CAREWare 6
August 2020

Miscellaneous Features Guide

Cap on Charges, Required Data Elements, Provider Summary, and HIVQM File Export

CAREWare Quick Start Guides will walk you through the basics of setting up, managing, and using the main CAREWare functions. It is intended for non-technical users who need to get basic information in and out of CAREWare.

PLEASE NOTE: The client data used in these manuals is purely fictional.

Cap on Charges

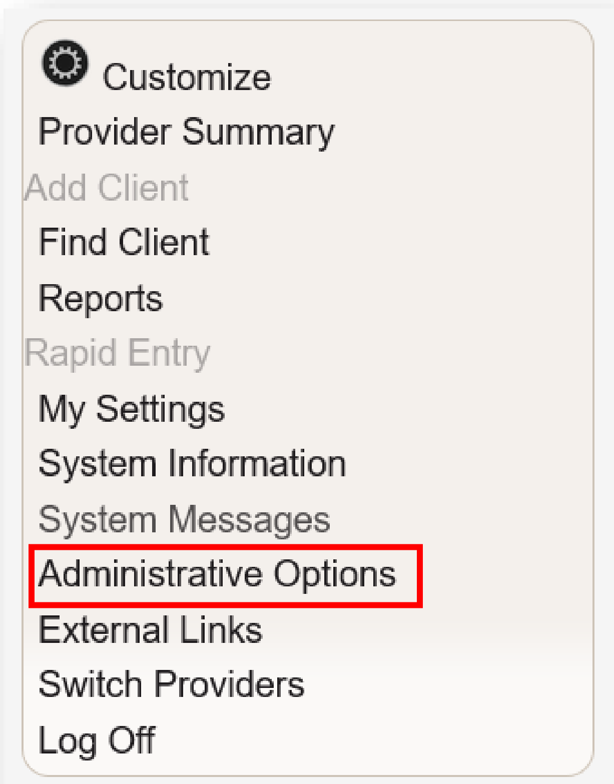
The Cap on Charges feature tracks a client's maximum out-of-pocket expenses for services, medications, and any other eligible miscellaneous purchase. The cap is derived from a formula based on a percentage of the client's individual (not household) income relative to the Federal Poverty Level (FPL). Once the cap is reached, the client is not responsible for further out of pocket expenses.

If you run CAREWare in a real-time network with multiple providers, the calculations will draw from all expenses incurred by the individual across the network.

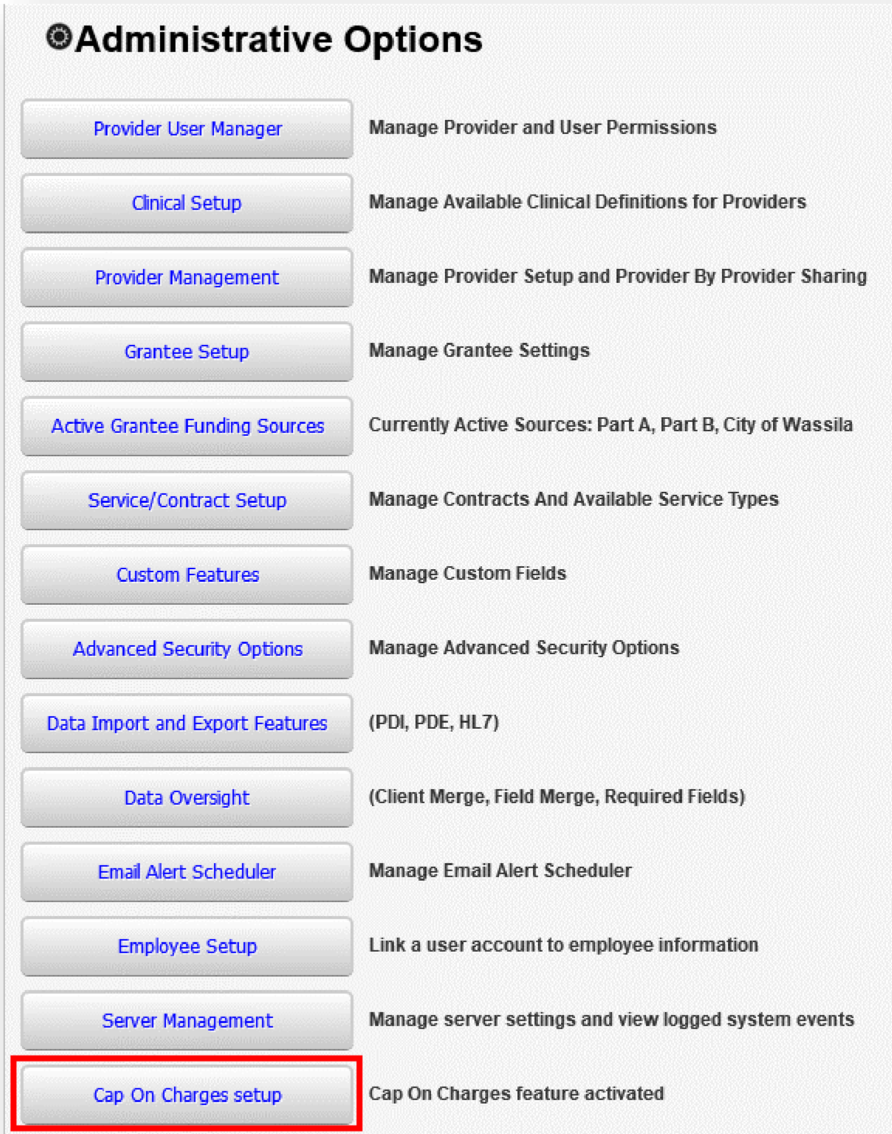
To set up the Cap on Charges feature:

1. Log into CW6. For more details on how to do so, please refer to the **Navigating CAREWare Version 6.0 Guide**. Log into the Central Administration domain of CW6.

2. Select **Administrative Options** from the **Main Menu**.

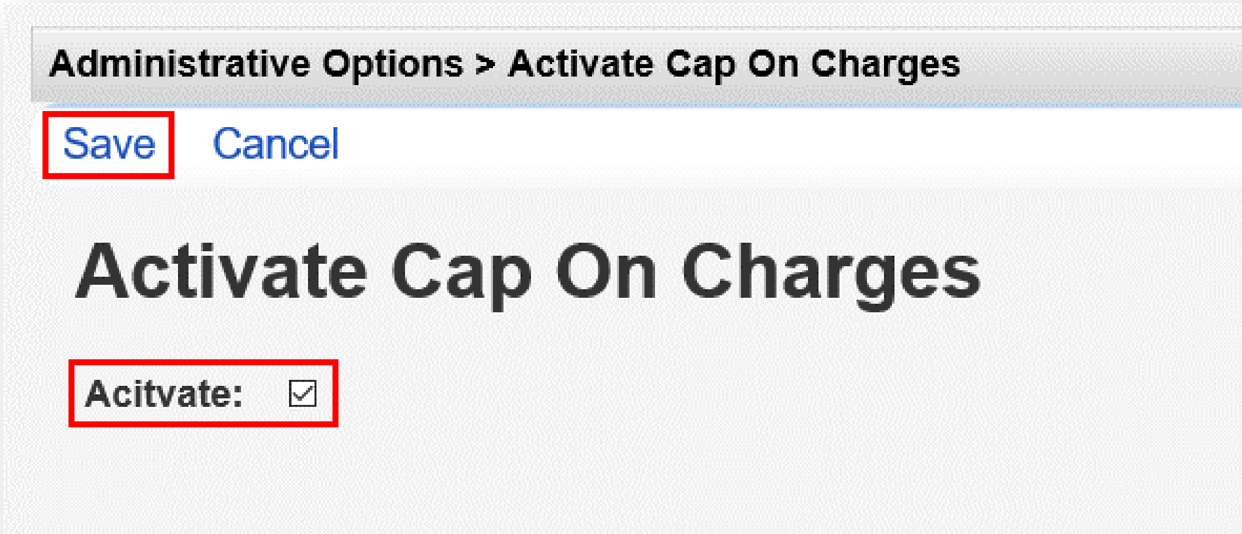


3. Select **Cap On Charges setup** from the link menu.



NOTE: The Cap on Charges feature can only be activated for ALL providers. Selection of specific providers is not available.

4. Check **Activate** and then click **Save**.



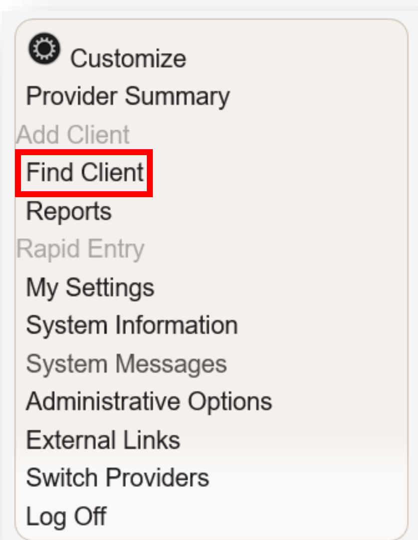
The client's total Annual Cap On Charges and Maximum Out-of-Pocket Expenses are based on where their annual income falls in relation to the Federal Poverty Level (FPL) guidelines, as follows:

Cap on Charges Federal Poverty Level (FPL) categories:

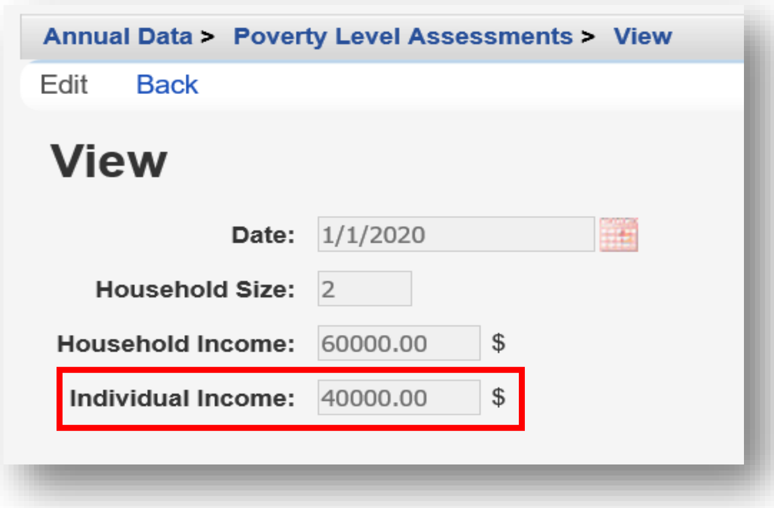
- Under 101% FPL = No annual cap or out-of-pocket expenses
- 101% - 200% FPL = 5% maximum out-of-pocket expenses
- 201% - 300% FPL = 7% maximum out-of-pocket expenses
- Over 300% FPL = 10% maximum out-of-pocket expenses

To begin tracking client out-of-pocket expenses:

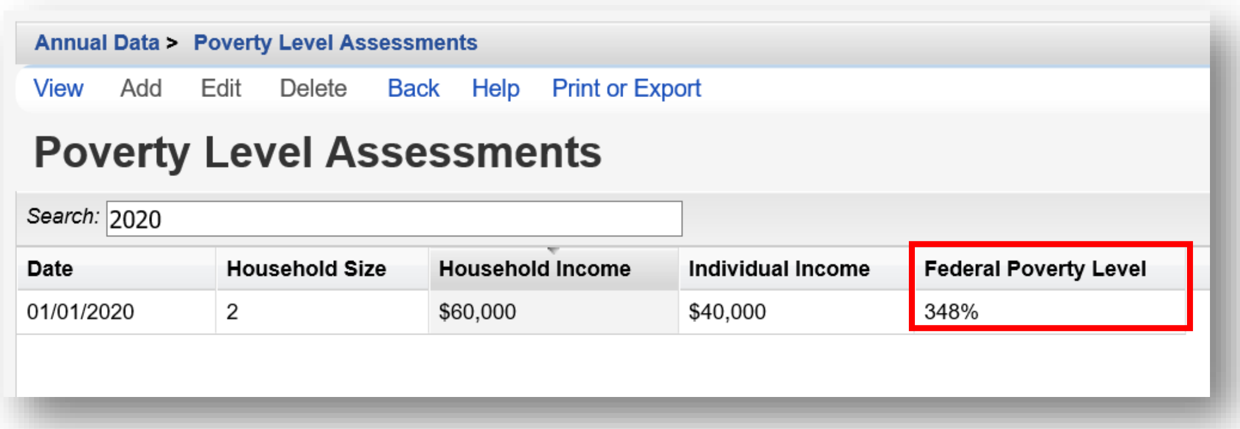
1. Use the Find Client feature to open any client record in CW6.



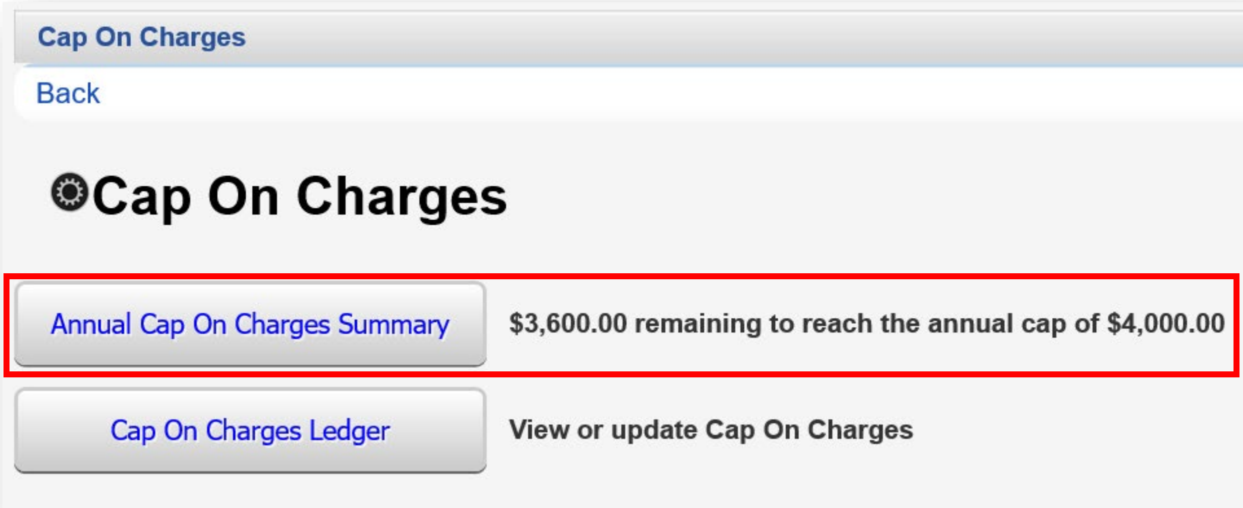
2. Navigate to the **Annual Review/Annual Data** page (see breadcrumb links for the navigation path). Ensure there is an Individual Income amount entered under the Poverty Level Assessment for the desired reporting period (calendar year). In this example, the Individual Income is reported as $40,000.



3. Notice the client's FPL percentage equals 348% based on the reported individual income. Refer to the FPL percentage guidelines listed on page 3 of this manual. The client's maximum out-of-pocket expense for 2020 would be: $4,000 (10% of $40,000).



4. The client's Annual Cap of $4,000 is listed in the Cap On Charges link description.

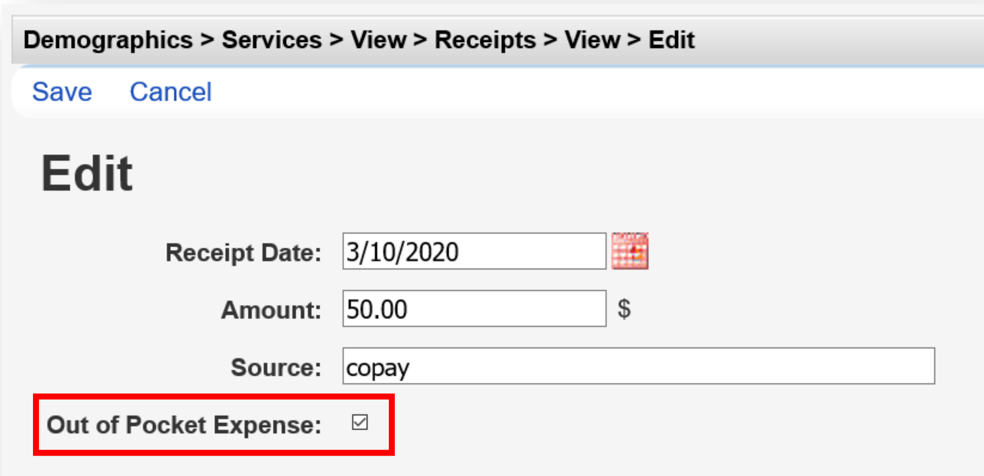


5. Click the **Annual Cap On Charges Summary** (see screenshot above). In the summary for 2020, the Year, Annual Cap, Total Paid (if any), and Difference (Annual cap minus Total Paid) are listed. A total of $400.00 has been paid toward the maximum out-of-pocket expenses of $4,000.00, leaving a balance of $3,600.00 for 2020.

There are two (2) methods by which client out-of-pocket expenses are tracked in CW6: Through service receipts and/or the Cap on Charges Ledger.

Reporting Service Receipts

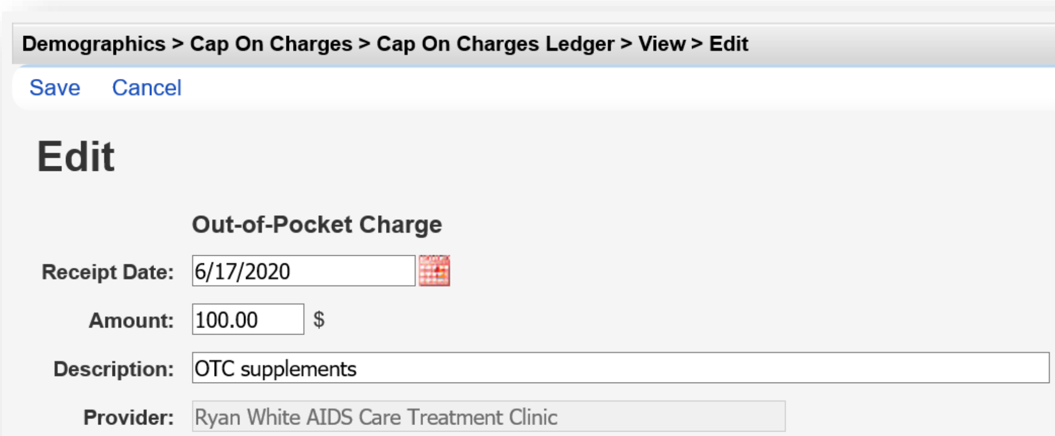
In the example below, the Receipt portion of a client service record has been edited, complete with Receipt Date, Amount, Source, and the Out of Pocket Expense checkbox selected. Enter a new client service or Edit any existing client service in the desired calendar year.



NOTE: The Out of Pocket Expense box must be checked for the receipt amount to be included in the Cap on Charges Ledger. See screenshot above.

Cap on Charges Ledger

In this example, an Out-of-Pocket Charge in the Cap On Charges Ledger has been added, complete with Receipt Date, Amount, and Description.



For networked CW6 systems, the client's Cap On Charges will be tracked across multiple providers. For the year 2020, below are three (3) client payments, at two different providers, that are all counted toward their maximum out-of-pocket expenses:

Demographics > Cap On Charges > Cap On Charges Ledger

View Add Delete Go To Summary Back Print or Export

Cap On Charges Ledger

Search:

Date	Description	Amount	Provider	Service Receipt
06/17/2020	OTC supplements	$100.00	Ryan White AIDS Care Treatment Clinic	
05/01/2020	MRI lab	$250.00	Kevin's Clinic	
03/10/2020	copay	$50.00	Ryan White AIDS Care Treatment Clinic	Yes

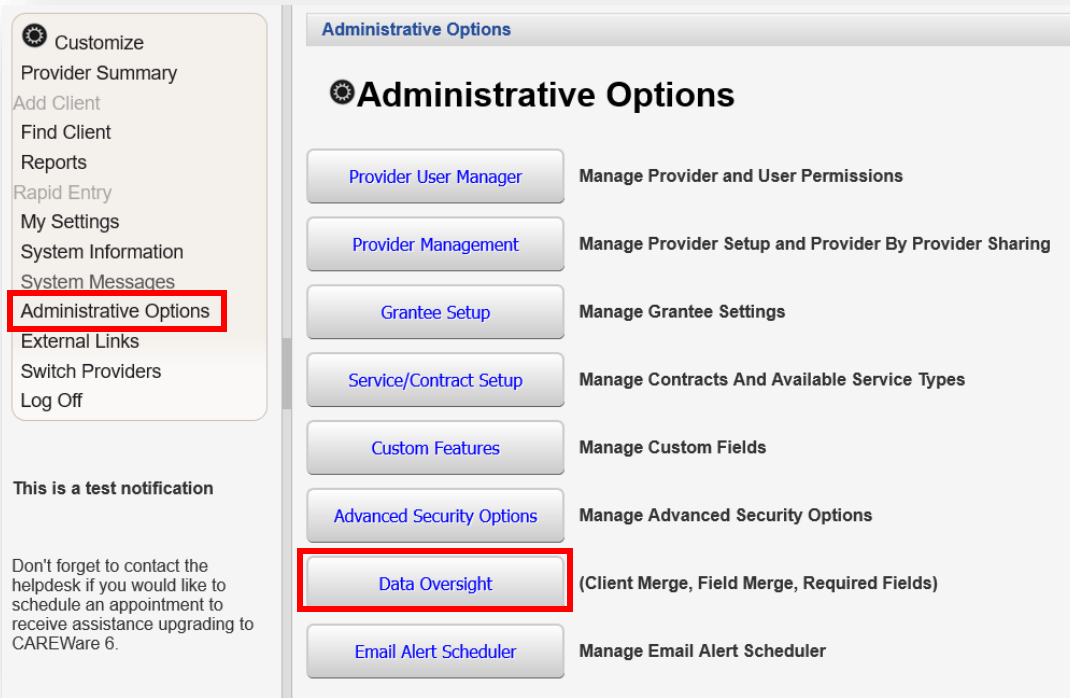
A total of $400.00 has been paid toward the maximum out-of-pocket expenses of $4,000.00, leaving a balance of $3,600.00 for 2020 (see first screenshot on page 5).

Note: If the charge is a Service Receipt (such as the co-pay in the screenshot above), it will be indicated as such in the Service Receipt column.

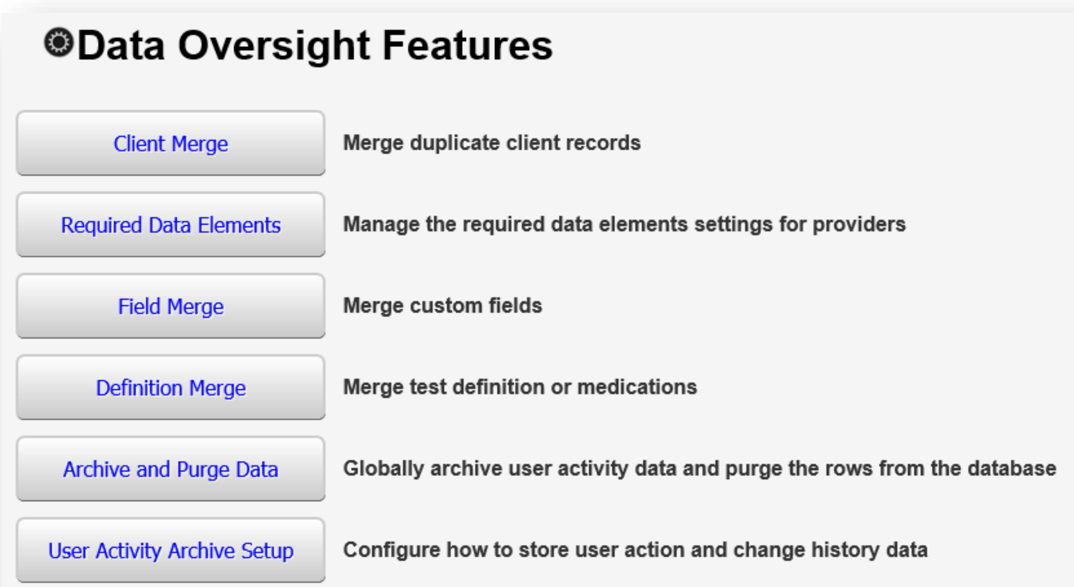
Required Data Elements

This feature can be used to require specific client Demographic fields to be completed first, before allowing any other data entry for client records, including entering services, annual review, clinical information, etc.

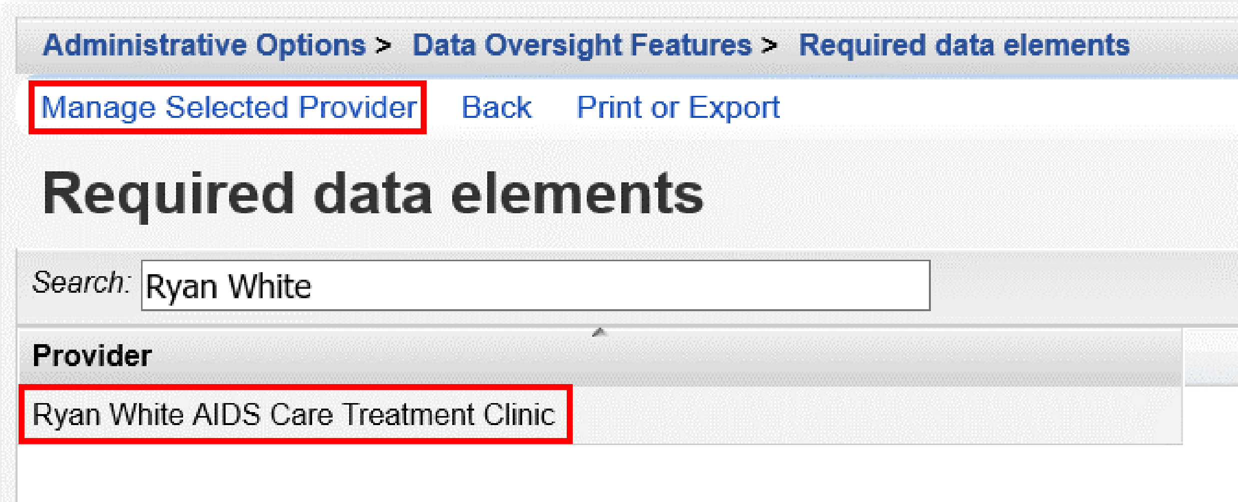
1. Log into the Central Administration domain of CW6. Go to **Administrative Options** and then **Data Oversight**.



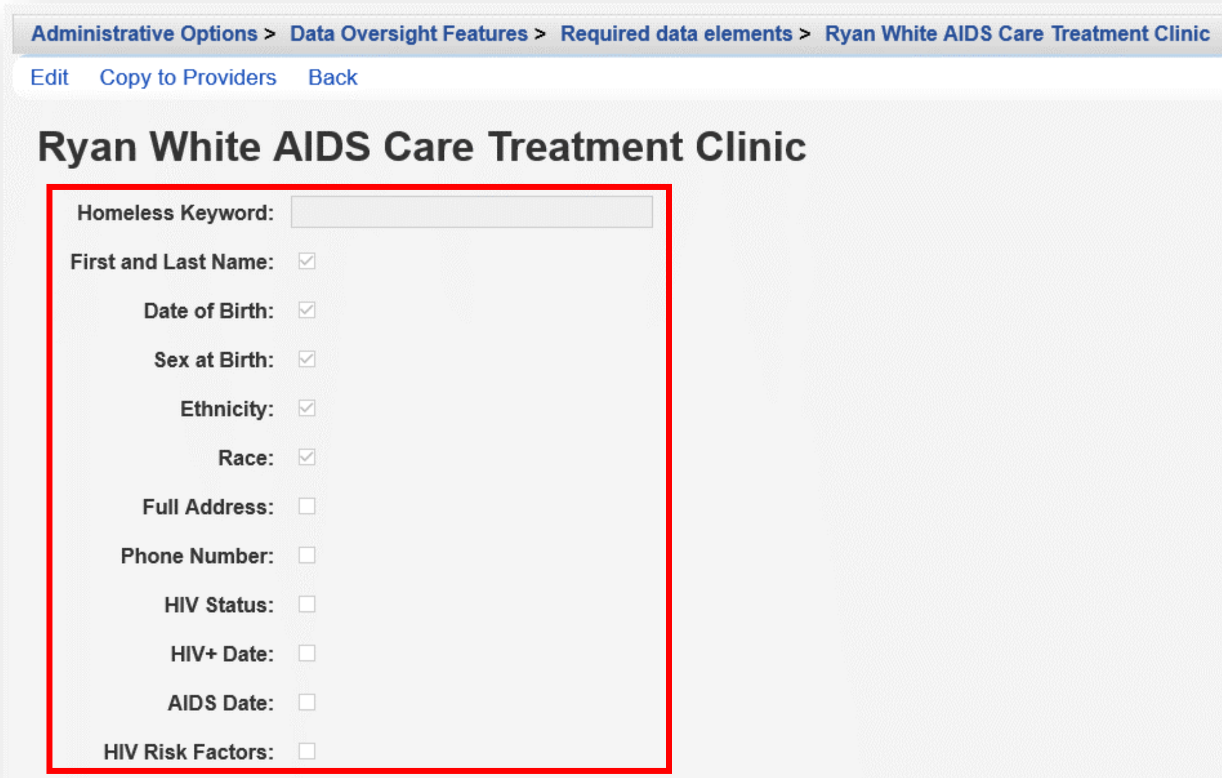
2. Select **Required Data Elements**.



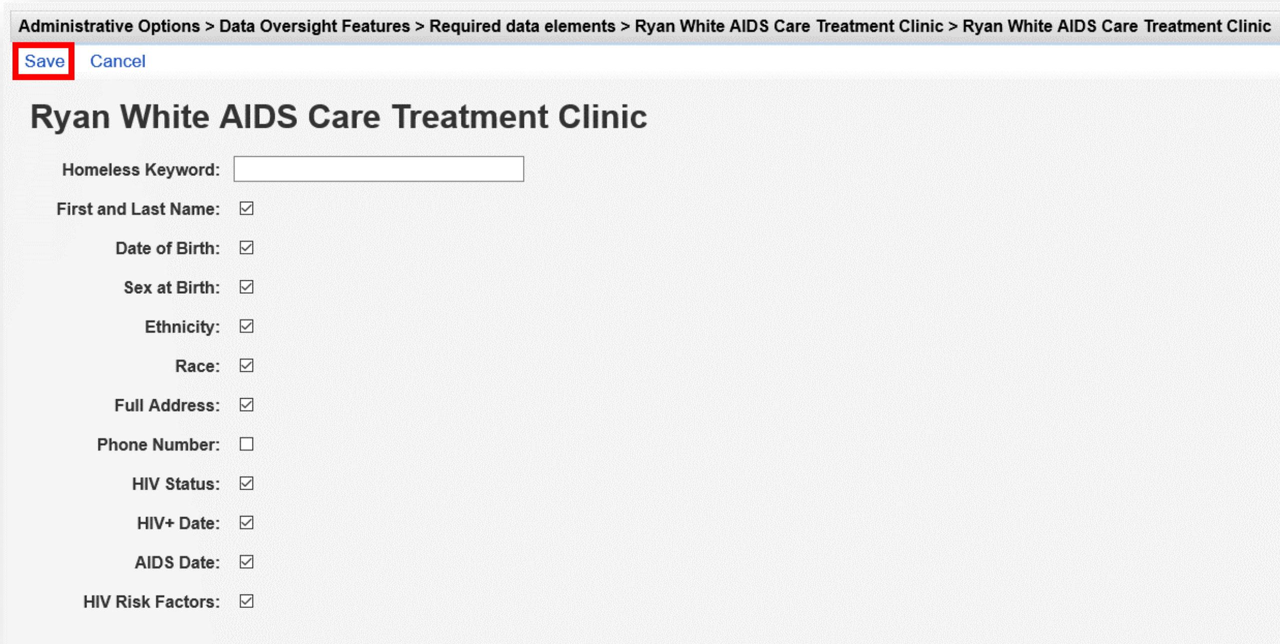
3. Select a Provider from the list. Click **Manage Selected Provider** from the action bar. As an example, we have selected the Ryan White AIDS Care Treatment Clinic provider.



4. Click **Edit**. Select which data elements are to be required from the list.



5. Click **Save**. In this example we have chosen all fields, except Phone Number and the Homeless Keyword fields.



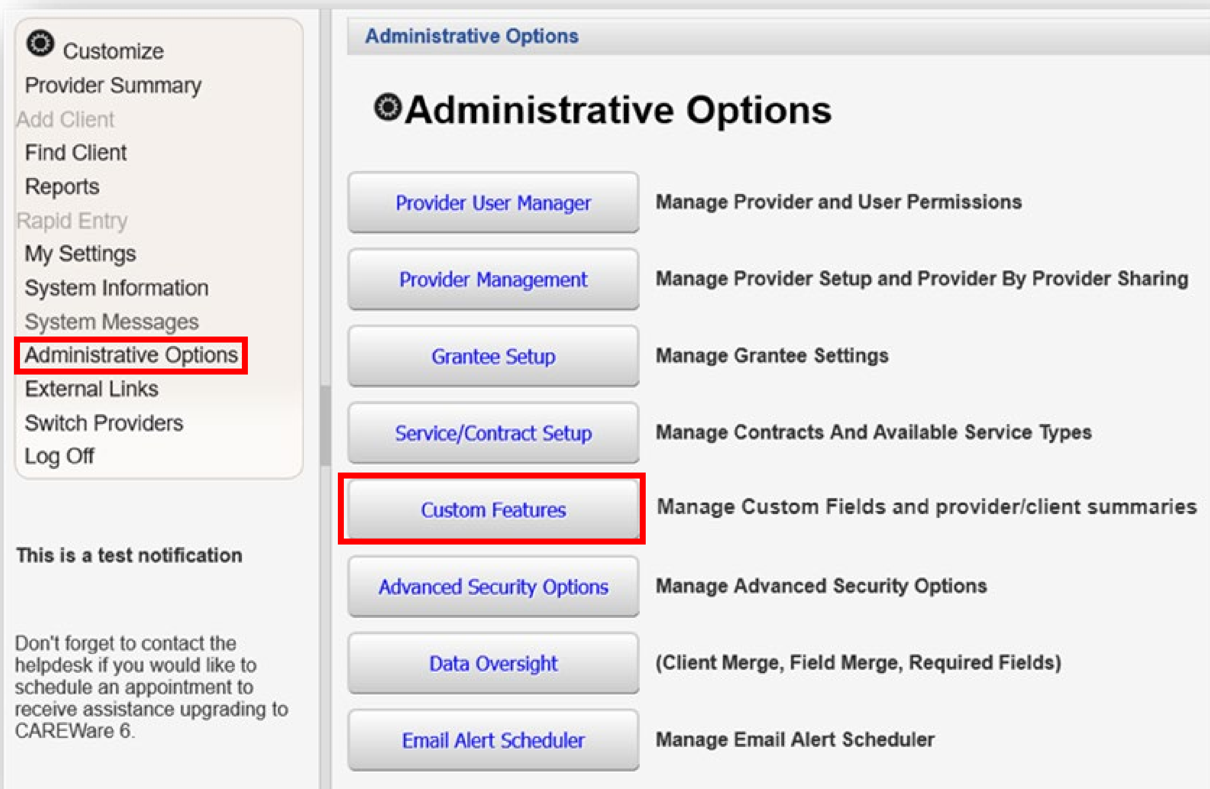
The Required Data Elements feature is now activated for this provider. All client Demographic fields (selected above), will now need to be completed before any other data entry in client records is allowed, including entering services, annual review, and clinical information.

Provider Summary

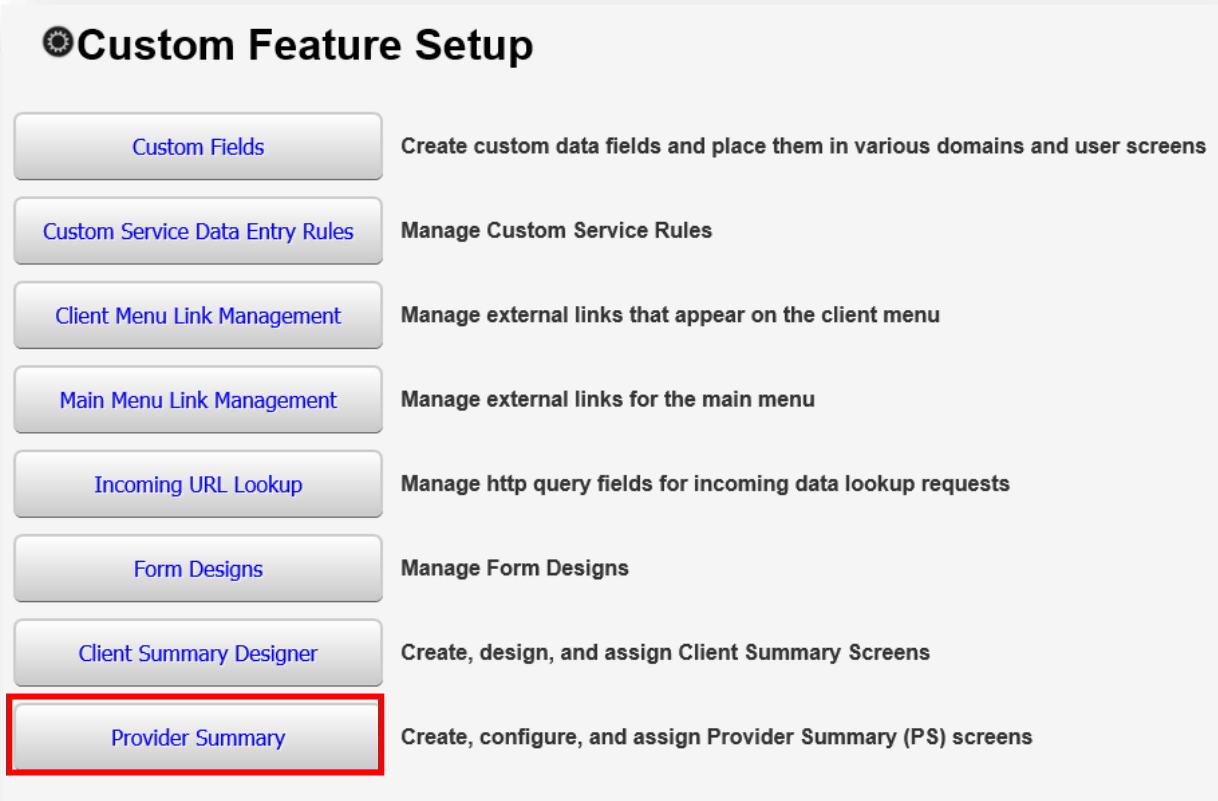
The Provider Summary feature allows graphic display of Performance Measure outcomes. The measures and provider summary will be updated once a day. Default HAB and custom performance measures can be configured. The Provider Summary also includes client look-up lists for those that meet (Numerator), and those that do not meet (Not in Numerator), the performance measure criteria.

To set up the Provider Summary feature, follow these instructions:

1. Log into the Central Administration domain of CW6 (Provider Summaries can only be setup if you have access to Central Administration). Go to **Administrative Options** and then **Custom Features**.

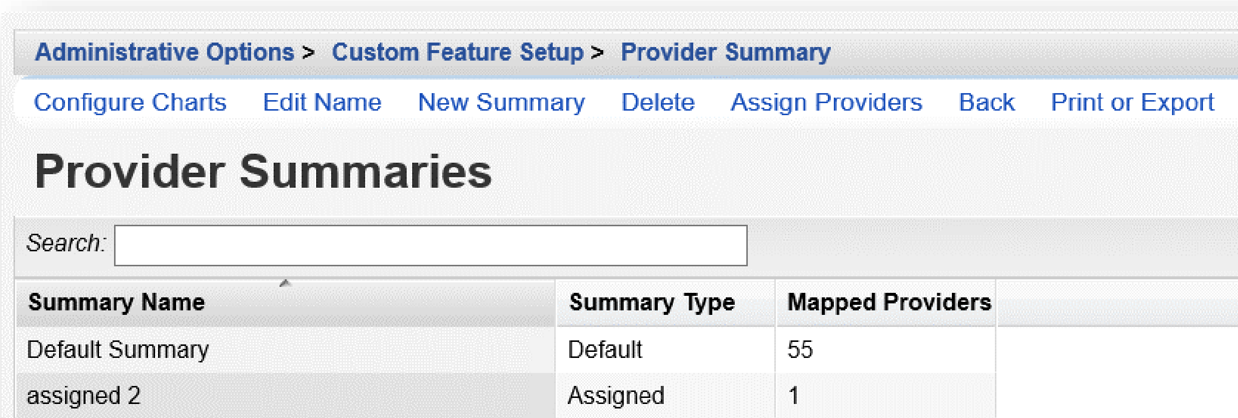


2. Select **Provider Summary**.

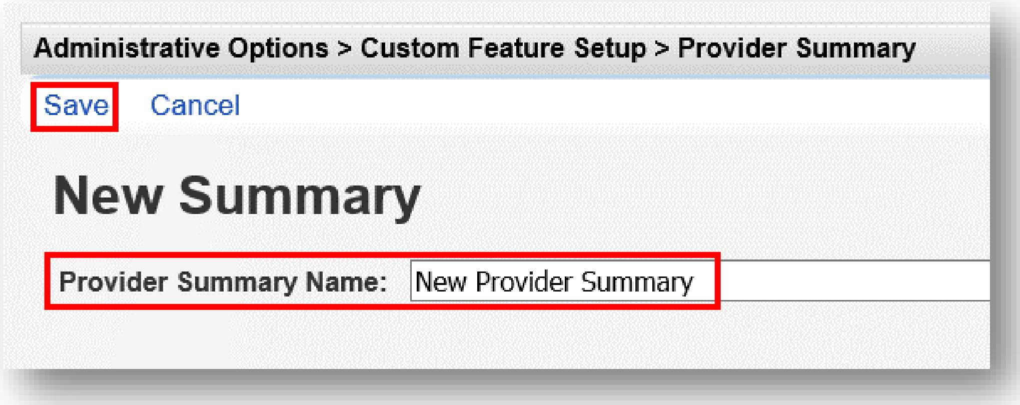


In this example, a new Provider Summary will be created from the Central Administration domain. This summary will include two (2) performance measure outcome results. One from a custom created performance measure, and the other from a default HAB Core performance measure.

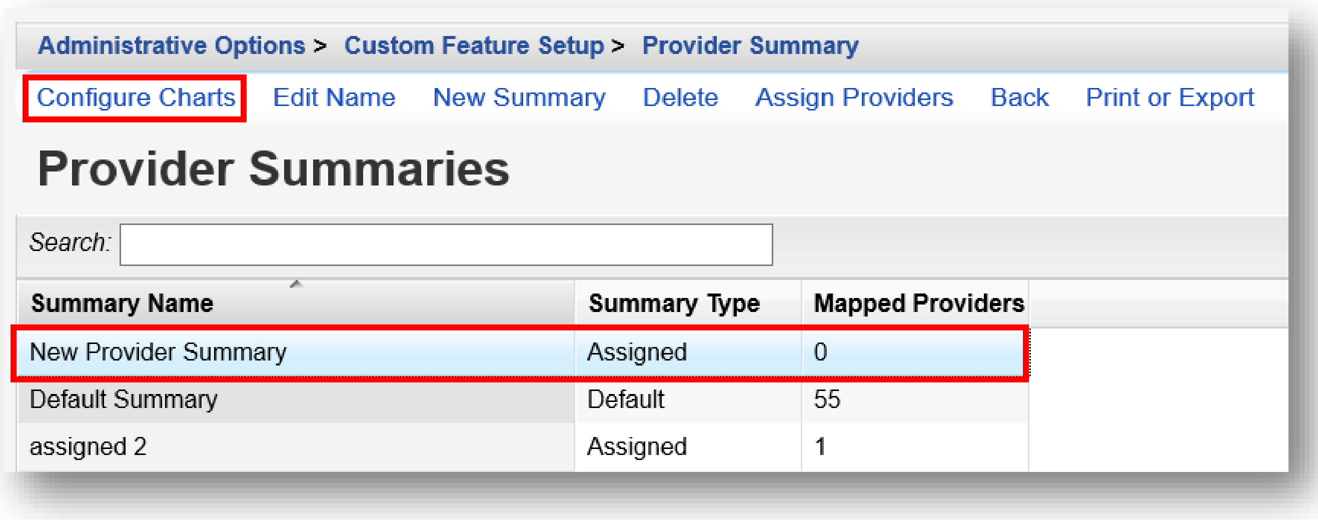
3. Click **New Summary** from the Action Task bar.



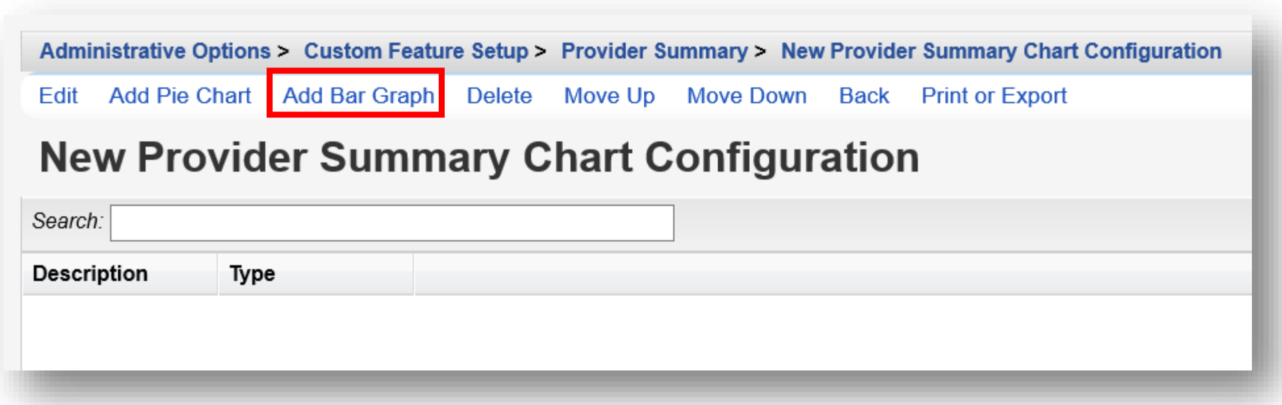
4. Enter the new **Provider Summary Name**. In this example, the provider summary name was entered as New Provider Summary. Click **Save**.



5. Select the newly created WRMA Provider Summary from the list. Click **Configure Charts**.



6. Click **Add Bar Graph**.

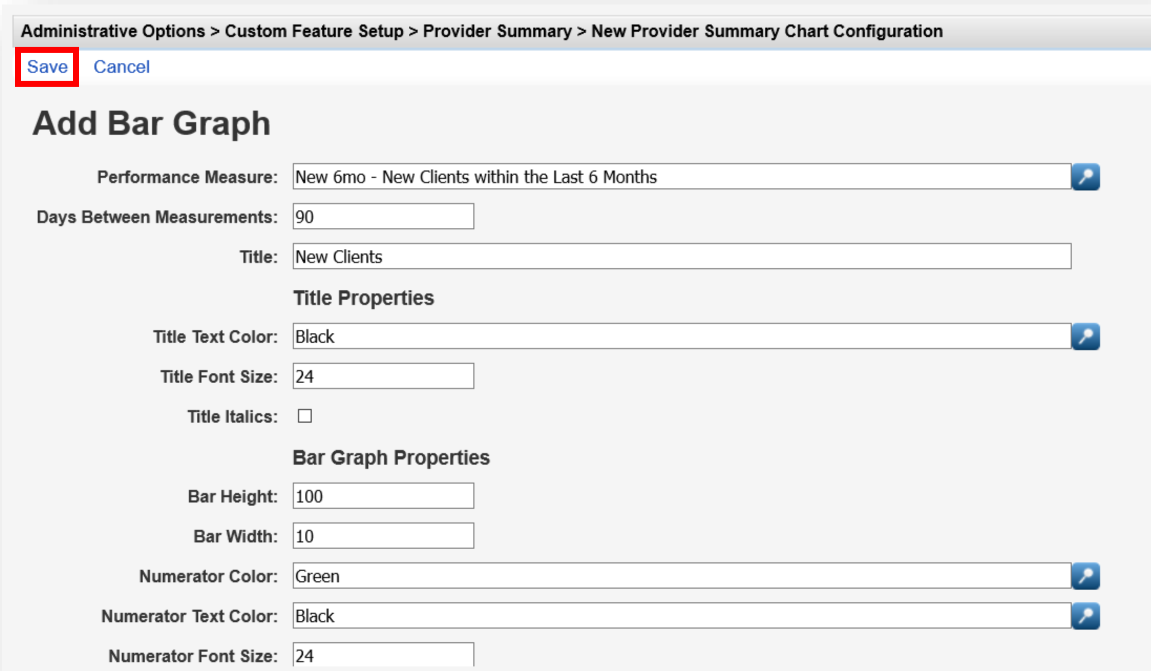


The bar graph chart will report data on a custom performance measure created in CAREWare "New 6mo New Clients within the Last 6 Months."

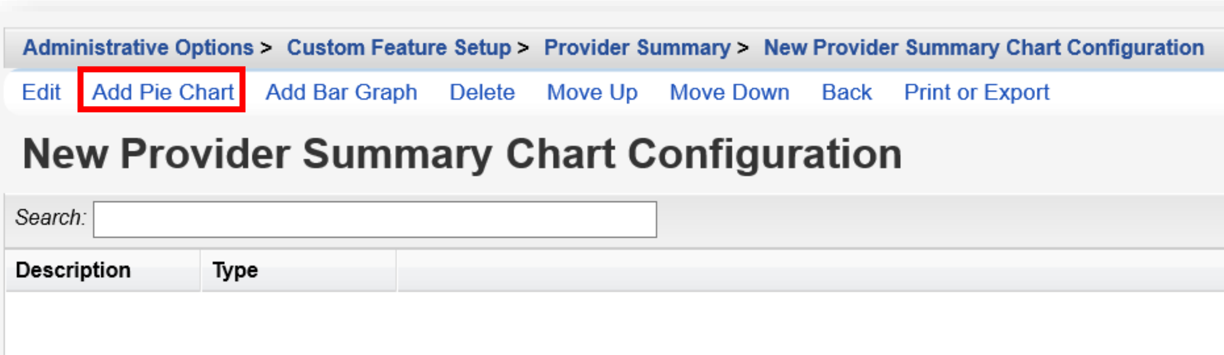
The **Days Between Measurements** default value is 90 days. This setting determines the date span used on the bar graph for two previous results. In this example, the bar graph results are 90-days apart (Note: This setting is only available when using the bar graph chart).

The **Title** was entered as "New Clients." The measure is designed to identify any new clients within the last 6 months (Note: Default values for Title Properties and Bar Graph Properties were used).

7. Click **Save**.



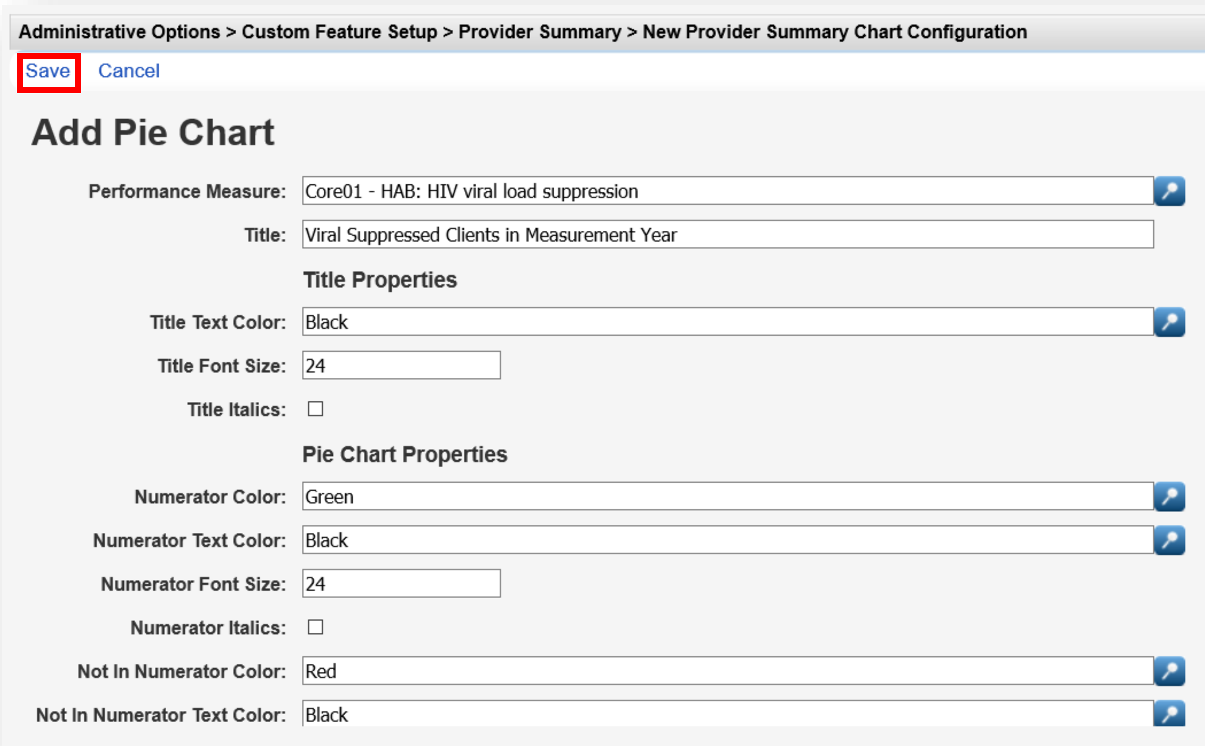
8. To add a pie chart, click **Add Pie Chart**.



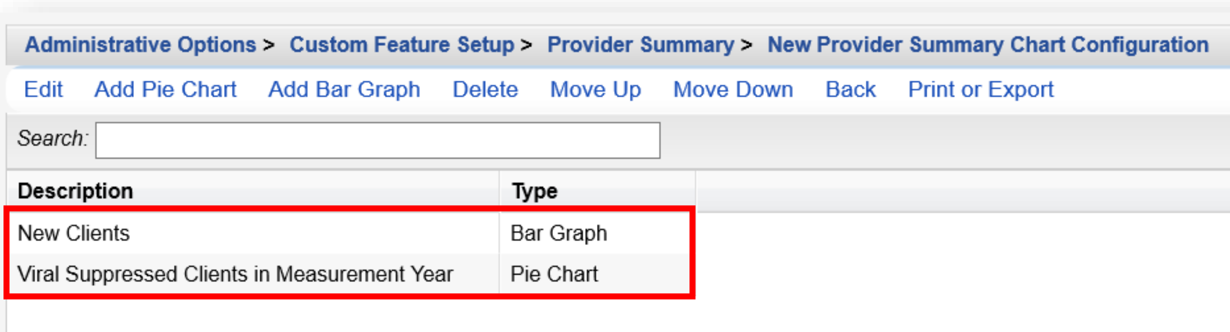
The pie chart will report data on a default HAB performance measure in CAREWare, "Core01 – HAB HIV viral load suppression." The Title field was entered as "Viral Suppressed Clients in Measurement Year." The measure is designed to identify clients with a viral load test result of

199 or lower within the last 12 months (Note: Default values for Title Properties and Pie Chart Properties were used).

9. Click **Save**.

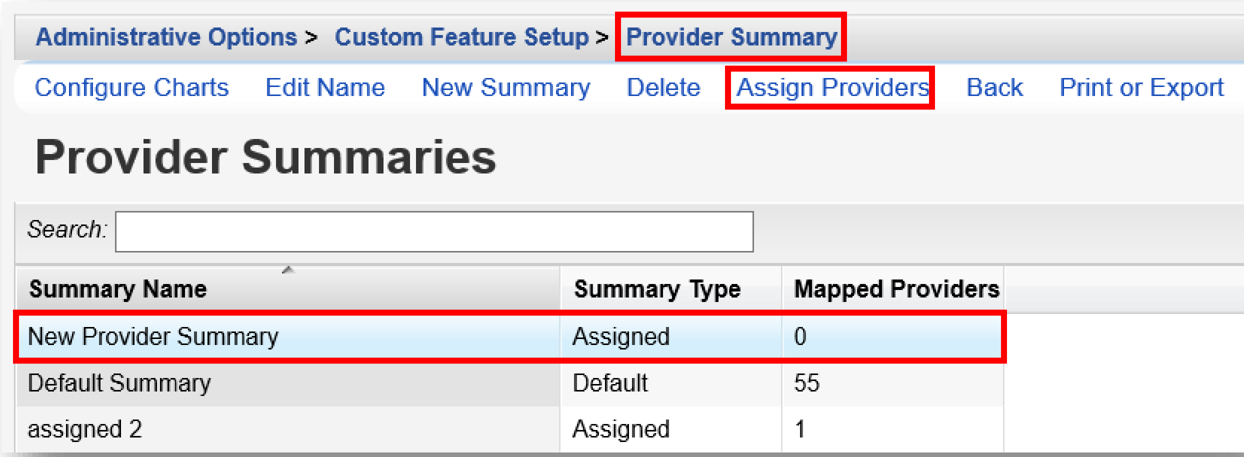


Both Summary Charts are now listed:

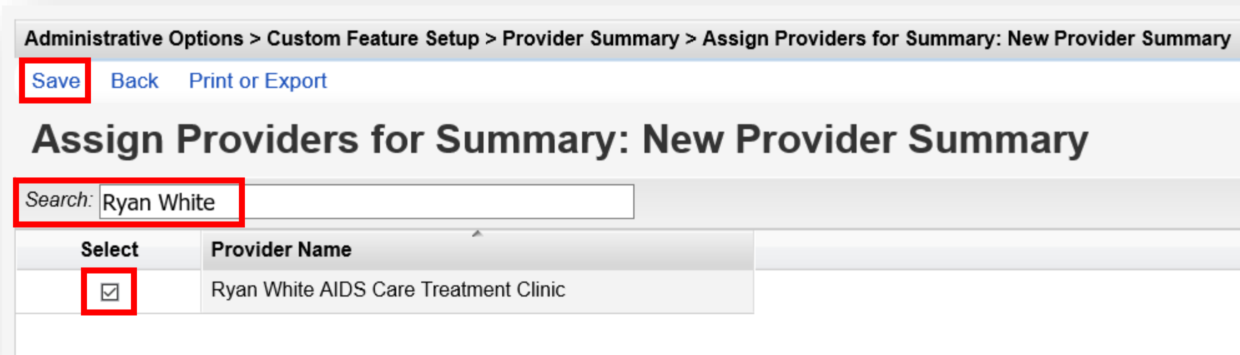


Setup of a new Provider Summary is complete, which consists of two performance measures, “New Clients,” and “Viral Suppressed Clients in Measurement Year.” The Provider Summary is assigned to ALL or specific provider domains in CAREWare. To assign the Provider Summary to specific providers:

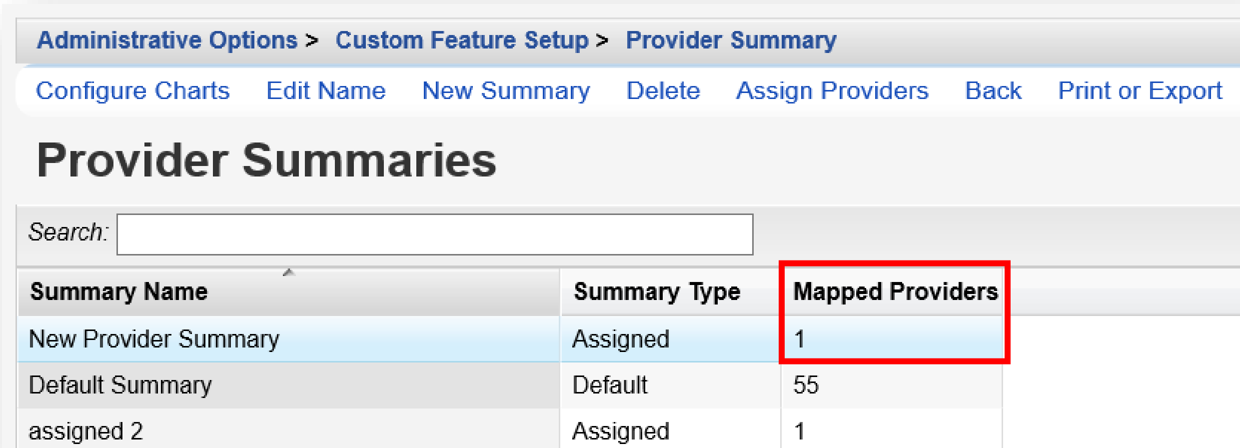
10. From the **Provider Summary** link, select the desired Summary (in this case, New Provider Summary), and click **Assign Providers** from the Action Task bar.



11. We have filtered for the Ryan White AIDS Care Treatment Clinic provider in the Search box. Check the Select box. Click **Save**.



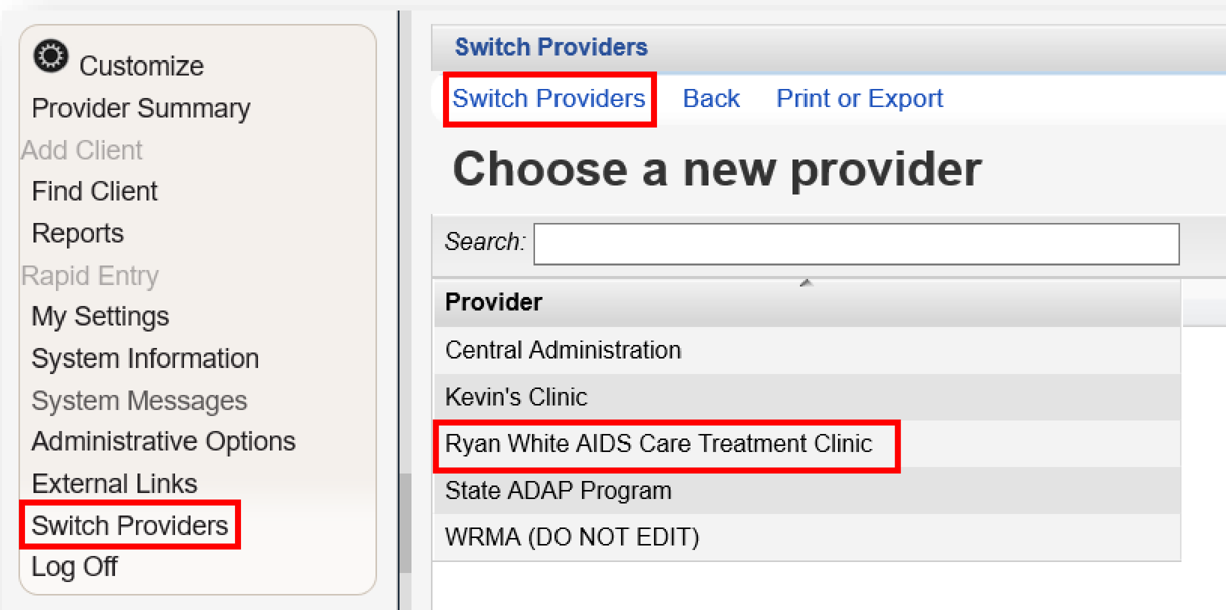
The Mapped Providers column for New Provider Summary now lists the number one - 1. This indicates how many providers have been assigned to this Summary Name.



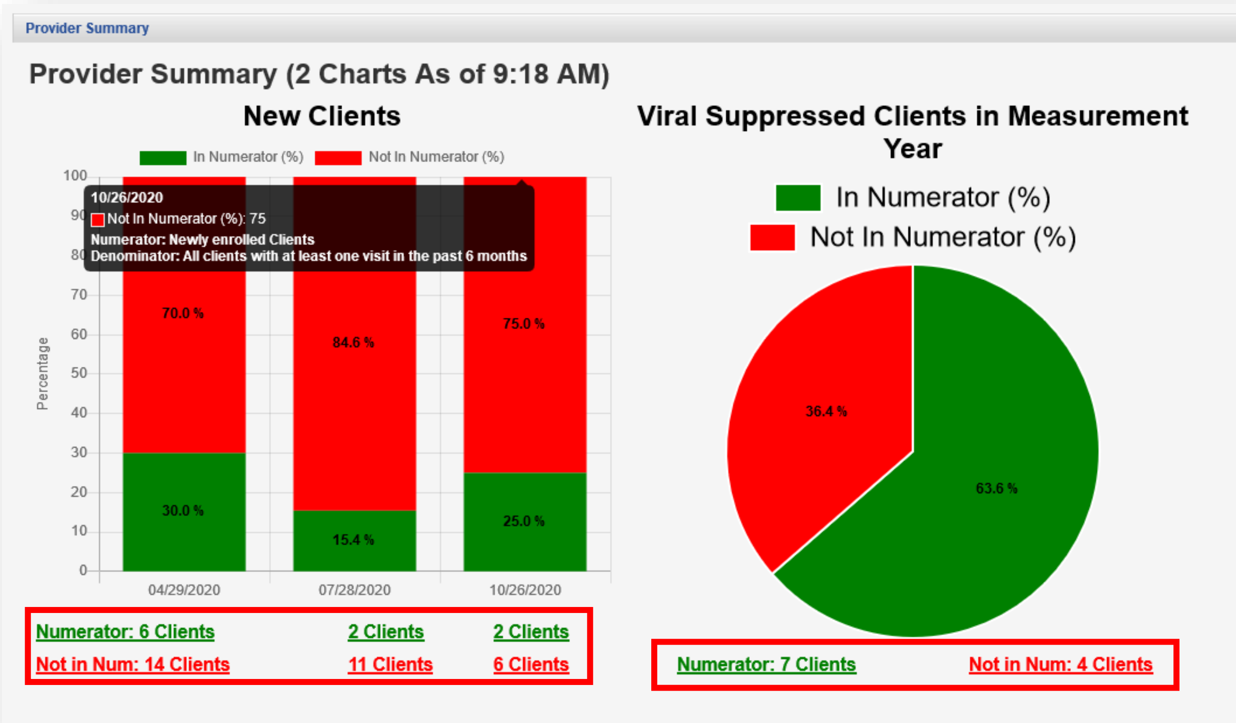
We will now switch from the Central Administration domain to the Ryan White AIDS Care Treatment Clinic domain to view the Provider Summary results.

1. Click **Switch Providers** from the Main Menu on the left. In this example, we have selected the Ryan White AIDS Care Treatment Clinic. Click **Switch Providers** in the Action Task bar.

2. Note that the "Switch Providers" option ***will only show for users that have been granted the right to log into multiple provider domains.***

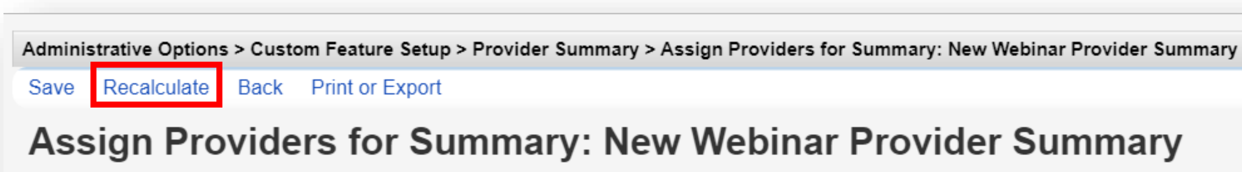


3. The Provider Summary results are automatically displayed adjacent to each other upon login to the Ryan White AIDS Care Treatment Clinic domain. Hovering over the charts provides additional information about the numerator and denominator.

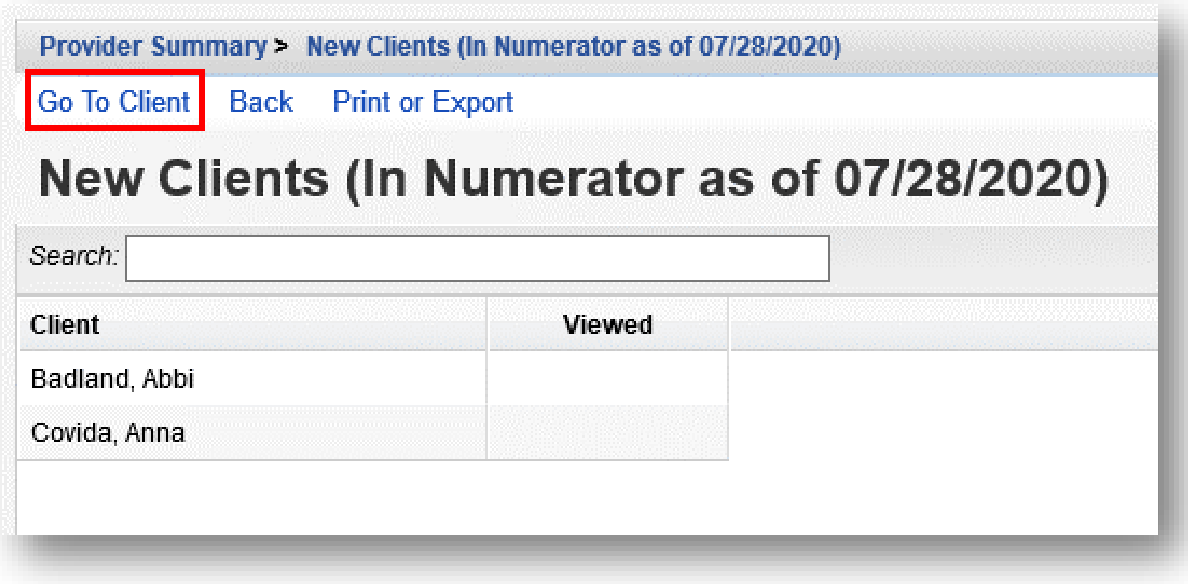


Note that if you have more than two charts, they will be placed below the two above. CAREWare indicates how many charts are shown and the time that they were last updated.

If you make changes to the graphs, or to your underlying data, and want to redraw the graphs, follow the bread crumbs listed below, highlight the Provider of interest and hit “Recalculate.”



4. Clicking on any of the green or red links (see above screenshot) will bring up a list of clients that fall into the relevant categories (Numerator or Not in Num). Click **Go To Client** to pull up a specific client record.



- Additional Provider Summaries can be created and configured as desired in CAREWare 6. One or more Provider Summaries can be assigned to ALL providers or selected providers. Provider Summary results are clearly displayed upon user login to the provider domain.
- In addition, the Provider Summary creates client look-up lists of those that meet or do not meet summary criteria. Users can use the Go To Client link to identify clients in the Numerator or Not in Numerator sections of the Provider Summary.

(Note: It may take several minutes for a newly created, edited, or recently assigned Provider Summary to be displayed on the provider domain screen.)

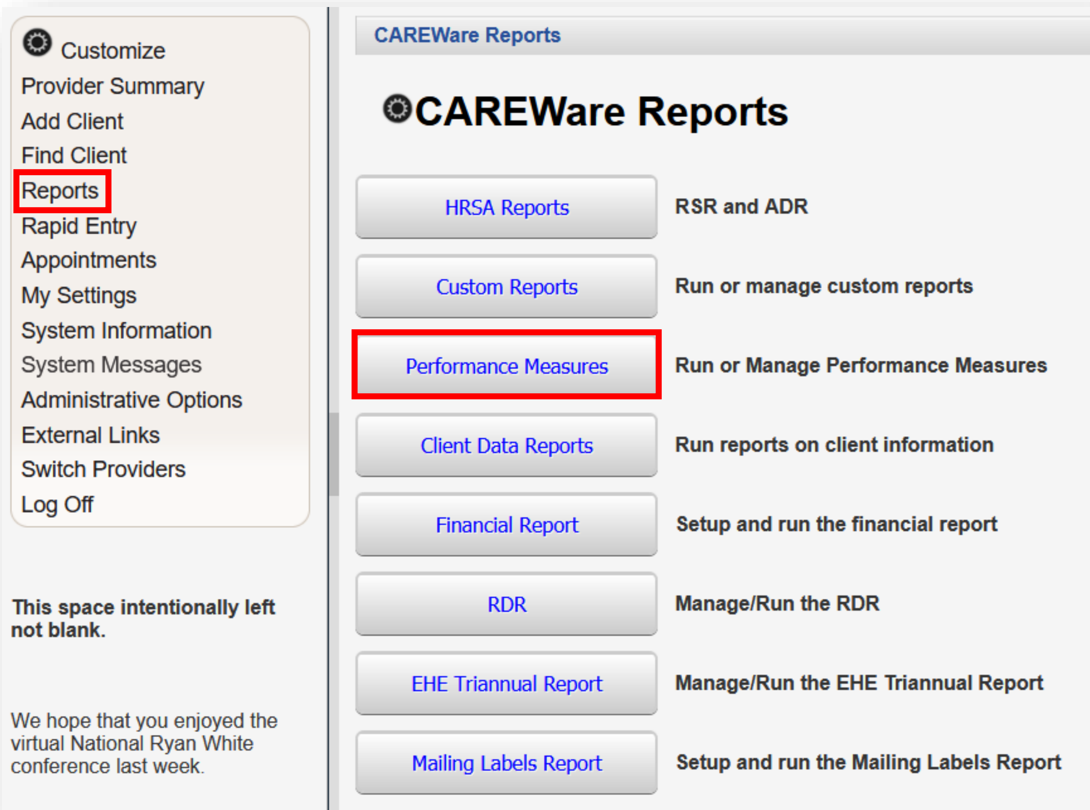
HIVQM CSV File Export

This feature can be used to generate a .csv file for upload to the HAB HIVQM Module. The .csv file will include performance measure results, for one or more selected measures, including numerator, denominator, and percent totals.

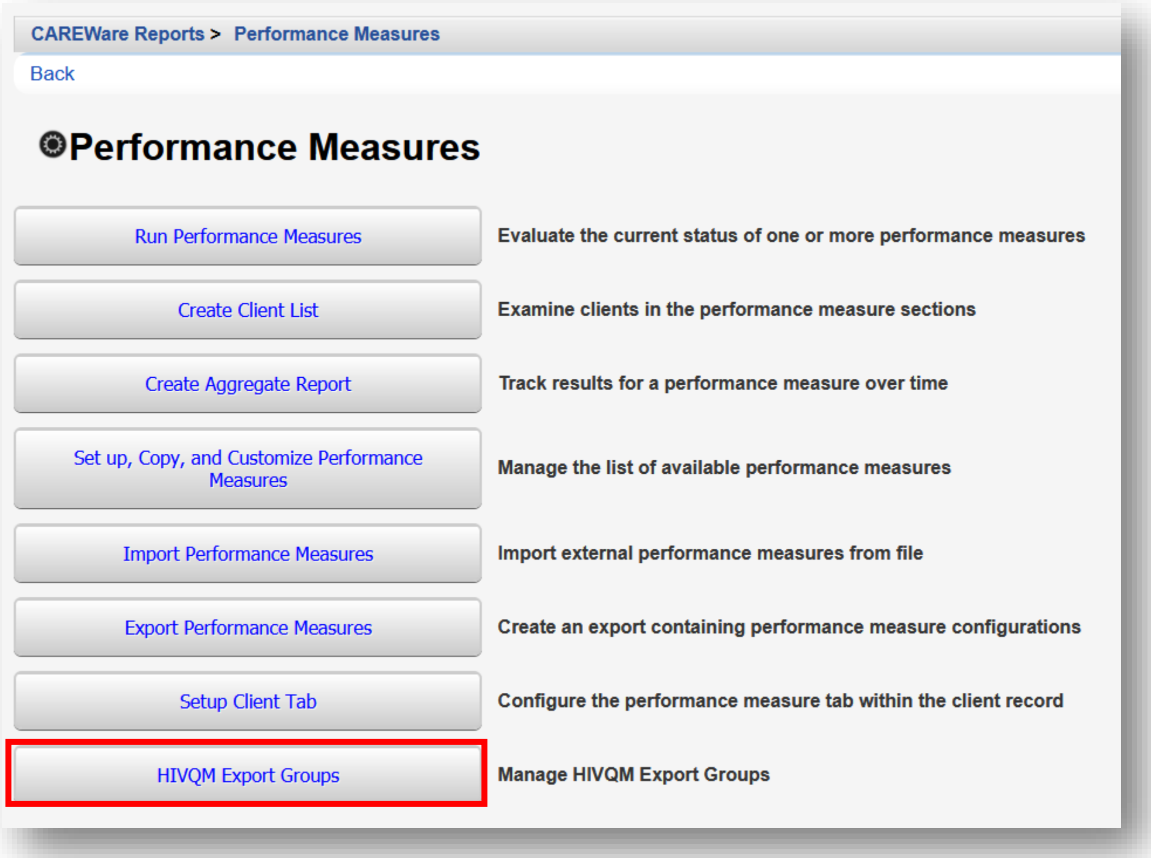
There is also the option to export the .csv file in the HIVQM Format for upload to the HRSA HIVQM Module.

To export the .csv file, follow these instructions:

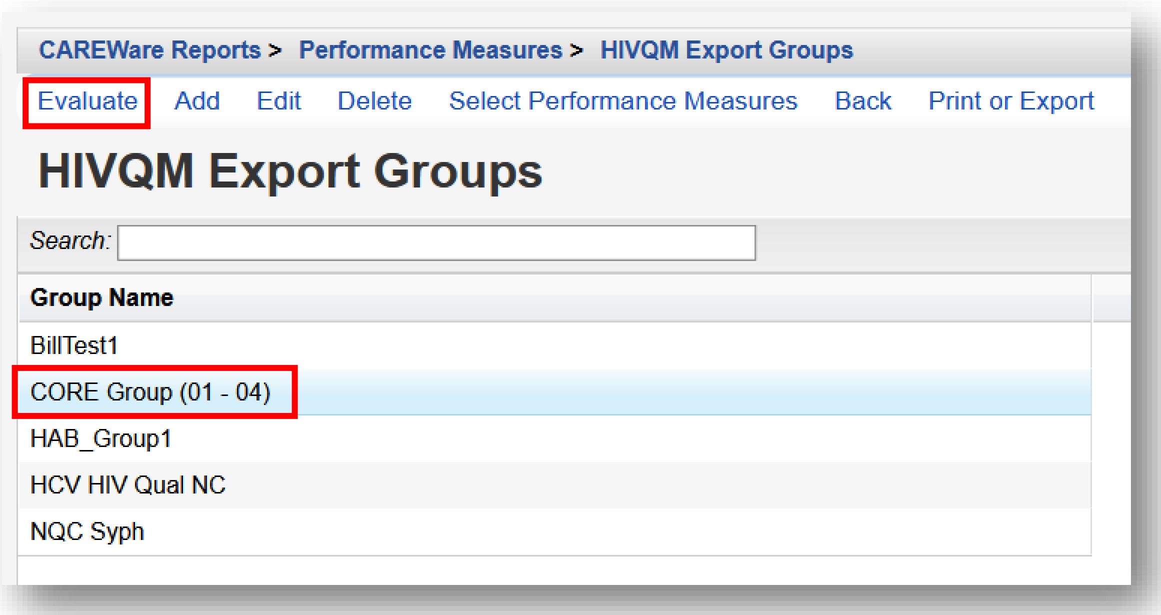
1. Log into a Provider domain of CW6. Go to **Reports** and then **Performance Measures**.



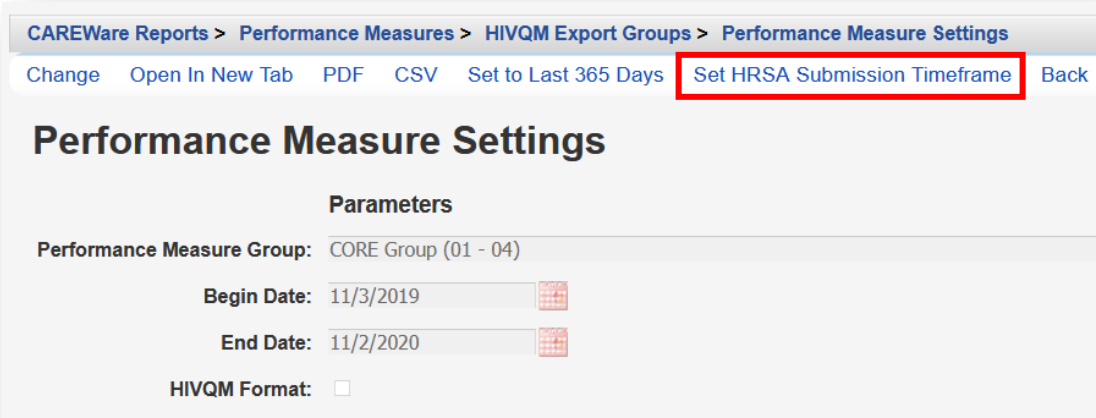
2. Select **HIVQM Export Groups**.



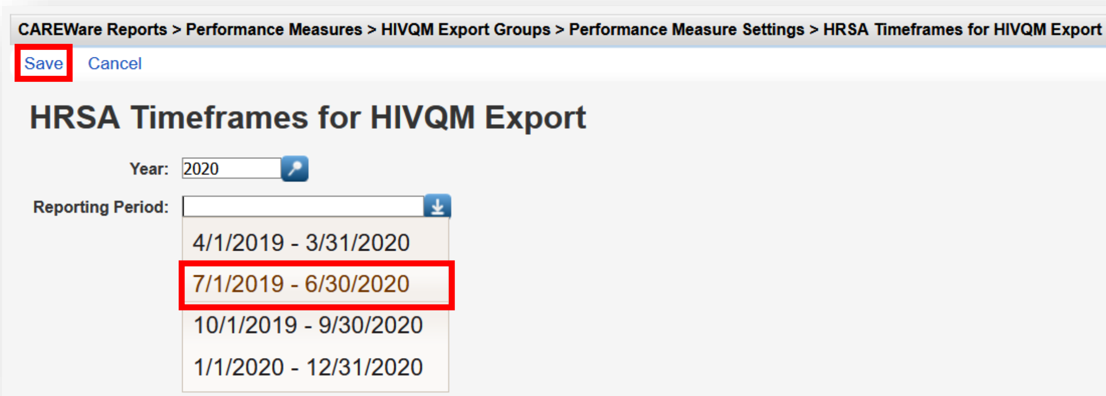
3. Select a Group Name from the list. We have selected the CORE Group (01 – 04), which is the group of performance measures we will be running. For more information, see the [Performance Measure Portfolio](). Click **Evaluate** from the action bar.



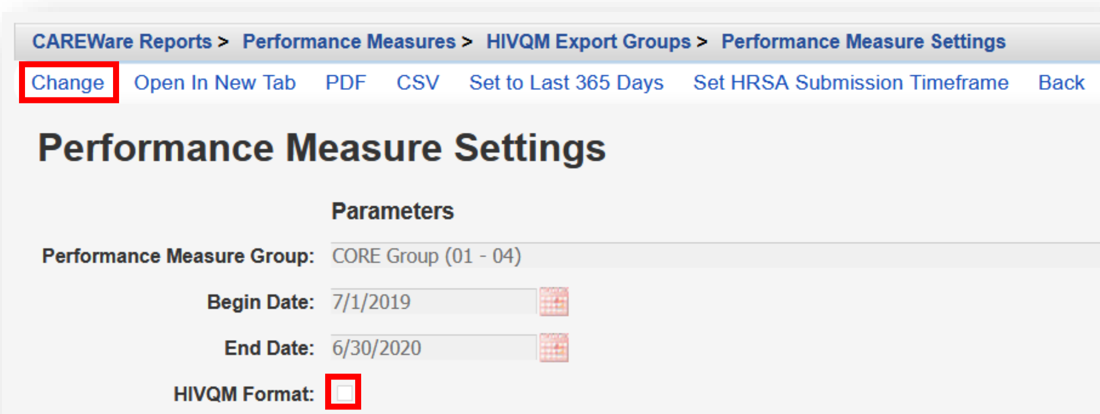
4. Click **Set HRSA Submission Timeframe** from the action bar.



5. In this example, we have selected the HRSA Timeframe of 7/1/2019 – 6/30/2020 for the reporting period and 2020 for the year. Click **Save**.

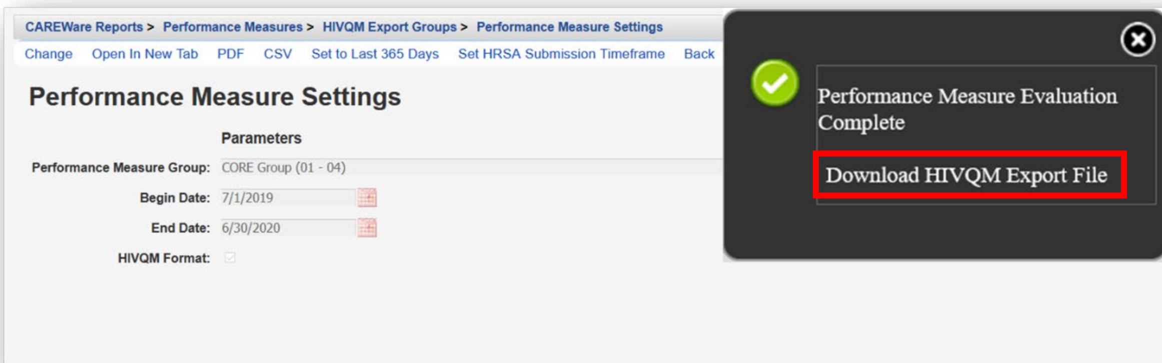


6. Click **Change** from the action bar. Select the **HIVQM Format checkbox**. Click **Save** (the Save button will replace the Change link).



7. Click **CSV** from the action bar.

8. Click **Download HIVQM Export File**. Save the file to your computer and then open the file to view it.



The following is a sample HIVQM .csv file, in the HRSA HIVQM Format, for HAB Core (01 – 04) Performance Measures.

The report is a single .csv file, which for readability, is shown in three (3) separate sections below:

Provider ID	Provider Name	Software Name	Measure ID	Measure name
1234	Ryan White AIDS Care Treatment Clinic	CAREWare	Core03	HAB: HIV medical visit frequency
1234	Ryan White AIDS Care Treatment Clinic	CAREWare	Core01	HAB: HIV viral load suppression
1234	Ryan White AIDS Care Treatment Clinic	CAREWare	Core04	HAB: Gap in HIV medical visits
1234	Ryan White AIDS Care Treatment Clinic	CAREWare	Core02	HAB: Prescription of antiretroviral therapy

Report Start Date	Report End Date	Report Creation Date	Records Reviewed	Numerator	Denominator
7/1/2019	6/30/2020	10/29/2020	24	0	5
7/1/2019	6/30/2020	10/29/2020	24	4	9
7/1/2019	6/30/2020	10/29/2020	24	2	3
7/1/2019	6/30/2020	10/29/2020	24	68	125

MinAge	MaxAge	Gender	Race/Ethnicity	HIV Risk Factor

Note: MinAge, MaxAge, Gender, Race/Ethnicity, and HIV Risk Factor: If you run measures stratified by any of these demographic factors, their corresponding codes will be populated.

The codes are:

Min Age	Minimum age if age range set
Max Age	Max age
Gender	1=Male; 2=female; 3=Transgender(all); 4=Trans MtoF; 5=Trans FtoM 6=Trans unk 9=Unk
Race/ethnicity	1 = American Indian/Alaska Native 2 = Asian 3 = Black/Afr. American 4 = Hispanic /Latinx (any race) 5 = Nat Haw/Pac. Island 6 = White 7 = Multiracial
HIV risk	1 = Male to Male sexual contact (MSM) 2 = Injection drug use (IDU) 3 = MSM and IDU 4 = Heterosexual contact 5 = Perinatal transmission 6 = Other 9 = unknown

For further details regarding submission of the HIVQM Module, refer to the HIV Quality Measures Module Manual.