ADR Town Hall

Ryan White HIV/AIDS Program ADAP Data Report (ADR)

HIV/AIDS Bureau

August 2, 2023

Welcome to today's Webinar. 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 AIDS Drug Assistance Programs, or ADAPs, in completing the ADAP Data Report (ADR). Following the ADR submission every year, we have an ADR Town Hall webinar to talk about the submission and things to think about for next year.

Today's Webinar is Presented by:

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Today's Webinar is presented by Hunter Robertson, also of the DISQ team. Hunter will talk about the 2022 ADR submission, and next steps now that the submission is over. Today's webinar is specifically focused on and for AIDS Drug Assistance Programs or ADAPS (meaning a program at the state or territorial level that provide medication and/or insurance services.

Throughout the presentation, we will reference some resources that we think are important. To help you keep track of these and make sure you have access to them immediately, my colleague Isia is going to chat out the link to a document right now that includes the locations of all the resources mentioned in today's webinar.

At any time during the presentation, you'll be able to send us questions using the "Question" function on your settings on the bottom of the screen. You'll also be able to ask questions directly "live" at the end of the presentation. You can do so by clicking the "raise hand" button (on your settings) and my colleague Isia will conference you in.

Now before we start, I'm going to answer one of the most asked questions about the slides. The recording of today's webinar will be available on the TargetHIV website within one week of the webinar; the slides and written question and answer are usually available within two weeks.

Disclaimer

Today's webinar is supported by the following organizations and the contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, the Health Resources and Services Administration (HRSA), the U.S. Department of Health and Human Services (HHS), or the U.S. government.

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With that out of the way, I'm going to turn things over to Hunter.

Agenda

Why Have A Town Hall?

Looking Back: 2022 ADR

Moving Ahead: Next Steps

Let's Hear From You!

Thanks Debbie! 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 2022 ADR.   I'll touch on what our next steps will be and look forward to the 2023 submission then   I'll turn it over to you for your feedback, questions and concerns.

I also want to note that I'll be asking poll questions throughout the presentation as a way of getting additional feedback.

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

So why have a Town Hall. We know that there are challenges every year with the ADR and, today, we hope to learn more about challenges with the 2022 submission. We use your input 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
- 2022 report comments
- Contact us to ask questions or provide suggestions

Other than today, we have a couple of other venues to get your input.

First, we communicate with you through our regular Fall calls and data quality outreach, which I'll discuss later in the presentation

We are also carefully reading your comments in the 2022 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.

Let's 'Chat' Today!

- The "chat" function is enabled today
  - ○ Share feedback and tips

- Submit questions by using the 'Q & A' feature
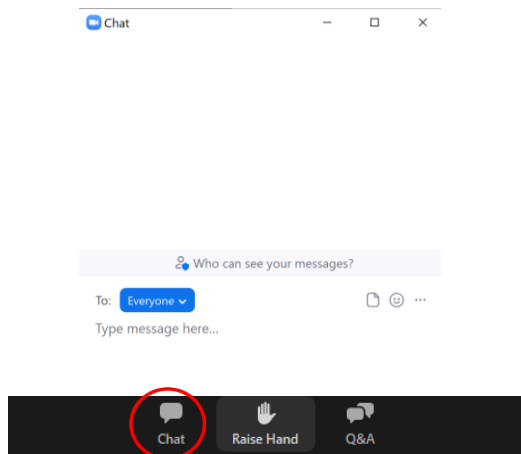
So, before we jump in, I wanted to share something today that we're trying that is a little different. Since we want your feedback during this webinar, we've turned on the 'chat' feature in Zoom. That means you can also share feedback and tips during the webinar. We'll still use the Q & A feature as we always have-you can type in questions now or ask questions live during the Q & A portion of the webinar and Debbie will tell you more about that later today.

Before we talk about the 2022 ADR, I like to get a sense of how you felt about the submission.

I'll turn things over to Isia to facilitate our first poll.

How was the submission of the 2022 ADR?
- ○ Smooth, and I feel good about the quality of the data
- ○ Challenging, but I feel good about the quality of the data.
- ○ Challenging, and I'm concerned about the quality of the data
- ○ I wasn't involved with submission

Feel free to share other thoughts using the chat feature!

Great-thanks so much for letting us know.

Agenda

Why Have A Town Hall?

Looking Back: 2022 ADR

Moving Ahead: Next Steps

Let's Hear From You!

So let's look back at the 2022 ADR

Submission Overview

- Multiple ADAPs had staff turnover or changed the data system that they use to create the ADR client level data file
- Reporting Requirement Changes
  - Day(s) Supply of Medication returned
  - Recertification Date was updated to Last Date of Eligibility Confirmation
- Despite these challenges, 47 ADAPs submitted on time and all ADAPs submitted within 4 weeks

So, let's start by looking at the 2022 ADR. This year, many ADAPs faced staff turnover or were changing their data systems, both of which can make the submission more challenging.

There were also some updates to reporting changes: First, Days Supplication of Medication returned after being removed for 2021 and the Last Date of Eligibility Confirmation was implemented in line with Policy Clarification Notice (PCN) 21-02.

I'm happy to report that most ADAPs successfully submitted their ADRs by the deadline, and everyone has submitted data!   Nice job everyone.

Poll #2

Time for the second poll! We'd like to learn more about what impact the data changes had on your submission. Isia, can you launch the poll?

How would you describe the impact of the data changes on your 2022 ADR submission
❑ There wasn't any impact on my submission
❑ Implementing the reporting changes was challenging
❑ It took longer than it had in the past
❑ It was my first time, so I don't know what the impact was

This is helpful to know.

Electronic Handbooks

- Issues with downloading validation results in Excel format
- Unable to delete a file in Check Your XML
- Client counts in validation messages did not match number of eUCIs

So, let's talk about some of the issues with the 2022 submission. I'll start with a few issues with the Electronic Handbooks (EHBs).

Some ADAPs were unable to download validations in Excel format because the line limit for Excel was exceeded. This means that there were a large number of clients impacted by the validation. The good news is that there was a workaround which was to use one of the other file formats like Word or PDF. This issue will be fixed before next year.

A small number of ADAPs were unable to delete a file in Check Your XML. This was fixed during the submission period.

There was also an issue with the client count in the validation message not matching the number of eUCIs. For example, if the client count was 30, the number of eUCIs didn't match. The good news was this was fixed during the submission.

Thanks to all of you that alerted us to these issues. When you find issues and bring them to our attention, we can then triage so the issue can get fixed.

TRAX

- TRAX was updated so all 12 tables could be viewed

- TRAX stopped working without providing an error message
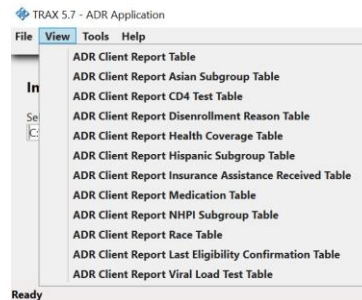
Let's move on to TRAX. The good news is that there were not a lot of TRAX issues this year. In addition to being updated to correctly generate the ADR, a user last year identified that the view feature in TRAX did not include all the tables. That was fixed this year.

The one issue that we identified this year for a few TRAX users was that TRAX stopped working and didn't provide an error messages so it was not clear what needed to be fixed. If the TRAX csv files have data that do not match the required format, TRAX wont be able to reach the files and this can cause an error. Let's review some of the common issues that cause this as we highlight some tips in using TRAX.

TRAX Tips

- Use only numbers for Client IDs
- Be sure to correctly format NDCs
  - Correct: 61958-0501-01
  - Incorrect: 61958-501-1
- Use whole numbers for cost information
- Format dates as MM/DD/YYYY

First, Client ID can only include numbers. TRAX will not accept letters or characters in the Client ID.

Second, NDCs must be correctly formatted. NDCs are a sequence of 11 digits as in the example on the screen. Its critical that the NDC follow the 5-4-2 sequence with the dashes. We've seen leading zeros be left off or the dashes not be included. Either of these will result in an incorrect format.

Also, TRAX will only accept whole numbers for cost, so no decimals.

One final TRAX tip is to be sure to format dates as MM/DD/YYYY. TRAX will format the dates as required for the XML.

CAREWare Changes Made for 2022 ADR: Vital Status Tab

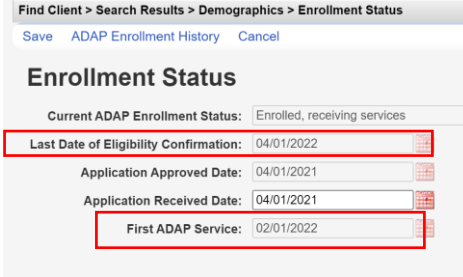- Vital Status was moved to a separate tab (it used to be Vital and Enrollment Status together)

Let's move on to CAREWARE. CAREWARE is the most common data system used for the ADR. Last fall, the DISQ team held a feedback session for ADAPs using CAREWARE. During that session, ADAPs made a few requests regarding changes.

One request was to move vital status to its own tab. Previously, as shown in the imagine on the left, Vital Status was on the same table as Enrollment Status. That change was implemented and the image on the right shows Vital Status on its own tab.

CAREWare Changes Made for 2022
ADR: Enrollment Status Tab

- Recertification Date updated to Last Date of Eligibility Confirmation

- First ADAP service is a 'read only' field on the Enrollment Status Tab

There were two more changes that impacted the Enrollment Status tab. First, Recertification Date was relabeled as Last Date of Eligibility Confirmation to align with the reporting change. Second, as requested by ADAPs, there is now a read only field for first ADAP service that you can see on the Enrollment Status tab.

HAB and JPROG are reviewing the other change requests to see if they can be implemented. Any changes will be announced on the CAREWARE Listserv. Keep those suggestions coming.

CAREWare

- Late build release
- Continued confusion about how to enter/import Application Received Date
- Validation Report
- Updating Enrollment Status

So now let's highlight a few of the CAREWARE challenges this year. The CAREWARE build was released later than was ideal. HAB and JPROG both understand this and are revisiting the process so builds can be released earlier in the future.

ADAPs continue to have confusion regarding how to correctly enter and import Application Received Date. Some of the challenges with Application Received Date is not reporting it at all, updating application received date with recertifications or having an Application Received Date that is years before the Application Approved Date. Application Received Date should reflect the first complete application received by an ADAP and should never be updated. Remember that both Application Received Date and Application Approved Date are required for New Clients.

We know that a lot of you use the Validation Report in CAREWARE to review your data. Here's a reminder that the Validation Report in CAREWare does not include all the validations in EHB so you may notice that you get new validation messages once you upload your data. HAB and JPROG are looking at which of the other validation messages they can add in CAREWARE this year.

Finally, I'll touch on an issue that we discussed before. Specifically, CAREWARE users have previously identified that manually updating the enrollment status for clients who did not receive services is not feasible because of the time it would take. One of the requests last year was to have CAREWARE do this automatically but that was not able to be implemented for the 2022 ADR. HAB is exploring if this can be done for the 2023 ADR so stay tuned!.

CAREWare Tips

- Use CAREWare viewer and validation reports
- All data must be in ADAP domain
- Check out the ADR In Focus on TargetHIV
- HAB is always interested in hearing your suggestions about the CAREWare ADAP domain

Here are a few CAREWARE tips for those of you using CAREWARE for the ADR. We'll always suggest using reports in CAREWare (or your data system) to review your data before upload. It is always easier to fix data in your data system before you upload it to the EHBs.

There are still a few situations where ADAPs don't have data in the right domain but are working on fixing that.

TargetHIV has an ADR In Focus you may find helpful that that focuses on contract and service setup, ADAP application received date, and updating enrollment status.

Finally, I wanted to let everyone know that HAB is interested in hearing your suggestions about the CAREWare ADAP domain so your feedback is always welcomed.

Upload Completeness Report

- Incorrect denominator for Insurance Premium Months of Coverage

Insurance Premium Number of Months of Coverage (Item #22)

Current year Denominator: Number of unique clients reported with full or partial premium payment insurance assistance received (N = 96)

Prior year Denominator: Number of unique clients reported with full or partial premium payment insurance assistance received (N = 94)

Insurance Premium Number of Months of Coverage	2022		2021	
	N	%	N	%
0 month	0	0.0%	0	0.0%
1 - 3 months	4	4.1%	5	5.3%
4 - 6 months	7	7.3%	4	4.3%
7 - 9 months	16	16.7%	15	15.96%
10 - 12 months	43	44.8%	42	44.7%
13 - 15 months	5	5.2%	5	5.3%
Missing/Out of range	7	7.3%	2	2.1%
	77	85.4%		

Let's move on to the Upload Completeness Report or UCR. There was a small issue with the Upload Completeness Report I'd like to discuss. For Insurance Premium Months of Coverage, the denominator at the top of the table says number of unique clients. However, if a client received both full and partial premiums, they are counted twice in the denominator (the red box at the top of the slide). While this does not impact the values in the 'N' column, it does impact the percentages as they are calculated using the incorrect denominator. In this example, you can see that there are a total of 77 clients with Insurance Premium Months in the table but the denominator at the top says 96. HAB is aware of the issue, and they are working on fixing it for next year.

Upload Completeness Report Tips

- The UCR is a great tool to ensure that data are of high quality and accurately reflect services being provided
- The UCR now includes the current and previous years data!
- 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!

Now for some tips to share. The UCR is a great tool but its only helpful if you use it. It is very important to review the UCR to make sure that you have minimized missing data and that the data accurately reflect the services that you are providing.

You've probably heard us say this on previous webinars but, the UCR now includes data for both the previous and current year. This is a great tool to help you find possible issues and you can use it while creating the ADR or preparing the future.

There is also an ADR in Focus that we've created that provides guidance regarding how to review the Upload Completeness Report.

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! We had several ADAPs take us up on the offer to review the UCR and it made a difference.

Poll #3

Time for the final poll! We'd like to get a better sense of why you may or may not use the UCR, and what else we could do to improve it. Isia, can you launch the poll?

How would you best describe your use of the UCR for the ADR submission?
○ It helped me identify data quality issues
○ It helped me, but I have suggestions about content
○ I knew it was available but did not use it
○ I did not know it was available

If you said you knew it was available but did not use it, let us know why in the chat. Please also feel free to share suggestions about the UCR as well. It's really important to us that this report serves as a good tool for you to assess your data.

Validations

- Validation 116 didn't recognize all the NDCs being uploaded
- Inability to download all validation messages at once
- No validations for Last Eligibility Confirmation Date

Let's move to Validations.

Validation 116 compares the NDCs to the reference list used in the system. Many ADAPs received this validation but were confused because the NDCs were correct. DISQ is currently analyzing this issue and we'll use this analysis to help inform any future changes.

ADAPs have also asked if they can download all validations in the system in one report rather than having to download each validation. While the RSR has this capability, the ADR does not. This is more time consuming and makes the data more difficult to review. We've passed this request along to the developers to see if it can be updated next year.

While Last Eligibility Confirmation Date was new this year, unfortunately there were no validations to help you identify data quality issues so it can be difficult to check data. HAB is looking to add at least one validation for this.

Validations cont.

- Application Received Date
  - Required for new clients whose application was approved in the reporting period
  - Dates prior to the reporting period are allowed
- Validation 45 <u>may mean</u> a data quality issue
- Validations 46 or 99 <u>definitely means</u> a data quality issue

ADAP Application Received Date (Item #15)

Current year Denominator: Number of unique clients re 2446)

Prior year Denominator: Number of unique clients repo 1903)

Application Receipt Date	
October - December Prior Year	
January - March	
April - June	
July - September	
October - December	
Missing/Out of range	

I also want to highlight a validation that may cause confusion because it seems like it is inconsistent with the reporting requirements. The reporting guidance is that for New Clients, ADAPs can report an application received data prior to the reporting period if the application approval date was during the reporting period. However, you will receive Validation 45 if you report this way.

It's entirely possible for a new client to have an application RECEIVED date that is immediately prior to the reporting period. For example, if the ADAP receives the completed application in December and then approved it in January, both dates should be reported.

The validation may reflect that the application received data was more than a year before the Application Approval Date which would be wrong. You might wonder how do you know if there is a data quality issue? Well, HAB updated the UCR this year so that dates between October-December for the prior year are included in a new category and are no longer included in Missing/Out of Range. There's an example on the screen. If you get Validation 45 for some clients and all of them fall into this new category and that aligns with programmatic activity, you are good to go. There are two other validations regarding application received data that mean that there is a data quality issue. Validation 46 is for an Application Received Date after the reporting period and this would always reflect a data quality issue. Validation 99 is for an Application Received Data more than two years old and this would always reflect a data quality issue as well.

Hopefully this helps shed some light on the validations for Application Received Date.

Validation Tips

- Validations are usually updated each year
  - [ADR Data Validations]
  - [ADR In Focus: 2022 Validations]
- Changes are highlighted during ADR webinars
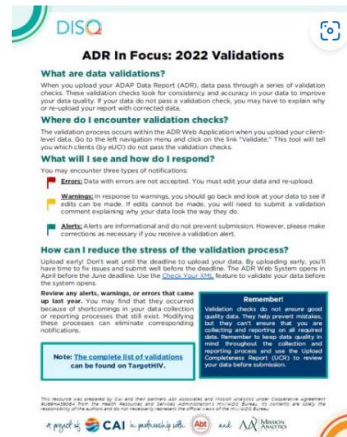
The ADR validations are usually updated each year, so you'll want to be sure to check out the resources on TargetHIV. You can find a list of all the ADR data validations as well as an ADR In Focus that is more of a high-level summary with suggestions. We also highlight any changes during the ADR webinar series each year.

Reimbursements

- When a payer (e.g., Medicaid, private insurance) pays the ADAP back for a service

| ADAP application approved, and Medicaid application submitted | Client receives medication from ADAP, and claim submitted | Medicaid application approved | ADAP bills Medicaid program for dispensed medication | ADAP received Medicaid reimbursement |

So, before I go over the next common reporting challenge, I wanted to take a moment to provide a little more context. There are two terms that I want to review beginning with reimbursements. To clarify, reimbursements occur when a payer pays the ADAP back for a service.

I've listed a common example on this slide. First, the client's application is approved, and it is also determined that they need to apply for medication. The client is enrolled in the ADAP's full pay medication program and receives their medication. A few months after being enrolled in the ADAP, the client learns that their Medicaid application is approved. Medicaid will not only pay for the client's medications moving forward but can also be billed for the medications already provided to the client (known as Medicaid back billing)

Reversals

- When a cost is paid by the ADAP and later refunded

| Pharmacy dispenses medication (prepared for client pick up) | Claim submitted for dispensed medication | Client does not pick up medication | Claim for dispensed medication reversed |

The next term we'll review is reversals. Reversals occur when a cost is paid by an ADAP that is later refunded. A common example is that 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.

Let's walk through another example. A client is enrolled in the ADAP's full pay medication program. The pharmacy prepares a client's medication for pickup. I'm referencing this as a dispense. The pharmacy submits a claim for the dispensed medication assuming that it will be picked up. However, after a week the client doesn't pick up the medication. Since the client never received the medication, the ADAP doesn't have to pay for the medication and the claim is reversed.

Reporting Services in the ADR

- Only submit ADR services with cost >$0
  - o If a service is reimbursed, submit the service but not the reimbursement
  - o Services for which the cost was reversed should not be reported
- If cost is >$0 but <.50, round <u>UP</u> to $1.00
- Medication services
  - o Costs should be before any rebates and should not include dispensing fees

Now that I provided some context, lets go over what reimbursements and reversals have to do with reporting services in the ADR.

ADAPs should only report services for which there is a cost to the ADAP. So, if a service was reimbursed, the original cost of the service should be reported but not the reimbursement. You can find this further explained in the ADR instruction manual.

However, if the cost for the service was reversed (meaning the charges were reversed), ADAPs should not report the service at all. That means that ADAP would reconcile their data before entering/importing the service.

Also remember that if a cost is greater than $0 but less than .50, the cost should be rounded UP to $1.00.

Finally, remember that medication costs should be before rebates and should not include dispensing fees.

Reporting Requirements

- For Health Coverage (ID 13):
  - Other Plan should not be used for insurance plans for which the ADAP pays the premium
  - Report the payer for health coverage, regardless of what the health coverage is (e.g. limited Medicaid plans)
  - Check to see if your ADAP has added Medicare Part C as an option for applications/recertifications

There is also some confusion about health coverage, so I wanted to review it today.

For health coverage which is ID 13 in the 2022 ADR Manual, there are a few things to consider:

1) We've noticed that ADAPs are reporting clients in "Other Plan." As we asked more about this, we identified that in some cases Other Plan is being used to report clients receiving insurance for which the ADAP is paying the premium. Those clients should be reported as Private Insurance-Individual or Private Insurance-Employer depending upon the type of premium being paid.

2) There is also some confusion about what to report if the client has health coverage, but it is limited coverage like limited Medicaid plans. Please report the health coverage, regardless of what the plan covers.

3) Finally, Medicare Part C was added as a health coverage option for the 2021 ADR. We've noticed that some ADAPs are not reporting any clients with Medicare Part C Coverage, so we just wanted to remind everyone to be sure that those options are included in your application and recertification forms and are reported in your ADR.

Reporting Requirements cont.

- Disenrollment reason (ID 17)
  - ○ 'Other' is being used often
  - ○ Map to existing categories if possible

The DISQ Team can help you develop a crosswalk -just ask!

ADAP Reason	ADR Reason
Client moved out of state	Client's eligibility changed, client no longer meets eligibility criteria
Client's income increased above ADAP requirements	Client's eligibility changed, client no longer meets eligibility criteria

One final note about reporting requirements: We've noticed that Other is used fairly often for the disenrollment reason. It's fine to use Other if the options in the manual do not fit. However, its important to map Other to existing categories if possible. For example, if a client moved out of state or the client's income increased above the ADAP's requirements, those can both be mapped to "Client's eligibility changed, client no longer meets eligibility criteria."

The DISQ Team can help you develop a crosswalk if you need some help getting started on this, so get it in touch if we can be of assistance.

Agenda

Why Have A Town Hall?

Looking Back: 2022 ADR

Moving Ahead: Next Steps

Let's Hear From You!

Now let's look at next steps.

Next Steps

- Initial outreach to ADAPs with possible data quality issues based on preliminary ADR review

- Complete review 2022 ADR report comments

- Conduct outreach to all ADAPs including calls to discuss

  - Data trends

  - Low completeness rates for certain data elements

  - Data quality issues

ADAPs have asked us each year if we can reach out earlier than we usually do. We will be starting our process a little earlier. We'll reach out this summer to ADAPs who, based on our initial review of your submitted ADR, may have data quality issues.

Once we finish reviewing the comments reported and can review your submitted data more extensively, we'll conduct outreach to all ADAPs just like the last couple of years. During the calls, we'll review your ADR data to make sure your data reflect your program and learn about any changes you're making to your data management processes. We'll also be sharing the ADR Data Quality Summary Report that we create for each of you.

The goal of our outreach and technical assistance is to improve the accuracy of your data so that the story of the great work your program does serving people with HIV can be told so we look forward to speaking with you all soon.

Next Steps

- Develop new resources for ADAPs
- Work with ADAPs to document ADR processes
- Support ADAPs in implementing data sharing with HIV surveillance program

We're also developing some new resources to support ADAPs. For example, we're working to develop a resource to identify possible data quality checks that an ADAP can complete in reviewing data throughout the year.

We'll also work with ADAPs who haven't yet documented their processes to do just that. This may mean crosswalking your ADAP activities to the reporting requirements since usually ADAPs use different terms locally than are used nationally. It could also mean developing a data crosswalk to align the data you collect with reporting requirements. We can adjust our approach to meet the needs of your ADAP.

DISQ also supports ADAPs that want to implement data sharing with HIV surveillance.

If you'd like to get started on any of this, you can either email us directly or fill out a TA request form on TargetHIV. I'll share how to request TA in just a moment.

What To Expect For The 2023 ADR

- Updates to the Validation Report and Upload Completeness Report to address issues identified this year and improve usability

- Updates to the ADR manual to clarify reporting requirements

- No schema changes!!

Before we wrap up, we wanted to give a quick overview of what to expect for next year's submission.

As always, there will be updates to the validation and upload completeness reports to both address issues identified this year and improve usability.

We'll also update the ADR manual to help clarify reporting requirements.

The great news is that no schema changes are planned for the 2023 ADR.

Be sure that you're signed up for the DISQ ADR emails so that we can share any new information.

You're So Appreciated!

- For testing (and being willing to test) CAREWare
  - Arizona
  - Maine
  - Michigan
  - Nevada
- For offering to help another ADAP
  - Maine

We know that all of you are working hard to ensure that people with HIV have access to medications. In addition, there are times that we call on some of you to help and you say yes, and we really appreciate that so here's a quick shoutout to a few ADAPs. First, thanks to Arizona, Maine, Michigan, and Nevada for testing the CAREWare ADR. The reason it worked as well as it did was thanks to these ADAPs who caught a lot of issues before it was released. If you are interested in testing in the future, let us know. Testers are always appreciated!

Also, thanks to Maine for offering to help their fellow ADAPs.

If you are willing to help, please let us know and we'll add you to the list!

Be Proactive!

- If you're having data issues, please reach out!
- DISQ is available to help improve the quality and timeliness of your submissions

Now before we wrap up, I'd to speak briefly on being proactive. We know that all of you are working hard but there are times that things happen that make reporting difficult. DISQ is always available to help with the ADR. The ADR is a 365-day a year work in progress, and we know you each have your own methods and timelines for monitoring your data quality. If you have a concern or a question, especially if it will impact your ability to report data accurately or have it submitted on-time, please let us know and we are happy to help. You are all experts in your program but, sometimes, each of us needs some help. Don't struggle in silence, we are in this together!

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

Now I'll review the available technical assistance before we finish up. Now you may wonder why I'm sharing these since no report is due. Well, it's never too soon to start working on your ADR, clarify reporting requirements or document your process.

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.

Finally, to connect with and find out more about HRSA, check out HRSA.gov.

Now I'm going to turn things over to Debbie for the Q & A.