



Data Integration, Systems & Quality
TECHNICAL ASSISTANCE

ADR Town Hall: Looking Back and Moving Ahead

ADAP Data Report (ADR)
HIV/AIDS Bureau
September 9, 2020

A project of  **CAI** in partnership with  and  **MISSION ANALYTICS GROUP**

Today’s webcast is presented by Debbie, a member of the DISQ Team, one of several groups engaged by HAB to provide training and technical assistance to ADAPs during the implementation of the ADR. This webcast serves as an opportunity to debrief after the submission of the ADR.

Disclaimer

- Today's webinar is supported by the following agency and the contents are those of the author and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government
 - CAI and their partners Abt Associates and Mission Analytics, supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$800,000.

Today's webinar is supported by the DISQ Team, comprised of CAI, Mission Analytics and Abt Associates. The content of today's webinar is that of the presenters and does not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

Announcement

- The DART Team becomes the DISQ Team -Same partners but we do more now!
 - [Introducing DISQ](#)
 - [DISQ Fact Sheet](#)
 - Email address is the same - Data.TA@caiglobal.org
- TA Webinars will use the Zoom Platform

Before we get started just a quick announcement. The DART Team is now the DISQ Team. DISQ stands for Data Reporting, Systems, Integration and Quality. The goal of the Data Integration, Systems and Quality (DISQ) Team is to enhance the completeness, accuracy and consistency of Ryan White HIV/AIDS Program (RWHAP) client-level data through capacity building, training and technical assistance (TA) for recipients and providers. The DISQ Team (previously DART) offers TA and support to the RWHAP community on the following data submissions:

- [Ryan White Services Report \(RSR\)](#)
- [ADAP Data Report \(ADR\)](#)
- [COVID-19 Data Report \(CDR\)](#)
- [Ending the HIV Epidemic \(EHE\) Tri-Annual Report](#)
- [HIV Quality Management Module \(HIVQM\)](#)
- [AIDS Education and Training Centers \(AETC\) Annual Report](#)

There is an introductory video and a fact sheet that you can review to learn more. You can still reach us at the same email - data.ta@caiglobal.org. And Ryan White Data Support continue to offer TA on these reports as well – Debbie will review what we each can address at the end of the webinar.

Outline

Why Have A Town Hall?

Looking Back: 2019 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 2019 ADR. I'll touch on what our next steps will be.

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

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
- 2019 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 2019 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.

CAREWare Issue

- Multiple CAREWare releases
 - CAREWare bug identified that affected unit cost for medication
 - Challenges in state IT systems in getting builds updated quickly

So let's look back at the 2019 ADR. First, let's talk about CAREWare. CAREWare users are aware that there was a bug in CAREWare that resulted in the need for an updated build in order to do the ADR submission. HAB understands that having multiple releases is problematic and is examining what they could do in the future to help minimize this from happening again.

Submission Timing

- Deadline extended to July 1 due to both COVID and CAREWare issues
 - In some cases, ADAP staff deployed to support local COVID response
- Even with a pandemic and CAREWare issues, all ADAPs were able to successfully submit their ADRs



We also learned that in several cases, ADAP staff were being deployed to assist in their local COVID response. Given both the COVID pandemic and CAREWare issues, HAB extended the ADR deadline. HAB's extension was intended to give ADAPs longer given these issues.

I'm happy to report that despite these challenges, all ADAPs successfully submitted their ADRs! Nice job everyone.

Premium Amount and Months of Coverage

If a client receives both a partial and a full premium in the reporting period, they are counted twice in the denominator

Insurance Premium (Item #21)

Count: Number of unique clients reported with full or partial premium payment insurance assistance received (N = 2825)

Missing/Out of range: 0

Insurance Premium	Amount
Minimum amount paid on behalf of clients	\$3
Maximum amount paid on behalf of clients	\$33473
Median amount paid on behalf of clients	\$4590

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 = 2825)

Insurance Premium Number of Months of Coverage	N	Percentage
0 month	0	0.0%
1 - 3 months	148	5.2%

So let's review some of the issues identified during the most recent ADR submission. Let's start with the Upload Completeness Report or UCR for short.

First, an ADAP identified an issue with insurance premiums. Specifically, if a client received both partial and full premium assistance in the reporting period, they were actually counted twice in the insurance premium and months coverage denominators of the UCR. You can see that here in the red boxes. Since this isn't a very common occurrence, the impact on ADAPs was limited. It also had no affect on the underlying data but just created some confusion in reviewing the UCR.

Duplicate Entries for Triumeq

D-Code	Generic Name	Brand Name	N	Percentage
d04376	abacavir	Ziagen	8	3.0%
d08284	abacavir/dolutegravir/lamivudine	Triumeq	245	93.2%
d05354	abacavir/lamivudine	Epzicom	8	3.0%
d04882	atazanavir	Reyataz	31	11.8%
d08736	bictegravir, emtricitabine, and tenofovir alafenamide	Biktarvy	100	38.0%
d08305	cobicistat and darunavir	Prezcobix	76	28.9%
d05825	darunavir	Prezista	77	29.3%
d08738	darunavir, cobicistat, emtricitabine, and tenofovir alafenamide	Symtuza	25	9.5%
d00078	didanosine	Videx/Videx EC	1	0.4%
d08117	dolutegravir	Tivicay	165	62.7%
d08680	dolutegravir/rilpivirine	Juluca	5	1.9%
d08284	dolutegravir sodium/abacavir sulfate/lamivudine	Triumeq	245	93.2%

There were also duplicate listings in the medication table for Triumeq. This is because there is a small difference in the generic name but both the N and the percentage are identical. We forwarded the suggestion to HAB that one of the entries on the UCR be removed to avoid confusion.

ADAP-Funded Medication Calculation

Numerator: # of dispenses of a certain d-code

1,544 clients with medication assistance

Denominator: # of clients with medication assistance

D-Code	Generic Name	Brand Name	Percentage
d04376	abacavir	Ziagen	1.6%
d08284	abacavir/dolutegravir/lamivudine	Triumeq	61.1%
d05354	abacavir/lamivudine	Epzicom	3.2%
d04882	atazanavir	Reyataz	7.1%
d08340	atazanavir and cobicistat	Evotaz	1.7%
d08736	bictegravir, emtricitabine, and tenofovir alafenamide	Biktarvy	106.9%
d08305	cobicistat and darunavir	Prezcobix	34.3%
d05825	darunavir	Prezista	20.1%

1,650 dispenses of Biktarvy

More than 100%

Also related to medications, we found that the existing medication summary table was a little confusing because the denominator is the number of clients with medication services and the numerator is the number of dispenses with that d-code. So, it could be over 100%. It's more intuitive for the numerator to be the number of clients with that d-code. We've also suggested that change to HAB.

Limited TRAX issues



- ADAPs with larger file sizes had issues with how long TRAX took to process the data
- The date format required for TRAX is different than the date format listed in the ADR Schema

	A	B	C
1	ClientId	ServiceDate	Count
2	29	2/5/2013	916015
3	29	2/5/2013	811186
4	35	8/13/2013	48
5	40	10/30/2013	48

A valid date on or before the last date of the reporting period in the format mm,dd,yyyy.

Let's shift a little to discussing TRAX. There were limited TRAX issues this year. First, a few of the larger ADAPs noted that TRAX was taking longer to run. The programming behind the scenes was updated so the records are processed a little differently. We've already let HAB know so this can be addressed moving forward. The other issue is not new but creates confusion each year. Specifically, the data format required for TRAX is different from what is listed in the schema and creates errors in TRAX. We'll be sure to highlight this issue in the TRAX manual moving forward.

CAREWare (Part 1)

- Import confusion
 - Some ADAPs continue to import data incorrectly
- Confusion about how to enter application approval and recertification dates

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.

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 (RSP).

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 (PBMs). 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 HRSA.

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 IHS 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.

Reporting Requirements (Part 1)

- Full pay medication vs insurance deductible
 - Challenges in distinguishing in source data

Situation	How it's reported
Drug is not covered by insurance	Medication 
Drug is covered by insurance, but the client has not yet met the deductible	Insurance 

Now I'd like to switch to discussing reporting requirements. Last year we identified some confusion about how to report medications for insured clients and we've learned that this is an ongoing issue. Specifically, if the full cost of the medication is paid for an insured client because they haven't yet met their deductible, it should be reported as an insurance service. If the medication is not covered by insurance, it should be reported as a full pay medication.

In discussions with ADAPs, we've learned that there is often no way to distinguish in the source data between a full cost medication that is a deductible vs other full cost medications, so these are often all reported as full cost medications. We continue to work with ADAPs to see if structured data fields can be added to source data to help meet this reporting requirement.

Reporting Requirements (Part 2)

- Full vs partial premiums
 - Challenges in distinguishing based on 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.

Reporting Requirements (Part 3)

- HIV/AIDS status
 - Difference between data collected in one year from HIV surveillance data
 - If already get labs from HIV surveillance, consider getting HIV/AIDS status as well

Finally, we learned that for HIV/AIDS status, there may be some challenges in the accuracy of the data. Specifically, it can be challenging because while the data are collected annually, in order to accurately report AIDS status you have to know the client's historical reporting. For example, if a client was diagnosed with AIDS in 2018 due to a CD4 count of 140, but in 2019 their CD4 went back up to 800, they may have been reported in 2018 as having AIDS but in 2019 as HIV positive non AIDS. We actually had an ADAP that did a comparison and was able to identify that data from HIV surveillance will be the best data source to address this issue. So if you already get labs from HIV surveillance, ask them to add in HIV/AIDS status as well.

Upload Completeness Report

- Not being reviewed by all ADAPs
 - Several ADAPs had submitted their ADRs before the CAREWare bug was identified
- 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. This was evident this past year because initially, the UCR clearly showed an issue in the medication cost data (which turned out to be the CAREWare bug). Despite this, several ADAPs submitted their data without noticing this issue.

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.

Next Steps (Part 1)

- Review 2019 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 2018 and 2019 comparison

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 2018 and 2019 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			
68	Hispanic Subgroup	If Ethnicity = Hispanic (If ID = 1, then ID 68 required), Client's Hispanic subgroup. (choose all that apply)	1. Mexican, Mexican American, Chicapola 2. Puerto Rican 3. Cuban 4. Another Hispanic, Latino or Spanish			
69	Asian Subgroup	If Race = Asian (If ID 5=3, then ID 69 required), Client's Asian subgroup. (choose all that apply)	1. Asian Indian 2. Chinese 3. Filipino 4. Japanese 5. Korean 6. Vietnamese 7. Other Asian			
70	NHPI Subgroup	If Race = Native Hawaiian/Pacific	1. Native Hawaiian 2. Guamanian or Chamorro			

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.

Next Steps (Part 3)

- No schema changes for the 2020 ADR
- Quarterly updates for the Multum database will be shifted to one update before the ADR submission
- Reminder that if you used CARES Act funding for ADAP treatment, you'll be reporting those services in both the CDR monthly report and the ADR
 - Clients should be included in the client-level data
 - Funding given to the ADAP will be reported in the Recipient Report

A few other quick updates before we hear from you. First, there are no schema changes planned for the 2020 ADR. Second, the Multum updates that some of you have historically received are anticipated to shift to a x1/year update. If you need the updates more frequently, please let us know.

Finally, a reminder that if you used CARES Act Funding for ADAP treatment, you'll report those services in the CDR monthly report as well as the ADR. For the ADR, clients will be included in the client-level data, with the amount of funding included in the recipient report. If you have any questions about your CDR or ADR reporting, you can reach out to us or Data Support.

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!