

# CAREWare ADAP Domain Feedback Session

HIV/AIDS Bureau  
October 4, 2022

A project of  CAI in partnership with  Abt and  MISSION ANALYTICS

Hello everyone. I'm Debbie Isenberg from the DISQ Team. I can see that people are still joining the feedback session so we're going to wait a few minutes before we get started.

Welcome to the feedback session for the CAREWare ADAP Domain. Thank you so much for joining us today!

My name is Debbie Isenberg. I'm a member of the DISQ Team, one of several groups engaged by HAB to provide training and technical assistance to recipients and providers for several of the data reporting requirements. We often work with our CAREWare colleagues to help support ADAPs in submitting the highest quality data possible.



## Topics

Vital and Enrollment Status

ADAP Enrollment History

Drug Payments

Insurance Services

As many of you may know, the ADAP domain in CAREWare has had minimal changes since it was first introduced. We're here today to get feedback from you about what changes would help you collect and report high quality data. The DISQ Team is hosting this session, but there are representatives from both HAB and jProg who have joined us as well (and may jump in to pick your brain a little more).

Now we're going to focus on ADAP domain features that are only in the ADAP domain: Vital and Enrollment status, ADAP enrollment history, Drug Payments and Insurance Services. Annual Review and demographics such as race and ethnicity is the same for both the ADAP and non-ADAP domain, so we didn't plan to focus on it today. In addition, we hadn't planned on covering the ADR Client Report (used to create the client xml file), the ADR Viewer (similar to the UCR) or the ADR Validation Report (similar to what is in the system), but feel free to share feedback if you have it.

## Overview

- Today's feedback session is intended for AIDS Drug Assistance Programs at the state or territory level
- We're not planning on discussing changes to CAREWare importing that were reviewed by jProg in September
- Chat feature is enabled and we'll also take live feedback

Just a reminder before we get started. This feedback session is intended for AIDS Drug Assistance Programs only. It does not apply to local AIDS pharmaceutical assistance. So if you're not part of an ADAP operated at a state or territory level or a vendor or contractor working with an ADAP, you're welcome to stay and listen but the content may not apply much to you.

We're also not planning on discussing changes to CAREWare importing that jProg had a webinar on in September

Finally, usually in DISQ webinars the chat feature is disabled but we've enabled it for today. We'll also take live feedback during the webinar.

## Poll #1



I just want to get a sense of who is in the room today.

Which of the following best describes your ADAP?

- We currently use CAREWare for the ADR
- We don't currently use CAREWare for the ADR but are considering using it
- We don't use CAREWare and are not considering using it

## Vital and Enrollment Status

Ok-thanks so much for completing the poll. So for each of the sections I have a few slides to share and then we can get some feedback. We're going to start with Vital and Enrollment Status.

# Vital and Enrollment Status


Demographics > Vital and Enrollment Status


Save Cancel


### Vital and Enrollment Status

**ADAP Enrollment Info**


Current ADAP Enrollment Status:


Latest Recertification Date:  


Application Approved Date:  

Application Received Date:  

**Vital Status**

Vital Status: Alive 

Case Closed Date:  

Date of Death:  

**Application Received Date is required for ADR Submission**

Here's a screenshot of Vital and Enrollment Status for reference.

# Vital and Enrollment Status

- Two sections: ADAP Enrollment Info and Vital Status
- ADAP Enrollment Info
  - Enter the date that the ADAP received the client's first (ever) complete application
  - All other fields are auto-populated from ADAP Enrollment History

Find Client > Search Results > Demographics > Vital and Enrollment Status

Save ADAP Enrollment History Cancel

### Vital and Enrollment Status

ADAP Enrollment Info	
Current ADAP Enrollment Status:	Enrolled, receiving services
Latest Recertification Date:	04/01/2020
Application Approved Date:	12/01/2018
Application Received Date:	12/01/2018

There are two subsections in Vital and Enrollment Status: ADAP Enrollment Info and Vital Status.

ADAP Enrollment Info is where ADAPS enter/import the date that the ADAP received the client's first complete application. Once entered it should never be updated unless there was an error in the date entered. All other fields are auto-populated from the ADAP Enrollment History and cannot be completed here.

## Vital and Enrollment Status

- Vital Status

- Alive, Deceased or Unknown
- Case closed and date of death –  
Would only be entered if client is  
deceased



The screenshot shows a form titled "Vital Status". It contains three fields: "Vital Status:" with a dropdown menu showing "Alive" and a blue arrow icon; "Case Closed Date:" with an empty text box and a calendar icon; and "Date of Death:" with an empty text box and a calendar icon.

Vital Status has three choices-Alive, Deceased and Unknown. If you choose Deceased, you'll have to complete case closed date and date of death.



## Vital and Enrollment Status

- Updates were made for this past reporting period that included:
  - Changed terms to match those in the ADR
  - Added screen validation when Application Received Date was after Application Approved Date

**Vital and Enrollment Status**

**ADAP Enrollment Info**

Current ADAP Enrollment Status:

Latest Recertification Date:

Application Approved Date:

Application Received Date:

Application Received Date must be on or before Application Approved Date

You may have noticed some changes when you were working on the ADR this past Spring. The terms for vital and enrollment status were updated to align with the ADR. In addition, there was a screen validation added if the Application Received Date was after the Application Approved Date. These changes were made to try to address ongoing confusion for ADAPs regarding how to enter these dates.

# ADAP Enrollment History

Now let's discuss ADAP enrollment history

# ADAP Enrollment History

Find Client > Search Results > Demographics > Vital and Enrollment Status > ADAP Enrollment History

View Add Edit Delete Back Print or Export Hide/Show Columns

## ADAP Enrollment History

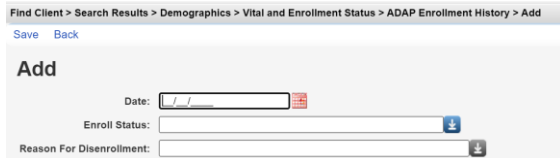
Search:

Date	Enroll Status	Reason For Disenrollment	Other Dise
12/01/2018	Enrolled, receiving services		
12/04/2019	Enrolled, receiving services		
06/05/2019	Enrolled, receiving services		
04/01/2020	Enrolled, receiving services		

And again a quick screenshot

## ADAP Enrollment History

- Enter date that client's complete ADAP application was approved or client was disenrolled
- Enter enrollment status
- If disenrolled, choose the reason for disenrollment



The screenshot shows a web interface for adding ADAP enrollment history. At the top, there is a breadcrumb trail: "Find Client > Search Results > Demographics > Vital and Enrollment Status > ADAP Enrollment History > Add". Below the breadcrumb are "Save" and "Back" links. The main heading is "Add". There are three input fields: "Date:" with a date picker icon, "Enroll Status:" with a dropdown arrow, and "Reason For Disenrollment:" with a dropdown arrow.

ADAP Enrollment History is where you enter the date that the client's complete ADAP application was approved or it was determined that the client would be disenrolled.

Once a date is entered, you'll also need to choose an enrollment status. If disenrolled, choose the reason for disenrolled.

This section can be confusing because both the Application approved date and Recertification Dates are entered as enrollment dates.

# ADAP Enrollment History

- Update were made for this past reporting period that included:
  - ADAP Enrollment History link added on the Vital and Enrollment Status Page

Find Client > Search Results > Demographics > Vital and Enrollment Status

Save [ADAP Enrollment History](#) Cancel

### Vital and Enrollment Status

ADAP Enrollment Info	
Current ADAP Enrollment Status:	Enrolled, receiving services
Latest Recertification Date:	04/01/2020
Application Approved Date:	12/01/2018
Application Received Date:	12/01/2018

There was also a change made for ADAP Enrollment History when we made the other changes to Vital and Enrollment Status. There was a link added on the top of the Vital and Enrollment Status Page.

## Reimbursements and Reversals

- Reimbursement – occurs when a payer (e.g., Medicaid, private insurance) pays the ADAP back for a service
  - Example: After client receives a medication service, they are determined to be Medicaid eligible and Medicaid is back-billed for the cost.
- Reversal – Occurs when a cost is paid by ADAP and later refunded
  - Example: Medication dispensed but client doesn't pick it up, or a premium is paid but client disenrolls before the effective period

Now before we review Drug Payments and Insurance Services, I want to raise another topic-reimbursements and reversals. If you completed our ADAP needs assessment, you noticed these terms in there as well. Reimbursements occur when a payer pays the ADAP back for a service. The most common example is when the client received medications, they are determined Medicaid eligible and then Medicaid is back-billed for the cost. If you don't back-bill, you won't have reimbursements.

Reversals occur when a cost is paid by an ADAP that is later refunded. A common example is when a medication is dispensed but the client doesn't pick it up or the premium is paid but the client disenrolled before the effective period.

You may wonder why I'm highlighting these terms. That's because we're going to talk more about the reporting requirements in terms of reimbursements and reversals and any possible changes needed in CAREWare to help support accurate reporting.

# Drug Payments

Now let's discuss drug payments.

# Drug Payments

Find Client > Search Results > Demographics > Drug Payments

View Add Edit Delete Dispensers Print or Export Hide/Show Columns

### Drug Payments

Search:

Date	Dispenser	Generic	Brand	NDC	Days	Drug Cost	Dispense Fee	Total Cost	Units	Unit Price
02/08/2022	ADAP	cabotegravir-ripivirin	Cabenuva 600/900	49702024015	90	\$2,644.00	\$3.55	\$2,647.55	2	\$1,322.00
07/01/2021	ADAP	abacavir/dolutegravir	Triumeq	49702023113	180	\$0.00	\$8.50	\$8.50	180	\$0.00
07/18/2022	ADAP	efavirenz/emtricitabine	Atripla	15584010101	30	\$0.00	\$8.50	\$8.50	1	\$0.00
02/01/2020	ADAP	abacavir	Ziagen	35356007560	365	\$0.50	\$0.00	\$0.50	1	\$0.50
02/01/2021	ADAP	abacavir	Ziagen	35356007560	365	\$0.50	\$0.00	\$0.50	1	\$0.50
07/01/2019	ADAP	abacavir/dolutegravir	Triumeq	49702023113	180	\$0.00	\$8.50	\$8.50	180	\$0.00
09/01/2021	ADAP	abacavir	Ziagen	54868452200	30	\$0.50	\$0.00	\$0.50	10	\$0.05
09/03/2021	ADAP	acetaminophen	Acetaminophen Chi	52735071125	1	\$0.50	\$0.10	\$0.60	1	\$0.50

And here's a screenshot



# Drug Payments

- Drug payments for which the ADAP paid the full cost of the medication
  - Deductibles are reported as insurance services
- Price entered should be before any rebates
- Always be sure that your ADAP Medications Import is up-to-date
  - [Check HAB website](#) or contact the CAREWare helpdesk

The screenshot shows a web interface for adding a drug payment. The breadcrumb trail is 'Find Client > Search Results > Demographics > Drug Payments > Add'. Below the breadcrumb are 'Save' and 'Back' links. The form is titled 'Add' and contains the following fields:

- Date: A date input field with a calendar icon.
- Dispenser: A text input field.
- Drug/NDC: A text input field.
- Funding: A text input field.
- Days: A text input field.
- Units: A text input field.
- Unit Price: A text input field with a '\$' symbol.
- Drug Cost: A text input field with a '\$' symbol.
- Dispense Fee: A text input field with a '\$' symbol.
- Total Cost: A text input field with a '\$' symbol.
- Drug Payment Comments: A large text area for entering comments.

Drug Payments are where you enter/import medication claims for which the ADAP paid the full cost of the medication. If it is a deductible, it is reported as an insurance service.

Prices entered are those before any rebates

Finally be sure that your ADAP Medications Import is up to date as if it isn't, newer medications won't be available.

## Drug Payments

- Only drug payments for which there is a cost to the program (>\$0) will be included in the ADR
  - CAREWare will round any costs >\$0 but less than \$1.00 to \$1.00 for the ADR
- Reimbursements should not be imported
- Reversals should be reconciled with the initial claim before import and only claims >\$0 should be imported

A few more items about drug payments which will make it clearer why I shared that slide about reimbursements and reversals.

The current reporting requirement is that ADAPs should report drug payments for which there is a cost to the program. This means that the cost should be greater than \$0. For medications that cost less than \$1.00 but greater than \$0, CAREWare will round the amount to \$1.00 for the ADR. So this is not a new requirement but I'm including it here because we realize that there has been some confusion regarding this. So given this requirement, how are reimbursements and reversals impacted? Well, reimbursements should not be included in your data. That's because ADAP services that are retroactively paid for by Medicaid (back-billed) are expected to be reported (page 38 of the instruction manual).

Reversals on the other hand should be reconciled with the initial claim before the import and neither the reversals or the initial claim should be imported.

Now depending upon how frequently you import, this could be an issue. That's because there is usually a delay between the initial claim and a reimbursement or reversal. If you use a PBM or IBM, check with them to see what the timing is. You can also review your data to determine it. Often, reversals are faster than reimbursements.

## Poll #2



This brings up an important question which we've added as a poll.

Does your ADAP have the ability to distinguish between a reimbursement and a reversal in your medication copay and full pay claims data?

- Yes
- No
- Not sure

# Insurance Services

Let's talk about insurance services.

# Insurance Services

Find Client > Search Results > Demographics > Insurance Services

View Add Delete Receipts Help Print or Export Hide/Show Columns

## Insurance Services

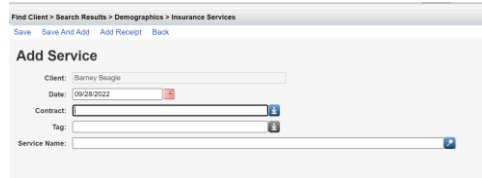
Search:

Date	Labels Galore	Labels Galore Des	Subservice	Contract	Units	Price	Total	Amount Received
07/18/2022			Medicare Part D Co-Insurance (ADAP)	ADAP Insurance	1	0.0000	0.0000	
08/10/2021			Medicare Part D Co-Payment (ADAP)	ADAP Insurance De	1	0.3200	0.3200	0.0000
06/01/2021			Other health insurance co-payments (ADAP)	ADAP Insurance	1	0.0000	0.0000	0.0000
04/08/2021			High-risk insurance co-payments (ADAP)	ADAP Insurance	12	100.0000	1200.0000	
01/01/2021			Other health insurance co-payments (ADAP)	ADAP Insurance	1	0.0000	0.0000	0.0000
08/10/2020			Medicare Part D Co-Payment (ADAP)	ADAP Insurance De	1	0.3200	0.3200	0.0000
06/01/2019			Other health insurance co-payments (ADAP)	ADAP Insurance	1	0.0000	0.0000	0.0000
01/01/2019			Other health insurance co-payments (ADAP)	ADAP Insurance	1	0.0000	0.0000	

And again a screenshot

# Insurance Services

- Enter health insurance full premiums, partial premiums and medication copays, co-insurance and deductibles
- Do not include dental premiums or office visit copays



The screenshot shows a web-based form titled "Add Service" within a navigation breadcrumb "Find Client > Search Results > Demographics > Insurance Services". The form includes the following fields:

- Client:** A text input field containing "Surney Boogie".
- Date:** A date input field containing "09/28/2022".
- Contract:** A dropdown menu with a blue arrow icon on the right.
- Tag:** A dropdown menu with a blue arrow icon on the right.
- Service Name:** A dropdown menu with a blue arrow icon on the right.

At the top of the form, there are navigation links: "Save", "Save And Add", "Add Receipt", and "Back".

Insurance services is where you enter/import health insurance full premiums, partial premiums and medication copays, co-insurance and deductibles. Dental premiums and office visit copays would not be entered here.

# Insurance Services

- Service Categories
  - Only service categories that map to the ADR can be used

Insurance Assistance Category	CAREWare subservice (short name)
Full Premium payment	High-risk insurance premiums-full payment (ADAP)
	Medicare supplement premiums-full payment (ADAP)
	Other health insurance premiums-full payment (ADAP)
Partial Premium payment	High risk insurance premiums-partial payment (ADAP)
	Medicare supplement premiums-partial payment (ADAP)
	Other health insurance premiums-partial payment (ADAP)
Copay/Deductible	High-risk insurance deductible (ADAP)
	High risk-insurance copayment (ADAP)
	Medicare supplement deductible (ADAP)
	Medicare supplement copayment (ADAP)
	Other health insurance deductible (ADAP)
	Other health insurance copayment (ADAP)
	Medicare Part D copayment (ADAP)
	Medicare Part D deductible (ADAP)
	Medicare Part D Out-of-Pocket (ADAP)

Check out the [ADR in Focus - CAREWare Tips for ADAPs: Key Areas that Impact ADR Data Quality](#)

For insurance services what's important is that you use a CAREWare subservice that is connected to the ADR. You cannot create a custom subservice and have it reported in the ADR. We've highlighted the subservices in an ADR in Focus Resource-the link is on the slide.

# Insurance Services

- Reimbursements should not be mapped to an ADR Service Category
  - High-risk insurance premiums (ADAP)
  - Medicare supplement premiums (ADAP)
  - Other health insurance premiums (ADAP)
- Reversals should be reconciled before import if at all possible
  - If not possible should be mapped to an ADR Service Category
- Refunds for clients receiving APTCs do not need to be reported but additional premium payments do

Reimbursements can be mapped to any of the three legacy service categories. These are from back when you didn't have to distinguish between full and partial premiums in the ADR.

Reversals should be reconciled before import if at all possible. If this isn't possible, they should be mapped to the same ADR service category to which the initial service was mapped. However, by including services in the ADR, it can impact the accuracy of the data reported.

Also just a reminder that refunds for clients receiving advance premium tax credits (APTCs) should not be reported but additional premium payments do



## Insurance Services

- Update that was made for this past reporting period included:
  - Negative values were not included in the XML file
- Possible future change being considered
  - If cost=\$0, premium months will not be exported

So there was an update made this past Spring to ensure that all files would pass the schema check. Specifically, negative values aren't included in the XML file. Remember that insurance services data is reported as a total.

A possible future change being considered is if the cost of the premium is \$0, premium months will not be exported.

## Poll #3



When you enter/import your data, which of the following best describes how you address reversals?

- We enter/import all data into CAREWare
- We enter/import all data with a positive cost into CAREWare but use the non-ADR insurance service categories for any reversals
- Not sure
- Other –chat in

## Poll #4



When you enter/import your data, which of the following best describes how you address reimbursements?

- We enter/import all data into CAREWare
- We enter/import all data with a positive cost into CAREWare but use the non-ADR insurance service categories for any reimbursements
- Not sure
- Other –chat in

## Other Changes



What changes would make it easier to enter/import data accurately?

Ok that's it. Now talk to talk. What feedback do you want to share?