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** | | | | |
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| **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 enrolled in the ADAP, whether or not they received services.** | | | | |
| 4 | Ethnicity | Client’s ethnicity.  OMB-approved categories are used. | * Hispanic/Latino(a) * Non-Hispanic | Description of clients served |
| 5 | Race | Client’s race.  Select all that apply.  OMB-approved categories are used. | * 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. | * 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. | * 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. | * 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 | * Male * Female * Transgender * Unknown | Description of clients served |
| **Field #** | **Variable Description** | **Variable definition** | **Allowed Values** | **Rationale** |
| **Client Demographics: To describe the socio-demographic characteristics of all clients enrolled 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 | * Male-to-Female * Female-to-Male * Unknown | Description of clients served |
| 71 | Sex at birth | The biological sex assigned to the client at birth | * 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 | * 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. | * 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. | * 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. | * 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 |

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| **Field #** | **Variable Description** | **Variable definition** | **Allowed Values** | **Rationale** |
| **Enro**l**lment and Certification: To describe client enrollment patterns and certification processes** | | | | |
| 14 | Was the individual a new or existing client? | **Newly enrolled clients** in ADAP this reporting period refers to individuals who meet all of the following criteria:   * 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   Examples of clients who should **NOT** be included in this number are the following:   * 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.   **An existing ADAP client** is a client who meets the following criteria:   * 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.   **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. | * Newly enrolled client * Existing Client (skip to Item #17) | HAB ADAP Performance Measures |
| **Field #** | **Variable Description** | **Variable definition** | **Allowed Values** | **Rationale** |
| **Enro**l**lment 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 completed 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:   * 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 | * 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 |

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| **Field #** | **Variable Description** | **Variable definition** | **Allowed Values** | | **Rationale** |
| **Enro**l**lment 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”. | * 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 insurance assistance during this reporting period, including Medicare Part D premiums? | This includes premiums, deductibles and co-payments for which ADAP funds were used. | * 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. | * 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 Premium 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 paid 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 medications 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. | * 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. **Please use the five-digit drug code (d#####) of the medication**. 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 | |

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| **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 most recent CD4 count 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 most recent CD4 count 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 most recent Viral load count 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 most recent Viral load count 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 |