

ADAP Data Report: Client Report
Revised Client-Level Variables
2014

Summary of 2014 Changes

ADAP Data Report: Client Report

The following changes to the ADAP Data Report (ADR) will apply to 2014 ADR reporting due Monday June 8th, 2015.

For the Client Report, ADAPs report client data based on the calendar year, January 1 – December 31, 2014, for clients enrolled during this period.

System Variables

Deletions/Modifications

- Field #1: Reporting period – DELETED
- Field #3: ADAP number – DELETED

Client Demographics

Deletions/Modifications

- Field #4: Ethnicity – Unknown deleted as a response option
- Field #5: Race – Unknown deleted as a response option
- Field #8: Pregnancy status – DELETED
- Field #10: HIV/AIDS status – Unknown deleted as a response option
- Field #11: Poverty level – Response options were changed; unknown deleted as a response option
- Field #13: Health insurance coverage – Response options were changed

Additions

- Field #68: Hispanic/Latino(a) breakdown – If a client is reported as Hispanic/Latino, this additional information will now be required
- Field #69: Asian breakdown – If a client is reported as Asian, this additional information will now be required
- Field #70 : Native Hawaiian/Pacific Islander breakdown – If a client is reported as Native Hawaiian/Pacific Islander, this additional information will now be required
- Field #71: Sex at birth - The biological sex assigned to the client at birth has been added

Note – Where Unknown is deleted, clients with no information will show as missing.

Enrollment and Certification

Deletions/Modifications

- Field #14: Change wording and skip pattern to accommodate new 12 month reporting period
- Field #16: Change wording, logic to allow data for both #16 and element #17
- Field #17: Recertification dates – More than one date will now be accepted
- Field #19: Reasons for disenrollment – Response options were modified

ADAP Insurance Services Received

Deletions/Modifications

- Field #21: Premium paid changed to include Medicare Part D
- Field #23: Copays/deductibles changed to include Medicare Part D co-insurance, copays or donut hole coverage
- Field #24: Medicare Part D co-insurance, copays or donut hole coverage – DELETED

Additions

- Field #67: Type of insurance assistance provided – Specified insurance assistance service(s) provided to client during the reporting period.

Drugs and Drug Expenditures

Deletions/Modifications

- Field #30: Separate dispensing fees collected – DELETED
- Field #31: Total cost of dispensing fees – DELETED

Additions

- Section now includes A1-OI medications

System Variables				
Field #	Variable Description	Variable definition	Allowed Values	Rationale
2	Encrypted UCI	The encrypted, unique client identifier generated by the HAB UCI generation utilities.	41-character string	
Client Variables				
Client Demographics: To describe the socio-demographic characteristics of all clients <u>enrolled</u> in the ADAP, whether or not they received services.				
4	Ethnicity	Client's ethnicity. OMB-approved categories are used.	<ul style="list-style-type: none"> Hispanic/Latino(a) Non-Hispanic 	Description of clients served
5	Race	Client's race. Select all that apply. OMB-approved categories are used.	<ul style="list-style-type: none"> White Black or African American Asian Native Hawaiian/Pacific Islander American Indian or Alaska Native 	Description of clients served
68 New Variable	Hispanic/Latino breakdown	For clients who reported Hispanic/Latino, the subgroup(s) with which they identify. Select all that apply.	<ul style="list-style-type: none"> Mexican, Mexican American, Chicano/a Puerto Rican Cuban Another Hispanic, Latino/a or Spanish origin 	To meet OMB requirements as determined by the Office of Civil Rights
69 New Variable	Asian race breakdown	For clients who reported Asian, the subgroup(s) with which they identify. Select all that apply.	<ul style="list-style-type: none"> Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian 	To meet OMB requirements as determined by the Office of Civil Rights
70 New Variable	NH/PI breakdown	For clients who reported Native Hawaiian or Pacific Islander, the subgroup(s) with which they identify. Select all that apply.	<ul style="list-style-type: none"> Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander 	To meet OMB requirements as determined by the Office of Civil Rights
6	Gender	Client's current gender	<ul style="list-style-type: none"> Male Female Transgender Unknown 	Description of clients served
Field #	Variable	Variable definition	Allowed Values	Rationale

System Variables				
Field #	Variable Description	Variable definition	Allowed Values	Rationale
	Description			
Client Demographics: To describe the socio-demographic characteristics of all clients <u>enrolled</u> in the ADAP, whether or not they received services.				
7	Transgender	Client's current transgender status. To be completed only if the response is "Transgender" in Item #6	<ul style="list-style-type: none"> • Male-to-Female • Female-to-Male • Unknown 	Description of clients served
71	Sex at birth	The biological sex assigned to the client at birth	<ul style="list-style-type: none"> • Male • Female 	To meet OMB requirements as determined by the Office of Civil Rights
9	Client's year of birth	The year in which the client was born	YYYY Must be < current year	Description of clients served
10	HIV/AIDS status	Client's HIV/AIDS status as of the end of the reporting period	<ul style="list-style-type: none"> • HIV positive, not-AIDS • HIV positive, AIDS status unknown • CDC-defined AIDS 	Description of clients served
11	Poverty level	Client's annual household income as a percent of the Federal Poverty Level (FPL) at the end of the reporting period.	<ul style="list-style-type: none"> • Below 100% of the Federal poverty level • 100 -138% of the Federal poverty level • 139 - 200% of the Federal poverty level • 201 – 250% of the Federal poverty level • 251 – 400% of the Federal poverty level • 401 – 500% of the Federal poverty level • More than 500% of the Federal poverty level 	Description of clients served
12	High Risk Insurance	Indicate if the client was in a High Risk Insurance Pool at any time during the reporting period.	<ul style="list-style-type: none"> • No • Yes • Unknown 	Description of clients served
13	Client's health insurance coverage during the reporting period	Indicate all sources of client's health insurance during the reporting period (Regardless of who paid for the health insurance). Report all that apply.	<ul style="list-style-type: none"> • Private – Employer • Private - Individual • Medicare Part A/B • Medicare Part D • Medicaid, CHIP, or other public plan • VA, Tricare, or other military health care • IHS • Other plan • No Insurance/uninsured 	Description of clients served

Field #	Variable Description	Variable definition	Allowed Values	Rationale
Enrollment and Certification: To describe client enrollment patterns and certification processes				
14	Was the individual a new or existing client?	<p>Newly enrolled clients in ADAP this reporting period refers to individuals who meet <u>all</u> of the following criteria:</p> <ul style="list-style-type: none"> • applied to ADAP for the first time ever; • met the financial and medical eligibility criteria of the ADAP during the period for which you are reporting data <p>Examples of clients who should NOT be included in this number are the following:</p> <ul style="list-style-type: none"> • Clients who have been recertified as eligible or clients who have been re-enrolled after a period of having been decertified/disenrolled. • Clients who have moved out of the State and then returned, and • Clients who move on and off ADAP because of fluctuations in eligibility for a Medicaid/ Medically Needy program, based on whether they met spend-down requirements. <p>An existing ADAP client is a client who meets the following criteria:</p> <ul style="list-style-type: none"> • enrolled in ADAP in a previous reporting period and; • continues to be enrolled in the current reporting period, regardless of whether they used ADAP services in either reporting period. <p>Note: An individual enrolled in ADAP (new or existing client) may or may not use services. Use of services is not required to be an enrolled client.</p>	<ul style="list-style-type: none"> • Newly enrolled client • Existing Client (skip to Item #17) 	HAB ADAP Performance Measures

Field #	Variable Description	Variable definition	Allowed Values	Rationale
Enrollment and Certification: To describe client enrollment patterns and certification processes				
15	What was the date of receipt of the completed client ADAP application?	The date that the <u>completed</u> application was received by the ADAP program. This is reported only for new clients.	MM/DD/YYYY	HAB ADAP Performance Measures
16	What was the date of approval of this client's ADAP application?	The date that the client was approved to begin to receive ADAP services. This is when the client was first enrolled in the ADAP program. This is reported only for new clients. (Also, if 16 <07/01/YYYY, accept an additional value in 17.)	MM/DD/YYYY	HAB ADAP Performance Measures
17	What was this client's recertification dates during this reporting period?	The dates on which a client was determined to be eligible to continue to receive ADAP services. This is reported for all clients. Note: All individuals enrolled in ADAP, regardless of whether or not they receive services, must be recertified every six months. This includes clients on a waiting list.	MM/DD/YYYY Accept up to 2 values	HAB ADAP Performance Measures
18	What was the client's enrollment status as of the end of the reporting period?	The status of an individual in the ADAP program as of the end of the reporting period. There are four possible options which are: <ul style="list-style-type: none"> • The individual is enrolled in ADAP but did not need/request any services • The individual is enrolled in ADAP but is on a waiting list • The individual is enrolled in ADAP and received either ADAP-funded medications or insurance services during the reporting period • The individual was disenrolled from ADAP 	<ul style="list-style-type: none"> • Enrolled, receiving services (skip to Item #20) • Enrolled, on waiting list (skip to Item #20) • Enrolled, services not requested (skip to Item #20) • Disenrolled 	Description of clients served

Field #	Variable Description	Variable definition	Allowed Values	Rationale
Enrollment and Certification: To describe client enrollment patterns and certification processes				
19	What was/were the reason(s) for disenrollment?	Please note the reasons for disenrollment/discharge. Select all that apply. If the reason is unknown, please report under "other".	<ul style="list-style-type: none"> • Ineligible due to change in ADAP eligibility criteria • Ineligible for ADAP, no longer meets ADAP eligibility criteria • Did not recertify • Did not fill prescription, as required by program • Deceased • Dropped out, no reason given • Other/Unknown 	To determine service utilization
ADAP Insurance Services Received: To describe ADAP-funded insurance assistance services and expenditures. ADAP-funded insurance assistance includes premiums, co-payments and deductibles.				
20	Did this client receive any ADAP-funded <u>insurance assistance</u> during this reporting period, including Medicare Part D premiums?	This includes premiums, deductibles and co-payments for which ADAP funds were used.	<ul style="list-style-type: none"> • No (skip to Item #25) • Yes 	To describe service utilization
67 New Variable	What type of ADAP-funded insurance assistance did the client receive?	The type of insurance service(s) that the client received during the reporting period. Choose all that apply.	<ul style="list-style-type: none"> • Full Premium payment • Partial premium payment • Copay/deductible including Medicare Part D Co-Insurance, Co-Payment or donut hole coverage 	To identify which of the possible insurance assistance the client received
21	Total amount of insurance <u>Premium</u> paid on behalf of this client during the reporting period, including Medicare Part D premiums.	The total amount of insurance premium paid on behalf of the client. This pertains to any premium <u>paid</u> during the reporting period, regardless of the time frame that it covers (i.e. if it extends outside the reporting period)	Integer value between 0-100,000	To describe service utilization and to determine annualized costs by type of insurance assistance

22	How many months of coverage were purchased during this reporting period	The total number of months of coverage for which insurance premium in Item #21 was paid. Please report all months even if they fall outside of the reporting period. Do not prorate if you pay part of a client's premium	Integer value between 0-12	To describe service utilization and to determine annualized costs by medication type
23	Total amount of deductible and co-pays paid on behalf of this client during the reporting period.	The total amount of insurance deductibles and co-pays paid on behalf of the client, including all Medicare Part D deductibles and co-pays. The amount reported should be based on the date that the deductible or co-pay was paid.	Integer value between 0-100,000	To describe service utilization and to determine annualized costs by medication type
Drugs and Drug Expenditures: To describe the ADAP-funded medications dispensed to clients and total expenditures for those services. This section is only for clients who were dispensed ADAP-funded medications paid in full by ADAP (i.e. not clients for whom only the co-pay or deductible was paid). This includes ARVs, Hepatitis B, Hepatitis C and A1-OI medications.				
25	Were any ADAP-funded <u>medications</u> dispensed to this client during this reporting period?	Report whether or not ADAP-funded medications were dispensed to this client during this reporting period? ADAP-funded medications include any medication on your ADAP formulary which was paid for in full by ADAP funds.	<ul style="list-style-type: none"> No (skip to end) Yes 	To describe service utilization
26	Please list the ADAP-funded medication dispensed to the client during this reporting period.	The specific list of ADAP funded medications that were dispensed to the client during the reporting period. <u>Please use the five-digit drug code (d#####) of the medication.</u> Items #26-29 will be reported for each ADAP-funded medication.	d#####	To describe service utilization and to determine annualized costs by medication type
27	What is the start date of the ADAP-funded medication dispensed to the client during this reporting period?	List the start date for each ADAP funded medication listed in Item #26. HAB defines the start date in this situation as the dispensing date.	MM/DD/YYYY	To describe service utilization and to determine annualized costs by medication type
28	For how many days was the ADAP-funded medication dispensed?	The number of days for which the medication was dispensed for each ADAP funded medication listed in Item #26. Number of days should be reported as the actual number of days supplied	Integer value between 1-360. Any value less than 30, report exact number. Otherwise, report in increments of 30	To describe service utilization and to determine annualized costs by medication type
29	What was the Total cost of the ADAP-funded medication dispensed to the client during the reporting period?	The total cost of each ADAP-funded medication dispensed during the reporting period. Include total costs of each ADAP-funded medication paid during the reporting period, even if the medication prescription period extended beyond the reporting period.	Integer value between 0 and 20,000	To describe service utilization and to determine annualized costs by medication type

Field #	Variable Description	Variable definition	Allowed Values	Rationale
Clinical Information: To describe the clinical characteristics of ADAP clients who received ADAP-funded medications. All clients receiving ADAP-funded medications should have at least one CD4 and one VL in the 12 month reporting period.				
32	Report the date of the <u>most recent CD4 count</u> for this client in the last 12 months	Value indicating the date of the most recent CD4 count for this client within the last 12 months preceding the end of the reporting period.	MM/DD/YYYY	To determine the impact of ADAP-funded medications
33	Report the value of the <u>most recent CD4 count</u> for this client in the last 12 months	Value indicating the numerical result of the most recent CD4 count for this client within the last 12 months preceding the end of the reporting period.	Integer value between 0-100,000,000	To determine the impact of ADAP-funded medications
34	Report the date for the <u>most recent Viral load count</u> for this client in the last 12 months	Value indicating the date of the most recent Viral load count for this client within the last 12 months preceding the end of the reporting period.	MM/DD/YYYY	To determine the impact of ADAP-funded medications
35	Report the value of the <u>most recent Viral load count</u> for this client in the last 12 months	Value indicating the numerical result of the most recent Viral load count for this client within the last 12 months preceding the end of the reporting period.	Integer value between 0-100,000,000	To determine the impact of ADAP-funded medications