

ADR Town Hall - Written Q & A Summary

August 2, 2023

#	Questions	Answers
1.	Should we report services delivered in situations where a person had insurance, but that insurance wasn't billed, and the ADAP covered the cost until the PBM and insurance company discovered the mistake and corrected it?	ADAPs should only report services for which there was a cost to the ADAP. In this example, a service was incorrectly billed to the ADAP. The error was identified and corrected so that there was no cost to the ADAP for the service.
2.	Can you review the requirement on Medicare Part C?	Medicare Part C was added as a response option for health coverage starting with the 2021 ADR. This means that your ADAP should collect and report any clients who are enrolled in your ADAP who have Medicare Part C. Examples of ways you might collect this data are through eligibility applications or recertifications.
3.	When is the best time to reach out for technical assistance or with questions?	You can reach out to the DISQ Team at any time during the year with questions or requests for technical assistance. The ADR TA Brochure also provides a great overview of all the TA providers you can reach out to with questions.
4.	Has anyone else had issues with the CD4 and viral load questions? We were told that you only had to have a viral load every 15 months and then you just need to get a CD4 within a year. This always flags me on the ADR.	The ADR reporting requirement is all CD4 and viral load tests for all clients enrolled in the ADAP at any time during the reporting period. HAB understands that there may be clients who do not receive labs within the reporting period. ADAPs should include a comment for the warning validation message that explains why the data are missing.