



Navigating RWHAP Data: Importance of Quality in the RSR & ADR

Administrative Reverse Site Visit (ARSV)

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Vision: Healthy Communities, Healthy People





Session Objectives

After the session, attendees shall be able to:

1. Describe HAB's process of data collection, cleaning, and processing
2. Identify high-level critical data elements in the Ryan White HIV/AIDS Program (RWHAP) Services Report (RSR) and AIDS Drug Assistance Program (ADAP) Report (ADR)
3. Discuss common data quality issues observed in the RSR and ADR
4. Understand the importance and impact of the data submitted for the RSR and ADR

Ryan White HIV/AIDS Program (RWHAP) Services Report (RSR)

- Overview of the RSR
- Data Cleaning & Processing
- Critical Data Elements
- Data Quality Issues



Overview of the RSR

General Information

- The RSR is a reporting system that collects information on the characteristics of RWHAP-funded recipients, providers, and clients.
- All RWHAP recipients and providers are expected to report Client-level data annually to HAB through the RSR.
- HAB uses the Client-level data to monitor health outcomes of clients with HIV and fulfill its congressional reporting obligations.
- The RSR consists of three components:
 1. Recipient Report
 2. Provider Report
 3. Client-level data



Overview of RSR

Recipient Report

- Each recipient completes a **separate** Recipient Report for each RWHAP grant received.
- The Recipient Report is divided into two sections:
 1. **General Information** collects basic information about the recipient organization such as recipient name, mailing address, and contact information
 2. **Program Information** collects information on the recipient's contracts with service providers
- Recipients must complete the Recipient Report before providers can begin the Provider Report.
- **Reporting Period:** January 1st to December 31st



Overview of RSR

Provider Report

- The Provider Report collects information about both the provider and the RWHAP services, RWHAP-related services, and Ending the HIV Epidemic (EHE) Initiative-Funded services delivered.
- Providers are required to complete **one** Provider Report regardless of how many sources of funding received.
- Provider Report collects information on:
 - Organization details (e.g., provider name, address, zip code)
 - Provider type (e.g., hospital clinic versus health department)
 - Services provided to clients
 - Client-level data
- **Reporting Period:** January 1st to December 31st



Overview of RSR

Client-Level Data

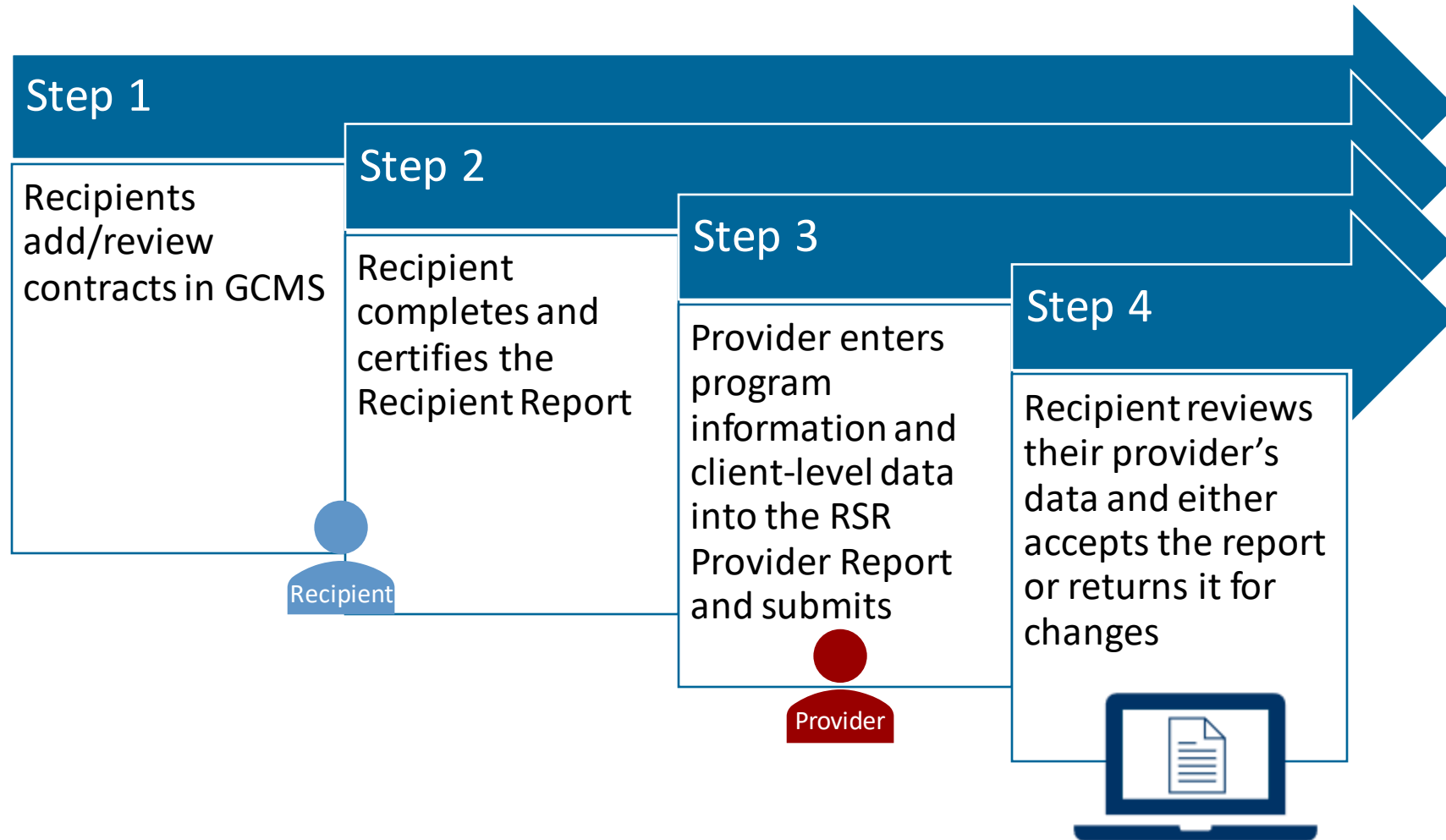
- A Client-level data file must be submitted for all providers who were funded by RWHAP.
- This Client-level data should contain one record for each client who received at least one RWHAP direct, RWHAP-related, or EHE Initiative-Funded service during the reporting period.
- The data elements include:
 - Encrypted Unique Client Identifier (eUCI)
 - Demographic information
 - Core medical, support services, and EHE Initiative-Funded services received
 - Clinical information (required if the client received Outpatient Ambulatory Health Services [OAHS])
- **Reporting Period:** January 1st to December 31st

Providers must upload their client-level data in a properly formatted XML file directly to their Provider Report.



Data Reporting Process

Submitting Data



Data Cleaning & Processing

Client-Level Data

- At the end of the RSR submission period, HAB performs the following actions:
 - 1. Clean and transform individual client records. For example:**
 - Create HIV-presumed status
 - Compare HIV transmission category to HIV Status
 - Clean illogical relationships between dates (OAHS Link Date, Birth Year, etc.)
 - 2. Use client eUCI, demographic information, and funding information to de-duplicate clients across providers.**
 - 3. Combine client records across providers, for example:**
 - Apply hierarchy for housing status, HIV transmission category, poverty level etc.
 - Combine insurance coverages
 - Apply minimum to numeric Prescribed Antiretroviral Therapy (ART) status
 - 4. Create derived fields, for example:**
 - Last viral suppression status
 - HAB retention in care measure
 - Client state



RSR Client-Level Data

Critical Data Elements

- Client Demographics
- Clinical Information
- Core Medical & Support Services Received

RSR Client-Level Data (1)

Data Element Requirements

Table 6. Required Client-Level Data Elements for RWHAP Services

| Client-level Data Elements | Outpatient/Ambulatory Health Services | Medical Case Management | Oral Health Care | Early Intervention Services | Home Health Care | Home and Community-Based Health Services | Hospice Services | Mental Health Services | Medical Nutrition Therapy | Substance Abuse Outpatient Care | AIDS Pharmaceutical Assistance | Health Insurance Premium and Cost-Sharing Assistance | Non-Medical Case Management | Child Care Services | Emergency Financial Assistance | Food Bank/Home-Delivered Meals | Health Education/Risk Reduction | Housing | Linguistics Services | Medical Transportation | Outreach Services | Other Professional Services | Psychosocial Support Services | Referral for Health Care and Support Services | Rehabilitation Services | Respite Care | Substance Abuse Services (residential) | EHE Initiative Services | Rationale | | |
|---|---------------------------------------|-------------------------|------------------|-----------------------------|------------------|--|------------------|------------------------|---------------------------|---------------------------------|--------------------------------|--|-----------------------------|---------------------|--------------------------------|--------------------------------|---------------------------------|---------|----------------------|------------------------|-------------------|-----------------------------|-------------------------------|---|-------------------------|--------------|--|-------------------------|-----------|-----|-------|
| • Report the data element | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client Demographics | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year of birth | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | 2,6 | |
| Ethnicity | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | 2,3,6 |
| Hispanic subgroup | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | 2,3,6 |
| Race | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | 3,6 |
| Asian subgroup | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | 3,6 |
| NHPI subgroup | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | 3,6 |
| Gender | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | 2,3,6 |
| Sex at birth | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | 2,3,6 |
| Health coverage | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | 2,6 |
| Housing status | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | 2,6 |
| Housing status collection date | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | 2,6 |
| Federal poverty level percent | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | 2,6 |
| HIV/AIDS status | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | 2,3 |
| Client risk factor | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | 6 |
| Vital status | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | 4,5 |
| HIV diagnosis year (for new clients) | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | 2,3 |
| New client (for EHE initiative-funded providers) | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | 1,6 |
| Received services previous year (for EHE initiative-funded providers) | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | 3,4,6 |



RSR Client-Level Data (2)

Data Element Requirements

Table 6. Required Client-Level Data Elements for RWHAP Services

| Client-level Data Elements | Outpatient/Ambulatory Health Services | Medical Case Management | Oral Health Care | Early Intervention Services | Home Health Care | Home and Community-Based Health Services | Hospice Services | Mental Health Services | Medical Nutrition Therapy | Substance Abuse Outpatient Care | AIDS Pharmaceutical Assistance | Health Insurance Premium and Cost-Sharing Assistance | Non-Medical Case Management | Child Care Services | Emergency Financial Assistance | Food Bank/Home-Delivered Meals | Health Education/Risk Reduction | Housing | Linguistics Services | Medical Transportation | Outreach Services | Other Professional Services | Psychosocial Support Services | Referral for Health Care and Support Services | Rehabilitation Services | Respite Care | Substance Abuse Services (residential) | EHE Initiative Services | Rationale | |
|---|---------------------------------------|-------------------------|------------------|-----------------------------|------------------|--|------------------|------------------------|---------------------------|---------------------------------|--------------------------------|--|-----------------------------|---------------------|--------------------------------|--------------------------------|---------------------------------|---------|----------------------|------------------------|-------------------|-----------------------------|-------------------------------|---|-------------------------|--------------|--|-------------------------|-----------|-----------|
| • Report the data element | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client Clinical Data | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First outpatient/ambulatory health service visit date | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2,3,4 |
| Outpatient ambulatory health service visits and dates | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3,4 |
| CD4 counts and dates | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3,4 |
| Viral load counts and dates | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3,4 |
| Prescribed ART | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3,4 |
| Screened for syphilis | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3 |
| Pregnant | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2,3,4 |
| Date of first positive HIV test (for clients with new HIV diagnosis) | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1,3,4,5,6 |
| Date of OAHS visit after first positive HIV test (for clients with new HIV diagnosis) | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1,3,4,5 |



RSR Client-Level Data (3)

Data Element Requirements

These data allow us to:

1. Fulfill 2009 Ryan White HIV/AIDS Program statute requirements
2. Assess RWHAP performance as required for HRSA HAB's programmatic measures
3. Identify new clients and monitor client retention
4. Identify reach and performance for vulnerable population subgroups



Critical Data Elements

Service Records

- For each client, service records for core medical services, support services, and EHE-Initiative services must be reported.
- As of the RSR2019, services funded through **RWHAP direct** or **RWHAP-related funding** (e.g., pharmaceutical rebates) must be included in reporting.

Example: Provider 1

- Provider 1 was contracted under a RWHAP grant for Outpatient Ambulatory Health Services (OAHS), Medical Case Management (MCM), and Local AIDS Pharmaceutical Assistance Program (LPAP)
- Provider 1 used only pharmaceutical rebates to provide LPAP.

| Client eUCI (Client Identifier) | Service ID | Visits |
|---|------------|---------|
| YEB23TGCI87539GTM2346987532148565DCG21564 | 8 (OAHS) | 24 |
| YEB23TGCI87539GTM2346987532148565DCG21564 | 18 (MCM) | 10 |
| YEB23TGCI87539GTM2346987532148565DCG21564 | 9 (LPAP) | . (N/A) |
| YEB23TGCI87539GTM2346987532148565DCG21564 | 46 (EHE) | 4 |

When combined with Client Demographics, this file allows us to analyze service utilization by geographic area and subpopulation. It also allows us to identify client with RWHAP funded OAHS.



Critical Data Elements

Client Demographics

- Several required demographic characteristics are collected and reported out to the public. This increases transparency, fulfills legislative requirements, and highlights program impact.
- The following are displayed prominently on the RSR Annual Client-level Data Report.
 - Birth Year (Age)
 - Federal Poverty Level
 - Gender
 - Health Care Coverage
 - HIV Transmission Category
 - HIV Status
 - Housing Status
 - Race/Ethnicity



Critical Data Elements

Clinical Information

- The following data elements are critical for clients that receive Outpatient Ambulatory Health Services (OAHS):
 - *Viral Load Tests and Test Dates*
 - *OAHS Visit Dates*
 - *Prescribed ART Indicator*
- **HAB Retention** is constructed from the reported OAHS Visit Dates. HAB retention is featured in about 25% of the RSR Annual Client-level data tables
- **Viral suppression rates** are constructed from the reported viral load measures and test dates. These outcomes are featured in about 25% of the RSR Annual Client-level data tables
- **Prescribed ART rates** for various population subgroups are used to monitor clinical care.



Critical Data Elements

Data Completeness

| Demographic Element | RSR2022 Missing Rate |
|----------------------------------|----------------------|
| Birth Year | 0.0% |
| Ethnicity | 0.8% |
| Federal Poverty Level | 2.9% |
| Gender | <0.1% |
| Health Care Coverage | 2.7% |
| HIV transmission category Factor | 3.3% |
| HIV Status | 0.3% |
| Housing Status | 2.6% |
| Race | 3.6% |
| Sex at Birth | 0.6% |

| Clinical Element | RSR2022 Missing Rate |
|--------------------------|----------------------|
| Viral Load | 5.0% |
| Ambulatory Care Visit | 0.2% |
| Prescribed ART Indicator | 0.8% |

Percent Missing:

>1.0% = Red

<1.0% = Black



RSR Client-Level Data

Data Quality Issues

- HIV Status
- OAHS and Clinical Outcome Populations
- Provider and Provider Site Addresses
- Provider Site Services
- RWHAP Direct & Related Funding

Data Quality Issues

RSR Client Report – HIV Status

Significance

- HIV Status is required information for any client outcome (*Viral Suppression, HAB Retention*) to be included in the RSR Annual Client-level data Report.
- HIV Status also impacts our final determination of client transmission category factor.

Imputation Results

- With the RSR2018, we began assuming HIV-positive status for clients with certain RWHAP services.
- We still see a significant rate of reported clients whose HIV status is missing and cannot be assumed.

| Data Year | Presumed HIV-Positive | Presumed HIV-Positive % | HIV-Unknown | HIV-Unknown % |
|-----------|-----------------------|-------------------------|-------------|---------------|
| RSR2022 | 8,100 | 1.4% | 5,488 | 1.0% |
| RSR2021 | 8,766 | 1.5% | 6,093 | 1.1% |
| RSR2020 | 2,723 | 0.5% | 3,215 | 0.6% |
| RSR2019 | 5,063 | 0.9% | 7,149 | 1.3% |
| RSR2018 | 10,962 | 2.0% | 11,540 | 2.2% |

In RSR2022, there were 1,605 clients who received an RWHAP service that is restricted to HIV+ clients but had missing HIV status.



Data Quality Issues

RSR Client Report – OAHS and Clinical Outcome Populations

- Acknowledgement of RWHAP direct (or RWHAP-related funding) OAHS is required to consider clinical outcomes reflective of program performance
- Without an OAHS designation we may lose certain data elements when we clean data.
- This means if the client does not have a serviceID=8 (Element ID 16) record in ClientReportServiceVisits, then
 1. Client’s records are deleted from ClientReportAmbulatory (Element ID 48)
 2. Client’s records are deleted from ClientReportCd4Test (Element ID 49)
 3. Client’s records are deleted from ClientReportViralLoadTest (Element ID 50)

| File | RSR2022 Records Deleted | RSR2022 % Deleted |
|---------------------------|-------------------------|-------------------|
| ClientReportAmbulatory | 29,901 | 1.9% |
| ClientReportCd4Test | 13,609 | 1.7% |
| ClientReportViralLoadTest | 11,138 | 1.2% |



Data Quality Issues (1)

RSR Provider Report – Provider Site Services

Significance

- The link of RWHAP services to direct service site determine the site’s inclusion or exclusion in the Find-A-Provider web tool.
- If data quality improves, we may list the services offered at each site in the client-facing Find-A-Provider web tool, enhancing prospective clients’ ability to connect with an appropriate RWHAP provider.

Issues

The following reporting issues have persisted since data collection began with RSR2016.

- In RSR2022, **135** providers reported at least one service for which they did not supply an associated service site.
- In RSR2022, **2,475** provider and service combinations were found in the client-level service delivery data but were not associated with a service site.

We continue to receive incomplete information on the physical location of service provision which does not allow HAB to analyze this data or offer a comprehensive directory of service sites to potential clients.



Data Quality Issues

RSR Provider Report - Provider and Provider Site Addresses

Significance

- Provider and provider site addresses are communicated to the public through the HRSA Data Warehouse and the RWHAP Find-A-Provider web tool.
- For the RSR Annual Client-level data Report, client assignment to Eligible Metropolitan Area and Transitional Grant Area (EMA/TGA) is decided via provider address.

Issues

- P.O. Boxes are reported in place of a physical address. These are often in different states.
- City name is submitted in place of a street address.
- Intersections or building names are reported in place of a geocode-able street address.

The Data Management and Analysis Branch (DMAB) uses significant resources each year to search for physical provider and provider site addresses and impute data with past manual research.

EMA/TGA assignment and publicized addresses rely on analyst research rather than self-reporting by providers.



Data Quality Issues (2)

RSR Provider and Recipient Report – RWHAP Direct & Related Funding

What is RWHAP Direct Funding?

- Providers are directly funded by an RWHAP Recipient to provide the service, and that funding was used to provide the service to the client.
- These contracts must be reported in the Grantee Contract Management System (GCMS).

What is RWHAP-Related Funding?

- The Provider used RWHAP-related funding, such as program income or pharmaceutical rebates, to provide the service to the client.

Some services may be tied to both funding types.



Data Quality Issues (2b)

RSR Provider and Recipient Report – RWHAP Direct & Related Funding

How do recipients report RWHAP-related funding for their providers? GCMS Edit/Delete Contract - Item 9

9. If applicable, indicate the core medical and essential support services that are funded for this contract by selecting the "Update Services" button.

Update Services

| Service Name | RWHAP Funding | RWHAP-Related Funding (Program Income and Pharmaceutical Rebates) | Base (Do not include Program Income and Pharmaceutical Rebates dollars) | MAI Award (Do not include Program Income and Pharmaceutical Rebates dollars) | Supplemental (Do not include Program Income and Pharmaceutical Rebates dollars) | Total |
|--------------------------------|-------------------------------------|---|---|--|---|-----------|
| Emergency Financial Assistance | <input checked="" type="checkbox"/> | <input type="checkbox"/> | \$949,858 | -- | -- | \$949,858 |
| Total | | | \$949,858 | -- | -- | \$949,858 |

Created by: SysAdmin1-d
Created date: 10/23/2015
Last modified by: ryanwhitedatasupport@wrma.com
Last modified date: 1/10/2017



Data Quality Issues (2a)

RSR Provider and Recipient Report – RWHAP Direct & Related Funding

Significance

- RWHAP-related funding corresponds to check-box elements added to the Grantee Contract Management System (GCMS) and the RSR provider report.

Issues

- In the RSR2022, **352** provider and client report service combinations (core or support) were not tied to either direct funding or RWHAP-related funding, as reported by recipients and providers.
- While the RWHAP-related funding checkbox was introduced into the provider report with the RSR2019, the existing delivery checkboxes were never considered reliable, due to the mismatch between these checkboxes and the client report service files.

The use of the funding checkboxes is critical for HAB to analyze the use of funding streams and associate services and clients with RWHAP Parts.

We no longer use the delivery checkboxes (7 & 7a) to limit the scope of service records, due to long-standing inconsistency (pre-RSR 2019) between the checkboxes and client report service records.



Data Quality Issues (2c)

RSR Provider and Recipient Report – RWHAP Direct & Related Funding

How do providers report RWHAP-related funding? Sections 7 & 7a of Provider Report

The screenshot displays the HRSA RSR Provider Report interface. On the left is a navigation sidebar with options: Check your XML, Provider Report, Navigation (General Information, Program Information, Service Information, HC&T Information, Clients by ZIP Code, Import Client-level Data), and Provider Report Actions (Validate, In-Submit). The main content area is titled "Service Information" and includes a note: "A field with an asterisk * before it is a required field." Below this, a red circle highlights an asterisk before the number "7.", which is followed by the text: "Below is a list of all Ryan White HIV/AIDS Program services that were funded fully or partially using RWHAP funding, including EHE and CARES Act, and RWHAP-related (Program Income and Pharmaceutical Rebates) funding. Select the other funding streams in addition to the RWHAP funding, including EHE and CARES Act, and RWHAP-related funding were used to fund the service." Underneath is a table for "Administrative and Technical Services".

| RWHAP Funding | EHE Funding | CARES Act Funding | Delivered | Service Category |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Administrative or technical support |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Quality management |



Data Quality Issues (2d)

RSR Provider and Recipient Report – RWHAP Direct & Related Funding

How do providers report RWHAP-related funding? Sections 7 & 7a of Provider Report

- Un-Submit
- Print
- Provider Report - Reports**
- Upload Completeness Report
- Action History
- Manage Contracts**
- Search Contracts
- Search**
- Recipient Reports
- Provider Reports
- Check your XML

Core Medical Services

| RWHAP Funding | RWHAP-Related Funding (Program Income and Pharmaceutical Rebates) | EHE Funding |
|-------------------------------------|---|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Support Services

| RWHAP Funding | RWHAP-Related Funding (Program Income and Pharmaceutical Rebates) | EHE Funding |
|-------------------------------------|---|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Data Quality Issues (2e)

RSR Provider and Recipient Report – RWHAP Direct & Related Funding

How do providers report RWHAP-related funding? Sections 7 & 7a of Provider Report

| |
|----------------------|
| Reports |
| Administration |
| Print Requests |
| Comments |
| Add Comments |
| View Comments |
| References |
| Merge Rules |
| Validation Rules |
| Performance Measures |
| HIVQM Inbox |
| Emerging Initiatives |
| CDR Inbox |
| EHE Triannual Inbox |

| EHE Initiative Services | | |
|-------------------------|-----------|------------------|
| EHE Funding | Delivered | Service Category |

No records to display

7a. In the table below, select any additional services delivered by your organization that were funded by your organization's generated Program Income or Pharmaceutical Rebates.

Additional Services Delivered Through Your Organization's Generated Program Income and/or Pharmaceutical Rebates

| Delivered | Service Category |
|-------------------------------------|---|
| <input type="checkbox"/> | AIDS Pharmaceutical Assistance |
| <input type="checkbox"/> | Child Care Services |
| <input type="checkbox"/> | Early Intervention Services (EIS) |
| <input type="checkbox"/> | Emergency Financial Assistance |
| <input type="checkbox"/> | Food Bank/Home Delivered Meals |
| <input type="checkbox"/> | Health Education/Risk Reduction |
| <input checked="" type="checkbox"/> | Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals |



Data Quality Issues (2f)

RSR Provider Report – Provider Site Services

Service Delivery Sites

Note: You can use organization address for a service delivery site if this address is used to deliver client services. If not, select the Add a Site button to add a service delivery site.

| Name | Address Type | Address Line 1 | Address Line 2 | City | State | Zip | Country | Postal Code | Phone Number | Actions |
|---|--------------|----------------|----------------|------------|------------|------------|------------|-------------|--------------|--|
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | Edit Delete |
| Website URL: www.[REDACTED].org Hours of Operation: Monday and Tuesday 8:30 a.m. to 8 p.m., Wednesday, Thursday and Friday 8:30 a.m. to 5 p.m. | | | | | | | | | | |
| Services provided at this site: Medical Case Management, including Treatment Adherence Services, Medical Transportation, Early Intervention Services (EIS), Outpatient/Ambulatory Health Services, Mental Health Services | | | | | | | | | | |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | Edit Delete |
| Website URL: www.[REDACTED].org Hours of Operation: Monday, Tuesday, Wednesday and Friday 8:30 a.m. to 5 p.m., Thursday 10:30 a.m. to 8 p.m. | | | | | | | | | | |
| Services provided at this site: Mental Health Services, Early Intervention Services (EIS), Outpatient/Ambulatory Health Services, Medical Case Management, including Treatment Adherence Services, Medical Transportation | | | | | | | | | | |



AIDS Drug Assistance Program (ADAP) Report (ADR)

- Overview
- Data Cleaning & Processing
- Critical Data Elements
- Data Quality Issues

Overview of the ADR

General Information

Recipient Report*

- Recipient characteristics, programmatic policies, funding, expenditures, and medication formulary

Client Report*

- Every client enrolled in the RWHAP ADAP during the reporting period
 - One record per client
- Client demographics, enrollment status, clinical information, and medication assistance and/or health insurance services
- HIV clinical information

** Both components are annual submission requirements for RWHAP ADAPs*



Overview of the ADR

Reporting vs. Submission Period

Recipient Report*

Reporting Period: April 1st to March 31st

- Submission Period: First Monday in April to First Monday in June

Client Report*

Reporting Period: January 1st to December 31st

- Submission Period: First Monday in April to First Monday in June



* Both components are annual submission requirements for RWHAP ADAPs



Data Cleaning & Processing

Client-Level Data

At the end of the ADR submission period, HAB performs the following actions:

1. **Clean and transform individual client records**
2. **Compute derived fields**, including:
 - Application lag (days between receipt and approval)
 - Viral suppression indicator
 - Composite assistance type
3. **Impute missing components**, such as:
 - Medication and insurance assistance indicators, as needed
4. **Examine agreement** among program assistance details



Critical Data Elements

Client Demographics

- Several required demographic characteristics are collected and reported out to the public. This increases transparency, fulfills legislative requirements, and highlights program impact.
- **The following are displayed prominently on the ADR:**
 - Birth Year (Age)
 - Gender
 - Health Care Coverage
 - Federal Poverty Level Percent
 - Race
 - Ethnicity



ADR Client-Level Data

Critical Data Elements

- Client Demographics
- Health Care Coverage & Medication Assistance Service(s) Flags
- Clinical Information

Critical Data Elements

Health Care Coverage (Insurance) and Medication Assistance Services Flags

Insurance and medication assistance data elements are vital pieces of the ADR as they identify and describe how we're supporting our clients through the ADAP.

Insurance Assistance

1. ADAP pays the full insurance premium for the client
2. ADAP pays a portion of the insurance premium for the client
3. ADAP pays the medication copay/deductible/coinsurance for the client's medication

Medication Assistance

1. ADAP pays for a drug in full for the client



Critical Data Elements

Medication Assistance Flag

Medication Assistance (paid in full) is one of the two types of ADAP assistance extended to clients

- In ADR2021, **48.4%** clients were reported as having medication dispensed.

Medication Dispensed Flag (ID25)

This flag requires a “yes” or “no” response for all ADAP clients enrolled at any time during the reporting period.

If Medication Dispensed Flag=Yes, then the medication **must** be listed in the client-level data file, containing:

- Client ID (ID2)
- National Drug Code (ID26)
- Dispense date (ID27)
- Medication days (ID28)
- Cost (ID29)



Critical Data Elements

Insurance Assistance Received Flag vs. Insurance Assistance TypeID

The Insurance Assistance Received Flag requires a “yes” or “no” response for all ADAP clients enrolled at any time during the reporting period.

- If Insurance Assistance Received=Yes, then Insurance Assistance Type **must be supplied**

Insurance Assistance Received Flag (ID20)

This flag requires a “yes” or “no” response for all ADAP clients enrolled at any time during the reporting period.

Insurance Assistance Type ID (ID67)

1. ADAP pays the full insurance premium for the client
2. ADAP pays a portion of the insurance premium for the client
3. ADAP pays the medication copay/deductible/coinsurance for the client



Critical Data Elements

Clinical Information

The following clinical data elements are required for all clients:

- Viral Load Test Values and Dates (ID34, ID35)
- CD4 Test Values and Dates (ID32, ID33)

Viral suppression rates are constructed from the reported viral load and CD4 measures and test dates.

New

Starting with ADR2021, every viral load and CD4 test date during the reporting year must be reported.



ADR Client-Level Data

Data Quality Issues

- Clinical Information
- Enrollment Status
- Client Demographics
- Health Care Coverage
- Medication Cost

Data Quality Issues

Clinical Information – Viral Load & CD4 Count

ADR2021 Missing Rates

- **6.2%** of clients enrolled as of the end of the reporting period **did not** have a viral load or CD4 test reported
- **11.8%** of clients enrolled as of the end of the reporting period **did not** have a viral load record within the reporting period
- **18.1%** of clients enrolled as of the end of the reporting period **did not** have a CD4 record within the reporting period

From recipients' comments in the XML file and additional evaluation, HAB noted a few difficulties surrounding these reporting requirements:

- Impact of COVID-19 on testing and results
- Staff and supply shortages
- Data importing issues

In most instances, establishing and implementing data sharing with HIV surveillance can assist with reducing these missing data.



Data Quality Issues

Enrollment Status

ADR2021 Issues

- **1,361 clients were missing a “new client” flag**
 - All clients who were enrolled at any time during the reporting period, regardless of the client’s enrollment status at the end of the reporting period need to have a “yes” or “no” response
 - New clients need to meet **BOTH** criteria:
 1. Applied to your state RWHAP ADAP for the first time ever AND
 2. Met your state RWHAP ADAP’s eligibility criteria during the period for which you are reporting** If a client meets BOTH of these criteria, you will report “yes” for this flag
- **917 clients were marked ‘Enrolled, services not requested’, but service flag(s) were reported as “yes”**
 - Not all clients will use services, and this is fine, they are still enrolled
 - However, if you report that services were used by a client, they should be reported as “Enrolled, receiving services”

Enrollment data is used to monitor program compliance and performance.



Data Quality Issues

Client Demographics

ADR2021 Missing Rates

| Field | Missing Count | Missing Rate |
|-----------------------|---------------|--------------|
| Race | 9,852 | 3.4% |
| Ethnicity | 1,529 | 0.5% |
| Gender | 0 | 0.0% |
| Federal Poverty Level | 4,544 | 1.6% |
| Health Care Coverage | 3,989 | 1.4% |



Data Quality Issues (cont.)

Client Demographics

Race & Ethnicity *ID4 & ID5*

RWHAP ADAPs are required to report race and ethnicity for each client based on each client's self-report:

- “Unknown” is **not** a response option for the race/ethnicity subgroups
- But, if you do not have these data for a client because they either declined to answer or the self-report is missing, this element should be left blank and the data will be MISSING

Gender *“GenderId” (ID6)*

RWHAP ADAPs are required to report gender for each client because it is used in the creation of each client's eUCI:

- Gender responses CANNOT be blank/missing
- But, if you do not have that self-report, and the categories listed in the instruction manual do not assist in classifying a client, **UNKNOWN** is a **valid response option**



Data Quality Issues

Health Care Coverage

When reporting Health Care Coverage (insurance) for a client:

- Ensure that “other plan” is **not** reported when the ADAP pays the premium for clients’ insurance coverage
- “Other Plan” means the client has an insurance type or third-party coverage other than those listed in the instruction manual

Example #1:

If the RWHAP ADAP paid the employee part of an employer-sponsored plan, you’d report:
“PRIVATE – EMPLOYER”

Example #2:

If the RWHAP ADAP paid a premium for a non-employer sponsored plan, report:
“PRIVATE – INDIVIDUAL”



Considerations & Conclusions

Don't forget to utilize TA and other resources (Check Your XML, Upload Completeness Report, etc.) to avoid common data quality issues!

Respond to validation alerts, warnings, and errors, as needed throughout the reporting process

RSR Considerations

- All critical demographic and clinical information data for clients are necessary for assessment and evaluation
- Communicate with providers to ensure accurate reporting of RWHAP-related funding
- Confirm all reported services are tied to at least one funding source

ADR Considerations

- Ensure proper category use of race and ethnicity subgroups, gender, and other demographic characteristics (i.e., poverty level, and health care coverage)
- If there was a cost to an ADAP of less than \$1.00 but more than \$0.00, certify that the XML file submitted to HRSA HAB reports this cost as \$1.00
- Report every viral load and CD4 test date

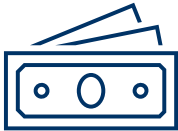
Conclusion

- When RWHAP recipients report high quality data, HRSA HAB can use that data to justify program need & support people with HIV in the United States and its territories by:
 - Providing high quality programs through proper evaluation of services and support, monitoring progress toward national goals by examining clinical information patterns, disseminating quality data to RWHAP Recipients, and modifying data requirements in the future based off of client need



Data Quality Issues

Medication Cost (ID29)



ADAP recipients should only submit medication records for which there is a cost to the ADAP.

- **5.8% of medication costs were reported as \$0.00 or NULL in ADR2021**
 - If medication was dispensed to the client, but there was no cost to the RWHAP ADAP, **do not report medication services.**
 - But, if the cost of a medication is less than \$1.00 but greater than \$0.00, **round the cost up to \$1.00 for reporting purposes (whole number amounts).**
- **Example:** some state data systems automatically change any medication cost less than \$1.00 to \$0.00. It is fine that your system does this, but make sure that change does not happen in the file submitted to HRSA HAB as that is incorrect.

This will ensure that the medication assistance is properly recognized.



TA Contact Information

| TA Resource | Type of TA |
|--|--|
| <p>Ryan White Data Support 888-640-9356 RyanWhiteDataSupport@wrma.com</p> | <ul style="list-style-type: none"> • RSR and ADR-related content and submission questions; • Interpretation of the RSR and ADR Instruction Manuals and HAB’s reporting requirements; • Instructions for completing the RSR Recipient and Provider Reports and ADR Recipient Report; and • Data validation questions. |
| <p>The Data Integration, Systems, & Quality (DISQ) Team Data.TA@caiglobal.org Sign up for the DISQ listserv Submit a DISQ TA Request</p> | <ul style="list-style-type: none"> • Data reporting requirements; • Extracting data from systems and reporting it using the required XML schema; • TRAX and the encrypted Unique Client Identifier (eUCI) Application; and • Data quality issues. |
| <p>EHBs Customer Support Center 877-464-4772 Submit an EHBs TA Request</p> | <ul style="list-style-type: none"> • RSR and ADR software-related questions; • Electronic Handbooks (EHBs) navigation; • EHBs registration; • EHBs access and permissions; • Performance Report submission statuses. • RSR and ADR Web System navigation. |
| <p>CAREWare Help Desk 877-294-3571 cwhelp@jprog.com Join the CAREWare listserv</p> | <ul style="list-style-type: none"> • How to generate the XML file from CAREWare correctly; • How to view a sample client summary file; and • Creating custom reports. |



Thank you!

Q/A from the chat and/or live



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