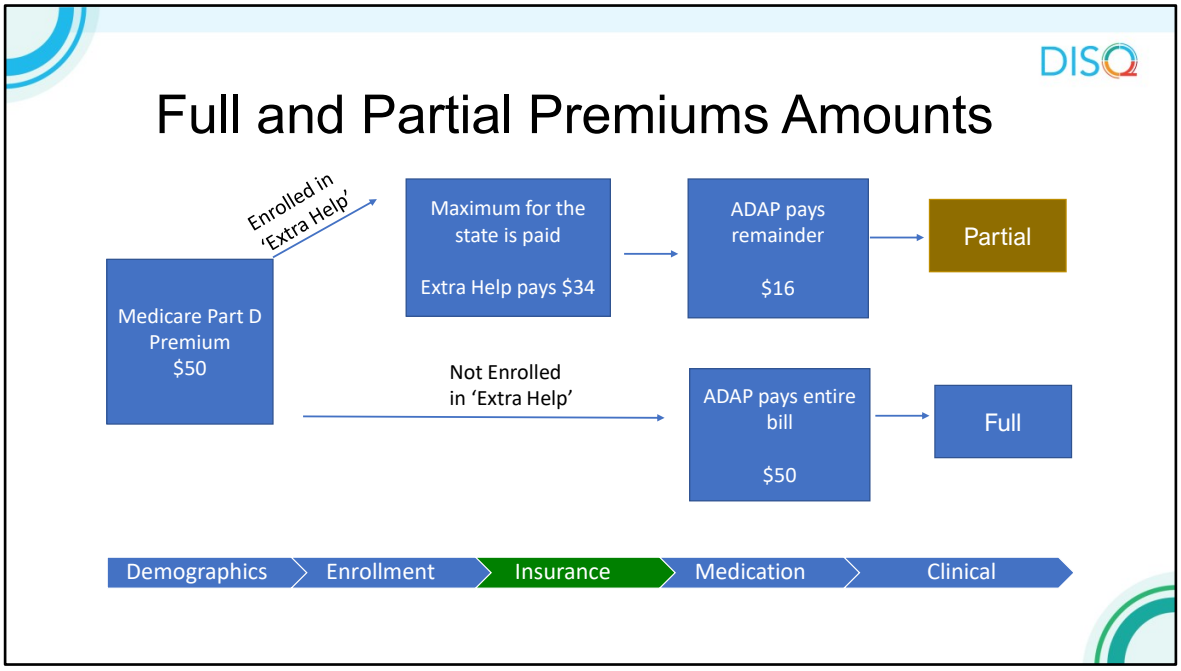


So I mentioned that we were going to discuss definitions more since it is such a common issue. Let's review a few examples of full and partial premiums,

If an ADAP is paying the entire cost of the premium, it is a full premium.

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.

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%

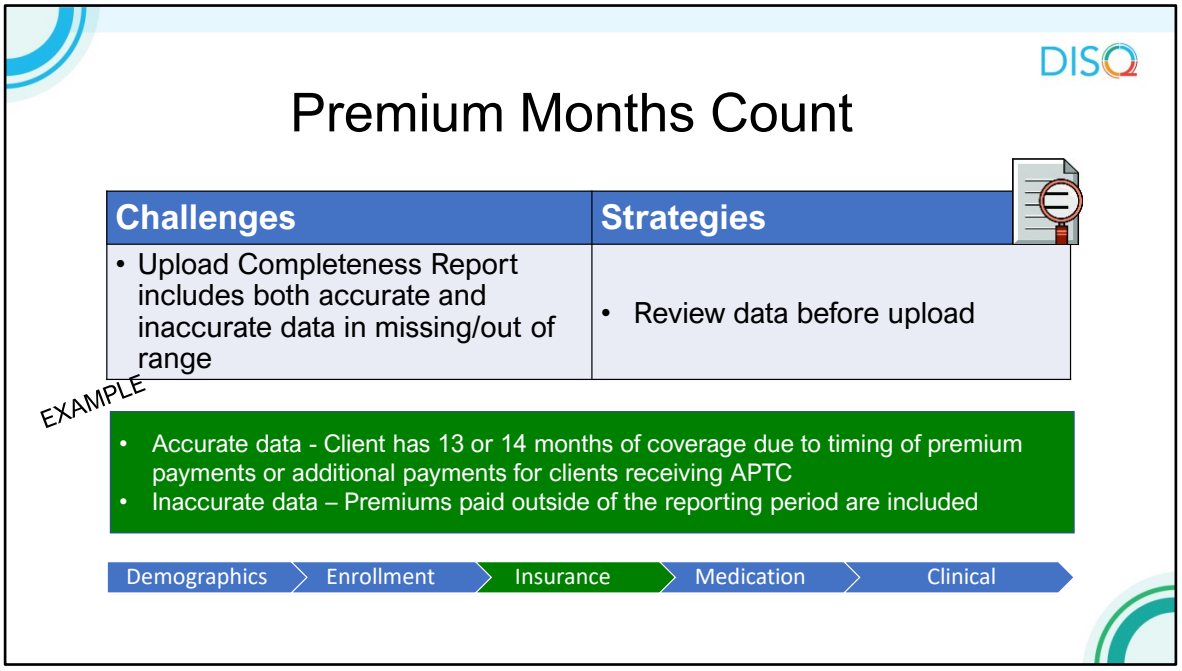
Do these numbers make sense?

As you review your data this year, be sure to check the Upload Completeness Report. 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 a few 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. These are both examples of accurate data. Inaccurate data would be if premiums paid outside of the reporting period are reported or there were data entry issues. This is usually evident with higher premium months count such as 15, 20 or even 24 months. For the 2020 ADR, 14 ADAPS had at least one client with more than 16 months of insurance premiums paid.

So how to tell if your data are accurate since they all fall into the missing/out of range grouping in the Upload Completeness Report? 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.

Premium Months Count

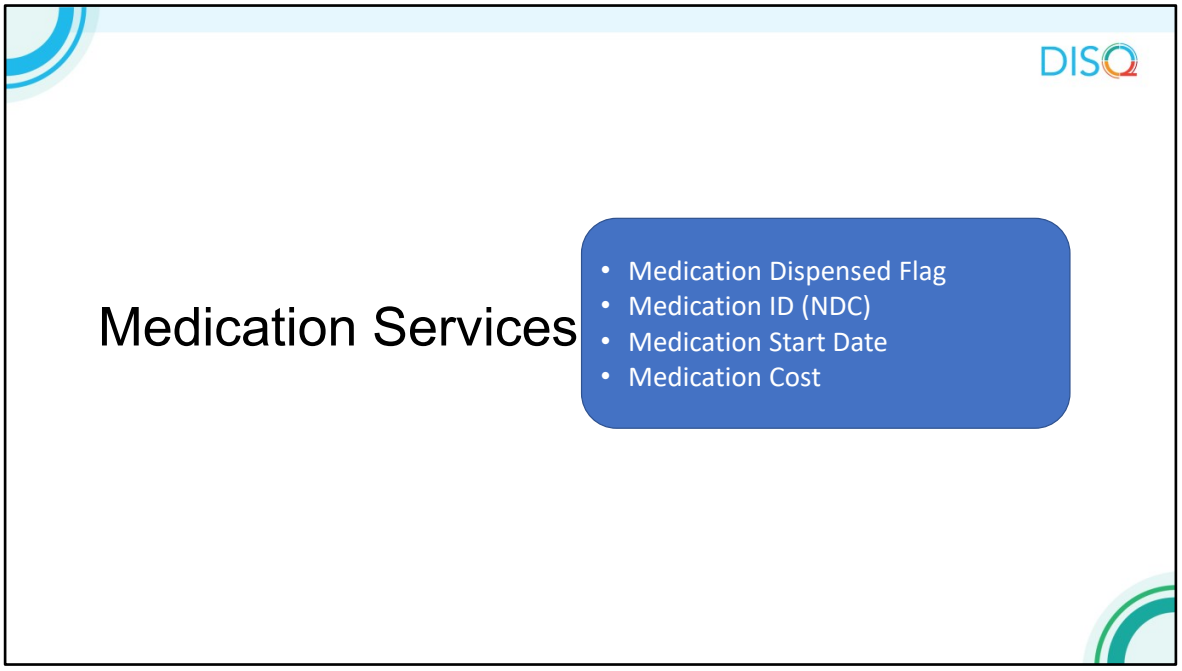
Insurance Premium Number of Months of Coverage (Item #22)
Denominator: Number of unique clients reported with full or partial premium payment insurance assistance received (N = 400)

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%
Missing/Out of range	20	5.0%

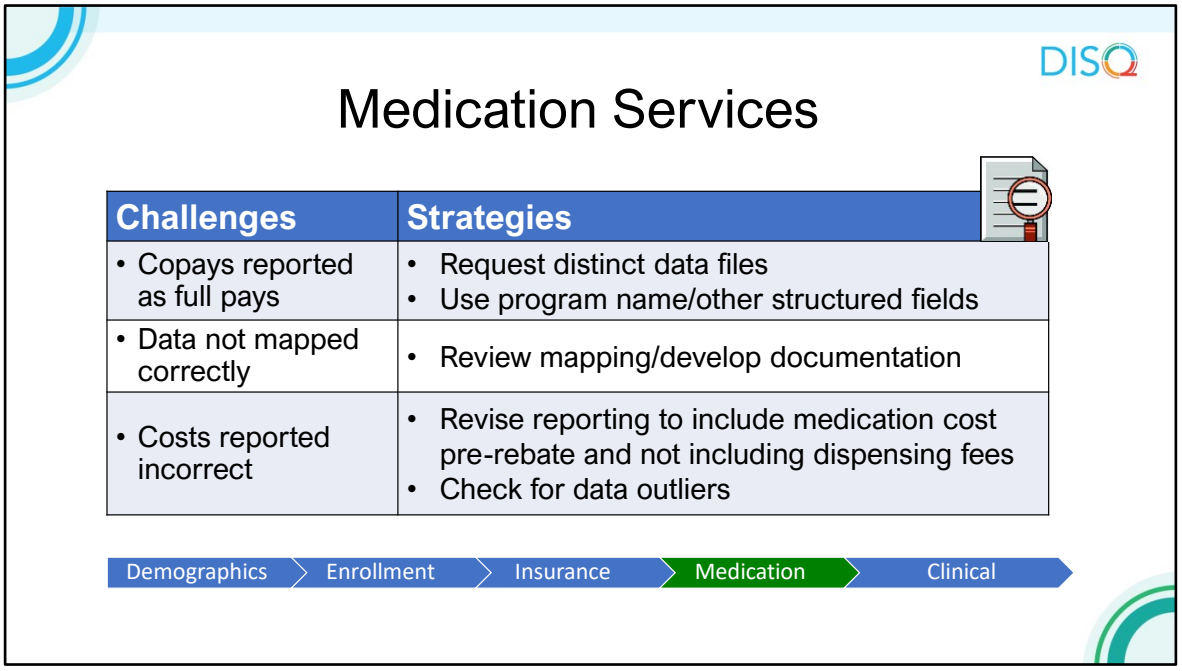
Validation Check #108 (Alert) A positive count of insurance premium assistance months (1-14) must be supplied for clients receiving insurance premium assistance

Demographics | Enrollment | Insurance | Medication | Clinical

Once you upload your data, you should check your Upload Completeness Report-are any data missing/out of range. As I mentioned, this doesn't tell you if it is missing or out of range or if the data are accurate, so it will also be helpful to review validation check #108-a positive count of insurance premium months 1-14 must be supplied for clients receiving insurance premium assistance. The validation check will list the eUCIs and you can check your data to determine what the issue may be.



Now let's move on to Medication Services. There are four 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 and cost need to be reported. Days supply is no longer required for the ADR.

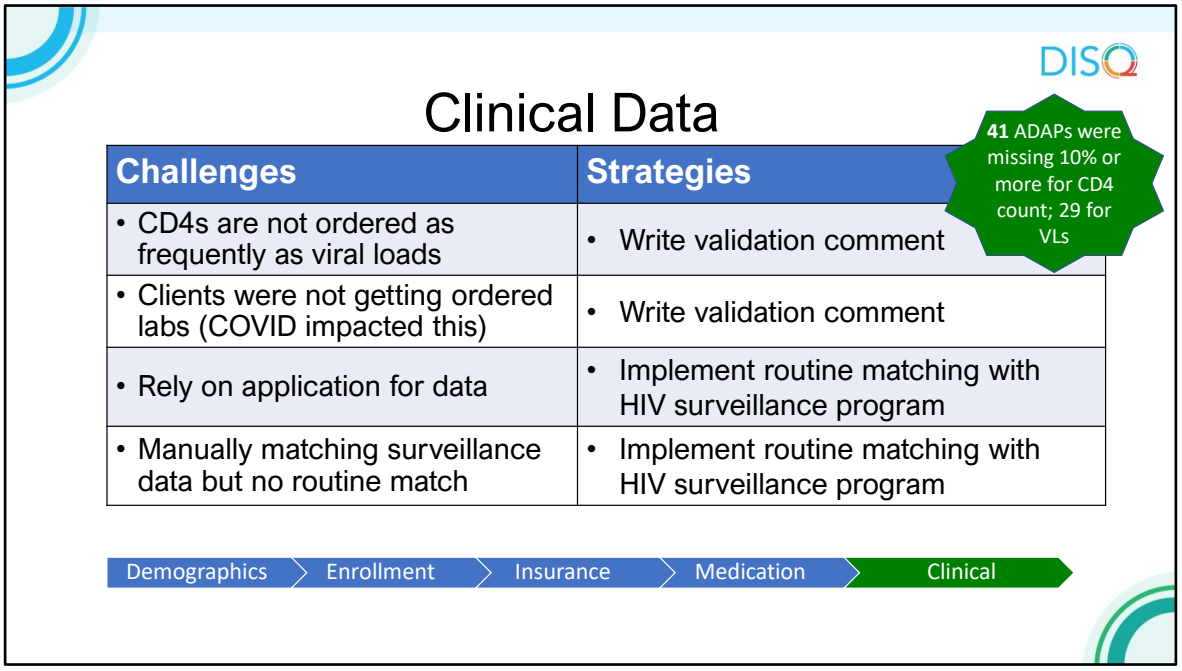


While data completeness is high for medication data, data accuracy issues were noted for about 9 ADAPs. This is an improvement from last year. Specific issues include:

- Copays reported as full pay medications
- Data not mapped correctly and
- Medication costs reported incorrectly.

If you're having trouble distinguishing between full pay and copay medications, 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 document. With the changes in reporting this year, there will be more data to map, so be sure that you leave plenty of time to do this. The

DISQ Team can help with this, so just let us know. Finally, just a reminder that the medication cost that is reported in the ADR should be before any rebates and should not include dispensing fees so be sure to make any needed updates. You should also review your data for outliers before submission where the cost for a medication dispense is much higher than expected.



Both CD4 and VL data had increases in missing data across ADAPs. Nearly ¾ of all ADAPS had 10% or more missing data for CD4 count, while 29 had 10% or more missing data for viral loads. For last CD4 date and count, a common reason reported for higher missing data was that clinicians are not ordering the lab test as much as compared to viral loads. For CD4 and VL missing data, some ADAPS noted that clients did not get their labs even though they were ordered. As already noted, in some cases this was due to COVID. Several ADAPS are relying on applications for lab information and don't always get for updated data for recertifications. This challenge will get amplified by the new lab reporting requirement which is all CD4 and VLs for all clients and also impacted as ADAPs revise their recertification practices in respond to PCN 21-02. Several ADAPS are also manually matching surveillance data to a list right before the submission but are not routinely matching surveillance data. For those ADAPs for whom clinicians are not ordered CD4s as frequently as viral loads, you would just write validation comments for this. In addition, if labs are ordered but clients didn't get them, also write a comment to explain why.

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.

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 2021 ADR submission.

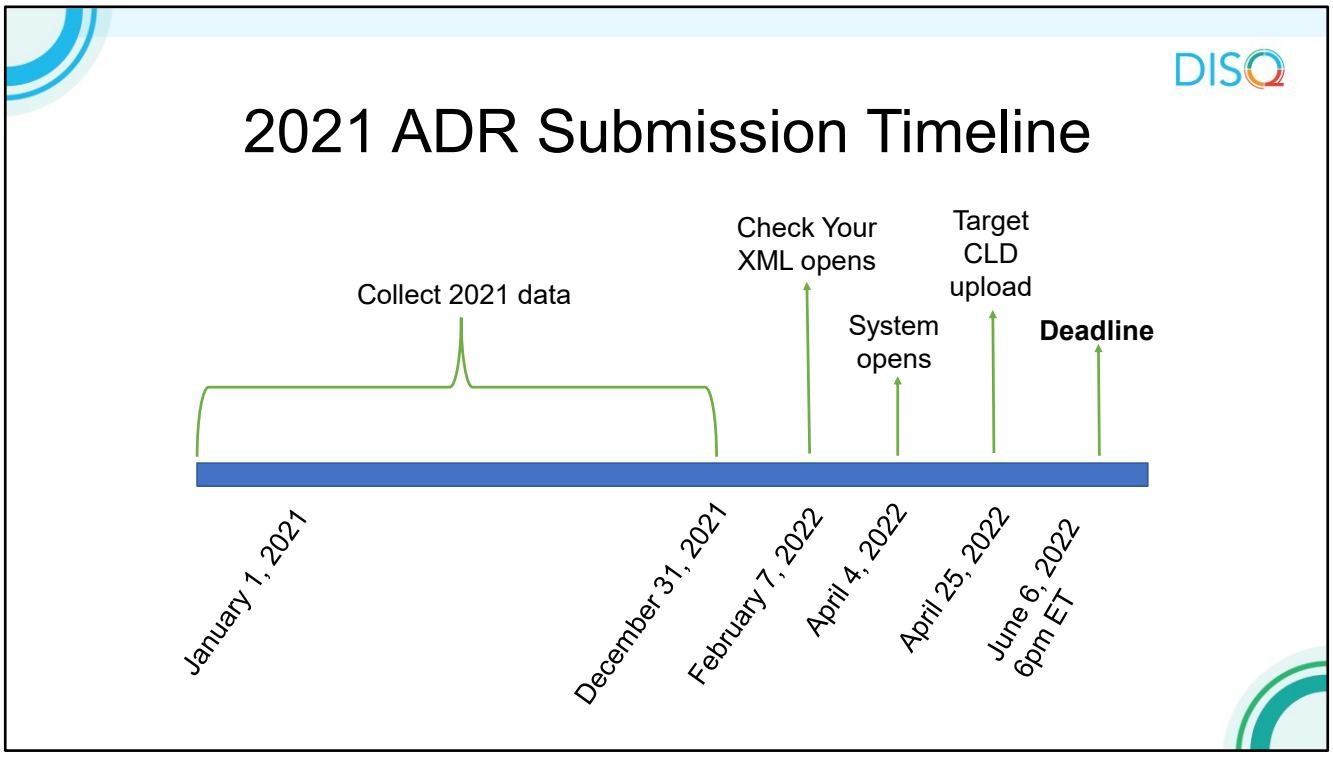
We also know that there are a lot of balls in the area this year: There are new reporting requirements. There's actually more changes this year than any other year with the ADR. There are also schema changes. Many of you also shared that there has been staff turnover, so there are people doing the ADR for the first time. Several of you have also shared that you have changed your data systems. And finally, you've been working on changed to improve your data quality.

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



That's one of the reasons we encourage that you start early, particularly this year. Let's review the timeline so you know when everything is due. You spent calendar year 2021 collecting data for the ADR.

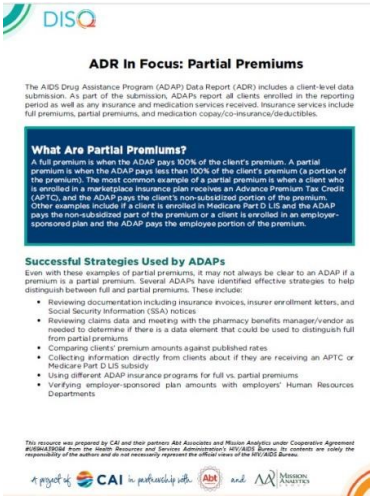
On February 7, 2022, the Check Your XML and Data Quality feature for the ADR opened. This feature allows you to test your client-level data XML file for schema compliance and run reports on the quality of your data. We hosted a webinar on March 2nd walking you through tools in the ADR web system and 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 4, so you can start working on your Recipient Report and uploading your client-level data file to the main system.

By April 25, 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 6, 2022

TA Materials

- TargetHIV website ADR reporting resources
- 2021 ADR Instruction Manual
- ADR Validations
- ADR Changes
- ADR In-Focus Series
- ADR Download Package



DISQ

ADR In Focus: Partial Premiums

The AIDS Drug Assistance Program (ADAP) Data Report (ADR) includes a client-level data submission. As part of the submission, ADAPs report all clients enrolled in the reporting period as well as any insurance and medication services received. Insurance services include full premiums, partial premiums, and medication copay/co-insurance/deductibles.

What Are Partial Premiums?

A full premium is when the ADAP pays 100% of the client's premium. A partial premium is when the ADAP pays less than 100% of the client's premium (a portion of the premium). The most common example of a partial premium is when a client who is enrolled in a marketplace insurance plan receives an Advance Premium Tax Credit (APTC), and the ADAP pays the client's non-subsidized portion of the premium. Other examples include if a client is enrolled in Medicare Part D LIS and the ADAP pays the non-subsidized part of the premium or a client is enrolled in an employer-sponsored plan and the ADAP pays the employee portion of the premium.

Successful Strategies Used by ADAPs

Even with these examples of partial premiums, it may not always be clear to an ADAP if a premium is a partial premium. Several ADAPs have identified effective strategies to help distinguish between full and partial premiums. These include:

- Reviewing documentation including insurance invoices, insurer enrollment letters, and Social Security Information (SSA) notices
- Reviewing claims data and meeting with the pharmacy benefits manager/vendor as needed to determine if there is a data element that could be used to distinguish full from partial premiums
- Comparing clients' premium amounts against published rates
- Collecting information directly from clients about if they are receiving an APTC or Medicare Part D LIS subsidy
- Using different ADAP insurance programs for full vs. partial premiums
- Verifying employer-sponsored plan amounts with employers' Human Resources Departments

This resource was prepared by CAI and their partners Abt Associates and Mission Analytics under Cooperative Agreement #U69HA35068 from the Health Resources and Services Administration's 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

There are also a lot of TA materials on TargetHIV. You can find this list on the handout that Isia 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 services covers several different topics, including the 2021 ADR changes and a newer resource on ways to identify Partial Premiums.

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.

TA Materials

- Past Webinars

Date	Title
October 27, 2021	2021 ADR Changes
March 2, 2022	Reviewing Your Data at Upload: Tools in the ADR Web System and the Check Your XML Feature
April 6, 2022	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.

New Resource For Which We Want Your Input!

- The DISQ Team is developing a new resource to help ADAPs in reviewing their data
  - Outline analyses that can be completed throughout the year based on available data
  - Focus is on data quality

Send any examples to disenberg@caiglobal.org

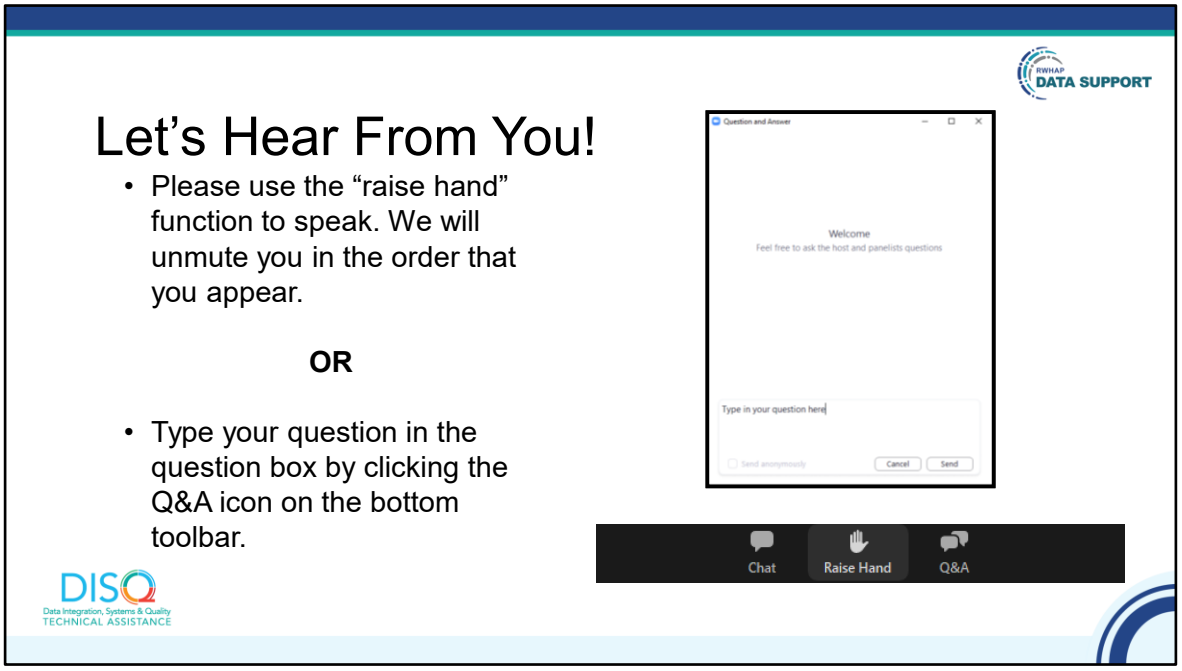
Now before I review TA resources I wanted to mention that DISQ team is in the process of developing a new resource to help ADAPs in reviewing their data. The resource will outline different analyses that the ADAP can complete during the year and will have a focus on data quality. If you want to share the reports/data runs that you use to review your data quality, please send them my way. MY email address is on the slide.

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

So I know that was a lot and several of you might be feeling overwhelmed. There are several resources available to help you. (click) 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 ADR-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.



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 webcast. We appreciate your feedback very much, and use this information to plan future webcasts. My DISQ 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 "Question" function on your control panel on the right hand side of the screen. You can also ask questions directly "live." You can do this by clicking the raise hand button (on your control panel). If you are using a headset with a microphone, Audrey will conference you in; or, you can click the telephone button and you will see a dial in number and code. We hope you consider asking questions "live" because we really like hearing voices other than our own.

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