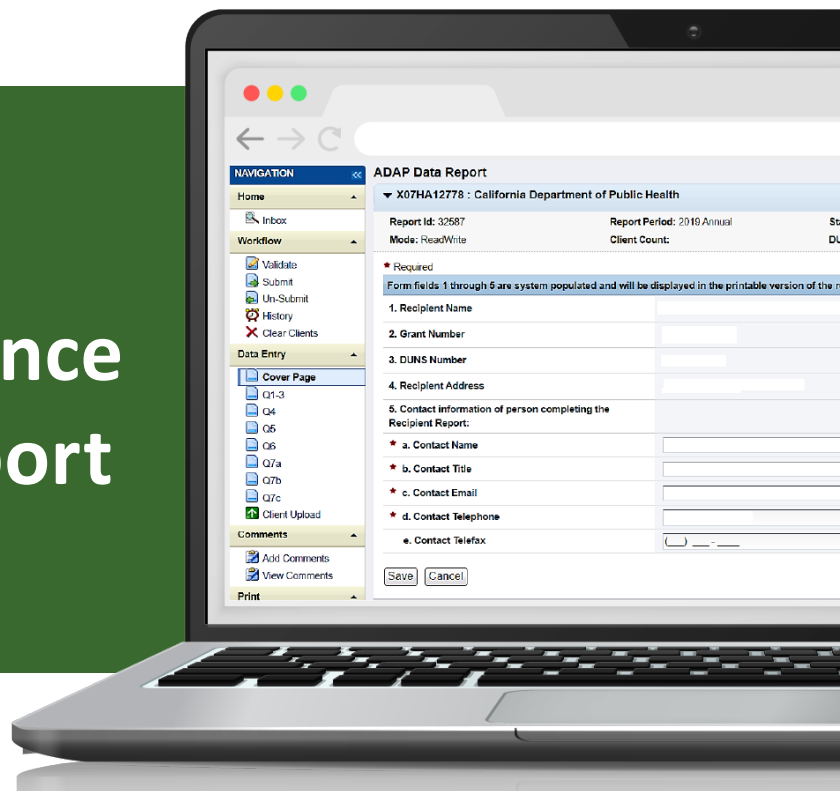


RYAN WHITE
HIV/AIDS PROGRAM

AIDS Drug Assistance Program Data Report (ADR)



Instruction Manual 2022

Release Date: May 12, 2023 (Version 4)

Public Burden Statement: The purpose of this data collection system is to collect client-level data on individuals being served, services being delivered, and costs associated with these services through the Ryan White HIV/AIDS Program (RWHAP) AIDS Drug Assistance Program (ADAP) Data Report. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0345 and it is valid until 4/30/2026. This information collection is mandatory (through increased Authority under the Public Health Service Act, Section 311(c) (42 USC 243(c)) and title XXVI (42 U.S.C. §§ 2611 et seq.). Public reporting burden for this collection of information is estimated to average 87 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to paperwork@hrsa.gov.

HIV/AIDS Bureau Division of Policy and Data
Health Resources and Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane, Room 9N164
Rockville, MD 20857



2022 ADR Manual Errata Document

This errata document, produced on **March 6 and May 8, 2023**, updates the 2022 ADR manual based on new HRSA HAB guidance and other needed clarifications.

Client Report

Page # (s)	Section	Previous Text	Updated Text
Cover Page	Public Burden Statement	6/30/2023	4/30/2026
36	ID 17	All existing clients enrolled at any time during the reporting period.	Only required for existing clients whose enrollment status at the end of the reporting period was not disenrolled.
36	ID 17	XML Variable Name: LastEligibilityConfirmation	XML Variable Name: LastEligibilityConfirmationDate

Table of Contents

Icons Used in this Manual	1
Introduction	2
What's New.....	4
About the ADR	4
Who is an RWHAP ADAP client?	5
What are RWHAP ADAP services?	5
Medication Assistance Services	5
Health Insurance Assistance Services	5
Services Provided Under the RWHAP ADAP Flexibility Policy	6
How is the ADR submitted to HRSA HAB?	6
Who submits the ADR?.....	6
What are the reporting periods?	7
Important Dates	8
The Recipient Report	9
Cover Page	9
Programmatic Summary Submission	10
A. Program Administration	11
B. Purchasing Mechanisms.....	13
C. Funding.....	14
D. Expenditures	17
E. RWHAP ADAP Medication Formulary.....	18
Submitting Your Recipient Report	19
The Client Report	20
Submitting Client-level Data	20
If you have an ADR-ready system	20
If you do not have an ADR-ready system	20
Client-level Data Elements.....	21
System Variables	23
Client Demographics.....	24
Enrollment and Certification.....	33

RWHAP ADAP Services	37
RWHAP ADAP Health Insurance Services.....	38
Medication Assistance Services	42
Clinical Information.....	46
Uploading the XML Client File.....	49
Ensuring Data Quality.....	49
Reviewing Your Client Report.....	49
Report Validation	50
Uploading a New or Corrected Client Report	50
Submitting Your Report	51
Appendix A: Required Client-level Data Elements	52
Appendix B: Glossary.....	54
RWHAP ADAP Manual Index.....	58

Icons Used in this Manual

The following icons are used throughout this manual to alert you to important and/or useful information.



The note icon highlights information that you should know when completing this section.



The tip icon points out recommendations and suggestions that can make it easier to complete this section.



The question mark icon indicates common questions asked by ADAPs with answers provided.



New text in the document is indicated with a gray highlight or a star icon.

Introduction

The Ryan White HIV/AIDS Program (RWHAP), first authorized by the U.S. Congress in 1990, is administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB).¹ HRSA's RWHAP uses dynamic data-driven and innovative approaches to provide a comprehensive system of care to achieve optimal health outcomes for people with HIV. Funds are provided to cities, states, and local community-based organizations that provide HIV medical care treatment and essential support services to over half a million people in the U.S. living with diagnosed HIV infection. A smaller but equally critical portion is used to fund technical assistance, clinical training, and the development of innovative models of HIV care.

Of the estimated 1.2 million people with HIV in the United States, more than 50 percent receive high-quality HIV medical care, treatment, and support services from the HRSA RWHAP each year. The HRSA RWHAP has developed a comprehensive system of care and treatment that provides the foundation for ending the HIV epidemic in the U.S. The HRSA RWHAP is critical to ensuring that low-income uninsured or underserved people with HIV are linked to medical care, retained in medical care, prescribed antiretroviral medications, and achieve viral suppression. HIV treatment is a recognized form of prevention. In line with the National HIV/AIDS Strategy 2022, the HRSA RWHAP works toward four national HIV health outcome goals:

1. Prevent new HIV infections
2. Improve HIV-related health outcomes of people with HIV
3. Reduce HIV-related disparities and health inequities
4. Achieve integrated and coordinated efforts that address the HIV epidemic among all partners and stakeholders

The HRSA RWHAP has been increasingly successful in achieving improved outcomes along the HIV care continuum.² The RWHAP legislation authorizes a portion of RWHAP Part B funds to be designated for the AIDS Drug Assistance Program (ADAP), which provides medications for the treatment of HIV disease, access to medications through the purchase of health insurance for eligible clients, and for services that enhance access, adherence, and monitoring of drug treatments. The following states, territories, and Pacific Island jurisdictions are eligible to apply for RWHAP ADAP funding: all 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, the Federated States of Micronesia, and the Republic of the Marshall Islands.

¹ [The Ryan White HIV/AIDS Treatment Extension Act of 2009—Title XXVI of the Public Health Service Act](#)

² [HIV/AIDS Bureau HIV Performance Measures](#)

HAB requires all RWHAP ADAPs (with the exception of American Samoa, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, the Federated States of Micronesia, and the Republic of the Marshall Islands) report client-level data using the RWHAP ADAP Data Report (ADR). The RWHAP ADR was developed and implemented in 2013. The RWHAP ADR enables HRSA HAB to evaluate the impact of the RWHAP ADAP program on a national level and allows HRSA HAB to characterize the individuals using the program, describe the RWHAP ADAP-funded services being used, and delineate the costs associated with these services. The RWHAP ADAP client-level data submitted are used to:

- Monitor the clinical outcomes of clients enrolled in RWHAP ADAP
- Monitor the use of RWHAP ADAP funds in addressing the HIV epidemic in the United States
- Monitor the support provided by RWHAP ADAP to the most vulnerable communities, especially minorities
- Address the data needs of Congress and the Department of HHS concerning the HIV epidemic and the RWHAP
- Monitor progress toward the national goals to end the HIV epidemic
- Disseminate data on client sociodemographics and service utilization via the publicly available RWHAP ADAP Annual Client-level Data Report



HRSA HAB uses an encrypted Unique Client Identifier (eUCI) to ensure client confidentiality and limits data collection to only that information reasonably necessary to accomplish the ADR's purposes.



ADR technical resources are available to ADAPs through the [HRSA](#) or the [TargetHIV website](#).



What's New

There are two revisions to the reporting requirements of the **Client Report** in the ADR this year.

- For ID 17 ([page 36](#)), this data element has been renamed “**Last Date of Eligibility Confirmation**” (from “Recertification Date”). The reporting requirement has also been changed to reflect the updated guidance in [HRSA HAB’s Policy Clarification Notice 21-02](#). RWHAP ADAPs are no longer required to report a recertification date every six months. RWHAP ADAPs now “must conduct **timely** eligibility confirmations, in accordance to their policies and procedures, to assess if the client’s income and/or residency status has changed.” For this data element, report the last recertification date that was conducted for existing clients. Only one date needs to be reported. Dates may be in or prior to the reporting period.
- For the 2021 ADR, “**Day(s) Supply of Medication**” (ID 28) was removed. After further consideration from HAB, ID 28 ([page 45](#)) is being added back in as a necessary data element to fully assess the quality of RWHAP ADAP medication services. For this data element, report the number of days that each fully paid medication was dispensed during the reporting period.

About the ADR

The ADR includes two components: (1) the Recipient Report, and (2) the Client Report. All RWHAP ADAPs are required to submit both reports.

The Recipient Report is a collection of basic information about recipient characteristics, programmatic policies, funding, expenditures, and medication formulary.

The Client Report (or client-level data) is a collection of records (one record for each client enrolled in the RWHAP ADAP) which includes the client’s eUCI, basic demographic data, and enrollment and certification information. A client’s record also includes data about any RWHAP ADAP-funded medication assistance and/or health insurance assistance received, including the costs of these services. HIV clinical information is also reported for all clients.

RWHAP ADAPs are required to submit the ADR annually.



The 2022 ADR, consisting of the Recipient Report and Client Report, is due on **June 5, 2023**.



RWHAP ADAPs are encouraged to upload their client-level data by **April 24, 2023**, to allow enough time to address any technical and data quality issues.

Who is an RWHAP ADAP client?

An RWHAP ADAP client is any person who has been deemed eligible to receive RWHAP ADAP services, regardless of whether the person received RWHAP ADAP services during the reporting period.

During the reporting period, an RWHAP ADAP client may have:

- Received medications and/or insurance assistance
- Been placed on a waiting list
- Been disenrolled
- Been eligible but did not receive any services

What are RWHAP ADAP services?

As defined in HAB Policy Clarification Notice 16-02, [RWHAP Eligible Individuals & Allowable Uses of Funds](#), an RWHAP ADAP is a “state-administered program authorized under RWHAP Part B to provide U.S. Food and Drug Administration (FDA)-approved medications to low-income clients living with HIV who have no coverage or limited health care coverage. ... RWHAP ADAPs can provide access to medication by using program funds to purchase health care coverage and through medical cost sharing for eligible clients. ... RWHAP ADAPs may use a limited amount of program funds for activities that enhance access to, adherence to, and monitoring of antiretroviral therapy with prior approval.”

Medication Assistance Services

Medication assistance services are the purchasing of FDA-approved medications for the treatment of HIV, the prevention and treatment of opportunistic infections, the treatment of hepatitis B and C, and other medications for many co-morbid conditions that may impact people with HIV. RWHAP ADAPs decide which medications to include in their formulary and how these medications will be distributed. These medications are purchased with RWHAP ADAP funds on behalf of a client.

Health Insurance Assistance Services

Health insurance assistance services support clients to obtain and maintain continuity of health insurance. This includes premium payments (partial or full), Medicare Part C- and D-related medication costs [coinsurance, deductibles, true out-of-pocket costs (TrOOP), and coinsurance under catastrophic coverage] and medication co-pays and deductibles. These health insurance assistance costs are paid with RWHAP ADAP funds on behalf of a client.

Services Provided Under the RWHAP ADAP Flexibility Policy

HRSA HAB Policy Notice 07-03, [Use of Ryan White HIV/AIDS Program Part B ADAP Funds for Access, Adherence and Monitoring Services](#), allows recipients greater flexibility in using RWHAP ADAP base funds for services that improve access to medications, increase adherence to medication regimens, and help clients monitor their progress in taking HIV-related medications. To use RWHAP ADAP base dollars for services under the RWHAP ADAP Flexibility Policy, recipients must request approval annually in their grant application or through the prior approval process in the [HRSA Electronic Handbooks \(EHBs\)](#). RWHAP ADAP base dollars used for services under the RWHAP ADAP Flexibility Policy are not reported on the ADR.

How is the ADR submitted to HRSA HAB?

RWHAP ADAPs access the [EHBs](#), a web-based grants administration system, to submit the ADR. The ADR Recipient Report is completed by filling out the online forms. RWHAP ADAPs upload the Client Report as an Extensible Markup Language (XML) file within the Recipient Report. For additional information, see the [Submitting Client-level Data](#) section on page 20 of this manual.



If you need help navigating the EHBs, go to the [EHBs Customer Support Center website](#), or call 1-877-464-4772.

Submitting Your ADR



Create Client Report XML using ADR System or TRAX.



Complete your Recipient Report.



Ensure date quality using tools within the ADR.



Correct any errors and submit your ADR.

Who submits the ADR?


The ADR submission is a requirement of the RWHAP Part B grant award. Each RWHAP Part B recipient of record must complete the Recipient Report and the Client Report of the ADR. The recipient of record is the agency that receives RWHAP ADAP funding directly from HRSA.


What are the reporting periods?

The reporting period is the 12-month time period for which data should be reported. The Recipient Report and Client Report have different reporting periods.

- **Recipient Report:** RWHAP ADAPs report data based on the RWHAP Part B **grant year** reporting period, **April 1, 2022, to March 31, 2023**.
- **Client Report:** RWHAP ADAPs report client-level data for clients enrolled during the **calendar year** reporting period, **January 1, 2022, to December 31, 2022**.

Important Dates

	Date	Client Report (XML File)	Recipient Report
	Wednesday, March 1, 2023	ADR Test Your XML and Data Quality Feature Opens	— —
	Monday, April 3, 2023	ADR Web System opens for 2022 data collection	
	Monday, April 24, 2023	Target upload date for all 2021 ADR client-level data files	— —
	Monday, June 5, 2023	ADRs must be in “Submitted” status by 6 p.m. ET	



Be sure to visit the [TargetHIV](#) website at the beginning of the report submission period to obtain up-to-date information, materials, and the webinar series schedule.

The Recipient Report

For the Recipient Report, each RWHAP ADAP will report data based on the grant year reporting period, April 1, 2022, to March 31, 2023.

The first section of the Recipient Report is the Cover Page ([Figure 1](#)) which contains basic recipient information. RWHAP ADAPs must update, enter, and/or verify the following recipient information. Items 1–4 are prepopulated from the information on the recipient of record stored in the EHBs. If the information is not correct for these items, contact the EHBs Customer Support Center at 1-877-464-4772 to make corrections. For item 5, you may edit the contact information directly on your screen.

Cover Page

- 1. Recipient name (display only):** The recipient name must match the organization name on the Notice of Award (NoA). There should be no abbreviations or acronyms unless they are also used in the NoA.
- 2. Grant number (display only):** This is the grant number displayed on your NoA.

Figure 1. ADR Recipient Report: Cover Page

ADAP Data Report

Report ID: 32785 Report Period: FY 2022 Annual Status: Working Due Date: 6/1/2023 6:00:00 PM (122 days left)

Mode: ReadWrite Client Count: 20 UET: Last Modified: 1/30/2023 11:03:26 AM (by Brianna Arroyo 85904377@test.com)

REMINDER:
The Recipient Report (Questions 1 – 7) should be reported for the grant year April 1, 2022 – March 31, 2023, whereas the uploaded client level data should be 2022 calendar year data.

A. PROGRAM ADMINISTRATION

1. Please indicate which of the following limits applied to your ADAP during the reporting period. For each item that applied, complete the blank with the information requested on that limit.
(Check all that apply)

- ☐ Waiting list anytime during the reporting period
- ☐ Enrollment cap- Max number of enrollees
- ☐ Capped number of prescriptions per month- Max number of prescriptions/month
- ☐ Capped expenditure- Monetary cap per client \$
 - ☐ Per Month
 - ☐ Annual
- ☐ Drug-specific enrollment caps for ARVs, Hepatitis B, or Hepatitis C medications
- ☐ Formulary reduction
- ☐ Decrease in financial eligibility criteria
- ☐ None of these limits were applied to the ADAP during the reporting period

2. Please indicate the maximum ADAP eligibility requirements as a percentage of Federal Poverty Level (FPL):
Maximum ADAP eligibility requirements as a percentage of FPL: %

3. Has your ADAP experienced an unexpected increase in enrolled clients?
☐ Yes If Yes, how many new clients were enrolled?
☒ No

Save Cancel

3. **Unique Entity Identifier (display only):** The UEI is a 12-digit alphanumeric identifier provided by SAM.gov to all entities that register to do business with the federal government.



If you need help locating your organization's UEI, contact Ryan White Data Support for assistance by phone at 1-888-640-9356 or via email at RyanWhiteDataSupport@wrma.com.

4. **Recipient address (display only):** This address should match the mailing address of the recipient of record. There should be no abbreviations or acronyms unless they are also used in the NoA.
5. **Contact information of person completing the Recipient Report:** Enter name, title, email, telephone number, and FAX number. *You must complete the required data.*

Once you've updated, entered, and/or verified the data on the Recipient Contact Information page, click **Save** to save the data and advance to the next section, Programmatic Summary Submission.

Programmatic Summary Submission

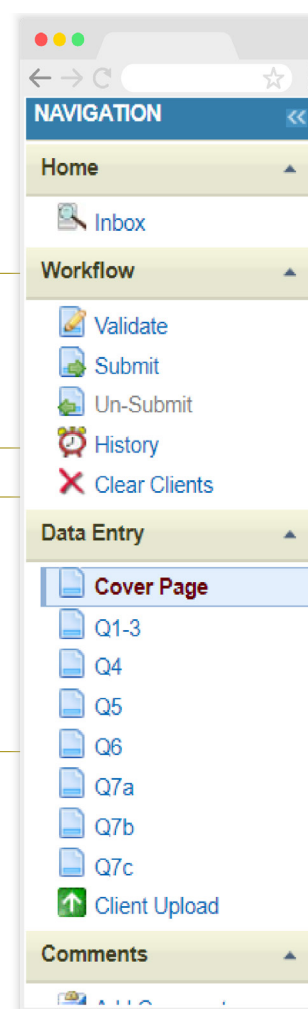
The Programmatic Summary Submission section consists of subsections A through E, questions 1–7. Complete it for the grant year reporting period April 1, 2022, to March 31, 2023.



Note the Navigation menu on the left side of the ADR web application. Under **Data Entry**, navigate through the Recipient Report by clicking on the question number.



You will not be able to save a page with missing data (a blank entry). To avoid losing data, enter 0 (zero) as a placeholder for any unknown data: once you have this data, you can return to this page to enter it. You can also print out the Programmatic Summary Section to complete and then enter your data electronically later.



A. Program Administration

1. RWHAP ADAP Limits. Indicate whether your RWHAP ADAP has adopted any of the following limits to control costs. Check more than one box if applicable (Figure 2).

- *Waiting list*—A list of clients who have been certified as eligible and have been enrolled to receive RWHAP ADAP services but are not receiving RWHAP ADAP services due to caps on service enrollment or other cost-containment strategies.
- *Enrollment cap*—A limit on the maximum number of people who can be enrolled in your RWHAP ADAP and receive services at any given time. If your RWHAP ADAP has capped enrollment, enter the maximum number of enrollees.
- *Capped number of prescriptions per month*—A limit on the number of prescriptions allowed per client per month. If your RWHAP ADAP has capped prescriptions per month, enter the number per month.
- *Capped expenditure*—A limit on the maximum number of dollars that can be spent per client. If your RWHAP ADAP has capped expenditures, enter the monetary cap per client and whether the cap applies monthly or annually.
- *Drug-specific enrollment caps for antiretrovirals (ARVs) or hepatitis B and C medications*—A limit on the maximum number of clients who can receive a specific medication at any given time.
- *Formulary reduction*—A change in your RWHAP ADAP formulary that reduced the number of medications that are available to your clients to control costs.
- *Decrease in financial eligibility criteria*—A change in your income eligibility requirement that decreased the federal poverty level (FPL) criteria for participation in your RWHAP ADAP.
- *None of these limits were applied to the RWHAP ADAP during the reporting period*—If your RWHAP ADAP did not apply any limits, check this box as your only response to this question.



If you select enrollment cap, capped number of prescriptions, or capped expenditure, enter the maximum limit for that option.

Figure 2. ADR Recipient Report: Programmatic Summary Submission, Questions 1–3

The screenshot shows a web application titled "ADAP Data Report". On the left is a navigation menu with sections: "NAVIGATION" (Search, Home, Inbox), "Workflow" (Validate, Submit, Un-Submit, History, Clear Clients), "Data Entry" (Cover Page, Q1-3, Q4, Q5, Q6, Q7, 7a, Q7b, Q7c, Client Upload), "Comments" (Add Comments, View Comments), and "Print" (Print PDF). The main content area is titled "ADAP Data Report" and shows details for "X07HA00056 : FENTY LERWICK HEALTH DEPARTMENT". It includes fields for Report Id (32785), Report Period, Status (Working), Mode (ReadWrite), Client Count (20), and UEI. A "Required" section states: "Form fields 1 through 5 are system populated and will be displayed in the printable version of the report. You must complete fields 5a through 5d. Field :". Below this are five numbered fields: 1. Recipient Name (FENTY LERWICK HEALTH DEPARTMENT), 2. Grant Number (X07HA00056), 3. UEI, 4. Recipient Address (1160 Blenden Gdns., PURVIS, CT 09070-0308), and 5. Contact information of person completing the Recipient Report. Field 5 contains sub-fields: a. Contact Name, b. Contact Title, c. Contact Email, d. Contact Telephone, and e. Contact Telefax, each with an input box. At the bottom of the form are "Save" and "Cancel" buttons. A footer note says: "Logged in as: GranteeDataViewer, GranteeDataEditor, GranteeDataSubmitter. The HAB Web Applications also require Adobe Acrobat Reader 5 or higher installed on your PC. To download Adobe Acrobat Reader, click [Adobe icon]."

2. **RWHAP ADAP income eligibility as a percentage of federal poverty level (FPL).** Enter the maximum income a person can have to be eligible for participation in your RWHAP ADAP expressed as a percentage of the FPL. If the FPL requirement changed during the grant year, enter the FPL that was in place as of the end of the grant year ([Figure 2](#)). For example, people with HIV who have an income of 400 percent of the FPL or lower may be eligible to participate. For additional information on how to calculate FPL, go to [HHS Poverty Guidelines](#).



Question: Which FPL eligibility requirement should we report if we have different requirements for our medication and health insurance assistance services?

Answer: RWHAP ADAPs should report their FPL requirement for medication services.

3. Has your RWHAP ADAP experienced an unexpected increase in enrolled clients? Indicate if your RWHAP ADAP had a higher-than-expected increase in enrolled clients during the reporting period.

- Yes. If yes, indicate how many more new clients enrolled than you anticipated. Enter the number of additional new clients you received that was above what you anticipated.
- No.



Question: Can you elaborate on what “unexpected” means?

Answer: “Unexpected” means there was an increase that was more than your organization anticipated or projected.



Click **Save** before navigating to the next page or your data will be lost.

B. Purchasing Mechanisms

Figure 3. ADR Recipient Report: Programmatic Summary Submission, Question 4

The screenshot displays the ADAP Data Report interface for FENTY LERWICK HEALTH DEPARTMENT. The report ID is 32785, and the report period is FY 2022 Annual. The status is Working, and the due date is 6/1/2023 6:00:00 PM (122 days left). The client count is 20, and the last modified date is 1/30/2023 11:03:26 AM by Brianna Arroyo.85904377@test.com.

A reminder message states: "The Recipient Report (Questions 1 – 7) should be reported for the grant year April 1, 2022 – March 31, 2023, whereas the uploaded client level data should be 2022 calendar year data."

The section **B. PURCHASING MECHANISMS** contains Question 4: "Please check all that apply to your Drug Pricing Program:". The options are:

- ☐ 340B Rebate
- ☐ 340B Direct Purchase
- ☐ Prime vendor
- ☐ Department of Defense

At the bottom of the question, there are "Save" and "Cancel" buttons.

4. **Drug pricing cost-saving strategies.** Check all responses that apply to your drug pricing program (Figure 3). For complete definitions of the cost-saving strategies below, see the Glossary.

If your RWHAP ADAP participates in the 340B Drug Pricing Program that requires drug manufacturers to provide outpatient drugs to eligible health care organizations/covered entities at significantly reduced prices, select the mechanism(s) through which your program has implemented the program:

- **340B Rebate**—A prescription drug purchasing model in which RWHAP ADAPs reimburse a network of retail pharmacies for costs associated with filling prescriptions for eligible clients. RWHAP ADAPs submit 340B rebate claims to drug manufacturers.
- **340B Direct Purchase**—A prescription drug purchasing model in which RWHAP ADAPs purchase drugs directly from a manufacturer or wholesaler at the 340B pricing schedule.

If your RWHAP ADAP participates in the 340B Prime Vendor Program that handles price negotiation and drug distribution responsibilities for its members, check Prime Vendor.

- **Department of Defense**—A pharmaceutical cost-saving strategy administered by the Department of Defense.

C. Funding

Figure 4. ADR Recipient Report Online Form: Programmatic Summary Submission, Question 5

ADAP Data Report

Report ID: 32785 Report Period: FY 2022 Annual Status: Working Due Date: 6/1/2023 6:00:00 PM (122)
Mode: ReadWrite Client Count: 20 UEI: Last Modified: 1/30/2023 11:03:26 AM

REMINDER:
The Recipient Report (Questions 1 – 7) should be reported for the grant year April 1, 2022 – March 31, 2023, whereas the uploaded client level data should be 2022 calendar year data.

Required
All items in the Recipient Report should be reported for the most recent grant year. Please review the Instructions for Completing the ADAP Recipient Report to ensure that you respond to each item appropriately.

C. FUNDING

5. Please enter the funding received during this reporting period from each of the following sources:

Funding Source	(if no funding was received enter "0") Amount Received (to nearest dollar)
a. Total contributions from Part A EMAs/TGAs	\$
b. Total contribution from Part C and/or D recipients	\$
c. Total contributions from EHE recipients	\$
d. State general fund contributions	\$
e. Carryover of Ryan White funds from previous year	\$
f. Manufacture rebates and program income reinvested in ADAP	\$
g. All insurance reimbursements, excluding Medicaid	\$
h. Medicaid reimbursements	\$
Resources received this reporting period (Total of a through h) \$ 0	

Save Cancel

- 5. RWHAP ADAP funding received during the reporting period.** Enter the amount of funding your program received from the sources listed below during the reporting period ([Figure 4](#)). Enter 0 if your RWHAP ADAP did not receive funding from any given source during the period. Do not leave any boxes blank.
- a.** *Total contributions from RWHAP Part A Funding*—Enter total amount that Part A contributed to RWHAP ADAP.
 - b.** *Total contributions from RWHAP Part C and/or D Funding*—Enter total amount that Part C and/or Part D contributed to RWHAP ADAP.
 - c.** *Total contributions of EHE funding*—Enter total amount of EHE funding contributed to RWHAP ADAP from Ending the HIV Epidemic (EHE) Initiative recipients (RWHAP Part A and Part B).
 - d.** *State general funding contributions*—Enter total amount of state funding that was contributed to RWHAP ADAP.
 - e.** *Carry-over of RWHAP funds from previous year*—If your state contributed carryover of RWHAP funds (whether RWHAP ADAP base or other RWHAP Part B funding) to RWHAP ADAP, enter the total amount here.
 - f.** *Manufacturer Rebates and Program Income Reinvested in the RWHAP ADAP*—Report ALL rebate dollars and program income reinvested in RWHAP ADAP. Rebate dollars are a return of a part of a payment from pharmaceutical manufacturers when RWHAP ADAPs purchase medications at a price higher than the 340B price. Program income means gross income earned that is directly generated by a supported activity or earned as a result of the federal award during the period of performance.
 - g.** *All Insurance Reimbursements, excluding Medicaid*—Enter total amount received from health insurance reimbursement (excluding Medicaid), i.e., from medication and insurance costs paid for a client who later received retroactive insurance eligibility.
 - h.** *Medicaid Reimbursements*—Enter total amount received for Medicaid reimbursements, i.e., from medication and insurance costs paid for a client who later received retroactive Medicaid eligibility.



Funding Sources: To Report or Not Report in the ADR?

Funding Source	Reporting Guidance
RWHAP Part B Base funding	RWHAP Part B Base funding is not reported as these numbers are already reported elsewhere (Program Terms Report).
Part B Supplemental RWHAP ADAP funding	Part B Supplemental RWHAP ADAP funding is not reported as these numbers are already reported elsewhere (Program Terms Report).
RWHAP ADAP base funding	RWHAP ADAP base funding is not reported since these awards can only be used for RWHAP ADAP and HRSA HAB already knows the amount you were awarded.
RWHAP ADAP Emergency Relief Fund	RWHAP ADAP Emergency Relief Fund is not reported since these awards can only be used for RWHAP ADAP and HRSA HAB already knows the amount you were awarded.
RWHAP ADAP Flexibility Policy	RWHAP ADAP Flexibility Policy is not reported in the ADR.
State matches for RWHAP ADAP	All state funds (whether or not they are used to meet your match requirement) are reported in “e. State general fund contributions.”
Rebates	Only rebates you invested back in the RWHAP ADAP are reported in “f. Manufacturer Rebates and Program Income Reinvested in the RWHAP ADAP.”
No funding sources received during the reporting period.	It is possible, though unlikely, for an RWHAP ADAP to not receive funding from any of the funding sources listed in Question 5 during the reporting period. If that is the case, the RWHAP ADAP should enter 0 for each funding source.

D. Expenditures

Figure 5. ADR Recipient Report Online Form: Programmatic Summary Submission, Question 6

ADAP Data Report
X07HA00056 : FENTY LERWICK HEALTH DEPARTMENT

Report Id: 32785 Report Period: FY 2022 Annual Status: Working Due Date: 6/1/2023 6:00:00 PM (122 days k
Mode: Read/Write Client Count: 20 UEI: Last Modified: 1/30/2023 11:03:26 AM (by E

REMINDER:
The Recipient Report (Questions 1 – 7) should be reported for the grant year April 1, 2022 – March 31, 2023, whereas the uploaded client level data should be 2022 calendar year data.

*** Required**
All items in the Recipient Report should be reported for the most recent grant year. Please review the Instructions for Completing the ADAP Recipient Report to ensure that you respond to each item appropriately.

D. EXPENDITURES

*** 6. For each of the following categories, please enter total expenditures for this reporting period:**

Expenditure Category	Total Cost
a. Full pay medication assistance	\$
b. Dispensing costs	\$
c. Other administrative costs	\$
d. Health insurance assistance (including co-pays, deductibles, and premiums)	\$
Total ADAP expenditures this reporting period (Total of a through d)	\$ 0

Save Cancel

6. Expenditures. Enter the total expenditures for pharmaceuticals, dispensing costs, other administrative costs, and health insurance coverage (including co-pays, deductibles, and premiums) for the reporting period (Figure 5). Enter 0 if your RWHAP ADAP did not have any expenses in a category. Do not leave any boxes blank. The total expenditures for the reporting period will be calculated automatically.

- Full pay medication assistance*—Medication expenses for all drugs paid in full by RWHAP ADAP. If RWHAP ADAP only partially pays for a drug, report it as health insurance assistance in d. Health insurance assistance.
- Dispensing costs*—Pharmacy expenses or fees to dispense and/or distribute medications to clients.
- Other administrative costs*—All other fees (excluding dispensing costs) paid by RWHAP ADAP that are related to purchasing and distributing medication such as third-party insurance administrative fees, pharmacy fees, shipping and handling, and other bulk order fees. Do not include RWHAP ADAP general administrative costs (e.g., staffing costs) here.
- Health insurance assistance*—Any health insurance assistance, including premiums and medication co-pays and deductibles.

Any pharmacy-negotiated rates or fees for services provided to clients should be reported in the ADR. Depending on what those rates or fees cover, they should be reported under “Dispensing Costs” or “Other administrative costs.”

E. RWHAP ADAP Medication Formulary

7. Does your RWHAP ADAP have an open formulary, inclusive of all FDA-approved medications? An RWHAP ADAP with an open formulary will cover all FDA-approved drugs with some limited exceptions.

- Yes
- No

7a, b, c. RWHAP ADAP Medication Formulary. Lists of ARVs, opportunistic infection medications (A1-OIs), and hepatitis B and C medications will be provided separately in 7a, 7b, and 7c (see Figure 6, which shows Question 7a. ARV, as an example). The medication's generic name appears first, followed by the brand name.

For each medication listed in the medications list, check the box on the left if your RWHAP ADAP currently includes that medication in the formulary.

If the medication was added to the formulary during the reporting period, check the box in the Med Added column and enter the date it was added in the Date Added column.

Figure 6. ADR Recipient Report Online Form: Programmatic Summary Submission, Question 7a

ADAP Data Report
X07HA00056 : FENTY LERWICK HEALTH DEPARTMENT

Report Id: 32785 Report Period: FY 2022 Annual Status: Working Due Date: 6/1/2023 6:00:00 PM (122 days left)
Mode: ReadWrite Client Count: 20 UEI: Last Modified: 1/30/2023 11:03:26 AM (by Brianna.Arroyo.85)

REMINDER:
The Recipient Report (Questions 1 – 7) should be reported for the grant year April 1, 2022 – March 31, 2023, whereas the uploaded client level data should be 2022 calendar year data.

Required
All items in the Recipient Report should be reported for the most recent grant year. Please review the Instructions for Completing the ADAP Recipient Report to ensure that you respond to each item appropriately.

E. ADAP MEDICATION FORMULARY

Alternative View

Please provide information on Antiretroviral (ARV), Hepatitis B, Hepatitis C and 'A1'-OI medications currently on your ADAP formulary.

7. Does your ADAP have an open formulary, inclusive of all FDA approved medications?
☐ Yes ☐ No

7a. Recipient-level Formulary Information - Antiretroviral Medications
Please indicate which of the following ARV medications are included in your ADAP formulary. If the medication was added to your formulary during the grant year, check the box in the "Med Added" column and enter the date that the medication was added.

Included In Formulary	Generic Name	Brand Name	Med Added?	Date Added
<input type="checkbox"/> Select All				
<input checked="" type="checkbox"/>	abacavir	Ziagen	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	abacavir/dolutegravir/lamivudine	Triumeq	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	abacavir/lamivudine	Epzicom	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	abacavir/lamivudine/zidovudine	Trizivir	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	atazanavir	Reyataz	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	atazanavir and cobicistat	Evotaz	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	bictegravir, emtricitabine, and tenofovir alafenamide	Biktarvy	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	cabotegravir and rilpivirine	Cabenuva	<input type="checkbox"/>	
<input type="checkbox"/>	Cabotegravir	Apretude	<input type="checkbox"/>	
<input type="checkbox"/>	cabotegravir sodium	Vocabria	<input type="checkbox"/>	



Question: Do RWHAP ADAPs have to report historical start dates in the formulary?

Answer: Only include information in the *Date Added* column for medications added to the formulary within the current reporting period. You do not need to enter information in the *Date Added* field if the medication was added prior to the fiscal year reporting period.

This is the end of the Recipient Report.



If you need help completing the Recipient Report, call Ryan White Data Support at 1-888-640-9356 or email RyanWhiteDataSupport@wrma.com.

Submitting Your Recipient Report

The Recipient Report is submitted with the Client Report. See “The Client Report” for more information and follow the submission process for the Recipient Report and Client Report as described on [page 51](#).

The Client Report

RWHAP ADAPs should report client-level data in the Client Report for all clients enrolled during the calendar year reporting period January 1, 2022, to December 31, 2022. The Client Report is a collection of RWHAP ADAP client records that you must submit in one or more properly formatted XML files. There should be one record for each client enrolled in the RWHAP ADAP during the reporting period. An enrolled client is a person who is certified as eligible to receive services, whether or not the person actually received RWHAP ADAP services during the reporting period. For all enrolled clients, report client demographics, enrollment and certification data, and clinical data. For clients who received services, report whether they received health insurance services and/or medications services and required data. (See Appendix A: Required Client-Level Data Elements to determine the client level data elements required for an enrolled client.)

Submitting Client-level Data

RWHAP ADAPs need to extract client-level data from their systems into the proper XML format before uploading the data to the HRSA EHB. XML is a standard, simple, and widely adopted method of formatting text and data so it can be exchanged across different computer platforms, languages, and applications. To learn how to upload the client-level data XML file, see the [Uploading the XML Client File section on page 49](#).

If you have an ADR-ready system

If your RWHAP ADAP uses an ADR-ready system such as CAREWare, Provide Enterprise, eCOMPAS, or SCOUT, these systems will export the data into the required XML format. See the [ADR-Ready Systems List](#) for more information.



Be sure you are using the latest version of your ADR-ready system.

If you do not have an ADR-ready system

If you do not use an ADR-ready system, use a program that extracts the data from your system and generates an XML file that conforms to the rules of the ADR XML schema. The schema and related documents are available on [TargetHIV](#) at the [ADAP Data Report Download Package](#) page. HRSA HAB has also created a tool called TRAX to help RWHAP ADAPs create their ADR XML file. To download the application and manual, go to [TargetHIV](#) at the [TRAX ADR](#) page.



If you need assistance in creating your XML file(s), contact the DISQ Team at Data.TA@caiglobal.org.

Client-level Data Elements

This section outlines the required data fields in the client-level data XML file. Each data element description includes the following:

Element ID: Each data element has been assigned a value for convenient referencing between this document and the [ADR Data Dictionary and XML Schema Implementation Guide](#) available on the TargetHIV website.

ADR Client-level Data Element: A brief description of the client-level data element being collected.

XML Variable Name: The data elements have been assigned a variable name in the ADR Data Dictionary as the way to label data in the client-level data XML file. The variable name is provided for convenient referencing between this document and the ADR Data Dictionary.

Required for clients: Most data elements are required for all clients. However, there are instances when data elements are only required for new or existing clients, when clients received medication or/and health insurance services, or as a follow-up to a previous question.

Description: A detailed discussion of the variable and responses that may be reported for the variable. This section defines the responses allowed for the data element.

The table below lists all the possible data elements with links to their descriptions in this section of the manual:



Table 1: ADR Client-level Data Elements

Element Id	Data Element Name
System Variables	
2	Encrypted Unique Client Identifier
Client Demographics	
4	Client's self-reported ethnicity
68	Client report Hispanic subgroup
5	Client's self-reported race
69	Client report Asian subgroup
70	Client report Native Hawaiian/Pacific Islander subgroup
6	Client's current self-reported gender
71	Client's sex at birth
9	Client's year of birth
10	Client's HIV/AIDS status
11	Client's percent of the federal poverty level
13	Client's health insurance

Element Id	Data Element Name
Enrollment and Certification	
14	<u>New client</u>
15	<u>Date completed application was received</u>
16	<u>Date completed application was approved</u>
17	<u>Date of last eligibility confirmation</u>
18	<u>Client enrollment status</u>
19	<u>Reason(s) for disenrollment</u>
Health Insurance Services	
20	<u>Receipt of health insurance services</u>
67	<u>Type of health insurance assistance received</u>
21	<u>Amount paid for premiums</u>
22	<u>Months coverage of premiums paid</u>
23	<u>Amount paid for medication co-pays and deductible</u>
Medication Assistance Services	
25	<u>Receipt of medication services</u>
26	<u>Medication(s) dispensed</u>
27	<u>Medication dispensed date</u>
28	<u>Day(s) supply of medication</u>
29	<u>Amount paid for medication</u>
Clinical Information	
32	<u>CD4 count date</u>
33	<u>CD4 count value</u>
34	<u>Viral load date</u>
35	<u>Viral load count</u>

System Variables

Encrypted Unique Client Identifier: ID 2

XML Variable Name:

ClientUci

Required for:

All clients enrolled at any time during the reporting period.

Description:

The XML file will contain one system field: encrypted Unique Client Identifier (eUCI). To protect client information, an eUCI is used for reporting RWHAP client data.

An eUCI is a 40-character alphanumeric code created when SHA-1, a one-way hashing algorithm that meets the highest privacy and security standards, encrypts the client's UCI. The original UCI is unrecoverable from the eUCI. The resulting alphanumeric code, the eUCI, is used to distinguish one RWHAP client from all others in a region.



Guidelines for Collecting and Recording Client Names

RWHAP ADAPs should develop business rules/operating procedures outlining the method by which client names should be collected and recorded. For example:

- Enter the client's entire name as it normally appears on documentation, such as a driver's license, birth certificate, passport, or Social Security card.
- Follow the naming patterns, practices, and customs of the local community or region (e.g., for Hispanic clients living in Puerto Rico, record both surnames in the appropriate order).
- Avoid using nicknames (e.g., do not use Becca if the client's full name is Rebecca).
- Avoid using initials.
- Instruct your staff on the correct entry of client names. Client names must be entered in the same way every time to avoid false duplicates.

Client Demographics

The purpose of the Client Demographics section is to describe the sociodemographic characteristics of all enrolled clients eligible to receive medication assistance and/or health insurance assistance services, regardless of whether they received services during the reporting period. Client demographics include race and ethnicity, gender, age, HIV/AIDS status, poverty level, and health insurance.

Reporting Client Race and Ethnicity

The Office of Management and Budget (OMB) Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity provides a minimum standard for maintaining, collecting, and presenting data on race and ethnicity for all federal reporting purposes. The standards were developed to provide a common language for uniformity and comparability in the collection and use of data on race and ethnicity by federal agencies.

The standards have five categories for data on race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. There are two categories for data on ethnicity: Hispanic or Latino and Not Hispanic or Latino. Identification of ethnic and racial subgroups is required for the categories of Hispanic/Latino, Asian, and Native Hawaiian/Pacific Islander. The racial category descriptions defined in October 1997 are required for all federal reporting, as mandated by the OMB. For more information, go to [ASPE.hhs.gov](https://aspe.hhs.gov).

HRSA HAB is required to use the OMB reporting standard for race and ethnicity. However, RWHAP ADAPs can choose to collect race and ethnicity data in greater detail. If your RWHAP ADAP chooses to use a more detailed collection system, organize the data collected so any new categories can be mapped to the standard OMB breakdown.



RWHAP ADAPs are required to report race and ethnicity for each client based on that client's self-report. Do not establish criteria or qualifications to determine a person's racial or ethnic classification, and do not specify how a person should classify their race.

Client's self-reported ethnicity: ID 4

XML Variable Name:

EthnicityId

Required for:

All clients enrolled at any time during the reporting period.

Description:

The client's ethnicity is based on his or her self-report.

These are the response category options:

- *Hispanic/Latino/a*—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be synonymous with "Hispanic or Latino."
- *Non-Hispanic*—A person who does not identify his or her ethnicity as Hispanic or Latino.

Client report Hispanic subgroup: ID 68

XML Variable Name:

AdrClientReportHispanicSubgroup

Required for:

All clients enrolled at any time during the reporting period for whom ID 4 was reported as Hispanic/Latino(a) or Spanish origin.

Description:

If the response to ID 4, client's self-reported ethnicity is "Hispanic/Latino/a", indicate the client's Hispanic subgroup. (Choose all that apply).

These are the response category options:

- *Mexican, Mexican American, Chicano/a*
- *Puerto Rican*
- *Cuban*
- *Another Hispanic, Latino/a or Spanish origin*

Client's self-reported race: ID 5

XML Variable Name:

Raceld

Required for:

All clients enrolled at any time during the reporting period.

Description:

The client's race based on his or her self-report. Multiracial clients should select all category options that apply.

These are the response category options:

- *American Indian or Alaska Native*—A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- *Asian*—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- *Black or African American*—A person having origins in any of the black racial groups of Africa.
- *Native Hawaiian or Pacific Islander*—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- *White*—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.



"Unknown" is not a response option for the race and ethnicity subgroups. If you do not have these data for a given client because the client declined to answer or their race and ethnicity subgroups did not align with the response category options, leave blank and the data will be missing. For additional assistance on how to deal with "unknown" responses in your data, please contact the DISQ Team at Data.TA@caiglobal.org.

Client report Asian subgroup: ID 69

XML Variable Name:

AdrClientReportAsianSubgroup

Required for:

All clients enrolled at any time during the reporting period for whom ID 5 was reported as Asian.

Description:

If the response to ID 5, client's self-reported race is "Asian," indicate the client's Asian subgroup. (Choose all that apply).

These are the response category options:

- *Asian Indian*
- *Chinese*
- *Filipino*
- *Japanese*
- *Korean*
- *Vietnamese*
- *Other Asian*

Client report Native Hawaiian/Pacific Islander subgroup: ID 70

XML Variable Name:

AdrClientReportNhpiSubGroup

Required for:

All clients enrolled at any time during the reporting period for whom ID 5 was Native Hawaiian or Pacific Islander.

Description:

If the response to ID 5, client's self-reported race is "Native Hawaiian or Pacific Islander," indicate the client's Native Hawaiian or Pacific Islander subgroup. (Choose all that apply).

These are the response category options:

- *Native Hawaiian*
- *Guamanian or Chamorro*
- *Samoan*
- *Other Pacific Islander*

Client's current self-reported gender: ID 6

XML Variable Name:

GenderId

Required for:

All clients enrolled at any time during the reporting period.

Description:

Indicate the client's current gender (the socially and psychologically constructed, understood, and interpreted set of characteristics that describe a person's current sexual identity) based on client self-report.

These are the response category options:

- *Male*—An individual with strong and persistent identification with the male sex.
- *Female*—An individual with strong and persistent identification with the female sex.
- *Transgender Male to Female*—An individual whose sex assigned at birth was male but who identifies their gender as female, regardless of the status of social gender transition or surgical and hormonal sex reassignment processes.
- *Transgender Female to Male*—An individual whose sex assigned at birth was female but who identifies their gender as male, regardless of the status of social gender transition or surgical and hormonal sex reassignment processes.
- *Transgender Other*—An individual who identifies as transgender but does not identify with the other transgender options and/or does not identify with the binary positions of male/female. These individuals may or may not engage in social gender transition or surgical and hormonal sex reassignment processes (e.g., gender non-conforming, genderqueer, non-binary, gender fluid, bi-gender, etc.).
- *Unknown*—Indicates the client's gender category is unknown or was not reported or does not fit within one of the available options.



You cannot leave the Gender ID 6 blank; you must report one of the options below for current gender. This is a variable that is used for the eUCI.

Client's sex at birth: ID 71

XML Variable Name:

SexAtBirthId

Required for:

All clients enrolled at any time during the reporting period.

Description:

Report the biological sex assigned to the client at birth.

These are the response category options:

- Male
- Female

Client's year of birth: ID 9

XML Variable Name:

BirthYear

Required for:

All clients enrolled at any time during the reporting period.

Description:

Report the client's birth year in the form YYYY.



Even though only the year of birth will be reported to HRSA HAB, RWHAP ADAPs should collect the client's full date of birth. The client's birth month, day, and year are used to generate the eUCI.

Client's HIV/AIDS status: ID 10

XML Variable Name:

HivAidsStatusId

Required for:

All clients enrolled at any time during the reporting period.

Description:

This data element is the client's HIV status at the end of the reporting period.

These are the response category options:

- *HIV-positive, not AIDS*—Client has been diagnosed with HIV but has not been diagnosed with AIDS.
- *HIV-positive, AIDS status unknown*—Client has been diagnosed with HIV. It is not known whether the client has been diagnosed with AIDS.
- *CDC-defined AIDS*—Client has HIV and meets the CDC AIDS case definition for an adult or child.
- *HIV-indeterminate (infants < 2 years only)*—A child under the age of 2 whose HIV status is not yet determined but was born to a woman with HIV.



HRSA HAB encourages RWHAP ADAPs to use their state HIV surveillance data to report client HIV/AIDS status. If a client has ever been diagnosed with AIDS, report client as “CDC-defined AIDS.”

Client's percent of the federal poverty level: ID 11

XML Variable Name:

PovertyLevelPercent

Required for:

All clients enrolled at any time during the reporting period.

Description:

Report the client's annual household income as a percent of the federal poverty level as of the end of the reporting period. Enter the exact poverty level percentage up to four digits (0 and 9999). Do not include percentage signs or commas.

Example: For a client at 125 percent of the federal poverty level, enter **125**.



There are two slightly different versions of the federal poverty measure — the poverty thresholds (updated annually by the U.S. Bureau of the Census) and the poverty guidelines (updated annually by HHS). If your RWHAP ADAP already uses one of these measures, use that to report this data item. Otherwise, HRSA HAB recommends and prefers that your RWHAP ADAP use the HHS poverty guidelines to collect and report it. For more information on poverty measures and to see the [2022 HHS Poverty Guidelines](#).

Client's health insurance: ID 13

XML Variable Name:

MedicalInsuranceld

Required for:

All clients enrolled at any time during the reporting period.

Description:

Report ALL sources of health care coverage the client had for any part of the reporting period, regardless of whether the RWHAP ADAP paid for it. If the client did not have health care coverage at some time during the reporting period, report *No insurance/uninsured* as well. (Choose all that apply.)

These are the response category options:

- *Private—Employer* is private health insurance such as BlueCross/BlueShield, Kaiser Permanente, and Aetna and is obtained through an employer.

- *Private—Individual* is private health insurance such as BlueCross/BlueShield, Kaiser Permanente, and Aetna and is paid by the client and/or RWHAP funds.
- *Medicare Part A/B* is a public health insurance program for people ages 65 and older, people under age 65 with certain disabilities, and people with end-stage renal disease (permanent kidney failure treated with dialysis or a transplant) or amyotrophic lateral sclerosis (also known as Lou Gehrig’s disease). Medicare Part A (hospital insurance) covers inpatient care in hospitals, skilled nursing facility care, nursing home care, hospice care, and home health services. Medicare Part B (medical insurance) covers medically necessary services from health care providers, outpatient care, home health care, durable medical equipment/supplies, and preventive services.
- *Medicare Part C* is an alternative to private health insurance for Medicare beneficiaries. Also known as Medicare Advantage, it is a type of health plan from a private company that a Medicare-eligible person can choose to cover most of their Medicare Part A and Medicare Part B benefits instead of Original Medicare (i.e., benefits under individual Medicare Part A plus Medicare Part B). It usually also includes drug coverage (Medicare Part D).
- *Medicare Part D* is a standalone prescription drug coverage insurance.
- *Medicaid, Children’s Health Insurance Program (CHIP), or other public plan.* Medicaid is funded jointly by states and the federal government and provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. The program is administered by states, according to federal requirements. CHIP provides federal matching funds to states to provide health coverage to children in families with incomes too high to qualify for Medicaid, but who can’t afford private coverage. Other public plan is any federal or state-funded third-party coverage or health plan.
- *Veterans Administration (VA), Tricare, or other military health care.* VA is health coverage for eligible veterans. Tricare and other military health care are health care programs for uniformed service members, retirees, and their families.
- *Indian Health Services* provides health services to American Indians and Alaska Natives.
- *Other plan* means the client has an insurance type or third-party coverage other than those listed above.
- *No insurance/uninsured* means the client did not have health insurance or third-party coverage at some time during the reporting period.
- *High Risk Insurance* is a state-run, state-subsidized high-risk insurance pool program offered in some states. They provide coverage for people who may have been denied coverage or are otherwise unable to obtain individual health insurance. High-risk insurance pool plans may also offer coverage consistent with a certain eligibility provision of HIPAA (i.e., for people who lost

group health plan coverage), supplemental coverage for disabled Medicare beneficiaries under the age of 65 in states where they do not have access to Medigap, or those who meet other eligibility requirements.

- *Association Plan* is a group health plan that allows multiple smaller employers to join together to access health insurance savings that is typically associated with large employer medical coverage.



Question: Do I report a client's source of health insurance differently when RWHAP ADAP has paid for their premium?

Answer: No, you do not report a client's source of health insurance differently when RWHAP ADAP has paid for their premium. If the RWHAP ADAP paid the employee part of an employer sponsored plan, report: *Private-Employer*. If the RWHAP ADAP paid a premium for a non-employer sponsored plan, report: *Private—Individual*.



Question: How do I report Medigap as a type of insurance?

Answer: Medigap is a Medicare supplemental insurance plan sold by private insurance companies designed to fill in the gaps left by original Medicare A and B. Report Medigap under *Private—Individual*.

Enrollment and Certification

The purpose of the Enrollment and Certification section is to describe client enrollment patterns and eligibility confirmation processes during the reporting period. Report the applicable data elements for all clients who were enrolled in the RWHAP ADAP during the reporting period, whether or not they received services.

New client: ID 14

Element Name:

NewEnrollment

Required for:

All clients who were enrolled at any time during the reporting period.

Description:

This data element captures whether the client is newly enrolled during the reporting period, regardless of the client's enrollment status at the end of the period.

Report "Yes" if the client was new during the reporting period.

New client refers to individuals who meet BOTH of the following criteria:

- *Applied to your state RWHAP ADAP for the first time ever, and*
- *Met the RWHAP ADAP's eligibility criteria during the period for which you are reporting data.*

Report "No" if the client was not new during the reporting period. Examples of clients who are not new are the following:

- *Clients who have been recertified as eligible or clients who have been reenrolled after a period of having been decertified/disenrolled,*
- *Clients who have moved out of the state and then returned, and/or*
- *Clients who move on and off RWHAP ADAP because of fluctuations in eligibility for a Medicaid/medically needy program, based on whether they met spend-down requirements.*



A person enrolled in RWHAP ADAP (new or existing client) may or may not use services. Use of services is not required to be an enrolled client.

Date completed application was received: ID 15

XML Variable Name:

ApplicationReceivedDate

Required for:

Only newly enrolled clients whose application was approved during the reporting period.

Description:

For all new clients, report the date that the RWHAP ADAP received the first completed application. Each RWHAP ADAP should have a policy of when an application is considered complete and approved and apply it consistently to all applicants. Indicate this date as MM/DD/YYYY.

Example: If a new client's RWHAP ADAP completed application was received on July 2, 2022, report **07/02/2022**.



The date a new client's completed application was received can be prior to the reporting period. For example, a new client application was received in December (prior to the reporting period) and was approved in January (within the reporting period).

Date completed application was approved: ID 16

XML Variable Name:

ApplicationApprovalDate

Required for:

Only newly enrolled clients whose application was approved during the reporting period.

Description:

For all new clients, report the date that the client was first approved to begin receiving RWHAP ADAP services. For RWHAP ADAPs that may have two different application processes for medication or health insurance services or if a client applies to the program more than once within the reporting period, enter the first date a client is approved for any RWHAP ADAP service. Indicate this date as *MM/DD/YYYY*.

Example: If a new client's *RWHAP ADAP application* was approved on July 2, 2022, report **07/02/2022**.



The date a new client's application was approved should be within the reporting period.



Question: If a client is initially ineligible for RWHAP ADAP and is declined and then reapplies two months later and is eligible, which date should be used for the completed application?

Answer: Report the complete application date for when the client was approved.



Question: If a new client application is approved but the client does not receive their first service during the reporting year, what dates should be reported for this client?

Answer: Report dates under **Date Completed Application Received (ID 15)** and **Date Application Approved (ID 16)**. For ID 18 Enrollment Status, report "Enrolled but did not need/request any services."



Date of last eligibility confirmation: ID 17

XML Variable Name:

LastEligibilityConfirmationDate

Required for:

Only required for existing clients whose enrollment status at the end of the reporting period was not disenrolled.

Description:

As described in HRSA [HAB Policy Clarification Notice 21-02 Determining Client Eligibility and Payor of Last Resort in the Ryan White HIV/AIDS Program](#), effective October 19, 2021, HRSA HAB expects RWHAP ADAPs to establish, implement, and monitor policies and procedures to determine client eligibility. RWHAP ADAPs should conduct periodic checks on existing clients to identify status changes that may affect their eligibility. Report the date the client was last determined to be eligible to continue receiving RWHAP ADAP services. Indicate date in the form *MM/DD/YYYY*. Dates can be prior to the reporting period.

Example: If a client's *last eligibility confirmation* was conducted on July 2, 2022, report **07/02/2022**.

Client enrollment status: ID 18

XML Variable Name:

EnrollmentStatusAtEndofYearID

Required for:

All clients enrolled at any time during the reporting period.

Description:

This data element captures the enrollment status of the client at the end of the reporting period.

These are the response category options:

- *Enrolled, receiving services*—The client is enrolled in RWHAP ADAP and received ADAP-funded medications and/or health insurance services during the reporting period.
- *Enrolled, on waiting list*—The client is enrolled in RWHAP ADAP but is on a waiting list to receive services.
- *Enrolled, services not requested*—The client is enrolled in RWHAP ADAP but did not need/request any services.
- *Disenrolled*—The client was disenrolled from RWHAP ADAP.

Reason(s) for disenrollment: ID 19

XML Variable Name:

DisenrollmentReasonId

Required for:

All clients enrolled at any time during the reporting period for whom ID 18 enrollment status was disenrolled.

Description:

This data element captures the disenrollment reasons for clients disenrolled as of the end of the reporting period. Indicate ALL reasons for disenrollment. If the reason is not one of the options listed, choose Other. If the reason is not known, choose Unknown. Choose all that apply, except if unknown is chosen.

These are the response category options:

- Program eligibility criteria changed, client no longer eligible
- Client's eligibility changed, client no longer meets eligibility criteria
- Did not recertify
- Did not fill prescription as required by program
- Deceased
- Dropped out, no reason given
- Other
- Unknown

RWHAP ADAP Services

RWHAP ADAP services are health insurance assistance and medication assistance services provided to enrolled clients in the RWHAP ADAP. RWHAP ADAP funds, regardless of their source (state funds, RWHAP Part B ADAP, RWHAP Part B, 340B rebates, program income, etc.) were used to provide these services. Report all RWHAP ADAP services that a client received during the reporting period in these sections. Additional definitions for RWHAP ADAP services are in the [What are RWHAP ADAP services?](#) section on page 5.



If a client did not receive any health insurance assistance or medication assistance services, report in ID 18 Enrollment Status, *"The client is enrolled but did not need/request any services."*

Common Issues for Reporting RWHAP ADAP Services

Common Issues	Reporting Guidance
Medication was dispensed to the client, but there was no cost to the client (and therefore no cost to the RWHAP ADAP).	Do not report medication services if there is no cost to the RWHAP ADAP.
Medication is dispensed to the client and the cost is paid for by the RWHAP ADAP but is retroactively reimbursed by Medicaid or insurance.	<p>RWHAP ADAP services that are retroactively reimbursed (i.e., back billing) should be reported as services that were provided based on the initial claim paid.</p> <p>RWHAP ADAPs are not required to go back into their data system and delete services for which they back billed Medicaid and received reimbursement. The reimbursements should be reported in the Funding section of the ADR Recipient Report.</p>
RWHAP ADAP buys medication for an insured client and then bills the insurer. The insurer reimburses the RWHAP ADAP at the retail cost of the medication. The insurer reimbursement exceeds the direct purchase cost paid by the RWHAP ADAP.	The difference between the third-party reimbursement and the 340B drug purchase price is program income. If program income is reinvested into the RWHAP ADAP, it should be reported in the Funding section ADR Recipient Report.
Medication cost was less than \$1 and due to rounding rules, the cost was reported in the ADR as \$0.	If the cost is less than \$1 but greater than \$0, round the cost to \$1 for the purposes of reporting. This will ensure that the service is reported.

RWHAP ADAP Health Insurance Services

The purpose of the RWHAP ADAP Health Insurance Services section is to describe RWHAP ADAP- funded health insurance assistance services and expenditures. This includes premiums (partial or full), Medicare Part D, related costs (coinsurance, deductibles, TrOOP, and coinsurance under catastrophic coverage), and medication co-pays, coinsurance, and deductibles. Medication co-pays, deductibles, and coinsurance are considered health insurance assistance services, not medication services, so report them in this section, not in “Drugs and Drug Expenditures.” Report the RWHAP ADAP-funded health insurance services your clients received during the reporting period based on when the premiums, deductibles, co-pays, and other fees were paid, not according to the coverage period.



A *full premium* payment is when the RWHAP ADAP pays 100 percent of the premium. This is common when the RWHAP ADAP is purchasing health insurance on behalf of the client. A *partial premium* payment is when the RWHAP ADAP pays a portion of the premium (i.e., less than 100 percent). For example, if the RWHAP ADAP is paying the employee share of a premium or the non-subsidy part of a health insurance premium, report this as a partial premium. See [ADR In Focus: Partial Premiums](#) for more strategies on how to distinguish between full and partial premiums.



Question: Are Affordable Care Act (ACA) insurance premiums paid by RWHAP ADAP considered full or partial payments?

Answer: It depends. If the client is receiving a subsidy and the RWHAP ADAP pays the non-subsidy part of the premiums, these are partial premiums. If a client is not receiving a subsidy and the RWHAP ADAP is paying 100 percent of the premium, these are full premiums.

Receipt of health insurance services: ID 20

XML Variable Name:

InsuranceAssistanceReceivedFlag

Required for:

Clients enrolled at any time during the reporting period.

Description:

This data element captures whether the client received RWHAP ADAP-funded health insurance assistance during the reporting period, including premiums (partial or full), Medicare Part D coinsurance, deductibles, TrOOP, and coinsurance under catastrophic coverage. Copays and deductibles for medications are also considered health insurance assistance services, so report them in this section, not in the “Drugs and Drug Expenditures” section.

- Report “Yes” if the client did receive health insurance assistance during the reporting period
- Report “No” if the client did NOT receive health insurance assistance during the reporting period

Type of health insurance assistance received: ID 67

XML Variable Name:

InsuranceAssistanceTypeID

Required for:

All clients enrolled at any time during the reporting period for whom ID 20 was Yes.

Description:

This data element captures the types of health insurance assistance that the client received during the reporting period. (Choose all that apply.)

These are the response category options:

- *Full premium payment* is when the RWHAP ADAP pays 100 percent of the premium.
- *Partial premium payment* is when the RWHAP ADAP pays a portion of the premium (i.e., less than 100 percent).
- *Medication co-pay/deductible including Medicare Part D coinsurance, copayment, or donut hole coverage* is when the RWHAP ADAP pays the share of medication costs for clients who have health care coverage. The client's portion may represent the entire cost of a drug when the client has not yet met their deductible.

Amount paid for premiums: ID 21

XML Variable Name:

InsurancePremiumAmount

Required for:

All clients enrolled at any time during the reporting period for whom ID 67 was a full premium payment or partial premium payment.

Description:

Indicate the total amount (\$1 to \$100,000) of health insurance premiums, **including premiums paid for by Medicare Part D**, paid on behalf of the client during the reporting period. This includes any premium **paid** (partial or full) during the reporting period, regardless of the time frame that the premium covers (i.e., if the time frame covered extends outside the reporting period). Do not include dollar signs, commas, or cents.

Months coverage of premiums paid: ID 22

XML Variable Name:

InsurancePremiumMonthCount

Required for:

All clients enrolled at any time during the reporting period for whom ID 67 was full premium payment or partial premium payment.

Description:

Indicate the total number of months of coverage for which the RWHAP ADAP paid the health insurance premiums in ID 21. Include all months, even if they fall outside the reporting period. If the RWHAP ADAP pays part of the premium, report the full coverage period of the policy. RWHAP ADAPs do not need to prorate the months based on the portion of the premium paid.

Example: If the *premium paid* covered 13 months, enter **13**.

Amount paid for medication co-pays and deductible: ID 23

XML Variable Name:

MedicationCopayOrDeductibleAmount

Required for:

All clients who were enrolled at any time during the reporting period for whom ID 67 was medication co-pay/deductible including Medicare Part D co-insurance, co-payment, or donut hole coverage.

Description:

Indicate the total amount (\$1 to \$100,000) of medication co-pays/deductibles paid on behalf of the client, **including Medicare Part D deductibles and co-pays or donut hole coverage** during the reporting period. This includes any medication co-pays and deductibles paid during the reporting period, regardless of when the medication was dispensed. Do not include dollar signs, commas, or cents. Only round numbers can be reported in your XML file. If a client's total medication, copay, and deductible value amounts to less than 50 cents, it should be rounded to \$1.

Example: If the *amount paid for medication co-pays and deductibles* was \$249.30, enter **250**.



Question: How do you report a medication if the RWHAP ADAP paid the full cost for an insured client?

Answer: If the drug is not covered by the client's insurance carrier, report it as medication assistance. If the drug is covered by the health insurance program but the RWHAP ADAP is paying the full amount of the drug because the client has not yet met their deductible, report it as a co-pay/deductible.



Question: Should RWHAP ADAPs stop reporting after the client leaves the Medicare donut hole?

Answer: After leaving the donut hole, a Medicare Part D beneficiary enters the catastrophic coverage period. If RWHAP ADAP pays the client's co-payments during the catastrophic coverage period, it should continue to report amounts under *Amount Paid for Co-pays and Deductibles*.



Question: Where do I report co-pays for medical visits in the ADR?

Answer: RWHAP ADAP funds cannot be used to pay for medical visit co-pays, with the exception of medical visits for administering an antiretroviral medication (see [December 2019 HRSA HAB Program Letter](#)). Allowable medical visit co-pays are not reported on the ADR; only report co-pays for medications in ID 67 and 23.

Medication Assistance Services

The purpose of the Medication Assistance Services section is to describe ALL medications (i.e., ARVs, hepatitis B, hepatitis C, and A1-OI medications, and other medications) that your RWHAP ADAP pays for in full and that are dispensed to clients during the reporting period. This section also includes the cost for each medication dispensed during the reporting period.



RWHAP ADAP payments for medication co-pays or deductibles are considered health insurance assistance services; report them in *Health Insurance Services*, in ID 23. Amount Paid for Medication Co-pays and Deductible.



RWHAP ADAPs may fully pay medication costs when a client has health insurance but has not yet met their deductible. These medication costs are considered health insurance assistance services; report them in *Health Insurance Services*, in ID 23. Amount Paid for Medication Co-pays and Deductible.

Receipt of medication services: ID 25

XML Variable Name:

MedicationsDispensedFlag

Required for:

All clients enrolled at any time during the reporting period.

Description:

Indicate whether medications paid in full by the RWHAP ADAP were dispensed to the client during this reporting period. Medications include ARVs, hepatitis B, hepatitis C, and A1-OI medications, and other medications.

- Report “Yes” if RWHAP ADAP paid the full medication payment
- Report “No” if RWHAP ADAP did not pay the full medication payment.



RWHAP ADAPs may receive reimbursements for the full costs of dispensed medications because the client had been approved for another program (i.e., Medicaid) that pay for medications already dispensed (i.e., Medicaid back-billing). This should be reported as the client receiving the medication services in ID 25, 26, 27, and 28. RWHAP ADAPs should not report the reimbursement.



In instances when an RWHAP ADAP receives a reversal of a claim from a pharmacy (i.e., when a client doesn’t pick up their medication), this should not be reported as the client receiving medication service.

Medication(s) dispensed: ID 26

XML Variable Name:

MedicationID

Required for:

All clients enrolled at any time during the reporting period for which ID 25 was Yes.

Description:

Report **ALL** medications paid for in full by the RWHAP ADAP (ARVs, hepatitis B, hepatitis C, and A1-OI medications, and other medications) dispensed to the client during the reporting period. Use the medication's 11-digit National Drug Code (NDC), #####-####-##.

Example: If the *medication* is Adefovir (generic) or Hepsera (brand name), enter NDC code, **61958-0501-01**.



If you use CAREWare, NDC codes are already built into the software.



For more information on how to report medications using NDC codes, contact the DISQ Team at Data.TA@caiglobal.org.

Medication dispensed date: ID 27

XML Variable Name:

MedicationStartDate

Required for:

All clients enrolled at any time during the reporting period for whom ID 25 was Yes.

Description:

Report the date for each RWHAP ADAP-funded medication listed in ID 26 that was dispensed. Indicate this date in the form *MM/DD/YYYY*.

Example: If the client's *medication* was dispensed on July 2, 2022, enter **07/02/2022**.



Day(s) supply of medication: ID 28

XML Variable Name:

MedicationDays

Required for:

All clients enrolled at any time during the reporting period for whom ID 25 was Yes.

Description:

Report the number of days' supply for which each medication listed in ID 26 was dispensed to the client during the reporting period.

Example: If the client's *medication days' supply* is for 45 days, enter **45**.

Amount paid for medication: ID 29

XML Variable Name:

MedicationCost

Required for:

All clients enrolled at any time during the reporting period for whom ID 25 was Yes.

Description:

Report the cost of each RWHAP ADAP-funded medication (*1 to 100,000*) listed in Item 26 that was dispensed to the client during the reporting period. The cost should be before rebates and should not include dispensing or administrative fees. Include the costs paid for each dispensed prescription, even if the medication prescription period extended beyond the reporting period. Do not include dollar signs, commas, or cents. Only round numbers can be reported in your XML file. If a client's total medication, copay, and deductible value amounts to less than 50 cents, it should be rounded to \$1. See the example below.

Example: If the client's *medication costs* is for \$155.50, enter **156**.

Example of Medication Data

ClientId	MedicationId	MedicationStartDate	Medication Days	MedicationCost
1	11822-0544-01	11,5,2022	90	1948
1	43063-0609-30	11,14,2022	15	2598
2	50242-2040-62	10,5,2022	30	100
2	60575-4112-51	10,5,2022	60	1



Do not include dispensing fees in amount paid for medication. Dispensing fees are reported in your Recipient Report.



Report medication prices as the amount before the rebate.



Question: May RWHAP ADAPs report medications for health insurance assistance clients?

Answer: There may be instances when clients with health insurance may also need medications not covered by their health insurance. If the RWHAP ADAP pays for these medications in full, report these medications in the “Medication Assistance Services” section.



Question: A client was enrolled in RWHAP ADAP and then was eligible for Medicaid. Medicaid granted retroactive eligibility, and RWHAP ADAP back-billed Medicaid for medication services paid by the RWHAP ADAP. How do we report this client?

Answer: Report data for this client in the Client Report. RWHAP ADAP services that are retroactively paid for by Medicaid (i.e., back-billing) should be reported. RWHAP ADAPs are not required to go back into their data system and delete services for which they back-billed Medicaid and received reimbursement.

Clinical Information

The purpose of the Clinical Information section is to describe the clinical characteristics of all RWHAP ADAP clients through the measurements of their CD4 count and viral load. The main goal of HIV treatment is to increase CD4 cell number and decrease the viral load to an undetectable level. The CD4 cell count measures the number of T-helper lymphocytes per cubic millimeter of blood and is a good predictor of immunity. Viral load is the quantity of HIV RNA in the blood and is a predictor of disease progression. In this section, report CD4 and viral load counts and dates for all enrolled clients eligible to receive medication assistance and/or health insurance assistance services, regardless of whether they received services during the reporting period.



Clinical information must come from labs, other clinical sources, or from the State Surveillance Program, not from client self-report.

CD4 count date: ID 32

XML Variable Name:

Cd4TestDate

Required for:

All clients enrolled at any time during the reporting period.

Description:

Report the test date for all CD4 count tests administered to the client during the reporting period. The CD4 cell count measures the number of T-helper lymphocytes per cubic millimeter of blood. As CD4 cell count declines, the risk of developing opportunistic infections increases. The test date is the date the client's blood sample is taken, not the date the results are reported by the lab. The test dates should be reported as *MM/DD/YYYY*.

CD4 count value: ID 33

XML Variable Name:

Cd4TestCount

Required for:

All clients enrolled at any time during the reporting period.

Description:

Report the value (*between 0 and 5,000 cells/mm3*) all CD4 count tests administered to the client during the reporting period.

Viral load date: ID 34

XML Variable Name:

ViralLoadTestDate

Required for:

All clients enrolled at any time during the reporting period.

Description:

Report the test date for all viral load tests administered to the client during the reporting period. Viral load is the quantity of HIV RNA in the blood and is a predictor of disease progression. The test date is the date the client's blood sample is taken, not the date the results are reported by the lab. The test dates should be reported as *MM/DD/YYYY*.

Viral load count: ID 35

XML Variable Name:

ViralLoadTestCount

Required for:

All clients enrolled at any time during the reporting period.

Description:

Report the value (*between 0 and 500,000,000 copies/mL*) of all viral load tests administered to the client during this reporting period. Do not include commas. Test results are expressed as the number of copies per milliliter of blood plasma. If a viral load count is undetectable, report the lower bound of the test limit. If the lower bound is not available, report zero.



Question: A client is disenrolled before receiving a viral load and/or CD4 test during the reporting period. What should I report?

Answer: There are times when you do not have these data for all clients. These missing data will trigger a validation warning message when you validate your data. Add a warning message comment to your ADR to explain the missing data.

This is the end of the Client Report.



If you need help completing the Client Report, call RWHAP Data Support at 1-888-640-9356 or email RyanWhiteDataSupport@wrma.com or the DISQ Team at Data.TA@caiglobal.org.

Uploading the XML Client File

To upload a client-level data XML file, open your ADR Recipient Report in the EHBs. From within the ADR Recipient Report, click the Client Upload link in the ADR Navigation menu. Continue to follow the on-screen instructions to upload your XML file.

Figure 7. Client Data File Upload

ADAP Data Report

X07HA00056 : FENTY LERWICK HEALTH DEPARTMENT

Report Id: 32785 Report Period: FY 2022 Annual Status: Working Due Date: 6/1/2023 6:00 PM (122 days left)

Mode: ReadWrite Client Count: 0 UEI: Last Modified: 1/30/2023 11:03:26 AM (by Brianna.Arroyo.85904377@test.com)

REMINDER:
The Recipient Report (Questions 1 – 7) should be reported for the grant year April 1, 2022 – March 31, 2023, whereas the uploaded client level data should be 2022 calendar year data.

You will be unable to upload files larger than 29MB. Please zip your file before upload. [Create Compressed Zip File](#)

CLIENT UPLOAD

Please upload ADR Client-Level Data in XML or Compressed Zip format. You will receive an email confirmation after you have successfully uploaded your clients. You must clear existing Client-Level Data files prior to uploading new files if you do not want system retain data from previously uploaded files.

[Choose File](#) CLIENT_RECORD_ADR.xml

[Upload File](#) [Cancel](#)

If you have uploaded your clients and answered all required questions, please validate your report before proceeding to submit your report.

This feature only works with ADR Client XML files or compressed zip files that conform to the ADR Client-Level Data XML Schema Definition. The most recent ADR XML Schema Definitions are available at [ADR XML Schema Definitions](#)

Upload History

ID	User	Description	Request Date	Processed Date	Clients in File	Status
10854	Brianna.Arroyo.85904377@test.com	Upload CLIENT_RECORD_ADR.xml	1/30/2023 11:41:13 AM	N/A	0	Pending

Page Size: 25 1 items in 1 page

Ensuring Data Quality

After you have uploaded your client-level data, you are ready to check and make sure that your data are correct and complete. This section will describe the tools in the EHBs that help you to ensure that you are submitting high-quality data. Also see [ADR in Focus: ADR Data: Are They Complete? Are They Correct? Do They Accurately Reflect Your Program?](#)

Reviewing Your Client Report

Generate and review a Client-level Data Upload Completeness Report (UCR) before you submit your ADR to ensure quality data. The UCR will display your uploaded data by data element so you can review your data quality and identify both missing and incorrect data. This report is available only after you have uploaded client-level data into the ADR Web Application. To run these reports, select the respective links in the ADR Navigation menu on the left side of the ADR web page. Also see [ADR in Focus: How to Use the ADR Upload Completeness Report \(UCR\).](#)

Report Validation

After completing the ADR Recipient Report and uploading the client-level data XML file, your data must pass a series of validation checks. See the full list of the *2022 ADR validations*. To validate your report, click **Validate** in the ADR Navigation menu. The validation process checks to make sure that your data are complete and correct. If your report has some potential data issues, you will receive errors, warnings, or alerts:

- **Errors:** Errors must be corrected. Correct data for which you received errors.
- **Warnings:** Warnings should be corrected if possible. If you cannot or should not correct the data, write a comment for each uncorrected warning to submit your report. To write a comment, click the Add Comment link next to the warning message.
- **Alerts:** Reports can be submitted with an alert. Review alerts and correct them if applicable. However, you are not required to fix or comment on alerts to submit your report.

Figure 8. Validation Process

The screenshot displays the 'Validate Reports' section of the ADR system. At the top, it shows report details: Report ID: 32785, Report Period: FY 2022 Annual, Status: Working, Due Date: 6/1/2023 6:00:00 PM (122 days left), and Last Modified: 1/30/2023 11:03:26 AM. Below this, the 'Recipient Validation Results' table lists 6 checks with messages, types (Warning, Error, Alert), comment counts, and actions. A warning message about eUCI encryption is shown below the table. The 'Client Validation Results' table lists 13 checks with messages, types, comment counts, and actions. The interface includes a navigation menu on the left with options like Home, Workflow, Validate, Submit, Un-Submit, History, Clear Clients, Data Entry, Cover Page, Q1-3, Q4, Q5, Q6, Q7, 7a, Q7b, Q7c, Client Upload, Comments, Add Comments, View Comments, Print, Print PDF, Reports, Upload Completeness, Reference, Validation Rules, and Merge Rules.

Row No.	Check No.	Message	Type	Comment Count	Action
1	14	QW5: Funding Type Total of a through h must be greater than zero (0).	Warning	0	Add Comment
2	17	QW6: Expenditure Total of a through d must be greater than zero (0).	Error	0	
3	18	QW6: Amount expended this Reporting Period is required. Please enter the amount your ADAP spent for each Expenditure Type. If no funds were spent for an Expenditure Type, please enter "0".	Error	0	
4	83	QW4: Information on the Drug Pricing Program you use is required. Please select at least one of the options listed.	Error	0	
5	114	QW7: A response indicating whether your ADAP has an open formulary is required.	Error	0	
6	32	Cover Page: Recipient contact information must be answered.	Warning	0	Add Comment

Client Validation Results

Although the eUCI is encrypted to ensure that clients cannot be identified, this is a reminder that it is good practice to handle these data in the same manner you would any other sensitive data, including PHI (personally identifiable information), PHI (protected health information).

For any validation that includes the number of clients, please click on the arrow to the left of the message to see a list of the clients' eUCIs.

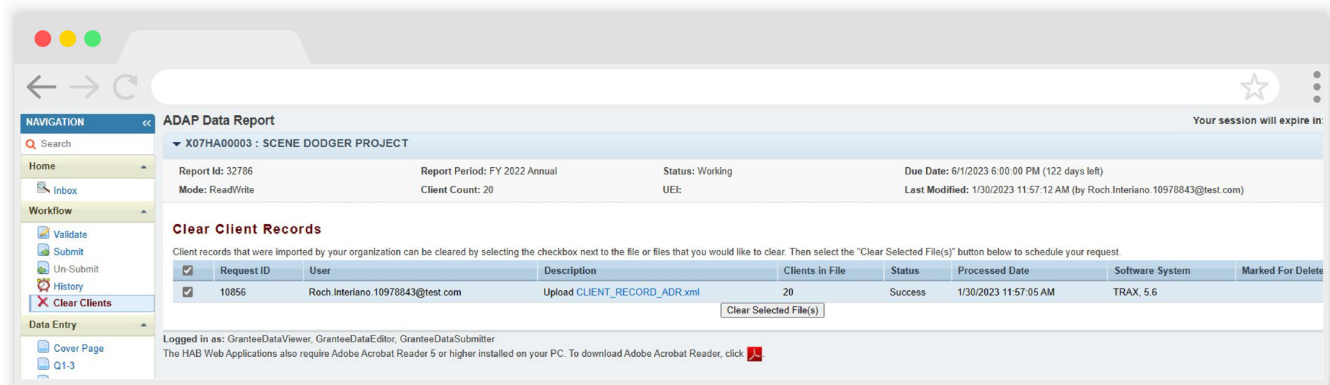
Row No.	Check No.	Message	Type	Comment Count	Action
1	40	1 client(s) with a CD4 Test Date after the reporting period.	Warning	0	Add Comment
2	41	1 client(s) with a Viral Load Test Date after the reporting period.	Warning	0	Add Comment
3	45	10 client(s) with an ADAP Application Received Date before the reporting period.	Alert	0	
4	50	6 client(s) with New Enrollment reported as 'yes' with an Application Approval Date on or after July 1 2022 who also had an ADAP LastEligibilityConfirmation Date.	Alert	0	
5	52	8 client(s) with an ADAP LastEligibilityConfirmation Date after the reporting period.	Alert	0	
6	58	4 client(s) with ADAP-Funded Medications Dispensed but 'no' reported for ADAP-Funded Medications Dispensed Flag.	Warning	0	Add Comment
7	59	4 client(s) with ADAP-Funded Medications Dispensed Flag reported as 'yes' but missing ADAP-Funded Medications Dispensed.	Warning	0	Add Comment
8	60	4 client(s) with ADAP-Funded Medications Dispensed Start Date but 'no' reported for ADAP-Funded Medications Dispensed Flag.	Alert	0	
9	62	4 client(s) reported with ADAP-Funded Medications Dispensed Number of Days but 'no' reported for ADAP-Funded Medications Dispensed Flag.	Alert	0	
10	63	1 client(s) with ADAP-Funded Medications Dispensed Flag reported as 'yes' but missing Medication Days.	Alert	0	
11	65	12 client(s) reported with missing CD4 test. CD4 tests should be reported for all enrolled clients.	Warning	0	Add Comment
12	72	14 client(s) reported with missing Viral Load test. Viral Load tests should be reported for all enrolled clients.	Warning	0	Add Comment
13	73	1 client(s) with Viral Load Test Dates before the reporting period.	Alert	0	

Uploading a New or Corrected Client Report

Before uploading a new or corrected client-level data file, clear all previous client records by clicking the **Clear Clients** link on the Navigation menu or selecting the **Clear Client Records** box in the file upload window. If the prior XML file is not cleared, the system will merge the old file and the new file which may result in inaccurate data.

After you have addressed the data issues that triggered validation messages, re-upload your client XML file by clicking the **Client Upload** link.

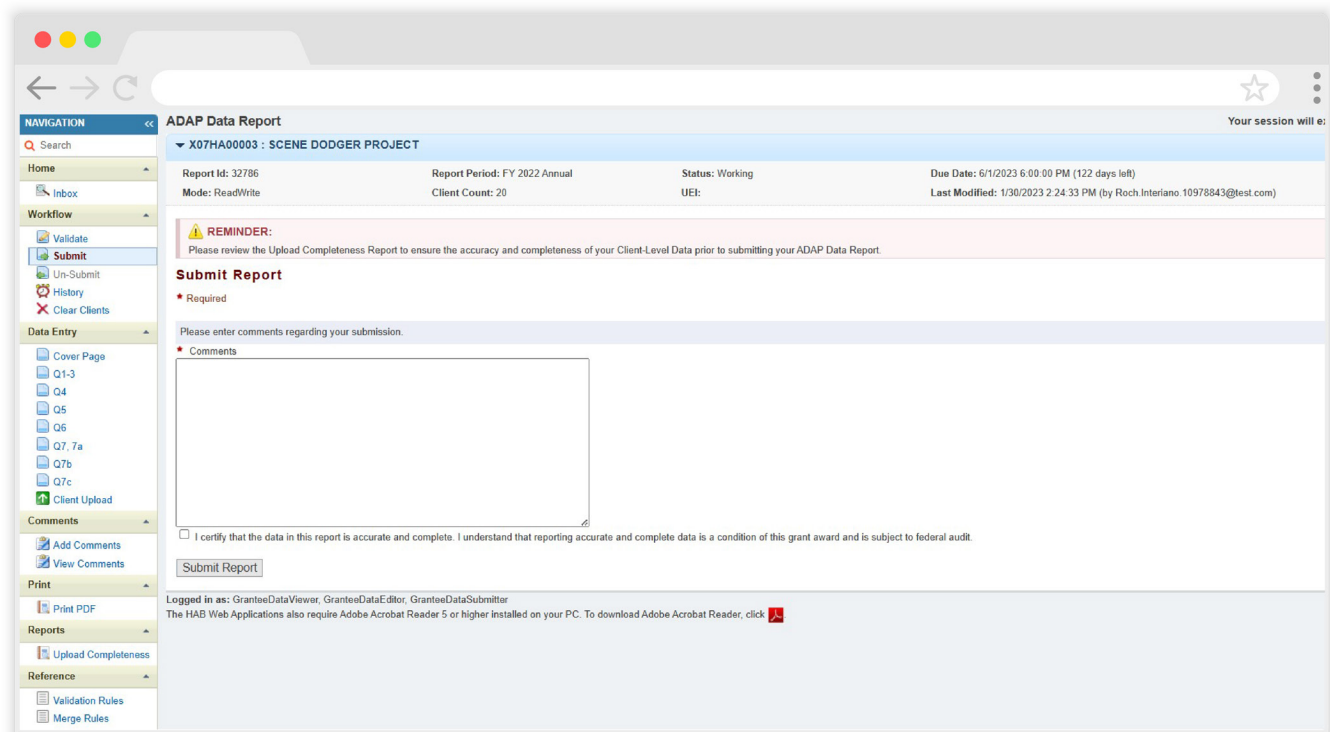
Figure 9. Clear Client File



Submitting Your Report

When your report is complete, submit the Recipient and Client Reports by clicking **Submit** in the ADR Navigation menu and following the instructions on your screen.

Figure 10. Submit Your Report



Appendix A:

Required Client-level Data Elements

● = Report this data element.

Id #	Client-level Data Elements	All Clients	Type of Client			Type of Service	
			New	Existing	Disenrolled	Health Insurance	Medication
System Variables							
2	Encrypted Unique Client Identifier	•					
Client Demographics							
4	Client’s self-reported ethnicity	•					
68	Client report Hispanic subgroup	•					
5	Client’s self-reported race	•					
69	Client report Asian subgroup	•					
70	Client report Native Hawaiian/Pacific Islander subgroup	•					
6	Client’s current self-reported gender	•					
71	Client’s sex at birth	•					
9	Client’s year of birth	•					
10	Client’s HIV/AIDS status	•					
11	Client’s percent of the federal poverty level	•					
13	Client’s health insurance	•					
Enrollment and Certification							
14	New client	•					
15	Date completed application was received		•				
16	Date completed application was approved		•				

Id #	Client-level Data Elements	All Clients	Type of Client			Type of Service	
			New	Existing	Disenrolled	Health Insurance	Medication
17	Date of last eligibility confirmation			•			
18	Client Enrollment Status	•					
19	Reason(s) for Disenrollment				•		
Health Insurance Services							
20	Receipt of Health Insurance Services	•					
67	Type of Health Insurance Assistance Received					•	
21	Amount Paid for Premiums					•	
22	Months Coverage of Premiums Paid					•	
23	Amount Paid for Medication Co-pays and Deductible					•	
Medication Assistance Services							
25	Receipt of Medication Services	•					
26	Medication(s) Dispensed						•
27	Medication Dispensed Date						•
28	Day(s) Supply of Medication						•
29	Amount Paid for Medication						•
Clinical Information							
32	CD4 Count Date	•					
33	CD4 Count Value	•					
34	Viral Load Date	•					
35	Viral Load Count	•					

Appendix B: Glossary

Term	Definition
RWHAP ADAP	AIDS Drug Assistance Program. A state-administered program authorized under Part B of the RWHAP to provide FDA-approved medications to low-income clients with HIV disease who have no coverage or limited health care coverage. RWHAP ADAPs may also use program funds to purchase health insurance for eligible clients and for services that enhance access to, adherence to, and monitoring of antiretroviral therapy.
RWHAP ADAP client	Any individual with HIV who meets the income and other eligibility criteria as established by the state RWHAP ADAP.
RWHAP ADAP Base Funds	Federal funds specifically designated to be used for the state/territory RWHAP ADAP.
RWHAP ADAP Flexibility Policy	HRSA HAB Policy Notice 07-03 provides recipients greater flexibility in the use of RWHAP ADAP funds and permits expenditures of RWHAP ADAP funds for services that improve access to medications, increase adherence to medication regimens, and help clients monitor their progress in taking HIV-related medications. To use RWHAP ADAP dollars for services under the RWHAP ADAP Flexibility Policy, recipients must request approval annually in their grant application or through the prior approvals process in EHBs.
RWHAP ADAP Supplemental Grant Award	Additional federal funds awarded to a RWHAP Part B (as a component of the RWHAP Part B award) who demonstrate severe need in RWHAP ADAP, based on established criteria and data provided in the ADR.
ADR Web Application	Where recipients submit their ADR; it is accessible via the HRSA Electronic Handbooks for Applicants/Recipients (EHBs), a web-based grants administration system.
Administrative costs	Administrative costs for medication purchases include items such as shipping and handling and other bulk order fees.
AIDS	Acquired Immune Deficiency Syndrome. A disease caused by the human immunodeficiency virus.
ARV	Antiretroviral. A drug that interferes with the ability of a retrovirus, such as HIV, to make more copies of itself.
Capped expenditure	A limit on the amount of money to be spent on one service or client per month or per year.
CAREWare	A free scalable software used for managing and monitoring HIV clinical and supportive care and producing reports.
CDC	Centers for Disease Control and Prevention. The HHS agency that administers HIV/AIDS prevention programs, including the HIV Prevention Community Planning process. The CDC is responsible for monitoring and reporting infectious diseases, administering HIV surveillance grants, and publishing epidemiologic reports such as the "HIV/AIDS Surveillance Report."

Term	Definition
CD4 or CD4+ cells	Also known as helper T-cells, these cells are responsible for coordinating much of the immune response. HIV's preferred targets are cells that have a docking molecule called cluster designation 4 (CD4) on their surfaces. Cells with this molecule are known as CD4-positive (CD4+) cells. Destruction of CD4+ lymphocytes is the major cause of the immunodeficiency observed in AIDS and decreasing CD4 levels appear to be the best indicator for developing opportunistic infections.
CD4 cell count	The number of T-helper lymphocytes per cubic millimeter of blood. The CD4 count is a good predictor of immunity. As the CD4 cell count decreases, the risk of developing opportunistic infections increases. The normal range for CD4 cell counts is 500 to 1,500 per cubic millimeter of blood.
Coinsurance	A form of medical cost sharing in a health insurance plan that requires an insured person to pay a percentage of medical expenses.
Co-payment	A fee charged to an individual per prescription.
Deductible	An annual fixed dollar amount that an insured person pays before the health insurance starts to reimburse or make payments for covered medical services.
Department of Defense Drug Pricing Program	Drug pricing cost-saving strategy administered by the Department of Defense.
Dispensing fees	The cost to pharmacies to dispense drugs that is then transferred as a fee to the buyer.
Dispensing of pharmaceuticals	The provision of prescription drugs to prolong life or prevent health deterioration.
Direct purchase	A prescription drug purchasing model in which state RWHAP ADAPs purchase drugs directly from a manufacturer or wholesaler at the 340B pricing schedule. RWHAP ADAPs then distribute the drugs using a centralized state system or through their own pharmacies.
Donut hole coverage	The coverage gap of the Medicare Part D plan where, after a certain point, the beneficiary is 100 percent responsible for the costs of the medication.
Drug formulary/open formulary	List of pharmaceutical drugs that are covered by the RWHAP ADAP. An open formulary will cover all FDA-approved drugs with some limited exceptions.
Drug pricing cost strategies	See 340B, direct purchase, and prime vendor.
Electronic Handbooks (EHBs)	The HRSA Electronic Handbooks for Applicants/Recipients (EHBs). A web-based grants administration system. The EHBs are accessible at https://grants.hrsa.gov/webexternal .
Eligibility criteria	The standards set by a state RWHAP ADAP, usually through an advisory committee, to determine who receives access to RWHAP ADAP services. Financial eligibility is usually determined as a percentage of the federal poverty level (FPL) (e.g., 400 percent FPL). Medical eligibility must include a positive HIV diagnosis. Eligibility criteria vary among RWHAP ADAPs.

Term	Definition
Epidemic	A disease that occurs clearly in excess of normal expectation and spreads rapidly through a demographic segment of the human population. Epidemic diseases can be spread from person to person or from a contaminated source such as food or water.
Federal poverty level	A measure of income issued every year by the Department of Health and Human Services (HHS). Federal poverty levels are used to determine your eligibility for certain public programs and benefits.
Fiscal year	The RWHAP Part B grant year of April 1–March 31.
Fixed co-payment	A set dollar amount charged to all clients as their share cost when they fill a prescription.
HRSA	Health Resources and Services Administration. The HHS agency responsible for directing national health programs that improve the nation's health by ensuring equitable access to comprehensive and quality health care for all. HRSA works to improve and extend life for people with HIV, provide primary health care to medically underserved people, serve women and children through state programs, and train a health workforce that is both diverse and motivated to work in underserved communities. HRSA is also responsible for administering the RWHAP.
Manufacturers' rebates	Dollars received from drug manufacturers that represent a percentage of the cost of the drug.
Medicaid/ medically needy program	The option to have a medically needy program allows states to extend Medicaid eligibility to additional qualified persons who may have too much income to qualify under the mandatory or optional categorically needy groups. This option allows them to spend down to Medicaid eligibility by incurring medical and/or remedial care expenses to offset their excess income, thereby reducing it to a level below the maximum allowed by that state's Medicaid plan.
Monetary cap	A limit on the amount of money to be spent on one service or client per month or per year.
Other negotiated rebates	Discounts negotiated between RWHAP ADAP officials and drug companies on the price of medications.
Pharmacy Network/ Rebate Model	A prescription drug purchasing model in which state RWHAP ADAPs reimburse a broad network of retail pharmacies for costs associated with filling prescriptions for eligible clients. RWHAP ADAPs then submit rebate claims to the manufacturer at the 340B pricing schedule.
Premium	The amount paid for health insurance by an individual and/or plan sponsor such as an employer.
Prime vendor	A voluntary program of 340B-covered entities in which the prime vendor handles price negotiation and drug distribution responsibilities for members. As the prime vendor has the potential to control a large volume of pharmaceuticals, it can negotiate favorable prices and develop a national distribution system that would not be possible for covered entities to obtain individually.

Term	Definition
Recipient of record	The official RWHAP recipient that receives funding directly from the federal government (HRSA).
Retroactive or back-billing	Billing for services previously rendered rather than at the time of delivery.
RWHAP Part B	The RWHAP Part that authorizes the distribution of federal funds to states and territories to improve the quality, availability, and organization of health care and support services for people living with HIV and their families. RWHAP emphasizes that such care and support are part of a continuum of care in which the needs of people with HIV and their families are coordinated.
Ryan White HIV/ AIDS Program (RWHAP)	Ryan White HIV/AIDS Treatment Extension Act of 2009. The federal legislation created to address the health care and service needs of people living with HIV/AIDS disease and their families in the United States and its territories. The Ryan White HIV/AIDS Program was enacted in 1990 (Pub. L. 101—381), reauthorized in 1996 as the Ryan White CARE Act Amendments of 1996, reauthorized in 2000 as the Ryan White CARE Act Amendments of 2000, and reauthorized in 2006 as the Ryan White HIV/AIDS Treatment Modernization Act of 2006. The most recent reauthorization was in 2009, as the Ryan White HIV/AIDS Treatment Extension Act of 2009.
340B Drug Pricing Program	Administered by the Office of Pharmacy Affairs, the 340B Drug Pricing Program provides federally designated entities (including RWHAP ADAPs and other RWHAP recipients) with access to discounted medications. As a condition for participation in Medicaid, drug manufacturers must sign a pharmaceutical pricing agreement with the HHS Secretary that the price charged for covered outpatient drugs will not exceed the statutory ceiling price (the average manufacturers' price reduced by the Medicaid rebate percentage).
XML	Extensible Markup Language. A standard, simple, and widely adopted method of formatting text and data so that it can be exchanged across all the different computer platforms, languages, and applications.

RWHAP ADAP Manual Index

A

RWHAP ADAP client, 3, 5, 20, 54
RWHAP ADAP income eligibility, 12
RWHAP ADAP Medication, 18
RWHAP ADAP services, 5, 11, 20, 35, 36, 37, 38, 46, 55

C

Capped expenditure, 11, 54
CD4, 46, 47, 48, 53, 55
Client demographics, 24
Client Report, 4, 6, 7, 8, 19, 20, 46, 48, 49, 50
Client's annual household income, 31
Clinical Information, 22, 46, 53
Co-pays, 5, 17, 22, 38, 41, 42, 53

D

Deductibles, 42
Disenrollment, 53
Dispensing fees, 46, 55
Donut hole coverage, 55
Drugs and drug expenditures, 38, 39

E

Encrypted Unique Client Identifier, 23, 52
Enrollment and Certification, 22, 33, 52
Enrollment cap, 11
eUCI, 3, 4, 23, 28, 29

F

Flexibility Policy, 6, 16, 54

H

Health insurance, 5, 17
Health services, 32
HIV/AIDS status, 24, 30, 52

M

Medicaid, 15, 32, 34, 38, 43, 46, 56, 57
Medicare, 5, 32, 33, 38, 39, 40, 41, 42, 55
Medicare Part A/B, 32
Medicare Part D, 32, 38, 39, 40, 41, 42, 55
Medication, 4, 5, 17, 18, 22, 38, 40, 42, 44, 45, 46, 52, 53

N

NDC codes, 44

P

Poverty Level, 11, 12, 24, 31, 52, 55, 56
Premiums, 39, 53
Programmatic Summary Submission, 10, 12, 13, 14, 17, 18

R

Race and ethnicity, 24, 26
Recertification, 4
Recipient Report, 4, 6, 7, 8, 9, 10, 12, 13, 14, 17, 18, 19, 38, 46, 49, 50

S

System Variables, 21, 23, 52

T

Transgender, 28

V

Validation, 50
Viral, 46, 47, 48, 53
Viral load, 46, 47, 48

W

Waiting list, 11

X

XML, 6, 8, 20, 21, 23, 25, 26, 27, 28, 29, 30, 31, 34, 35, 36, 37, 39, 40, 41, 43, 44, 45, 47, 48, 49, 50, 57