Substance Abuse and Mental Health Services Administration (SAMHSA)

SAMHSA Unified Performance Reporting Tool (SUPRT) – A

FREQUENTLY ASKED QUESTIONS (FAQs)

May 2026 V1.4

SPARS

SAMHSA
Substance Abuse and Mental Health Services Administration

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Change Log

Updated Text	Date Revised
Updated response to question: **How long will grantees have to enter GPRA/NOMs data?**	9/29/2025
Updated response to question: **What if a grantee does not enter in all their GPRA/NOMs data by September 30, 2025?**	9/29/2025
Updated response to question: **A client had a closeout assessment before their reassessment window opened, is their reassessment still required?**	10/9/2025
Updated response to question: **Who should I contact if I have questions about the GPRA/NOMs to SUPRT-A/C transition?**	11/6/2025
Added question on how to code missing values: **Can a client be missing on some race and ethnic groups but not others?**	2/25/2026
Fixed formatting issues: **For all programs at the end of grant funding: At the end of grant funding, all active clients must have a closeout completed. How should we handle clients who are readmitted for treatment services?**	3/19/2026
Updated response to question: **Where do I find the information reported in SUPRT-A?**	3/27/2026
Updated response to question: **What happens if SUPRT-A demographic data are submitted before SUPRT-C demographics?**	3/27/2026
Updated response to question: **What if demographic information entered in SUPRT-A differs from what the client reports in SUPRT-C?**	3/27/2026
Added question: **If the client is discharged during an assessment window, should both the reassessment and closeout be completed?**	3/27/2026
Added question: **How should grantees respond to SUPRT-A Question C4 if their program, by design, does not screen for the listed behavioral health conditions?**	3/27/2026
Updated response to question: **Can we batch upload our SUPRT-A data rather than using the manual data entry system?**	4/6/2026

Added a question about access to SPARS: **How long after a grant ends, including no cost extensions, will grantees have access to SPARS?**	5/12/2026
Added details to the response: **When do I set the annual goals?**	5/12/2026
Fixed question: **When should grantees complete a closeout for a client?**	5/21/2026

General Questions

1. What is the Government Performance and Results Act of 1993 (GPRA)?

GPRA is a public law that was passed by Congress in 1993. GPRA was enacted to measure effectiveness and improve performance of taxpayer-funded programs. GPRA requires that all federal agencies:

- Develop strategic plans specifying what they will accomplish over a 3- to 5-year period;
- Annually set performance targets related to their strategic plans;
- Annually report the degree to which the targets set in the previous year were met;
- Regularly conduct evaluations of their programs and use performance monitoring data to understand their successes and opportunities for improvement.

The GPRA Modernization Act of 2010 updated some aspects of the GPRA Act of 1993. It placed greater emphasis on setting goals, cross-organizational collaboration, and improving programs using performance metrics. As part of this federal mandate, all SAMHSA grantees are required to collect and report performance data using approved measurement tools.

2. What is SPARS?

SPARS stands for Substance Abuse and Mental Health Services Administration's (SAMHSA's) Performance Accountability and Reporting System. SPARS is a web-based data entry system used by grantees to report timely and accurate data to SAMHSA.

3. How are the data in SPARS used?

Data collected through SPARS are used to monitor the progress of SAMHSA's discretionary grants, assist as a decision-making tool on funding, and to improve the quality of services provided through the programs. SPARS provides performance monitoring of SAMHSA's discretionary grant portfolio and allows SAMHSA to provide timely, accurate information to stakeholders and Congress.

4. What features does SPARS offer?

The system features include data entry, data validation and verification, data management, data utilization, data analysis support, and predefined reports.

5. How do I get a SPARS account?

Access to SUPRT-A/C will be managed through a new, self-serve interface. Users will be able to use the SPARS website to request new SPARS accounts and access to specific grants. Please see posted resources and training materials for more details about how to request a new SPARS account.

6. What is the Grant ID?

The Grant ID is an alphanumeric code assigned by SAMHSA that identifies each grant. It usually starts with two letters followed by numbers (e.g., "TI123456"). The Grant ID should be listed in each grant's Notice of Award (NOA).

7. How do I contact the SPARS Help Desk?

You can call the SPARS Help Desk at 1-800-685-7623. It is available Monday–Friday, 9 a.m.–8 p.m. (EST). The SPARS Help Desk is closed on News Years Day, Martin Luther King Jr Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and the day after Thanksgiving, and Christmas Day. Grantees can also check the SPARS announcement page on the SPARS homepage to look for upcoming holidays for when the help desk will be closed. The Help Desk email address is SPARSHelpDesk@mathematica-mpr.com.

8. SPARS shows that my account has been disabled. What do I do now?

As a security feature, SPARS accounts are disabled when a user makes several unsuccessful password entry attempts or fails to successfully log in or change their password with 60 days.

If an account becomes disabled, the user must contact the SPARS Help Desk to reactivate their account or reset their password. The SPARS Help Desk is available Monday–Friday, 9:00 a.m.–8:00 p.m. ET by phone (1-800-685-7623) and email (SPARSHelpDesk@mathematica-mpr.com). The SPARS Help Desk is closed on News Years Day, Martin Luther King Jr Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and the day after Thanksgiving, and Christmas Day. Grantees can also check the SPARS announcement page on the SPARS homepage to look for upcoming holidays for when the help desk will be closed. Users must email the Help Desk from the email address associated with the disabled SPARS account. If users cannot do this, they will need to ask their Project Director or Government Project Officer to email the Help Desk on their behalf.

9. How long after a grant ends, including no cost extensions, will grantees have access to SPARS?

Grantees will have access to SPARS for 6 months after the end of their grant period.

Tool-Specific Information

10. What is SUPRT-A?

The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Unified Performance and Reporting Tool - Administrative (SUPRT-A) facilitates the collection and reporting of client-level service data at baseline, reassessment, annual, and closeout timepoints. SUPRT-A is completed by grantee staff and captures administrative data on the client's behavioral health history, screenings, diagnoses, services received, and (for some clients) demographics. Data collected through these tools are entered into SPARS.

11. Are there guidelines for consent forms for SUPRT-A?

Grantees must follow their internal policies and practices included in the participant protection documentation submitted to SAMHSA. SAMHSA does not provide consent forms for the SUPRT-A.

12. Where can I get copies of the SUPRT-A and associated resources (e.g., Question-by-Question Guide, Codebook, etc.)?

Documents including SUPRT-A, Question-by-Question Guide (QxQ), Batch Upload Template, and Codebook can be found in the Resources tab on the SPARS homepage. Note that a SPARS login is required to access most Resources. On the Resources page, materials can be filtered by Center, Resource Type, User Type, and/or Data Entry Type (the tool used to collect data). At the top of the resource list, users can also search by keyword and sort the list alphabetically or by recency.

13. Where can I view recorded SPARS trainings?

SAMHSA encourages all grantees using SPARS to review the Training page which may be accessed by selecting the Training tab (SPARS login required) on the top of the SPARS homepage. Training resources for SUPRT-A include recorded webinars with closed captioning, slide presentations with speaker's notes, question and answer documentation, and video recordings. From the Training page you can search for or view the catalog of courses or filter by "SUPRT-A" underneath "Data Entry Type."

14. Does the SUPRT-A tool have to be captured on paper?

No, the SUPRT-A does not have to be captured on paper.

15. Do we have to collect information on every person our program serves?

SUPRT-A is required for all clients receiving services under the grant. A *client* is defined as a person who is actively receiving treatment through a grant funded program. An *episode of care* begins when the client begins to receive services under the grant, as defined by the program, and ends when the client is closed out and no longer receiving services through the grantee's project. Note: the only exception is for CCBHC-E-IA and CCBHC-E-PDI grantees, who have been approved to collect data from a sample of their clients.

16. Who develops the client identification (ID) number?

Each grant develops its own client identification (ID). The Client ID can be between 1 character and 50 characters in length and can include both numbers and/or letters. It cannot begin with a

dash or contain non-alphanumeric characters (including any of the following: ". [ ]! @#$%^&*( )") except for dashes or underscores. For confidentiality reasons, do not use any portion of the client's date of birth, Social Security number, Medicaid number, or names in the Client ID.

The same unique Client ID is used even if the client has more than one episode of care and is used for both SUPRT-A and SUPRT-C.

SAMHSA highly recommends that the same Client ID formula be used for individuals receiving services through different grants across the same organization, even if Grant ID or Site ID differs.

17. A client returned after completing their closeout, can they re-enroll in services?

Yes, a client can re-enroll in services and start a new episode of care. For each episode of care, a new baseline is conducted. The client then has new reassessment and annual assessment due dates. The same unique Client ID is used for every new episode of care.

18. What is the Site ID?

Site IDs can be used to differentiate between multiple locations under the same grant. The SUPRT-A tool will provide a dropdown of Site IDs associated with the grant.

19. What if I do not have a Site ID?

If a grant does not have an associated Site ID, grantees can leave this field blank. For example, CSAT has not historically had Site IDs and subsequently will leave this field blank.

20. If a client refused to complete SUPRT-C, do I have to complete SUPRT-A?

Yes, grantees must complete SUPRT-A for every client for each of the assessment types even if the client refuses to complete SUPRT-C.

21. If a client completed SUPRT-C, do I have to complete SUPRT-A?

Grantees are required to complete SUPRT-A for each of the required assessments, even if a client completes SUPRT-C. The only exception is SUPRT-A Section F. The demographics section at baseline is <u>not</u> completed if a client or caregiver initially consented to completing the SUPRT-C for their baseline assessment and then declined, even if they only answered one question.

22. What happens if the demographics section in SUPRT-C is completed after submitting SUPRT-A demographic data?

If SUPRT-A demographic data have been processed in SPARS and the grantee subsequently completes the demographics section in SUPRT-C, SPARS will disregard the SUPRT-A demographics and only use SUPRT-C demographic data in reports.

23. How should grantees respond to SUPRT-A Question C4 if their program, by design, does not screen for the listed behavioral health conditions?

If a grant program is not designed to screen clients for the conditions listed in Question C4, grantees should select 'Not applicable' for each condition.

Data Entry

24. What is the data entry timeline for SUPRT-A?

Grantees enter data for SUPRT-A through the client record page in SPARS or upload multiple client records through batch upload. Grantees are encouraged to watch the data entry training on the Training page of SPARS.

25. Can we batch upload our SUPRT-A data rather than using the manual data entry system?

Yes, grantees can enter multiple SUPRT-A records at once using the SPARS batch upload feature. The batch upload template is available on the Resources page, and training on how to use the batch upload function is available on the Training page.

26. How often should we enter SUPRT-A data into SPARS?

All SUPRT-A data must be entered or uploaded within 30 days of completion of SUPRT-A at each assessment point (baseline, reassessment, annual, and closeout).

27. I need to delete or change some data. How can I do that?

Data can be deleted or changed in SPARS for 60 days after submission. After the editing period, data cannot be edited without assistance from the SPARS Help Desk. Most data in sections A. Record Management through F. Demographics can be edited. Information that cannot be edited includes the Client ID, Site ID, Grant ID, first services date, and date of birth. If these items were entered incorrectly, the record must be deleted and re-entered.

Data Entry training will be posted to the Training page on SPARS soon. To edit or delete assessments, contact the SPARS Help Desk, Monday through Friday, 9:00 AM to 8:00 PM ET, by phone (1-800-685-7623, toll-free) and email (SPARSHelpDesk@mathematica-mpr.com). The SPARS Help Desk is closed on News Years Day, Martin Luther King Jr Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and the day after Thanksgiving, and Christmas Day. Grantees can also check the SPARS announcement page on the SPARS homepage to look for upcoming holidays for when the help desk will be closed.

28. Can some race and ethnicity groups be marked as 'Missing' but not others?

No, missing values for race or ethnicity apply to the entire race and ethnicity section, not to individual categories. If one or more race and or ethnicity groups are selected, they should be recorded as "Yes" (or "1" for batch upload) and as "No" (0) if unselected. The unselected categories are not considered missing. A client should only be coded as "Missing" (-9) if no race or ethnicity groups are selected.

Data Collection Requirements

29. What are the required data collection points?

Grantees will complete SUPRT-A at:

- Baseline assessment
- 3-month and/or 6-month reassessment
- Annual (12 months from baseline and annually thereafter) assessment
- Closeout assessment

Please review the corresponding Notice of Funding Opportunity (NOFO) for your program or consult your GPO to determine if you are collecting reassessment data at the 3-month or 6-month reassessment date.

Note that the reassessment due date is measured in days (90 days or 180 days) not months since the baseline assessment date.

Table 1. SUPRT-A/C Data Collection Requirements

Assessment	Completion Window	Example Date	Example Assessment Completion Window[1]	
			Start	End
SUPRT-A Baseline	Within 30 days of intake	3/3/2025		
SUPRT-A/C Reassessment				
3-month reassessment	Due 90 days after baseline assessment Completed +/-30 days from due date	6/1/2025	5/2/2025	7/1/2025
6-month reassessment	Due 180 days from baseline assessment Completed +/-30 days from due date	8/30/2025	7/31/2025	9/29/2025
SUPRT-A/C[2] Annual	Due every 12-month anniversary of the baseline assessment Completed +/-30 days from due date	3/3/2026	2/1/2026	4/2/2026
Closeout	Due w/in 30 days of end of episode of care	5/1/2026	5/1/2026	5/31/2026

[1] Excludes programs designated by CSAT as homeless programs, which have different completion ranges

[2] Note that only adults are required to complete a SUPRT-C annual assessment

30. Are there expected reassessment rates for SUPRT-A and SUPRT-C?

There are no required reassessment rates for SUPRT-A. SUPRT-A assessments are required for all clients served by a grant and will be tracked alongside annual enrollment goals.

31. Are reassessments and annual assessment required for every client?

Yes, reassessment and annual assessments are required for each client who has completed a baseline assessment for a given episode of care, unless a SUPRT-A closeout has been

completed. Once a client stops receiving grant-funded services and a SUPRT-A closeout is completed, no additional assessments are required.

32. What is an assessment window?

An *assessment window* is the time allotted for completing the SUPRT-A assessment. The assessment window for each timepoint opens 30 days before the assessment's due date and closes 30 days after the due date. This applies to the baseline, 3-month or 6-month reassessment, and annual assessment.

Note: Some CSAT designated programs have an extended assessment window that opens 60 days before and closes 60 days after the reassessment or annual assessment due dates.

33. If the client is discharged during an assessment window, should both the reassessment and closeout be completed?

If a client is discharged during an assessment window and program staff are still in contact with the client or caregiver/proxy, staff should first offer them the opportunity to complete the SUPRT-C reassessment.

- **If the client or caregiver/proxy completes SUPRT-C reassessment:** Enter both SUPRT-A and -C reassessment data into SPARS first, then complete the SUPRT-A closeout.
- **If the client or caregiver/proxy declines the SUPRT-C assessment**: Complete the SUPRT-A closeout only.

34. What if the assessment window for the client served is past the funding period of the project?

Clients whose assessment windows open after the funding period has closed do not require an assessment.

35. We are completing closeouts for all clients since grant funding is ending. What should we put for the client's closeout status?

Grantees should select "Other" for clients who are still enrolled in services at the time grant funding ends.

36. The typical episode of care for my clients is very short. Many clients may end up with baseline and closeout assessment dates very close to one another. Do I still have to collect both records?

Yes, both assessments must be completed regardless of the time between them. However, the SUPRT-A baseline and closeout assessments cannot have the same assessment date.

Tool-Specific Data Collection

37. Where do I find the information reported in SUPRT-A?

SUPRT-A responses should be pulled from information already recorded in the grantee's record keeping system(s), such as Electronic Health Record (EHR) systems, administrative records, or other relevant data systems Grantees should **not** collect SUPRT-A information through interviews with clients. If data were collected for another grant program, grantees may use that information for SUPRT-A as long as it was collected within 30 days prior to the client's first date of services with the current program. Some SUPRT-A questions are program-specific and should be completed only by grantees participating in the relevant program. For example, Question D5 should be skipped unless the grantee is funded under the Clinical High Risk Psychosis grant program.

38. We have collected information about demographics in our EHR. Can we use this to complete the demographics section if the client declines to complete SUPRT-C?

Grantees can use their client records, including their EHR system to complete the demographics section *only* if the categories match SUPRT-A. Staff should not speculate on or try to map demographic categorizations. If there are no client- or caregiver-reported demographic data, select "Not documented in records or not documented in records using this standard."

39. Can the Race categories be modified?

No, the questions must be completed as they appear in SUPRT-A and cannot be changed. Respondents may indicate a race that is not listed, and this can be entered in the OTHER (Specify) field.

40. What should I enter if I do not have access to some of the client's information?

When data are not available for grantees to report through record keeping system(s), grantees should select that the data are "Not documented in records or not documented in records using this standard."

41. Do the Behavioral Health History, Screening, and Diagnoses sections need to be filled out by a licensed clinician?

Data collection and entry for the behavioral health sections can be input by any grantee staff. The behavioral health screening should be performed by any appropriately trained grantee staff. Only a licensed clinician can make a behavioral health diagnosis, i.e., the ICD-10 code must be assigned by a licensed clinician.

42. Will SPARS automatically recognize a 3rd and/or 6th month reassessment from the assessment date?

No, SPARS will not automatically identify an assessment type based on the assessment date. Grantees must ensure they are selecting the correct assessment type when they are entering or batch uploading data into SPARS.

43. A closeout assessment was completed before the client's reassessment window opened. Is their reassessment still required?

No, if a closeout assessment is completed before or during the reassessment window, then grantees do not need to complete future reassessments or annual assessments.

44. When should grantees complete a closeout for a client?

The closeout assessment should be completed when a client's episode of care has ended. It should be entered or batch uploaded to SPARS within 30 days of completion.

For programs with a conclusion of episode of care policy or definition: Follow inter-program policy that defines at what point a client is considered to be disengaged from grant services or has completed treatment. The closeout assessment can be completed on that date and up to 30 days afterwards.

For programs without a conclusion of episode of care policy or definition: Grantees should complete a closeout assessment for any client that has not received any grant services for 12 or more months. If during the annual assessment it is determined that a client has not received any services within the previous 12 months, a close out record should be completed instead of an annual assessment. Grantees should refer to their NOFO or contact their GPO for further guidance.

For all programs at the end of grant funding: At the end of grant funding, all active clients must have a closeout completed

45. How should we handle clients who are readmitted for treatment services?

Occasionally, a client will return for treatment after their episode of care has ended and after they completed a closeout assessment for that episode of care. If a client returns after completing a closeout record and is receiving services again, grantees must complete a new baseline assessment, which creates a new episode of care. The subsequent reassessment and annual assessment dates will be set to the anniversary of the most recent baseline assessment. This is likely a rare occurrence.

The same Client ID number should be used for all episodes of care, irrespective of the number of episodes of care. Each client will only count once toward reaching the target number of clients to be seen, regardless of the number of baseline assessments.

46. What if demographic information entered in SUPRT-A differs from what the client reports in SUPRT-C?

If a SUPRT-C assessment is completed, grantees should delete the demographic information entered in SUPRT-A. SUPRT-A demographics should be retained in SPARS only if the client declined to complete SUPRT-C. If both SUPRT-A and -C demographic data are present in SPARS, only SUPRT-C demographics will appear in reports.

47. We missed collecting the assessment during the window period, should we still enter in a record?

For baseline or closeout assessments that were not done during the window for data collection (+/- 30 days of first services or closeout for most grant programs), a SUPRT-A assessment should be done as soon as possible and a record entered into SPARS even if the window closed.

For reassessment and annual assessments that were not done during the window for data collection (+/- 30 days of assessment due date), no assessment record is required. The grantee can complete the next assessment due.

Annual Goals

48. Do we have annual goals?

Yes, grantees have annual goals for the number of new, unduplicated clients starting services each year of the grant. This functionality is not yet live for SUPRT-A/C grantees. When available, annual goals will be shown on the SPARS Dashboard.

49. The federal fiscal year (FFY) begins on October 1st, but my grant year begins on a different date. Should my annual SPARS reports align with the FFY or my project grant year?

Grantees should enter their annual goals aligned with the federal fiscal year. Grantees transitioning from CSAT GPRA/CMHS NOMs will see their annual goals aligned with the federal fiscal year. This may be different for some grantees who previously reported annual goals by grant year.

50. When do I set the annual goals?

Grantees will set annual goals for all years of the grant at the beginning of their first year of funding. Afterwards, grantees can review and update their goals annually. When project award dates are on the last day of a calendar month, grantee goals for SUPRT will have a start date aligned to the first day of the next calendar month after the award date. For example, grantees starting on September 30, 2025, the goal start date would be October 1, 2025. GPOs will review and approve or reject the yearly goals. If the goals are approved, they are noted in SPARS. If goals are rejected, they will be sent back to the grantee for revision.

51. How long do I have to edit my annual goals?

When a new grant is being set up, grantees have 3 months to enter their goals.

52. Who should I contact if I have more questions about my annual goals?

Grantees should first discuss additional questions with their GPOs. If further guidance is needed, grantees should contact the SPARS Help Desk at 1-800-685-7623 or SPARSHelpDesk@mathematica-mpr.com. It is available Monday–Friday, 9 a.m.–8 p.m. (EST). The SPARS Help Desk is closed on News Years Day, Martin Luther King Jr Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and the day after Thanksgiving, and Christmas Day. Grantees can also check the SPARS announcement page on the SPARS homepage to look for upcoming holidays for when the help desk will be closed.

Transitioning to SUPRT-A

53. When should we start using the SUPRT-A and -C tools?

Grantees will be expected to start collecting SUPRT-A and -C data on October 1st, 2025. Some grantees will continue to collect CSAT GPRA and CMHS NOMs data instead of SUPRT-A and -C. Grantees will be notified via eRA Commons whether their grant is transitioning to SUPRT-A and -C.

54. My grant was using the CSAT GPRA/CMHS NOMs before October 1st, 2025. How do we transition clients to SUPRT-A?

Effective August 30, 2025, grantees that will transition to SUPRT-A/C no longer have to complete assessments using the CSAT GPRA and CMHS NOMs client-level tools. Assessments for active or newly enrolling clients in September 2025 can be done using SUPRT-A/C on or after October 1, 2025.

For clients with CSAT GPRA tool or CMHS NOMs tool baseline records who are due for their reassessment and annual assessment after October 1st, 2025, grantees will only be required to report SUPRT-A records and clients will not be required to complete the SUPRT-C.

Grantees will be required to use the SUPRT-A closeout for all clients no longer receiving services from the grant even if baseline and reassessment records were completed using the CSAT GPRA tool or CMHS NOMs tool.

55. My grant isn't transitioning to SUPRT-A and SUPRT-C in October, what tool am I using?

Grantees who are not transitioning to SUPRT-A will continue to collect data using the tool they were using previously, the CSAT GPRA or the CMHS NOMs, until the end of their grant period. Grantees should complete CSAT GPRA or CMHS NOMs discharge for clients when they cease to receive grant funded services.

56. How long will grantees have to enter GPRA/NOMs data?

Grantees will begin winding down the collection of data using the CSAT GPRA and CMHS NOMs on August 30th, 2025, to transition to SUPRT-A/C by October 1st, 2025. Grantees can continue to collect data using CMHS NOMs and CSAT GPRA until September 30th, 2025, but are not required to. Grantees that will begin collecting data using SUPRT-A/C on October 1, 2025, will no longer be allowed to collect data using CMHS NOMs and CSAT GPRA after September 30th, 2025.

57. What if a grantee does not enter in all their GPRA/NOMs data by September 30, 2025?

Grantees will have a 60-day grace period to batch upload, enter, or revise any GPRA/NOMs assessments that were completed prior to August 29, 2025. The grace period will end on December 1, 2025. After the grace period has ended you will not be able to enter any more GPRA/NOMs data.

58. Will grantee's existing clients be available in SUPRT-A?

All active clients currently receiving services under CSAT and CMHS grants that will be transitioning to SUPRT-A will be available in CSAT Data Entry portal as of October 1, 2025.

If a client had a closeout record prior to October 1, 2025, their client ID will be available in SPARS, they should start a new episode of care that will bring up a SUPRT-A Baseline assessment.

59. Are we able to access old records submitted to SPARS using the GPRA or NOMs tools?

Yes, grantees can continue to access individual GPRA or NOMS client records and data in the CSAT Data Entry portal, CMHS Data Entry portal, and the Client Record within the Client tab in SPARS. Please note, for select grantees, data collected after October 1st, 2025, will be using SUPRT-A and not the GPRA or NOMs.

60. Who should I contact if I have questions about the GPRA/NOMs to SUPRT-A/C transition?

If you have any questions regarding the transition from GPRA/NOMs to SUPRT-A/C, please contact the SPARS Help Desk via email, SPARSHelpDesk@mathematica-mpr.com or by phone, 800-685-7623, from 9:00 AM to 8:00 PM EST.