Strategies for ADR Data Integration

AIDS Drug Assistance Program Data Report (ADR)

HIV/AIDS Bureau

December 13, 2023

My name is Ellie Coombs. 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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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 the presentation slides right now which include all the resources mentioned in today's webinar.*

At any time during the presentation, you'll be able to send us questions using the "Q&A" function on the settings bar on the bottom of the screen. All questions will be addressed at the end of the webinar in our live Q&A portion. During that time, you will also be able to ask questions live if you'd like to unmute yourself and chat with us directly.   We also have a new feature today called 'Chat About It' and Debbie will explain that more in a moment.

Now before we start, I'm going to answer one of the most commonly asked questions about the recording. The recording of today's webinar will be available on the TargetHIV website within one week of the webinar. The slides are already available for you to access on the TargetHIV website using the link that Isia just chatted out. Please note that these slides are not 508 compliant, but we will follow up with all registrants in about two weeks when the 508 compliant slides
and written question and answer are posted.

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RWHAP DATA SUPPORT

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Agenda

ADR and Data Integration

Information Not Collected

Format and Response Options Don't Match the ADR

Different Terms Used Cause Confusion

ADR Dream Team

Upcoming Webinars and TA Resources

Questions

We're going to touch briefly on several topics today (click) First, I'll talk a little bit about the ADR and Data Integration. Next I'll highlight the three main challenges for integration and share solutions that have worked with different ADAPs. These include (click) that the required information isn't collected, (click)that the format or response options don't match the ADR requirements or that (click)different terms used cause confusion . (click) I'll also share the ideal ADR Dream Team! (click) I'll review upcoming webinars and TA resources and as always (click) we'll have time for questions at the end.

I also want to note that I'll be asking poll questions throughout the presentation as a way of getting additional feedback.   We're also introducing a 'Chat About It' feature which I'll explain when we get to it.

Poll #1

We'd like to learn more about your experience completing and submitting the ADR. Which of the following best describes your ADR experience?

- ○ I'm brand new to this
- ○ I've not new but I'm still learning
- ○ I'm a well seasoned veteran
- ○ I don't have a role in completing and submitting the ADR

What is the ADR?

- Annual Report Requirement for AIDS Drug Assistance Programs
  - Due on the first Monday of June
- Comprised of two components
  - Recipient Report
  - Client Report
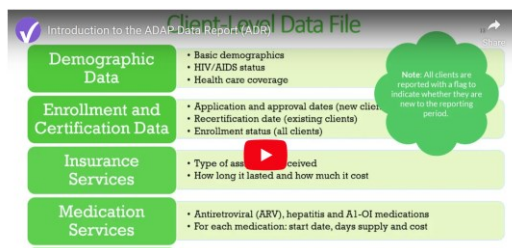
[ADR Training Video Series](#)

The ADAP Data Report (or ADR) is an annual reporting requirement for AIDS Drug Assistance Programs due on the first Monday of June. ADAPs are programs at the state or territorial level that provide medication and/or insurance services. ADAPs are not the same as a local AIDS Pharmaceutical Assistance Program.

There are two components of the ADR: the Recipient Report and the Client Report. The Recipient report collects basic information about recipient characteristics, programmatic policies, funding, expenditures, and medication formulary. The client-level data report include one record for each client enrolled in the ADAP during the reporting period and includes information about demographics, enrollment and certification, insurance and medication assistance services and clinical information.

For those of you who are new, check out the ADR Training Video Series on TargetHIV.

What We Know About ADAPs and the ADR

Most ADAPs are collecting data from multiple sources

We've conducted outreach over the past few years and talked to many of you during ADR submissions. One of the main things that we've learned is that you are creating your ADR XML from several different data sources. You have different data sources for your demographics, enrollment and certification data, insurance services, medication services and clinical data. Basically it's like a puzzle that you have to put together every year for the ADR.

Common Data Sources for ADAPs

- Demographics
  - Client applications/recertifications
  - Shared RWHAP Part B/ADAP data systems
  - HIV surveillance data
- Enrollment and Certification
  - Client applications/recertifications
  - State Medicaid Match/Medicaid enrollment checks
  - Centers for Medicaid and Medicare Services (CMS)

Here are some of the common data sources that ADAPs report using. (click) For demographics, client applications and recertification forms are commonly used. Some ADAPs also share their data system with their Part B program and are able to leverage the data sharing within the system to get demographic information. Finally some ADAPs use their HIV surveillance data for demographics.

For enrollment and certification information, (click) client applications and recertification forms are the most common data source. ADAPs also use State Medicaid Match or Medicaid enrollment verification and CMS data exchanges.

Common Data Sources for ADAPs

- Insurance Assistance Services
  - Premiums
    - Insurance Benefits Manager (IBM)/Vendor who pays premiums
    - Insurance company bills sent to ADAP
    - Providers/case managers
  - Medication Copays/Coinsurance/Deductibles
    - Pharmacy Benefits Manager (PBM)/Pharmacy claims data

Many ADAPs rely on their insurance benefit managers or insurance vendor who pays premiums for their insurance premium data. In some cases insurance companies send their bills directly to the ADAP and in other cases the provider or case managers collect the information.

For medication copays/coinsurance/deductibles, the most common source is a pharmacy benefit manager or pharmacy claims data.

Common Data Sources for ADAPs

- Medication Assistance
  – Pharmacy Benefits Manager (PBM)/Pharmacy claims data

- Clinical Data (CD4 and VL)
  – HIV Surveillance
  – Applications/Recertifications
  – Information from Clinical Providers

Some of the data sources for medication assistance are similar to insurance assistance, with data received directly from the pharmacy or PBM being very common. Finally for CD4 and VL, more and more ADAPs are using HIV surveillance data. Other sources include application and recertification forms and information from clinical providers.

Chat About It

So go ahead and chat in. Were there any data sources that I didn't list that you use?

What We All Want…….

So with all of the data sources that I've listed and you've shared, here's where we want to get-taking all of those 'puzzle pieces' and having them fit together nicely.

Is Not Always What Happens…

Unfortunately that doesn't always happened and this is what we get-lots of puzzle pieces that aren't connected meaning the data that you submit does not accurately reflect your ADAP.

Challenges With Multiple Data Sources

- Information is not collected
- Information is collected, but the format or response options are different from the ADR requirement
- Information is collected but it is called something different than what it is called in the ADR

There are three common reasons that this happens: first, the information is not collected. Second, the information is collected, but the format or response options are different from what is required for the ADR. Finally, there is a translation issue where references to program activities are different than what is used for the ADR which results in confusion about how to correctly report the data.
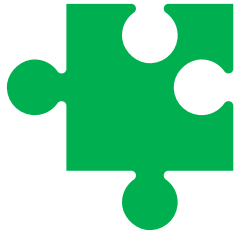
Information Not Collected

Let's start with information not collected

Real Life Challenges Reported By ADAPs

- Race/Ethnicity subgroups not collected
- Relying on applications/recertifications for CD4 and VL so missing all CD4 and all VL for all clients
- Don't have the necessary information to distinguish between full and partial premiums
  - Don't capture whether or not a marketplace premium is a subsidy
  - Don't capture if Medicare Part D is 'extra help'

Here are some real life challenges that you've shared. First, you don't collect race/ethnicity subgroups. Next, some ADAPs still rely on their applications and recertification forms for CD4 and viral load data which results in a higher level of missing data or only one lab per client.

Many ADAPs pay premiums but don't have all of the information that they need to distinguish between a full or partial premium. For marketplace premiums, this means that while they collect the premium amount, they don't collect if the client is receiving a subsidy. This can make it appear that it is a full premium because the ADAP is paying the entire bill they receive, but in reality it was only the nonsubsidized portion of the premium. Another common example is whether or not a client with Medicare Part D is receiving 'extra help' or not. If they are, the premium is a partial premium. If they aren't, it is a full premium.

Chat About It

What other challenges are you facing about information not collected? Go ahead and chat it in.
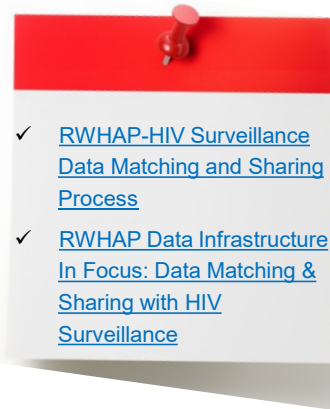
Addressing Missing Information

- Demographics, Enrollment and Certification
  - Review application/recertification forms and make any needed updates
  - Modify data system(s) as needed to capture missing information
  - Consider shared data system with Part B
- Insurance Assistance Services
  - Collect subsidy information from insurance premium bill
  - Collect Medicare Part D 'extra help' from application or CMS

Highlighting challenges is useful, but let's focus on some strategies to address them. Let's start with demographic, enrollment and certification information. One of the most common strategies is to review your application and recertification forms and make any needed updates to be sure that they collect the required information. While it is also important to update your local data system, be sure to consider any needed updates by your PBM or IBM to their data system. Finally if you have the option, consider using the same data system for both Part B services and ADAP. For example if your Part B program using CAREWare, consider using CAREWare for your ADAP as well.

Let's move on to insurance assistance services. You can usually find the subsidy information on the insurance premium bill so just take that extra step and enter that into the data system. Use the same approach for Medicare Part D extra help. If you have an IBM or vendor, make sure they can add it into their data system.

Addressing Missing Information

- Demographics and Clinical Information
  - Establish data sharing with HIV surveillance program
    - For CD4 and VL data
    - For demographic data –HIV surveillance collects a lot of the same demographics the ADR

✓ RWHAP-HIV Surveillance Data Matching and Sharing Process

✓ RWHAP Data Infrastructure In Focus: Data Matching & Sharing with HIV Surveillance

For Demographic and Clinical Information, you can also use data from the HIV surveillance program. HIV surveillance programs collect, analyze, and disseminate information about new and existing cases of HIV infection. For missing demographic information, HIV surveillance data can be really useful as the HIV surveillance program collects a lot of the same demographics as are in the ADR so it can be used to address missing data. For the clinical requirements, HIV surveillance data will ensure that you have all CD4 and all viral loads. This is particularly important for those ADAPs that rely upon applications for their lab data. With changes to processes as a result of PCN 21-02, it may get even more difficult to get labs.

If you don't already have data sharing in place with your HIV surveillance program, consider implementing this.   Also just a clarification that when we say sharing, we mean sharing data in both directions where both programs share data useful with one another. Data sharing is actually something encouraged by not only HAB, but also CDC. We know that this takes time and resources and we're happy to help you with technical assistance. We've also created two resources on TargetHIV that may be helpful to review if you're considering implementing data sharing.

Not Sure Where You Are Missing Information?

Poverty Level (Item #11)

Current year Denominator: Number of unique clients reported (N = 16804)

Prior year Denominator: Number of unique clients reported (N = 13641)

Poverty Level	2022		2021	
	N	%	N	%
Below 100% of the FPL	7496	44.6%	7220	52.9%
100 – 138% of the FPL	948	5.6%	881	6.5%
139 – 200% of the FPL	1476	8.8%	1184	8.7%
201 – 250% of the FPL	860	5.1%	678	5.0%
251 – 400% of the FPL	1236	7.4%	910	6.7%
401 – 500% of the FPL	45	0.3%	23	0.2%
More than 500% of the FPL	24	0.1%	12	0.1%
Missing/Out of range	4719	28.1%	2733	20.0%

Check Out Your Upload Completeness Report!

Now if you're listening to this and thinking 'I'm not sure where we are missing information, check out your most recent Upload Completeness Report. It takes the client-level data file and aggregates it and there is a table for each data element. In the bottom row of most of the tables there is a row that says 'missing/out of range'. It's a pretty easy way to know if your ADAP has missing data.
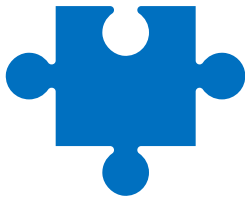
Format or Response Options Don't Match the ADR Requirements

Let's move on to the next topic-when your data format or response options don't match the ADR requirements.

Real Life Challenges Reported By ADAPs

- Disenrollment reason categories are not used
- ADAPs want to collect race and gender using different response options then used in the ADR
- Viral load results can be quantitative, qualitative and in log format

First is for disenrollment reasons. Some ADAPs don't use the ADR categories in their data systems. Other ADAPs want to collect some of the required data including race and gender using different response options. It's fine if you don't collect data using the response options; you'll just have to map to the response options when you are preparing your data for the ADR and we'll talk about that more in a moment.

One final challenge reported is that viral load results can be both quantitative, qualitative and in log format; however, only quantitative non-log results can be reported in the ADR

Chat About It

What other challenges are you facing about format or response options not matching ADR requirements? Go ahead and chat it in.

What Do We Mean By "Mapping"?

- Data collected has different values for the data elements required for the ADR

Source Data for Race
White
Black or African American
Asian

ADR Required Values For Race
1
2
3
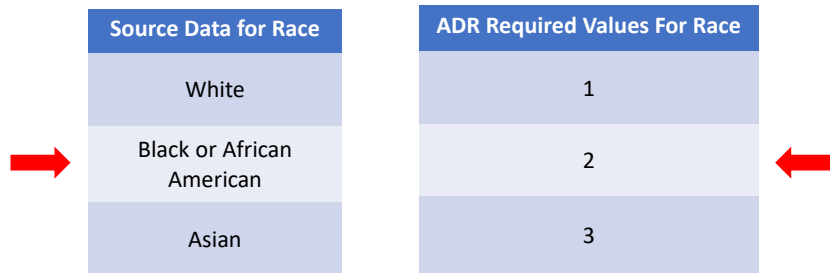
So let's be sure that we're speaking the same language. What do we mean by "mapping" data? Well, it can mean a few different things. First, it can mean that your source data codes the values differently than is required for the ADR. Let's look at the race variable as an example. Your source data may store the actual word (click) where the ADR XML needs numbers. In this case, you'd need to report (click) the appropriate number.

What Do We Mean By "Mapping"?

- Data collected has different format for the data elements required for the ADR

Source Data for Viral Load	ADR Requirements
<20	20
Undetectable	0
1.3	20

Another possible issue is with source data being in a different format. A common example is VL results. (click) Undetectable lab results may be reported as less than 20. For the ADR, when undetectable lab results are reported as less than a value, you report the lower bound of the test performed . In this case, (click) that would be 20. (click twice) If the result is undetectable and you don't know the lower bound of the test, (click) you would just report 0. Another issue can occur if log values are reported- (click twice) you'll know this because of the decimal point and the number probably isn't higher than the number 6. You cannot report logs in the ADR, so the value (click) would need to be reported as copies/ml. If you're not sure how to convert log values, feel free to reach out to the DISQ Team.

ADR Crosswalk

ADAP Data Report (ADR) Crosswalk

	ADR			Your System		
ID	Variable	Definition	Value	Variable	Value	Notes
			Client Demographics Elements			
4	Ethnicity	Client's ethnicity.	1. Hispanic 2. Non-Hispanic			
5	Race	Client's race (choose all that apply)	1. White 2. Black or African American 3. Asian 4. Native Hawaiian/Pacific Islander 5. American Indian or Alaska Native			
68	Hispanic Subgroup	If Ethnicity = Hispanic (If ID 4=1, then ID 68 required), client's Hispanic sub-group (choose all that apply)	1. Mexican, Mexican American or Chicano/a 2. Puerto Rican 3. Cuban 4. Another Hispanic, Latino/a or Spanish origin			
69	Asian Subgroup	If Race = Asian (If ID 5=3, then ID 69 required), client's Asian subgroup (choose all that apply)	1. Asian Indian 2. Chinese 3. Filipino 4. Japanese 5. Korean 6. Vietnamese 7. Other Asian			
70	NHPI Subgroup	If Race = Native Hawaiian/Pacific Islander (If ID 5=4, then ID 70 required), client's Native Hawaiian/Pacific Islander subgroup (choose all that apply)	1. Native Hawaiian 2. Guamanian or Chamorro 3. Samoan 4. Other Pacific Islander			

ADR crosswalk

Use to map from any non-ADR ready system to an ADR-ready system or TRAX

We also recommend that if you're not using an ADR-ready system, you map your data to the ADR requirements. We've created a tool called the ADR crosswalk. This is a great document and can be used by any ADAP that has to map data from another system. It is also great for legacy planning so everyone is aware of how you take data from a data sources and get it into the ADR Format.

On the left side are 4 columns:
(click) ID: Identifies the variable. Each variable has been assigned an ID for convenient referencing between this document and the ADR Data Dictionary.
(click) Variable: Refers to the data element name.
**(click) Definition:** Definition for the specific variable
(click) Value: Refers to the allowed values or response options corresponding to each variable.

On the right side (click), you'll add content specific to your data sources. First, what is the variable name for ethnicity in your data system. Perhaps it is Hispanic?
Next, you'll add how the data are coded in your system. As we discussed in the previous example, perhaps a word is used rather than a number. Finally, you can add notes in the crosswalk. Notes can include how you are recoding the data, where it is located in the data system (i.e in a demographic tab) or who is responsible to gather the information.

CAREWare Tools

- CAREWare has multiple options for importing data
- They also have a specifications document that you can use in preparing your data file
  - You can use that as the basis for creating a crosswalk
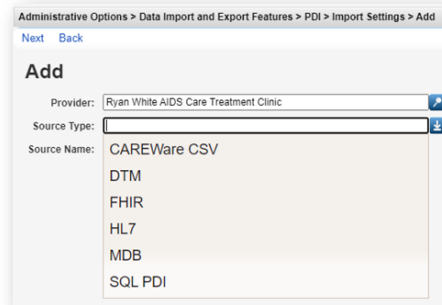
The ADR crosswalk is very useful to document how data from different sources is mapped to ADR options. Now if you're a CAREWare user, you're going to need to map data from your source files for the purposes of importing. CAREWare has multiple options for importing data. They are listed here in the screenshot. They also have a specifications document that you can use in preparing your data file. You can use that as the basis for creating a crosswalk. Contact the CAREWare helpdesk for more information. I'll share their contact information at the end of the webinar.
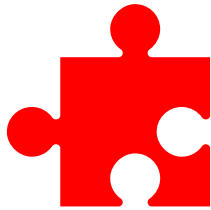
Different Terms Used

Let's move on to the final challenge-terminology.

Do you speak ADR?

- For the ADR, there are only two types of services
  - Insurance assistance – Insurance premiums and medication co-pay, co-insurance and deductible
  - Medication assistance – Full pay medications
- ADAP is one program where all of these services may be available

For many ADAPs, what they call their programs locally is different than the terms used in the ADR.   For the ADR, there are only two types of services: insurance assistance services that include insurance premiums and medication co-pay, co-insurance and deductibles and medication services that are full pay medications.

An ADAP is one program where all of these services may be available.

Real Life Challenges Reported By ADAP

- Medication co-pay/co-insurance/deductible reported as medication assistance services
- Clients receiving only dental premiums or office visit copays reported in the ADR
- Enrollment and Certification data updated every time an ADAP changes to a different local program

But we've learned from you that this isn't how you speak which has led to challenges. They include:

- Medication co-pay/co-insurance/deductible reported as medication assistance services. It's because all of the medication services are sometimes viewed as one program and are provided by one PBM.
- Many ADAPs also provide dental premiums or office visit copays as part of their insurance program services, using non-ADAP funds to pay for them. Since they all fall under their insurance program, clients are inadvertently included in the ADR as enrolled even if their services aren't reported.
- A final example is related to enrollment and certification data. Since many local ADAPs have multiple programs, they enroll and disenroll clients out of each program. In doing so, they are also updating the enrollment data, which means that existing clients were sometimes reported as new clients.

Chat About It

What other challenges are you facing about using terms that are different from the ADR? Go ahead and chat it in.

"Translate" Your Program to speak ADR

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

So how to address this? Well you need to translate your program to ADR Language. Let's walk through a quick example which you've seen before. Here's a state ADAP (I'm using the federal term here. They have two programs: (click one is called ADAP which is just for full pay medications and one is called (click the Health Insurance Program (or HIP. This program includes (click insurance premium assistance for private health insurance plans 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 (click vendor or agency is listed so they know the data source, (click in what federal report it must be reported and (click associated service category. You can see that for this ADAP, 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 local terms. In addition, it can highlight potential data quality issues. For example, in this state when a client moved from ADAP to HIP, 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 translation was completed, the state has no idea they were reporting incorrectly. The DISQ Team would be happy to meet with you and develop a crosswalk with you- just let us know

"Translate" Your Medication Data

- Medication co-pay/co-insurance/deductible = insurance assistance service
- Full pay medication = medication assistance service

Translation Strategies
Use group names or numeric codes
Use primary payer and secondary payer
Request PBM/pharmacy data provide two different files

Along with the translation, you want to ensure that you can attribute the data correctly. Medication claims are reported two different ways in the ADR. Medication co-pay/co-insurance/deductible is an insurance assistance service while full pay medication is a medication assistance service. So how can you ensure that this is reported correctly?

Having the PBM use group names or numeric codes in the data is one of the best ways to distinguish medication copay/coinsurance/deductible and full pay data. Some ADAPs use the approach of a primary payer (for full pay medication) vs secondary payer (for medication co-pay,co-insurance/deductible) but just be sure that you can distinguish between the full cost of the medication because a client's insurance didn't cover it (reported as full pay medication) vs the client had a deductible (reported as medication co-pay,co-insurance/deductible). Some ADAPS have their PBM/pharmacy create two separate data files to avoid any confusion.

"Translate" Your Insurance Premiums

- Full premiums – ADAP pays 100% of the premium cost
- Partial premiums – ADAP pays less than 100%

Examples	Why it s a partial premium	Translation Strategy	
Client receives subsidy for marketplace plan	ADAP is paying the remaining amount after the subsidy	• Review insurance invoices • Review insurance enrollment letters • Ask client	ADR In Focus: Partial Premiums
Client receives Medicare Part D extra help	ADAP is paying the remaining amount of the total premium after extra help amount	• Review Medicare Part D letter • CMS data exchange • Ask client	
Client gets assistance in paying their portion of employer sponsored plan	ADAP is paying the client's portion which is less than 100% of the cost	• Verify amounts with employer's Human Resource Department • Review insurance invoices	

You'll also need to translate your insurance premiums. Insurance premiums are also reported two different ways in the ADR. If the ADAP pays 100% of the premium cost it is reported as a full premium. Less than 100% is a partial premium. So how can you ensure that this is reported correctly? Let's walk through a few examples. First is clients who are receiving a marketplace plan and get a subsidy (sometimes referred to as an advanced premium tax credit and the ADAP pays the bill they receive. This is actually a partial premium and that's because the ADAP isn't paying the entire cost, just the nonsubsidized portion.   How to best translate? Checking insurance invoices, enrollment letters or asking the client are all effective strategies used by your fellow ADAPs.

A second example is clients that receive Medicare Part D extra help. Conceptually this is like a subsidy where ethe ADAP is paying the remaining amount of the total premium after the extra help amount is applied. The Medicare Part D letter can be very helpful as it usually notes if a client is receiving extra help. If you are have a data exchange agreement with CMS, you can also get the information. Finally some ADAPs ask the client/ The final example is for ADAPs who are paying the employee portion of an employer sponsored plan. Again, it is a partial premium because the ADAP isn't paying the entire bill, just the employee portion. Some strategies from your fellow ADAPs in verying amounts with the employers' Human Resource Department and reviewing insurance invoices. The DISQ Team put together a resource a few years ago about this that you can review. You can also contact us if you have questions.

Poll #2

Which of the challenges that we discussed in your ADAP facing (choose all that apply)?

❑ Information isn't collected
❑ Format or response options don't match the ADR requirements
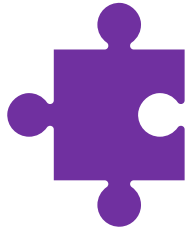
Your ADR Dream Team

Ok just a quick note about the ADR Dream Team

Who Should Be On Your ADR Dream Team?

- Completing the ADR requires information and expertise in three areas: fiscal, program and data
  - Fiscal information is needed for the Recipient Report
  - Data information is needed for the client-level data report
  - Programmatic information is needed for the Recipient Report. Programmatic content is needed to ensure that the ADR is correct
- Consider including your PBM/IBM representative as a part of your team
- If this isn't your dream team, consider creating one!

The ADR includes information from three key areas: fiscal, program and data. Fiscal information is needed for the Recipient Report (Funding and Expenditures), data information is needed for the client-level data report and programmatic information is needed for both the Recipient Report and more broadly to ensure both reports are correct.

We have found that ADAPs having representation for these three areas is essential to have an accurate ADR. For some ADAPs this might be one person if one person does everything but this is rare. More commonly we talk to the data person, but we really want to talk to the data person and the program person. A data person can't necessarily know if the data are accurate-that requires programmatic context.. We always recommend a minimum of two if possible and there are ADAPs that have three discrete folks on the team. Also consider including a representative from your PBM/IBM as part of your team. The more everyone understands the requirements and the data, the better your ADR will be. Create the best team that has the information that you need for a high quality ADR submission.
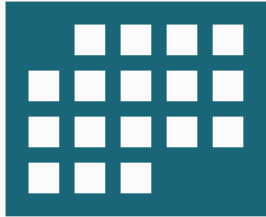
Upcoming Webinars and TA Resources

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

ADR Webinar Series

- February 14, 2024 - [Reviewing Your Data at Upload: Tools in the ADR Web System and the Check Your XML Feature](#)
- March 6, 2024 - [Using CAREWare for ADR Reporting](#)
- April 3, 2024 - [Completing the ADR: Recipient Report & Client Level Data Upload](#)
- April 24, 2024 - [ADR Data Quality: Lessons from Outreach](#)

Data Webinar Calendar

Tuesday, November 21, 2023
Data Integration, Systems and Quality (DISQ) Team

Join the Data Integration, Systems, and Quality Team (DISQ) and Ryan White Data Support for upcoming webinars, or view recently archived, completed webinars.

Webinars are held on **Wednesdays at 2:00 PM ET** and are generally archived and available online within a week. Below, you will find all upcoming and archived webinars, as well as webinars by topic area.

In addition to the webinars listed below, Ryan White Data Support also hosts yearly webinars on the Program Terms Report/Allocations Report and the Expenditures Report, and holds intermittent webinars on the Dental Services and AETC reports.

In addition to webinars, the DISQ Team hosts EHR User Group Calls, Office Hours, and RSR Orientation Calls.

[Data Webinar Calendar](#)

We recently posted the Spring webinars on Target HIV. Webinars are always on Wednesdays from 2-3pm ET. There are thew three webinars that we commonly do each year and then an additional webinar for CAREWare users. You can register for some or all of the webinars based on your needs and remember, they are always recorded in case you can't attend live. You can find them at the Data Webinar Calendar link on the slide.

Resources

- ADR Roles and Responsibilities
- ADR Instruction Manual
- ADR Data Validations
- ADR In Focus Series
  - How to Use the Upload Completeness Report
  - Partial Premiums
  - CAREWare Tips for ADAPs: Key Areas that Impact ADR Data Quality
- DISQ Listserv

These are on the list that Isia chatted out but I just wanted to highlight them here as well. A great resource is the ADR roles and responsibilities. It outlines key steps in completing the ADR. Remember the ADR Dream Team-you can use that resource to help figure out who is doing what. The ADR Instruction Manual is updated every year. The new version isn't yet posted and it will probably be early 2024 before it is. Remember there are no reporting changes, so the manual will just highlight reporting clarifications. The ADR Data Validations which are the logic checks in the EHBs also are updated annually. We'll let you know once those are updated. We also have the ADR In Focus Series which are brief summaries on different topics. I've listed a few here.

Finally if you haven't already don't forget to sign up for the DISQ Listserv. We use it to share updates via email about the ADR and other ADAP data-related activities.

ADR Timeline

Date	Client XML File Reporting Period: 1/1/2023 12/31/2023	Recipient Report Reporting Period: 4/1/2023 3/31/2024
To be determined	2023 ADR Check Your XML and Data Quality Feature opens	--
Monday, April 1, 2024	ADR Web System opens for 2023 data submission	ADR Web System opens for 2023 data submission
Monday, April 22, 2024	Target upload date for all 2023 ADR client-level data files	--
Monday, June 3, 2024	ADRs must be in "Submitted" status by 6:00 PM ET	ADRs must be in "Submitted" status by 6:00 PM ET

2023 ADR Submission Timeline

This is ADR Submission timeline. You'll notice that the Check Your XML date isn't listed yet. Just a reminder that it is always open, but what the date reflects is when any 2023 updates are implemented. This means things like the Upload Completeness Report or Validation Report changes. CHECK YOUR XML IS A GREAT TOOL THAT LETS YOU CHECK AND REVIEW YOUR DATA QUALITY BEFORE THE ADR OPENS.   The first Monday in April is always when the ADR Web system opens, so all ADAPs can begin working on the Recipient Report and uploading the client-level data. Monday, April 22nd, 2024, 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 always on the last Monday in June at 6:00 pm Eastern time. By this date, all ADRs must be In "Submitted" status.

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

We'll also be starting our annual winter outreach later in January. We'll 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. 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.

Poll #3

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!

TA 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

So I know that was a lot and several of you might be feeling overwhelmed. There are several resources available to help you. (click The DISQ Team addresses questions for those needing significant assistance to meet data reporting requirements. DISQ also deals with data quality issues, as well as providing TA on TRAX and support in creating documentation.

(click 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; Policy questions related to the data reporting requirements; and Data-related validation questions.

(click The EHBs Customer Support Center addresses software-related questions. Topics include: Electronic Handbook (EHB navigation, registration, access and permissions and Performance Report submission statuses.

(click 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. Most importantly, there is no wrong door for TA – if we can't assist you we're happy to refer you to someone who can!
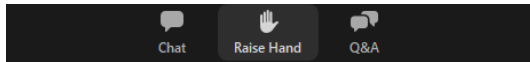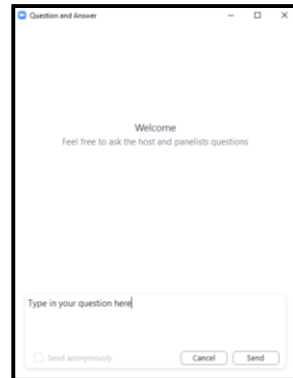
Finally, to connect with and find out more about HRSA, check out HRSA.gov.

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.

And now to your questions – but first, I would like to remind you 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 webinar. We really appreciate your feedback, and use this information to plan future webinars. My 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 "Q&A" button on your control panel on the bottom of your screen. You can also ask questions directly "live." You can do this by clicking the "raise hand" button, which is also on your control panel. If you raise your hand, we'll be able to allow you to unmute and ask your question. 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 via email to follow up. Sometimes we need to do some follow-up before providing you with a final answer, so stay tuned for the written Q&A as well for answers to all of your questions.