

CAREWare and the 2021 ADR – Written Q&A Summary

March 30, 2022

#	Questions	Answers
1.	Can you please list the required build for the ADR and when it'll be available? It takes our HD months to get a new build installed.	<p>The minimum CAREWare build required for the ADR is Build 112z14. It was released on April 5, 2022. Given the schema change, this year you will not be able to upload client-level data or submit your ADR at all without updating to the newest build.</p> <p>As a reminder, also ensure that your ADAP medication list is fully updated before submission. If you have questions about the new CAREWare build, please reach out to the CAREWare Help Desk at 877-294-3571 or cwhelp@jprog.com. You can also sign up for the CAREWare Listserv for announcements on the minimum build.</p>
2.	Will the additional data elements show up in the ADR Validation Report in the newer version? We are currently using V112z8 and only have about 6 or 7 data elements showing up in the validation report.	Yes. The new build will include all validations that match with the ADR data validations in the ADR web system.
3.	I just ran a 2021 ADR from the JProg CAREWare textbox build 112z14. The ADR report skips from ID #25 to #32. Missing are the ADR-required Elements - ID 26. Medications Dispensed, ID 27. Medication Dispensed Date, and ID 29. Amount Paid for Medication? Why are these element IDs not included in the CAREWare ADAP Data Report with the recommended 2021 ADR submission build? If IDs 26-29 are not listed in the ADR, we can't check for missing or out of range data?	Given the large number of medications in this year's ADR, it is not feasible to incorporate them in the ADR Viewer. However, the CAREWare Help Desk can assist you in building custom reports to review your medication data.
4.	Are we supposed to distinguish Medicare Insurance Premium payments from private or exchange insurance premium payments?	For the purposes of the ADR, ADAPs report premiums (partial or full) and Medication co-pays and deductibles. It is important to ensure that you use the correct subservice for reporting services. Review the ADR in Focus: CAREWare Tips for ADAPS: Key Areas that Impact ADR Data Quality for more information on which subservices to use. If you need any further assistance, reach out to the CAREWare Help Desk or the DISQ Team .

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5.	<p>If negative values for drug payments are not exported in the ADR, and these are adjustments - meaning ADAP was credited for a drug dispensed (and thus did not pay the original cost that was reported earlier in another record) doesn't that result in inaccurate reporting of claims paid by ADAP? Or does that not matter?</p>	<p>The reporting guidance for the ADR is to report any services for which there was a cost >\$0. The ADR Instruction Manual notes that "ADAP services that are retroactively paid for by Medicaid (i.e., back billing) should be reported. ADAPs are not required to go back into their data system and delete services for which they back billed Medicaid and received reimbursement." In addition to reimbursements, it is also possible that there was a reversal where the ADAP was initially billed for the claim and it was subsequently reversed. Since there was no cost to the ADAP and it was not a reimbursement, the service should not be reported in the ADR.</p>