

ADR Data Dictionary and Schema Changes

This document summarizes clarifications made to the ADAP Data Report Data Dictionary and Schema. This information clarifies inconsistencies between the variable list, data dictionary and schema. In most cases, HAB has made the schema less restrictive in terms of values accepted in the submission. Please note that there are no changes in reporting requirements. To get the most recent ADR XML schema files and data dictionary, please go to <https://performance.hrsa.gov/HAB/adrFiles>.

If you're using CAREWare or Rx-Rex to create the ADR XML, these changes have been incorporated into these applications so there are no action steps needed. If you are using another system and have already been working on your ADR XML, this only requires minimal changes. Once you're done, you can check that the ADR XML works by going to the ADR XML test site at <https://perf-app-tst1.hrsa.gov/hab/AdrXMLUpload>.

The focus of the first submission is on successful completion of the process of uploading the XML file and not on ensuring that every piece of data is included in the submission. HAB will provide ongoing technical assistance to grantees to support the reporting of complete and accurate data.

Summary of Clarifications

ADR Data Dictionary

- Update response options for disenrollment reasons which did not match the variables list
- Update language to clarify the data elements occurrences for MedicationId, Medication Start Date, Medication Days and MedicationCost

ADR Schema

- Incorporate the disenrollment reason clarify into the schema options
- Update upper limits for medication dispensing fee and viral load to match data dictionary
- Update race, medical insurance and disenrollment reasons structure to support multiple values being reported
- Align eUCI length requirement with data dictionary requirement
- Allow medication days to be any integer, even if not a 30 day period

ADAP Data Report

Data Dictionary Clarifications

| File Name | | Description of change | |
|---------------------|--|---|---|
| | Before | After | |
| ADR Data Dictionary | Section 3.2.4.6: DisenrollmentReasonID -- Changed the Allowed Values. | 1 = Ineligible, change in ADAP FPL requirements 2 = Ineligible, other reason 4 = Did not recertify 5 = Did not fill prescription 6 = Deceased 7 = Dropped out, no reason provided 8 = Other/Unknown | 1 = Ineligible, change in ADAP FPL requirements 2 = ineligible for ADAP, now eligible for Medicaid 3 = Ineligible, other reason 4 = Did not recertify 5 = Did not fill prescription 6 = Deceased 7 = Dropped out, no reason provided 8 = Other/Unknown |
| | Update language to clarify the data elements occurrences for MedicationId. | 1 or more if medications were dispensed to this client during the reporting period, otherwise 0 | 1 if medications were dispensed to this client during the reporting period, otherwise 0. Only 1 MedicationId element is allowed within the same AdrClientReportMedication Complex Element. |
| | Update language to clarify the data elements occurrences for MedicationStartDate. | 1 or more if medications were dispensed to this client during the reporting period, otherwise 0 | 1 if medications were dispensed to this client during the reporting period, otherwise 0. Only 1 MedicationStartDate element is allowed within the same AdrClientReportMedication Complex Element. |
| | Update language to clarify the data elements occurrences for MedicationDays. | 1 or more if medications were dispensed to this client during the reporting period, otherwise 0 | 1 if medications were dispensed to this client during the reporting period, otherwise 0. Only 1 MedicationDays element is allowed within the same AdrClientReportMedication Complex Element. |
| | Update language to clarify the data elements occurrences for MedicationCost. | 1 or more if medications were dispensed to this client during the reporting period, otherwise 0 | 1 if medications were dispensed to this client during the reporting period, otherwise 0. Only 1 Medicationcost element is allowed within the same AdrClientReportMedication Complex Element. |

ADAP Data Report

Schema Clarifications

| File Name | Description of change | |
|----------------|---|---|
| | Before | After |
| ADR XML Schema | <p>Update DisenrollmentReasonLkup to add "2 - Ineligible for ADAP, now eligible for Medicaid", and change the current "2 = Ineligible, other reason" to "3 = Ineligible, other reason".</p> <pre> <xs:simpleType name="DisenrollmentReasonLkup"> <xs:restriction base="xs:nonNegativeInteger"> <xs:enumeration value="1"/> <xs:enumeration value="2"/> <xs:enumeration value="4"/> <xs:enumeration value="5"/> <xs:enumeration value="6"/> <xs:enumeration value="7"/> <xs:enumeration value="8"/> <!-- 1: Ineligible, change in ADAP FPL requirements--> <!-- 2: Ineligible, other reason --> <!-- 4: Did not recertify --> <!-- 5: Did not fill prescription--> <!-- 6: Deceased--> <!-- 7.Dropped out, no reason given--> <!-- 8.Other/Unknown--> </xs:restriction> </xs:simpleType></pre> | <pre> <xs:simpleType name="DisenrollmentReasonLkup"> <xs:restriction base="xs:nonNegativeInteger"> <xs:enumeration value="1"/> <xs:enumeration value="2"/> <xs:enumeration value="3"/> <xs:enumeration value="4"/> <xs:enumeration value="5"/> <xs:enumeration value="6"/> <xs:enumeration value="7"/> <xs:enumeration value="8"/> <!-- 1: Ineligible, change in ADAP FPL requirements--> <!-- 2: Ineligible for ADAP, now eligible for Medicaid--> <!-- 3: Ineligible, other reason --> <!-- 4: Did not recertify --> <!-- 5: Did not fill prescription--> <!-- 6: Deceased--> <!-- 7.Dropped out, no reason given--> <!-- 8.Other/Unknown--> </xs:restriction> </xs:simpleType></pre> |
| | <p>Update MedicationDispensingFeeAmountType maxInclusive value from 100 to 1000.</p> <pre> <xs:simpleType name="MedicationDispensingFeeAmountType"> <xs:restriction base="xs:integer"> <xs:minInclusive value="0"/> <xs:maxInclusive value="100"/> </xs:restriction> </xs:simpleType></pre> | <pre> <xs:simpleType name="MedicationDispensingFeeAmountType"> <xs:restriction base="xs:integer"> <xs:minInclusive value="0"/> <xs:maxInclusive value="1000"/> </xs:restriction> </xs:simpleType></pre> |
| | <p>Update ViralLoad to add maxInclusive 100000000.</p> <pre> <xs:simpleType name="ViralLoad"> <xs:restriction base="xs:integer"> <xs:minInclusive value="0"/> </xs:restriction> </xs:simpleType></pre> | <pre> <xs:simpleType name="ViralLoad"> <xs:restriction base="xs:integer"> <xs:minInclusive value="0"/> <xs:maxInclusive value="100000000"/> </xs:restriction> </xs:simpleType></pre> |

ADAP Data Report Schema Clarifications

| File Name | | Description of change | |
|----------------|---|---|---|
| | Before | After | |
| ADR XML Schema | AdrClientReportRace_Type – maximum one complex type of AdrClientReportRace is allowed. Within this complex type, multiple Raceld elements are allowed. | <pre><xs:element name="AdrClientReportRace" type="AdrClientReportRace_Type" minOccurs="0" maxOccurs="unbounded"/></pre> | <pre><xs:element name="AdrClientReportRace" type="AdrClientReportRace_Type" minOccurs="0" maxOccurs="1"/></pre> |
| | AdrClientReportMedicalInsurance – maximum one complex type of AdrClientReportMedicalInsurance is allowed. Within this complex type, multiple MedicalInsuranceId elements are allowed. | <pre><xs:element name="AdrClientReportMedicalInsurance" type="AdrClientReportMedicalInsurance_Type" minOccurs="0" maxOccurs="unbounded"/></pre> | <pre><xs:element name="AdrClientReportMedicalInsurance" type="AdrClientReportMedicalInsurance_Type" minOccurs="0" maxOccurs="1"/></pre> |
| | DisenrollmentReason – maximum one complex type of AdrClientReportDisenrollmentReason is allowed. Within this complex type, multiple DisenrollmentReasonId elements are allowed. | <pre><xs:element name="AdrClientReportDisenrollmentReason" type="AdrClientReportDisenrollmentReason_Type" minOccurs="0" maxOccurs="unbounded"/></pre> | <pre><xs:element name="AdrClientReportDisenrollmentReason" type="AdrClientReportDisenrollmentReason_Type" minOccurs="0" maxOccurs="1"/></pre> |
| | MedicalInsuranceId: maximum 7 occurrences of MedicalInsuranceId are allowed. | <pre><xs:element name="MedicalInsuranceId" type="MedicalInsuranceLkup" maxOccurs="8"/></pre> | <pre><xs:element name="MedicalInsuranceId" type="MedicalInsuranceLkup" maxOccurs="7"/></pre> |
| | Raceld: maximum 5 occurrences of Raceld are allowed, since Unknown is mutually exclusive from other options. | <pre><xs:element name="Raceld" type="RaceLkup" maxOccurs="6"/></pre> | <pre><xs:element name="Raceld" type="RaceLkup" maxOccurs="5"/></pre> |
| | UciType: must be exact 41 characters long. | <pre><xs:simpleType name="UciType"> <xs:restriction base="xs:string"> <xs:pattern value="[A-F0-9]{28, 40}[A-Z]" /> </xs:restriction> </xs:simpleType></pre> | <pre><xs:simpleType name="UciType"> <xs:restriction base="xs:string"> <xs:pattern value="[A-F0-9]{40}[A-Z]" /> </xs:restriction> </xs:simpleType></pre> |
| | MedicationDays: allow all positive integers now, does not have to be 30 days increments. | <pre><xs:element name="MedicationDays" type="MedicationDaysType"/></pre> | <pre><xs:element name="MedicationDays" type="PositiveInteger"/></pre> |