

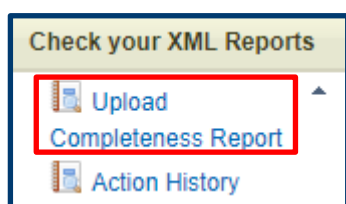
How to Use the ADR Upload Completeness Report (UCR)

What is the Upload Completeness Report (UCR)?

The UCR is a report available in the AIDS Drug Assistance Program (ADAP) Data Report (ADR) Web System after you upload a client-level data (CLD) file. The UCR displays the uploaded data by data element so you can review your data quality. It also allows you to identify both missing data and data that may be incorrect.

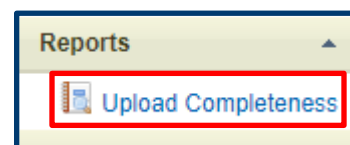
The UCR helps you review your uploaded data to make sure your data accurately reflect your program.

Where can I find my UCR?



ADAPs can access the UCR through the [Electronic Handbooks \(EHBs\)](#). If you are checking data prior to the reporting period, you can access the UCR through the Check Your XML Feature (as shown to the left).

Once the reporting period opens, you can access the UCR by clicking "Upload Completeness Report" in the navigation menu on the left side of the screen (as shown to the right). Using this UCR, you will be able to compare this year's data with the submission from the previous year.



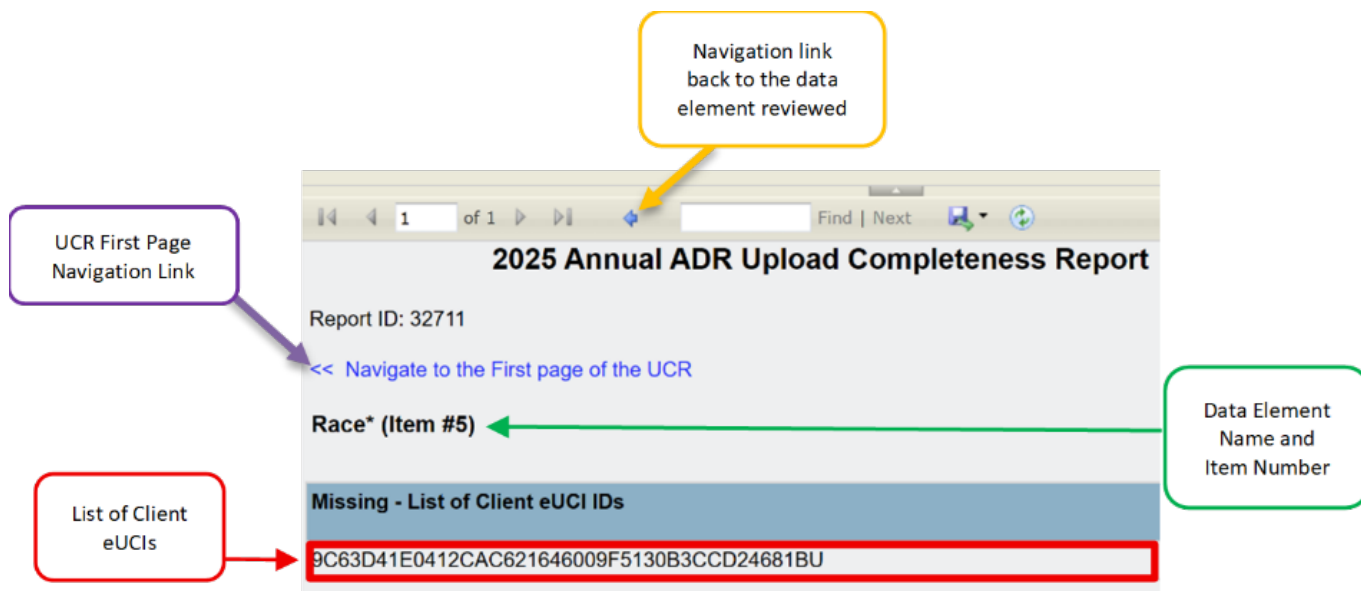
What's in the UCR?

The UCR presents aggregated responses for each ADR data element. The response options are listed along with the aggregate values reported, missing and out of range data. Each table header also includes the number of clients for whom each data element is required.

Beginning with the 2025 ADR, rows for missing or out of range data are not included in the table unless missing or out of range data are allowed for the data element. For example, Race can be missing for a client but a response cannot use any coding other than what is in the ADR Schema Implementation Guide. Given this, Race will have a row for missing data in the UCR but not out of range data.

Race* (Item #5)		
Current year Denominator: Number of unique clients reported (N = 20)		
Race	2025	
	N	%
White	7	35.0%
Black or African American	3	15.0%
Asian	3	15.0%
Native Hawaiian/Pacific Islander	4	20.0%
American Indian or Alaskan Native	2	10.0%
Missing	1	5.0%

If there are data missing or out of range, you can click on a hyperlink where you can see the eUCIs for the applicable clients with missing or out of range data.



What should I look for when I review the UCR?

The ADR UCR has six sections. For each section, we present sample tables below along with questions to help guide your data review.

Section 1. Summary Data: This table includes the total number of clients uploaded in your CLD file and the number and percentage of clients with or without services. Percentages may not equal 100% because clients can receive both insurance and medication services.

Population	2025		2024	
	N	%	N	%
Total clients submitted	125	100.0%	100	80.0%
Clients who received insurance services	87	69.6%	85	68.0%
Clients who received ADAP-funded medications	52	41.6%	50	40.0%
Clients with no services reported	6	4.8%	5	4.0%

Things to Consider:

- Do the total client numbers look correct?
- Do the numbers and percentages reflect the services your ADAP provides?
- Does the number of clients with no services look correct?
- How do the numbers compare to last year? If there are changes from last year, do these align with your understanding of programmatic changes or reflect data quality improvements?

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Section 2. Demographic Data: The demographic data section has 10 tables, with one for each demographic data element. Except for race and ethnicity subgroups, data in this section is required for all clients.

HIV/AIDS Status (Item #10)

Current year Denominator: Number of unique clients reported (N = 125)

Prior year Denominator: Number of unique clients reported (N = 100)

HIV/AIDS Status	2025		2024	
	N	%	N	%
HIV-Positive, not AIDS	100	80.0%	80	80.0%
HIV-Positive, AIDS Status Unknown	5	4.0%	4	4.0%
CDC-Defined AIDS	20	16.0%	16	16.0%
HIV indeterminate	0	0.0%	0	0.0%
<i>Missing</i>	0	0.0%	0	0.0%

Things to Consider:

- Do the numbers and percentages look correct?
- Are there any missing data?
- How do the numbers compare to last year?

Section 3. Enrollment and Certification: This section includes six tables summarizing client enrollment patterns and certification processes during the reporting period. The denominator for these data elements varies, with some tables including all clients, some including newly enrolled clients only, and some including only disenrolled clients.

Last Eligibility Confirmation Date (Item #17)

Current year Denominator: Number of unique clients reported who are not (1) disenrolled or (2) newly enrolled (N = 100)

Prior year Denominator: Number of unique clients reported who are not (1) disenrolled or (2) newly enrolled (N = 90)

Note: Count reflects the date the client was last determined to be eligible to receive ADAP services.

Last Eligibility Confirmation Date	2025		2024	
	N	%	N	%
Prior to Current Reporting Date	1	1.0%	2	2.2%
January - March	25	25.0%	25	27.8%
April - June	20	20.0%	26	28.9%
July - September	30	30.0%	17	18.9%
October - December	22	22.0%	18	20.0%
<i>Missing</i>	1	1.0%	1	1.1%
<i>Out of range</i>	1	1.0%	1	1.1%

Things to Consider:

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- Does the distribution of numbers and percentages across the quarters look correct based on your ADAP’s eligibility policy? What about those prior to the current reporting date?
- Are there any missing or out of range data?
- How do the numbers compare to last year? If different, did you make changes to your eligibility policy?

Enrollment Status at the End of the Calendar Year (Item #18)

Current year Denominator: Number of unique clients reported (N = 125)

Prior year Denominator: Number of unique clients reported (N = 100)

Population	2025		2024	
	N	%	N	%
Enrolled, receiving services	107	85.6%	81	81.0%
Enrolled, on waiting list	0	0.0%	0	0.0%
Enrolled, services not requested	6	4.8%	4	4.0%
Disenrolled	12	9.6%	10	10.0%
Missing	0	0.0%	5	5.0%

Things to Consider:

- Do the numbers and percentages look correct?
- Is the client count for “enrolled, services not requested” similar to “no services reported” in the Summary Table?
- Are there any missing data?
- How do the numbers compare to last year? If there are disenrollment changes, do these align with programmatic changes or improved data quality?

Section 4. ADAP Insurance Services Received: This section includes five tables that summarize ADAP-funded health insurance assistance services.

Note: For item #67, the response options were updated to align with reporting changes. Full premium payment and Partial premium payment were combined into one response option: Full or Partial Premium payment.

Insurance Premium (Item #21)

Current year Count: Number of unique clients reported with full or partial premium payment insurance assistance received (N = 85)

Prior year Count: Number of unique clients reported with full or partial premium payment insurance assistance received (N = 81)

Insurance Premium	2025	2024
	Amount	Amount
Minimum amount paid on behalf of clients	\$100	\$50
Maximum amount paid on behalf of clients	\$19,000	\$40,000
Median amount paid on behalf of clients	\$6,000	\$3,000

Things to Consider:

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- Do the minimum, maximum, and median amounts look correct?
- Is there a large median amount change and if so, does that align with programmatic or cost changes?
- How do the numbers compare to last year?

Section 5. Clinical Information: This section includes four tables that summarize the clinical characteristics of ADAP clients who received services during the reporting period. In these tables, missing and out of range values are separated into two categories.

Last Viral Load Test Result (Item #35)

Current year Denominator: Number of unique clients reported (N = 125)

Prior year Denominator: Number of unique clients reported (N = 100)

Population	2025		2024	
	N	%	N	%
<=20 copies	80	64.0%	53	42.4%
21 to 200 copies	37	29.6%	23	18.4%
>200 copies	2	1.6%	5	4.0%
Missing	5	4.0%	18	14.4%
Out of range	1	0.8%	1	0.8%

Things to Consider:

- Do the numbers and percentages of clients who are virally suppressed look correct? How about those whose viral load is undetectable?
- Is there any missing or out of range data?
- How do the numbers compare to last year?

Section 6. Drug and Drug Expenditures: This section includes seven tables that summarize medications dispensed to clients during the reporting period. The final three tables in the UCR list the generic names and brand names of ARV, hepatitis B and C, and A1-OI medications reported in the ADR.

Start Date of ADAP Funded Medication Being Dispensed (Item #27)

Current year Denominator: Number of unique clients reported who received ADAP-Funded medications (N = 125)

Prior year Denominator: Number of unique clients reported who received ADAP-Funded medications (N = 100)

Start Date of ADAP Funded Medication	2025		2024	
	N	%	N	%
January - March	100	80.0%	25	25.0%
April - June	78	62.4%	60	60.0%
July - September	40	32.0%	47	47.0%

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October - December	22	17.6%	19	19.0%
Missing	0	0.0%	0	0.0%
Out of Range	0	0.0%	0	0.0%

Things to Consider:

- Does the distribution of numbers and percentages across the quarters look correct based on medication distribution for your full pay medication program?
- Is there any missing or out of range data?
- How do the numbers compare to last year? Do changes make sense based on programmatic or formulary changes?

Number of Days for Dispensed ADAP Funded Medication (Item #28)

Current year Count: Number of unique clients reported who received ADAP-funded medications (N = 25)

Prior year Count: Number of unique clients reported who received ADAP-funded medications (N = 20)

	2025	2024
Number of Days Dispensed	N	N
Minimum number of days	1	1
Maximum number of days	90	300
Median number of days	30	30

Things to Consider:

- Do the minimum, maximum, and median days dispensed look correct based on your programmatic guidelines for dispensed medications?
- How do the numbers compare to last year?

What if my data doesn't look quite right?

There are many reasons why your ADR data may not reflect your program activities. You might not collect some data elements as part of enrollment. Alternatively, you might collect the data, but the data may not have been entered or imported into the data system from which you create the ADR. To learn more about potential reasons for data quality issues and solutions, check out the “Reviewing Your Data at Upload: Tools in the ADR Web System and the Check Your XML Feature” webinar on the [CAI DISQ Website](#).

Why is data quality important?

You want your ADR data to reflect the good work you do. Your project officer and HAB leadership will review ADR data to learn more about your program. ADR data are also used to present the Ryan White HIV/AIDS Program to Congress, the HIV community, and the public. Lastly, high-quality data can help you understand program performance and improve quality of care, but poor-quality data cannot.

Need help with your ADR data?

Contact the DISQ Team at data.ta@caiglobal.org for individualized technical assistance to help you address your data quality needs!