

ADR in Focus

How to Use the ADR Upload Completeness Report (UCR)

What is the Upload Completeness Report (UCR)?

The UCR is a report available in the ADAP Data Report (ADR) Web System after you upload a client-level data file. The UCR displays the uploaded data by data element, so you can review your data quality. The UCR allows you to identify 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 do I find my UCR?

The UCR is available in the ADR during the reporting period, and in the Check Your XML feature at any time during the year. Step-by-step instructions on how to access the UCR in the Check Your XML are reviewed in [this document](#).

What should I look for?

The UCR presents aggregated responses for each ADR data element. The UCR only includes required data, so if you upload data elements that aren't required (such as viral load for clients received insurance assistance services) it will not appear in the UCR. For each element, the response options are listed along with the aggregate values uploaded and missing/out of range data. Each table header also includes the number of clients for whom each data element is required. 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 is one table that includes the total number of clients uploaded in your client-level data and the number and percent of clients with or without services. Percentages may not equal 100% because clients can receive both insurance and medication services.

Population	N	Percentage	Questions to Ask
Total clients submitted	100	100.0%	<ul style="list-style-type: none"> 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?
Clients who received insurance services	40	40.0%	
Clients who received ADAP-funded medications	75	75.0%	
Clients with no services reported	10	10%	

Section 2: Demographic Data includes 12 tables, one for each data element, that show the number and percentage of clients for each response category and missing/out of range responses. Except racial and ethnic subgroups, data in this section is required for all clients.

Sex at Birth (Item #71)			
Denominator: Number of unique clients reported (N = 100)			
Sex at Birth	N	Percentage	Questions to Ask
Male	67	67.0%	<ul style="list-style-type: none"> Do the numbers and percentages look correct? Are there incongruent values? Do you have any missing data?
Female	29	29.0%	
Incongruent	1	1.0%	
Missing/Out of range	3	3.0%	

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Section 3: Enrollment and Certification includes six tables summarizing client enrollment patterns and certification processes during the reporting period.

Enrollment Status (Item #18)			
Denominator: Number of unique clients reported (N = 100)			
Enrollment Status	N	Percentage	Questions to Ask
Enrolled, receiving services	72	72.0%	<ul style="list-style-type: none"> 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? Do you have any missing data?
Enrolled, on waiting list	0	0.0%	
Enrolled, services not requested	18	18.0%	
Disenrolled	10	10.0%	
Missing/Out of range	0	0.0%	

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

Insurance Assistance Type Received (Item #67)			
Denominator: Number of unique clients reported who received insurance services (N = 300)			
Response Category	N	Percentage	Questions to Ask
Full Premium payment	200	60.0%	<ul style="list-style-type: none"> Do the numbers and percentages look correct? Do you have any missing data?
Partial Premium payment	0	0.0%	
Co-pay/deductible including Medicare Part D co-Insurance, co-payment, or donut hole coverage	300	12.0%	
Missing/Out of range	1	6.0%	

Insurance Premium (Item #21)		
Count: Number of unique clients reported with full or partial premium payment insurance assistance received (N =200)		
Missing/Out of range: 0		
Insurance Premium	Amount	Questions to Ask
Minimum amount paid on behalf of clients	\$15	<ul style="list-style-type: none"> Do the minimum, maximum and median amounts look correct based on the types of premiums you pay? Do you have missing/out of range data?
Maximum amount paid on behalf of clients	\$35750	
Median amount paid on behalf of clients	\$1990	

Section 5: Drugs and Drug Expenditures includes seven tables that summarize the ARVs, Hepatitis B, Hepatitis C and A1-OI medications paid for in full and dispensed to clients during the reporting period, as well as related expenditures.

ADAP-Funded Medications Dispensed (Item #25)			
Denominator: Number of unique clients reported (N=100)			
ADAP-Funded Medications Dispensed To Clients	N	Percentage	Questions to Ask
Yes	70	70.0%	<ul style="list-style-type: none"> Do the numbers and percentages look correct? Do you have any missing/out of range data?
No	20	20.0%	
Missing/Out of Range	10	10.0%	

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ADAP-Funded Medications Listed: ARVs (Item #26)

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

Note: The table below shows the number of client records (count) reported for each unique drug code (d-code) for ADAP-funded medications dispensed to clients. Because multiple medications can be reported for any given client, the total count may exceed the total number of client records uploaded. When a d-code is associated with multiple medications (For example: tenofovir disoproxil and tenofovir alafenamide are both assigned the d-code dXXXX), the client records are reported in only one medication category to avoid duplicate client record counts in this report

D-Code	Generic Name	Brand Name	N	Percentage	Questions to Ask
dXXXX	abacavir	Ziagen	10	47%	<ul style="list-style-type: none"> Do the D-codes listed include all ARV medications that were dispensed? Does the distribution of medications look correct?
dXXXX	abacavir/dolutegravir /lamivudine	Triumeq	8	8%	
dXXXX	abacavir /lamivudine	Epzicom	40	40%	
dXXXX	atazanavir	Reyataz	20	20%	

Section 6: Clinical Information includes four tables that summarize the clinical characteristics of ADAP clients who received ARVs, Hepatitis B, Hepatitis C and A1-OI medications paid for in full and dispensed to clients during the reporting period.

Viral Load Values Reported (Item #35)

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

Response Category	N	%	Questions to Ask
Clients with viral load less than 200	60	60.0%	<ul style="list-style-type: none"> Do the total client numbers look correct? Do you have any missing/out of range data?
Clients with viral load 200 or greater	30	30.0%	
Missing/Out of range	10	10.0%	

What if my data don'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 not have the capacity to enter them into the data management system from which you create the ADR. Many of you also struggle to import and merge multiple data files for enrollment, insurance and medication services for your 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 TargetHIV.

Contact the DART Team at Data.TA@caiglobal.org for individualized technical assistance to help you address your data quality issues!