Preparing for 2022 ADR Reporting: Updates and Best Practices

AIDS Drug Assistance Program Data Report (ADR)

HRSA HIV/AIDS Bureau

October 26, 2022

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).

Today's Webinar is Presented by:

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Today's Webinar is a joint presentation. First, you'll hear from Melissa Melendez from RWHAP Data Support, also a group engaged by HAB to provide training and technical assistance. Melissa will focus on the 2022 ADR changes and highlight some common reporting requirement challenges. Then I'll jump back in and discuss best practices for reporting high quality data.

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.

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<td>The DISQ Team is comprised of CAI, Abt Associates, and Mission Analytics and is supported by HRSA of HHS as part of a cooperative agreement totaling $4,000,000.00.</td>
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Now I'd like to turn the webinar over to Melissa.

Overview

| Submission Timeline |
| Client Level Data Changes and Reporting Requirement Reminders |
| Best Practices |
| Upcoming Webinars & TA Resources |

Thanks, Debbie and everyone for joining today's webinar.

This webinar is geared to help you prepare for the 2022 ADR Submission. We'll begin by reviewing the submission timeline. Next, I'll cover the Client-level Data changes and Reporting Requirement Reminders. Debbie will go over best practices. And finally, we'll end the presentation by reviewing upcoming ADR webinars and technical assistance resources available to assist you.
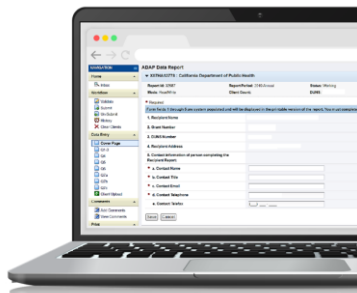
Poll #1

Before we get started, we'd like to learn more about your experience completing and submitting the ADR. Which of the following best describes your ADR experience?

- ○ I've never submitted the ADR before
- ○ I've submitted the ADR once before
- ○ I've submitted the ADR multiple times

2022 ADR Instruction Manual

AIDS Drug Assistance Program Data Report (ADR)

Available soon on the [TargetHIV website](#)

Before we continue the presentation, I wanted to bring everyone's attention to the 2022 ADR Instruction Manual, that should be available on the TargetHIV website by the end of the year. The ADR Instruction Manual is an essential resource to use while completing your ADR and provides more information on the changes we will review during today's webinar; therefore' I definitely recommend downloading it before you begin your 2022 ADR.

ADR Timeline

Date	Client XML File Reporting Period: 1/1/2022 12/31/2022	Recipient Report Reporting Period: 4/1/2022 3/31/2023
To be determined	2022 ADR Check Your XML and Data Quality Feature opens	--
Monday, April 3, 2023	ADR Web System opens for 2022 data submission	ADR Web System opens for 2022 data submission
Monday, April 24, 2023	Target upload date for all 2022 ADR client-level data files	--
Monday, June 5, 2023	ADRs must be in "Submitted" status by 6:00 PM ET	ADRs must be in "Submitted" status by 6:00 PM ET

2022 ADR Submission Timeline

Now let's take a quick moment to review the ADR Submission timeline. Beginning with the Check your XML tool opening date, please keep a look out for an update when this will open, which could be either January or February. Moving along, Monday, April 3rd, 2023, the ADR Web system will officially open, so all ADAPs can begin working on the Recipient Report and uploading the client-level data. Monday, April 24th, 2023, is the target upload date for all client-level data files. We recommend uploading by this date so that you have enough time to review and update any data before the final ADR submission deadline, which is on Monday, June 5th, 2023, at 6:00 pm Eastern time. By this date, all ADRs must be In "Submitted" status.

Client-Level Data Changes and Reporting Reminders

In the next few slides, I will review the 2022 ADR Changes to the Client-Level data and then I will highlight some common reporting challenges and reminders.

2022 ADR Changes Overview

Schema Changes

- One data element renamed & change in reporting requirements
- One data element re-added

I'm going to go ahead and provide a quick overview of the 2022 ADR changes. There is a schema change this year which means ADAPs will need to update their data systems. Also, there will be updates to the ADR validations and Upload Completeness report. Currently, they are still being finalized by HAB, but I will highlight one update in the upcoming slides. Now let's start by reviewing the schema changes.

Data Element Renamed & Change in Reporting Requirements

ID 17 Last Date of Eligibility Confirmation

- ADAPs no longer required to follow the "6-month" recertification requirement
  - PCN 21-02: Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program
- Previously named Recertification Date

Continuing along, as ADAPs know, HAB released PCN 21-02 which provided updated guidance regarding recertification requirements, specifically that ADAPs are no longer required to report a recertification date every six months for clients. For more information on the updated guidance, I recommend reviewing PCN 21-02, which is available on HRSA.gov, and I have provided a link to it listed on the slide.

To align with the policy guidance change, HAB renamed ID 17- Recertification date to Last Date of Eligibility Confirmation.

Data Element Renamed & Change in Reporting Requirements

ID 17 Last Date of Eligibility Confirmation

- Report the latest date of eligibility confirmation
- Only one date needs to be reported
- Date can be prior to the reporting period
- Required for existing clients only

Now that we have reviewed the name change, lets focus on the changes in reporting requirements. ADAPs will now report the latest date of eligibility confirmation. ADAPs will only report one date rather than up to two dates. Also, this date can be prior to the reporting period. And finally, this data element is only required for existing clients.

Data Element Re-Added

ID 28 Day(s) Supply of Medication

- Number of days for each medication dispensed to a client during the reporting year
- Number of days reported in 30-day increments (report exact number of days if less than 30 days)

Moving along, HAB re-added data element ID 28 –Days Supply of Medication for the 2022 ADR, which had been reported up through the 2020 ADR but was removed for the 2021 ADR. I want to emphasize that this data element will have the same schema definition and reporting requirements from the 2020 ADR. This data element is required for any clients who received full medication payment assistance during the reporting period. For this data element, ADAPs will report the number of days in 30-day increments and will report the exact number of days if anything is less than 30 days.

2022 ADR Changes Continued

Upload Completeness Report and Validation Changes

- Both Validations and the Upload Completeness Report will have changes
- Out of range values for one data element have changed

Now that we have gone over the schema changes let's review the changes that will appear in the ADR validations and upload completeness report. I want to clarify that HAB is still finalizing these changes. Later in the presentation, Debbie will go over how to receive updates on these changes once they have been finalized. In the next slide, I will go over one change in the upload completeness report.

UCR & ADR Validations Update

- ID 22 – Insurance Premium Month Count

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 = 800)

Insurance Premium Number of Months of Coverage	N	Percentage
0 month	0	0.0%
1 - 3 months	20	2.5%
4 - 6 months	45	5.6%
7 - 9 months	250	31.3%
10 - 12 months	470	58.8%
13 – 15 months	10	1.3%
Missing/Out of range	5	0.6%

Premium months between 13-15 months now populated in separate row in UCR

For ID 22-Insurance Premium Month Count, the out-of-range values will change. This change does not impact what ADAPs can upload. ADAPs will simply notice the change in how the data is presented in the upload completeness report.

Historically, if ADAPs reported premium months greater than 12, they were grouped in the missing/out of range row. For the 2022 ADR, HAB will group premium months 13-15 months in a new row. However, premium months more than 15 will still be considered out of range.

Poll #2

Now that we have reviewed the changes for the 2022 ADR. I am going to pass the presentation to Isia to launch the second poll question.

Which change(s) to the client-level data elements do you anticipate having difficulty implementing? (Select all that apply)

❑ I don't anticipate any difficulty
❑ I'm not sure

Application Received and Approved Dates

- Only reported for new clients in the reporting period
- ID 15 - Application Received Date is the first date that your ADAP received a completed application
  o Date can be prior to the reporting period
- ID 16 - Application Approved Date is the date that the first completed application was approved
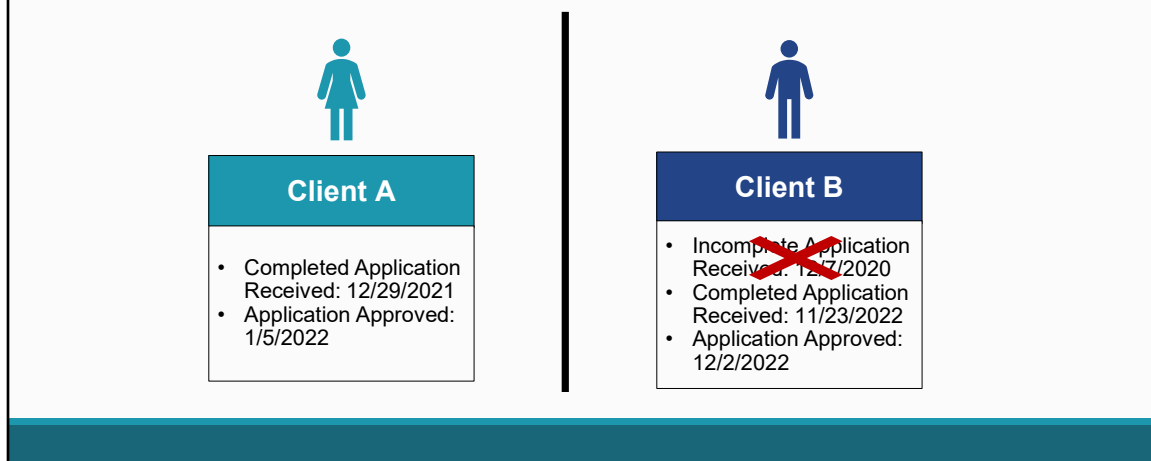 o Date must be in the reporting period

Now in the next few slides, I'm going to highlight a few reporting reminders that tend to be common reporting challenges among ADAPs. Beginning with data elements, ID 15-Application Received and ID -16 Application Approved Dates. These dates are only reported for new clients in the reporting period. Application Received date is the first date that your ADAP received a completed application and can be prior to the reporting, while Application Approved Date is the date that you approved the first completed application and must be in the reporting period.

The common reporting issue we notice is that for application received Date, ADAPs report dates as old as up to two years ago, which reflects that a client submitted a partially completed application.

Let's quickly run through an example of this to further explain.

Application Received and Approved Dates Example

Client A
- Completed Application Received: 12/29/2021
- Application Approved: 1/5/2022

Client B
- Incomplete Application Received: 12/7/2020
- Completed Application Received: 11/23/2022
- Application Approved: 12/2/2022

To better understand issues with application received dates prior to the reporting period, let's look at two new clients.

Starting off with Client A who submitted a completed application to your ADAP on December 29, 2021, and then the application was approved January 5, 2022. In this situation, December 29, 2021, would be reported as the application received date and January 5, 2022, would be reported as the application approved date.

Now let's take a look at client B. Client B submitted a partially complete application on December 7, 2020, which was never completed. On November 23, 2022, client B submitted a completed application which was approved on December 2, 2022. In this case, November 23, 2022, would be reported as the application received date and December 5, 2022, would be reported as the application approved date. Also, I want to point out that the incomplete application received date December 7, 2020, should not be reported in the ADR.

Check Your Service Categories

- Full vs partial premiums (ID 67 – Type of Health Insurance Received)
  - Challenges in distinguishing full vs partial premiums in source data
  - Subsidy through the ACA Marketplace or 'extra help' through Medicare Part D should be reported as a partial premium
  - ADR In Focus: Partial Premiums

Continuing along, let's review service categories that we have noticed many ADAPs experience challenges with correctly reporting, beginning with full vs partial premiums.

For insurance services, the challenge we have noticed has been distinguishing between full and partial premiums in the source data. As a reminder, if a client receives a subsidy through the ACA Marketplace or Medicare Part D 'extra help', the ADAP would report the premium they are paying as a partial premium. Listed on the slides, is a resource that our colleagues the DISQ team created that helps outline approaches to accurately report partial premiums.

Check Your Service Categories Continued

- Medication Full Pay (ID 25 – Receipt of Medication Services)
  - Medication Full Pay=Medication Service

- Copay/Co-insurance/deductible (ID 67 – Type of Health Insurance Received)
  - Copay/Co-insurance/deductible=Insurance Service

- Challenges in distinguishing full pay vs copay in a single claims data; request two files from your PBM if possible

The second common challenge we have noticed is distinguishing between full pay medication and copay medications. This can be very difficult if the ADAP only gets one claim file instead of two. There are several effective strategies here as well including asking your PBM to provide you with two files. Of course, that means they have a way to distinguish the costs.

Please feel free to reach out to Data Support team and the DISQ team for further assistance in determining full vs partial premiums or medication full pay vs copay.

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 last 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 Medicaid. 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 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 |

Now moving along the next term which 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 by 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
  - If a service is reimbursed, submit the service but not the reimbursement
  - Services for which the cost was reversed should not be reported

- Medication services
  - 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 reconcile their data before entering/importing the service.

Also, just a reminder that medication costs should be before rebates and should not include dispensing fees.

Poll #3

Now I'm going to pass the presentation to Isia to launch the third poll question to do check in to see which of these reporting requirements you may be experiencing challenges with.

Which of these ADR reporting requirements are challenging for your ADAP? (check all that apply)
- ☐ Application Received and Approved Dates
- ☐ Reporting insurance services correctly
- ☐ Reporting medication services correctly
- ☐ Only reporting services with a cost
- ☐ Other issues
- ☐ We're good to go-no reporting challenges

Thank you, Isia. For those who are experiencing challenges with the listed reporting requirements, the Data Support team and DISQ team can follow up with you after the webinar to further assist you.

Best Practices in Submitting High Quality Data

Now I will pass the presentation to Debbie to review best practices for the ADR.

Best Practices

- Gather your tools

- Review data through the year

- Document your ADR process

- Establish data sharing with HIV surveillance

Thanks Melissa! So today I'm going to review four best practices that we've identified that can make the ADR submission both easier and data more complete and accurate. First gathering the available technical assistance resources and tools so you have them readily available.

Next reviewing your data throughout the year and not just before the ADR submission.

Documenting your ADR process and last but definitely not least, establishing data sharing with your HIV surveillance program. I'm going to review each of these in a little more detail.

Gather Your Tools!

- TargetHIV has an ADR home page!
- Download the most recent version of the ADR Instruction Manual
- Review the ADR validations for any changes
- Download the schema implementation guide (if needed)
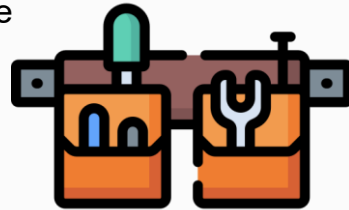
Ok let's start with gathering your tools. There are a lot of resources on TargetHIV. If you're not familiar with TargetHIV, it's the one stop shop for resources for RWHAP recipients and providers on a range of topics including data and reporting. There is actually a page specific to the ADR that is great to bookmark.

I also want to highlight specific resources that we recommend. The first one is a resource that Melissa already highlighted – the ADR Instruction Manual. It's updated each year to reflect any reporting requirement changes as well as clarification on existing requirements. We base the clarifications on questions that we receive from you as well as by reviewing the data that you submit.

You'll also always want to check the ADR validations. These are the validation messages that are programmed into the ADR web system to help support the submission of high quality data. Changes can include the addition of new validations, the removal of existing validations (most common if there is a reporting change) and the escalation of the validation (for example from an alert to a warning). These are not yet updated, but should be available early next year. We'll talk more about the validations and how to address them in our webinars next Spring.

Gather Your Tools!

- Be sure that you have the most recent build/version for your [ADR-ready system](#) or [TRAX](#) (and don't forget the csv files)
- [Register](#) for webinars!
- [Sign up for the DISQ listserv](#)
- Request TA

To learn more about all ADR TA Resources, check out the [ADR TA Brochure](#)
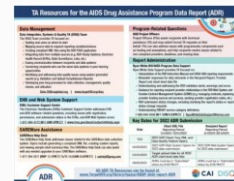
You'll also want to be sure that you have the right version of the system that you use to create your ADR client-level data file. If you're using an ADR-ready system, we update the status on TargetHIV, but be sure to check to see that you have the right version. For CAREWare users, the minimum build for the ADR is also usually announced on the CAREWare listserve by John Milberg. TRAX will be updated and if you already have it installed on your computer, it will automatically update once you open it. Just be sure to also get the updated csv files or TRAX won't work correctly.

Be sure to register for the ADR webinars. I'll talk more about future webinars later in the presentation. The webinars are also recorded, so if you miss one you can always watch the recording.

The DISQ listserv (choose the ADR option) is another resource to sign up for. You'll receive important updates regarding the ADR submission but don't worry, there aren't a lot of emails.

Finally, be sure to ask for help. I'll share more about TA that's available near the end of the webinar. It's also helpful to have the ADR TA brochure handy as it lists all of the TA providers as well as the 2022 ADR submission timeline.

Routinely Review Data

- Many ADAPs wait to review their data until it is in their ADR-ready system or TRAX
- Reviewing data throughout the year makes it easier to identify and correct issues
  - Two new tools coming soon: ADR Insurance Dashboard Tool and Suggested Data Quality reviews
- Check Your XML is always available, but schema changes may not have been implemented
- For CAREWare users, you can use the Viewer and Validation report
  - Check out Quick Start Guide #6

Ok on to data review. What we most commonly see if that ADAPs wait to review their data until it is in their ADR ready system or TRAX. The challenge is that if you have a data quality issue, it can be difficult to resolve it in April or May.

The DISQ Team recommends reviewing data throughout the year to both identify and correct any data quality issues. This means reviewing the source data that you have – enrollment data, claims data, premium data and clinical data to see if it 'looks right'. The DISQ Team is in the process of developing two new tools to help ADAPs review their data: first is the ADR Insurance Dashboard Tool. It uses PowerBI to help you review insurance services. We'll have instructions as well and you can request TA. ADAPs have also asked for data review suggestions beyond those that are highlighted for the ADR validations, so we're also developing a new resource with suggested data checks. Once they are available, we'll announce it through the DISQ listserve

Also a reminder that Check Your XML is always available. What changes each year are any schema, validation or Upload Completeness Report updates. We announce once those are implemented, but you can still use the system. Quick reminder-if the data system that you use to create the client-level data XML has been updated with the new schema, you won't be able to use Check Your XML until it is updated with the new schema.

Document ADR Process

- Document programmatic crosswalk

Now if you've ever joined a TA webinar or received TA from us, you've heard us talk about documenting the process. So what do we actually mean?

Well, first and foremost, you need to be sure that your ADAP can speak Ryan White. What do I mean by that? For many ADAPs, what they call their programs is different than the terms used in the ADR.

Document ADR Process

Program Name	Description	Vendor	Federal Report (ADR/RSR)	Federal Report Service Category
ADAP	Full pay medications for uninsured clients	PBM	ADR	Medication Services
Insurance Program	Private health insurance full premium payments	ABCD agency	ADR	Insurance Services- Full premiums
Insurance Program	Private health insurance partial premium payments	ABCD agency	ADR	Insurance Services- Partial premiums
Insurance Program	Medication copays for clients on insurance program	PBM	ADR	Insurance Services- Medication Copays, co-insurance and deductibles
Insurance Program	Office visit copays for clients on insurance program	ABCD agency	RSR	Health insurance premium and cost sharing assistance

Let's walk through a quick example. Here's a state ADAP (I'm using the federal term here). They have two programs: one is called ADAP which is just for full pay medications and one is called their Insurance Program (or IP). This program includes insurance premium assistance for private health insurance as well as medication and office visit copays (funded by Part B not ADAP) for clients for whom they are paying their full or partial insurance premium. For each program, the vendor or agency is listed so they know who is responsible for the data collection, in what federal report it must be reported and the associated service category. You can see that for this state, they would actually report activities in both the ADR and the RSR.

By developing a crosswalk, it not only facilitates accurate data reporting, but also helps staff understand federal terms as compared to state terms. In addition, it can highlight potential data quality issues. For example, in this state when a client moved from ADAP to the Insurance Program, the staff would update their enrollment status to disenrolled and then enter a new application received and approved date to reflect enrollment in the insurance program. This also meant that the client was reported as 'new'. While the state may consider this two programs, HAB considers it one program so the client shouldn't be disenrolled and then enrolled for the purposes of the ADR. Before this crosswalk was completed, the state has no idea they were reporting incorrectly.

Document ADR Process

- Highlight key deadlines (Not just HAB deadlines, but yours)
- Outline roles and responsibilities
  - Programmatic, fiscal and data/IT staff all have a role
  - ADR Roles and Responsibilities
- Outline data sources
  - Meet with PBMs/IBMs/agencies as needed to discuss requirements
  - Map source data to ADR-ready systems/TRAX using ADR crosswalk
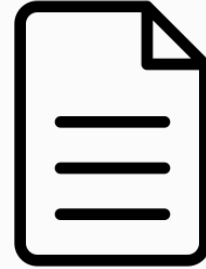
You'll also want to highlight key program deadlines. HAB lists the federal deadlines but when will you start working on the ADR? When will you request data from your PBM, IBM or HIV surveillance? When will the team working on the ADR meet? When will you view data?

It's also important to know who's doing what. Programmatic, fiscal and data/IT staff all have a role in completing the ADR. We have a resource called ADR Roles and Responsibilities that can be useful to outline roles and responsibilities for key ADR activities.

Finally, outline data sources. In the previous slide, I listed the vendor from which the ADAP receives their data. It's important to ensure that the vendor is both collecting the needed data and provides it in a format and within a timeline that supports the ADR submission. Finally, the data sources you use will need to be mapped to the system that you use for the ADR. You can use the ADR crosswalk to document this.

Establish Data Sharing

- All CD4 and all Viral Load data are required for all clients
- Your HIV surveillance program collects these data for ALL people with HIV in your jurisdiction
- Establishing data sharing has benefits not just for the ADR, but also for Data to Care, Unmet Need and other activities

Finally let's talk about data sharing. As of the 2021 ADR, CD4 and VL data had to be reported for all clients regardless of whether or not they received services. In reviewing the validation comments for the most recent ADR submission, we could see that this was challenging for a lot of ADAPs. In addition, some ADAPs rely on registration and recertification processes to get labs and with changes in recertification processes as a result of PCN 21-02, it may get even more difficult to get labs.

The solution? Working with your HIV surveillance program to share data. This is actually something encouraged by not only HAB, but also CDC. HIV surveillance gets labs for all people with HIV, including ADAP clients. Establishing data sharing with your HIV surveillance program can help support your ability to meet the ADR requirements. However, there are even bigger benefits for not only the ADAP, but the surveillance program. These include Data to Care, Unmet Need, HIV Care Continuum and other activities.

Establish Data Sharing

- Establishing data sharing takes time (and resources)
- The DISQ Team provides technical assistance
  - RWHAP-HIV Surveillance Data Matching and Sharing Process
  - RWHAP Data Infrastructure In Focus: Data Matching & Sharing with HIV Surveillance
- For those of you who use CAREWare, STATENo has been added as a field in demographics

Now, we know it isn't as easy as "let's share data". It takes time and resources to establish data sharing.

The DISQ Team can provide technical assistance to work with you and your HIV surveillance program in establishing data sharing. There are two documents on TargetHIV that talk about this more. We also include a sample matching process that you can review. An important recommendation that we highlight is to engage your data privacy/legal staff early in the process to ensure that you're aligning with any policy or legal requirements regarding data sharing.

For those of you who use CAREWare, STATENo has been added as part of the demographics to help facilitate data linkage and sharing.

Poll #4

So on to the final poll before we go through TA resources.

Based on today's webinar, which of the following statements best fits your needs for technical assistance?
- ○ I'm good to go but thanks for the offer
- ○ I'll need to check but I'll reach out if needed
- ○ I definitely need help so please contact me
- ○ I'm new to the ADR, please help!

Upcoming Webinars and TA Resources

Now let's end the presentation by reviewing upcoming ADR webinars and TA resources.

Upcoming ADR Webinars

- Spring ADR webinar schedule is in the process of being finalized
  - [DISQ ADR listserv](#)
  - [Data Webinar Calendar](#)

First, just a reminder that today is just the beginning! We'll have several more webinars in the Spring of 2023. They usually start in early March. We'll send out a notification once the updated schedule is posted on TargetHIV, so be sure that you've subscribed to the DISQ ADR listserv. You can also check the data webinar calendar on TargetHIV in a few weeks. We should have the schedule out by then.

Annual ADR Outreach

- Each ADAP receives a State Data Quality Summary Report
- Calls are scheduled to review data quality issues
- Technical assistance and resources are provided

Most of you know that we conduct outreach each year to help you look at your data more closely. We send out a state summary report that provides aggregate ADR data. We schedule calls with ADAPs to review the report and identify potential data quality issues. We also provide TA to help address any issues that we identified as well as provide available ADR resources. We plan on starting outreach between December and January, so keep an eye out for our email. If you want to start TA earlier or you're new and need more assistance learning about the ADR, you can reach out and we'll be happy to work with you.

TA Resources

TA Resource	Type of TA
Ryan White Data Support **888-640-9356 |** **RyanWhiteDataSupport@wrma.com**	• ADR-related content and submission questions • Interpretation of the ADR Manual and HAB's reporting requirements • Data-related policy and validation questions • Instructions for completing the ADR
The Data Integration, Systems, & **Quality (DISQ) Team** **Data.TA@caiglobal.org** **Sign up for the DISQ listserv** **Submit a DISQ TA Request**	• Guiding new users on where to start • Assisting recipients in data mapping and reporting in the required XML schema • TRAX, CHEX, and the eUCI Application • Identifying and addressing data quality issues
EHBs Customer Support Center **877-464-4772 |** **Submit an EHBs TA Request**	• ADR software-related questions • Electronic Handbook navigation, account registration, access, and permissions
CAREWare Help Desk **877-294-3571 | cwhelp@jprog.com** **Join the CAREWare listserv**	• CAREWare-related issues • Generating the XML file from CAREWare • Creating custom reports • Viewing sample client summary files

The Data Support team addresses ADR-related content and submission questions including interpretation of the ADR Manual, HAB's reporting requirements, data-related policy and validation questions as well as instructions for completing the ADR.

The DISQ team helps guide new users on where to start. Also, helps those needing significant assistance to meet data reporting requirements including making sure ADAPs' data systems collect required data, data mapping, and making sure ADAPs are reporting in the required XML schema. DISQ also provides TA for the TRAX, Chex, and eUCI applications as well as addresses questions related to data quality including reviewing Upload Completeness Reports.

The EHB Customer Support Center addresses EHBs and ADR software related questions such as navigating the EHBs, account registration, and access and permissions.

For CAREWare users, the CAREWare Help Desk is the best place to find assistance with CAREWare-related inquiries, such as generating the XML file from CAREWare, creating custom reports, and viewing sample client summary files. Also, I recommend signing up for the CAREWare listserv for any updates on the minimum build.
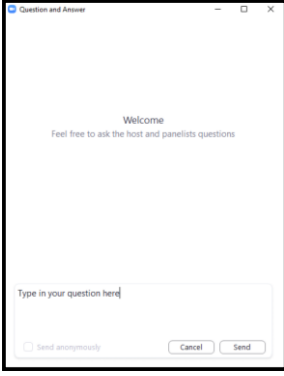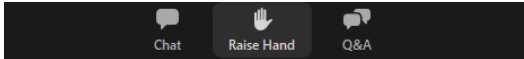
Finally, to connect with and find out more about HRSA, check out HRSA.gov.

So now let's turn to the Q & A portion of the webinar.

Let's Hear From You!

- Please use the "raise hand" function to speak. We will unmute you in the order that you appear.

OR

- Type your question in the question box by clicking the Q&A icon on the bottom toolbar.

Before we start the Q & A, just a quick reminder that a brief evaluation will appear on your screen as you exit, to help us understand how we did and what other information you would have liked included on this webcast. We appreciate your feedback very much, and use this information to plan future webcasts. My DISQ colleague Isia is going to put a link out in the chat feature if you would prefer to access the evaluation right now. We'll also send a final reminder via email shortly after the webinar

As a reminder, you can send us questions using the "Question" function on your control panel on the right hand side of the screen. You can also ask questions directly "live." You can do this by clicking the raise hand button (on your control panel). If you are using a headset with a microphone, Isia will conference you in; or, you can click the telephone button and you will see a dial in number and code. We hope you consider asking questions "live" because we really like hearing voices other than our own.

We do want to get all of your questions answered, and we do not usually run over an hour. If you have submitted your question in the question box and we cannot respond to your question today, we will contact you to follow up. We often need to explore your question in order to give you the most appropriate answer.