

HRSA HAB's AIDS Drug Assistance Report Office of Management and Budget Data Reporting Changes – 2021 Reporting

Client demographics

Reference ID	Current CY 2017 Variable	Current Coding	Corresponding NASTAD variable	Recommendation	Final decision on variable and coding	Rationale / Where and how used
2.1	ClientUCI	String	N/A		No change	
1	Ethnicity	1=Hispanic 2=Non-Hispanic	Same response options		No change	OMB Mandated coding
2	Race	1 = White 2 = Black or African American 3 = Asian 4 = Native Hawaiian or Other Pacific Islander 5 = American Indian or Alaska Native	Same response options		No change	OMB mandated coding. No additional subgroups added so that race subgroups align with OMB reporting.
3	Hispanic Subgroup	1 = Mexican, Mexican American, or Chicano/a 2 = Puerto Rican 3 = Cuban 4 = Another Hispanic, Latino/a, or Spanish origin	N/A		No change	OMB Mandated Coding
4	Asian Subgroup	1 = Asian Indian 2 = Chinese 3 = Filipino 4 = Japanese 5 = Korean 6 = Vietnamese 7 = Other Asian	N/A		No change.	OMB Mandated Coding
5	Nhpi Subgroup	1 = Native Hawaiian 2 = Guamanian or Chamorro	N/A		No change.	OMB Mandated Coding

HRSA HAB's AIDS Drug Assistance Report Office of Management and Budget Data Reporting Changes – 2021 Reporting

		3 = Samoan 4 = Other Pacific Islander				
6	Gender	1 = Male 2 = Female 4 = Unknown 6 = Transgender Male to Female 7 = Transgender Female to Male 8 = Transgender Other	Male Female Transgender Unknown		No change	Aligns with RSR
8	Sex at Birth	1= Male 2=Female			No change	
9	Birth Year	Yyyy	Age Groups		No change	
10	HIV AIDS Status	2 = HIV-Positive, not AIDS 3 = HIV-Positive, AIDS status unknown 4 = CDC-defined AIDS			No change	We cannot remove this field since it is used in the RSR-ADR linkage
11	Poverty Level	13 = Below 100% of the FPL 9 = 100-138% of the FPL 10 = 139-200% of the FPL 11 = 201-250% of the FPL 12 = 251-400% of the FPL 7 = 401-500% of the FPL 8 = More than 500% of the FPL	<=100% FPL 101-138% FPL 139-200% FPL 201-300% FPL 301-400% FPL 401-500% FPL >500% FPL Unknown		Collect continuous, rather than tiered, field.	Change this to align with RSR reporting. This change will allow flexibility in analyzing FPL for the future
12	HighRiskInsurance	1 = No 2 = Yes 3 = Unknown			Remove	These types of insurance became much less common

HRSA HAB's AIDS Drug Assistance Report Office of Management and Budget Data Reporting Changes – 2021 Reporting

						with the implementation of ACA. In addition, it makes more sense for this to be included as an option Under Medical Insurance.
13	Medical Insurance	<p>10 = Private – Employer 11 = Private – Individual 8 = Medicare Part A/B 9 = Medicare Part D 12 = Medicaid, CHIP, or other public plan 13 = VA, Tricare, or other military health care 14 = IHS 15 = Other Plan 16 = No Insurance/uninsured</p>	<p>-Enrolled as Medicaid Beneficiaries only -Dually Eligible for Medicaid and Medicare -Eligible for Medicare Part D Full Subsidy -Eligible for Medicare Part D Partial Subsidy -Eligible for Medicare Part D Standard Benefit -Private insurance -No form of insurance</p> <p>For Clients with Private Insurance Coverage: -Enrolled in an individual qualified health plan (QHP) in the ACA Marketplace -Enrolled in an individual qualified</p>		<p>Change variable name to: Health Care Coverage Change Response options to: 10 = Private – Employer 11 = Private – Individual 8 = Medicare Part A/B 9 = Medicare Part D 12 = Medicaid, CHIP, or other public plan 13 = VA, Tricare, or other military health care 14 = IHS 15 = Other Plan 16 = No Insurance/uninsured XX=Medicare Part C XX=High Risk Insurance XX=Association Plan</p>	<p>Align name with RSR Reporting</p> <p>Medicare Part C should be added to ensure all types of Medicare coverage are available selections. Add High risk health insurance as an option for this variable rather than a separate variable. Add association plans</p>

HRSA HAB’s AIDS Drug Assistance Report Office of Management and Budget Data Reporting Changes – 2021 Reporting

			health plan (QHP) off the ACA Marketplace -Enrolled in any other private insurance (e.g., employer-sponsored coverage)			
	Housing Status				Do not add	Not feasible to add this additional field since it’s not collected in the ADAP application.

Client-Level Data – Enrollment and Certification

#	Current CY 2017 Variable	Current Coding	Corresponding NASTAD variable	Recommendation	Final decision on variable and coding	Rationale / Where and how used
14	New Enrollment Flag	0= No 1= Yes	Total number of new clients enrolled in your ADAP at any point during calendar year 2017 (<i>i.e., clients who were enrolled in calendar year 2017 and were not enrolled in calendar year 2016</i>) (<i>this number should include clients enrolled in both your ADAP-funded full-pay medication program and your ADAP-</i>		No change Change variable name to: New Enrollment	Removing “flag” will make it consistent with other variable naming conventions. This is not duplicative of the application received date, since an application can be received for someone who was previously enrolled in ADAP.

HRSA HAB’s AIDS Drug Assistance Report Office of Management and Budget Data Reporting Changes – 2021 Reporting

			<i>funded insurance program)</i>			
15	Application Received Date	Mm,dd,yyyy			Change variable name to: Date Completed Application Received. More information needed – see comment	This helps us to understand the time that it takes to approve an application. We can include this on a recipient level summary for PO’s
16	Application Approval Date	Mm,dd,yyyy			No change	
17	Recertification Date	Mm,dd,yyyy	Total number of unduplicated clients enrolled in your ADAP at any point during calendar year 2017 who were successfully recertified twice in a 12-month period of time by ADAP (this should include clients enrolled in both your ADAP-funded full-pay medication program and your ADAP-funded insurance program)?		No Change	Removing this variable may indicate to recipients that we are not interested in understanding recertification’s.
18	Enrollment Status	8 = Enrolled, receiving services 9 = Enrolled, on waiting list 10 = Enrolled services not requested 11 = Disenrolled	Total Number of unduplicated clients enrolled in your ADAP at any point during the calendar year <i>(this should include clients enrolled in both your</i>		Change variable name to: Enrollment status at the end of the calendar year”	This change will clarify the intent of enrollment status

HRSA HAB’s AIDS Drug Assistance Report Office of Management and Budget Data Reporting Changes – 2021 Reporting

			<i>ADAP-funded fully pay medication program and your ADAP-funded insurance program)</i>			
19	Disenrollment Reason	<p>9 = Program eligibility criteria changed, client Ineligible</p> <p>10 = Client’s eligibility changed, Ineligible due to client no longer meeting eligibility criteria</p> <p>4 = Did not recertify</p> <p>5 = Did not fill prescription as required by program</p> <p>6 = Deceased</p> <p>7 = Dropped out, no reason given</p> <p>11 = Other/Unknown</p>			<p>Change response options to:</p> <p>9 = Program eligibility criteria changed, client no longer eligible</p> <p>10 = Client’s eligibility changed, client no longer meets eligibility criteria</p> <p>4 = Did not recertify</p> <p>5 = Did not fill prescription as required by program</p> <p>6 = Deceased</p> <p>7 = Dropped out, no reason given</p> <p>11 = Other/Unknown</p> <p>XX= Other</p> <p>XX= Unknown</p>	<p>We are changing response options 9 and 10 to clarify the intent and improve accuracy of reporting. We are removing “Dropped out, no reason given” as this is very similar to “unknown”. We are separating “other” and “unknown”, since these have different meanings</p>

Client-Level Data – Insurance Services

#	Current CY 2017 Variable	Current Coding	Corresponding NASTAD variable	Recommendation	Final decision on variable and coding	Rationale / Where and how used
20	Insurance Assistance Received Flag	0= No 1= Yes	Unduplicated clients served through an ADAP funded insurance program only at any point in the calendar year		No change	

HRSA HAB’s AIDS Drug Assistance Report Office of Management and Budget Data Reporting Changes – 2021 Reporting

67	Insurance Assistance Type	1 = Full Premium payment 2 = Partial Premium payment 3 = Co-pay/deductible including Medicare Part D co-Insurance, co-payment, or donut hole coverage.	Unduplicated total number of clients served through ADAP-funded insurance program who had: -Premium payment made on their behalf only -Deductible/co-pay/co-insurance payment made on their behalf only -Premium AND deductible/co-pay/co-insurance payment made on their behalf		Change response options to: 1 = Full Premium payment 2 = Partial Premium payment 3 = Medication co-pay/deductible including Medicare Part D co-Insurance, co-payment, or donut hole coverage	Adding “Medication” to response option 3 provides additional clarity in response options.
21	Insurance Premium Amount	0-100,000	Total ADAP only expenditures for Insurance premiums (private, state high-risk pools, PCIPs, Medicare Part D, and/or Medicaid)		No change	Since we will continue to receive medication costs, it would make sense to also receiving insurance assistance costs
22	Insurance Premium Month Count	0-12			No change	
23	Insurance Deductible and Copay	0-100,000	Total ADAP only expenditures for Insurance co-		Change variable name: Medication Copay/Deductible	Clarifies meaning of variable

**HRSA HAB's AIDS Drug Assistance Report Office of Management and Budget Data Reporting Changes –
2021 Reporting**

	Amount		payments, co-insurance, and deductibles (private, State high-risk pools, Medicare Part D, and/or Medicaid)		Amount	
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HRSA HAB's AIDS Drug Assistance Report Office of Management and Budget Data Reporting Changes – 2021 Reporting

Client-Level Data – Drug and Drug Expenditure Elements

#	Current CY 2017 Variable	Current Coding	Corresponding NASTAD variable	Recommendation	Final decision on variable and coding	Rationale / Where and how used
25	Medication Dispensed Flag	0= No 1= Yes	Unduplicated clients served with full-pay medications only at any point in the calendar year		No change	
26	Medication ID	Valid Dcode			Valid National Drug Code (NDC) All drugs paid by ADAP will be reported rather than a subset (A10Is, Hep B, Hep C and ARVs)	The NASTAD RFI indicated that 75% of recipients would see no additional burden or would experience a reduction in burden if HAB required NDCs rather than Dcodes. In addition, this will improve our ability to analyze some drug class information (TAF and TDF drugs) and it would be timelier than Dcodes. Internally, we will map NDCs to RxNorm to reduce our internal analysis burden. DPD will also work with our contractor to ensure that data volume can be received. The RFI also indicated that 75% of recipients would not experience an increased burden by reporting

HRSA HAB's AIDS Drug Assistance Report Office of Management and Budget Data Reporting Changes – 2021 Reporting

						information on all drugs paid by ADAP.
27	Medication Start Dates	Mmddy			Remove	This variable is challenging to analyze and not currently used.
28	Medication days	0-365			Remove	This information will be detailed in the NDCs
29	Medication Cost	0-100,000	Total ADAP only expenditures for Prescription Drugs; Individual Medication costs		No change	Since we decided to change reporting to include all medications, we plan to keep this variable as is.

Client-Level Data – Clinical Information

#	Current CY 2017 Variable	Current Coding	Corresponding NASTAD variable	Recommendation	Final decision on variable and coding	Rationale / Where and how used
32	Last CD4 Date	mm,dd,yyyy			Change to: CD4 Date Report all CD4s for all clients, regardless of the type of service that the clients receive	We assume that the impact for CD4s will be similar to the impact for viral loads. To ensure consistency, we are proposing to include CD4s for all clients.
33	Last CD4 Count	0-100,000,000			Change to: CD4 Count Report all CD4s for all clients, regardless of the type of service that the clients receive	We assume that the impact for CD4s will be similar to the impact for viral loads. To ensure consistency, we are proposing to include CD4s for all clients.
34	Last VL Date	mm,dd,yyyy	N/A		Change to: VL Date Report all VLs for all clients, regardless of the type of service that	The NASTAD RFI indicated that 75% of recipients would see no additional burden or

HRSA HAB's AIDS Drug Assistance Report Office of Management and Budget Data Reporting Changes – 2021 Reporting

#	Current CY 2017 Variable	Current Coding	Corresponding NASTAD variable	Recommendation	Final decision on variable and coding	Rationale / Where and how used
					the clients receive	would experience a reduction in burden if HAB required reporting of viral loads for all clients. In addition, this will support our understanding of client outcomes and program impact
35	Last VL Count	0-100,000,000	<=200 >200 Unknown/Unreported		Change to: VL Count Report all VL for all clients, regardless of the type of service that the clients receive	The NASTAD RFI indicated that 75% of recipients would see no additional burden or would experience a reduction in burden if HAB required reporting of viral loads for all clients. In addition, this will support our understanding of client outcomes and program impact

HRSA HAB's AIDS Drug Assistance Report Office of Management and Budget Data Reporting Changes – 2021 Reporting

Grantee Report

Current CY 2016 Variable	Current Coding	Corresponding NASTAD variable	Recommendation	Final decision on variable and coding	Rationale / Where and how used
Grantee Name		State/Territory for which this information is reported		No Change	
Grant Number				No Change	
DUNS Number				No Change	
Grantee Address Street City State Zip code				No Change	
Contact information of person responsible for submission Name Title Email Phone Fax		Name of person completing this survey; email address of the person completing this survey		No Change	
ADAP Limits: Indicate whether your program has adopted any of the following limits to control cost	Select all that apply: <ul style="list-style-type: none"> • Waiting list; • Enrollment cap; • Capped number of prescriptions per month; • Capped expenditures; • Drug-Specific Enrollment caps for ARVs, Heb/C meds; • Formulary Reduction; • Decrease in financial eligibility criteria; • None of these limits were applied to the ADAP 			No Change	

HRSA HAB's AIDS Drug Assistance Report Office of Management and Budget Data Reporting Changes – 2021 Reporting

	during the reporting period				
NEW			Has your ADAP experienced an unexpected increase in enrolled clients	Yes/No	
NEW			If yes, how many new clients were enrolled	Integer	
If your ADAP has capped expenditures, enter the monetary cap per client				No Change	
If your ADAP has capped expenditures, enter whether the cap applies monthly/annually	Month Annual			No Change	
If your ADAP has adopted drug-specific enrollment caps, indicate the medications for which you have enrollment caps.				No Change	
ADAP income eligibility	% (of FPL)	Full-Pay Medications Program <ul style="list-style-type: none"> • 100% FPL • 200% FPL • 250% FPL • 300% FPL • 350% FPL • 400% FPL • 450% FPL • 500% FPL • Other ADAP Funded Insurance Program <ul style="list-style-type: none"> • 100% FPL • 200% FPL • 250% FPL • 300% FPL • 350% FPL 	No Change	*NASTAD collects a separate question: How client's income is calculated (check all that apply)	

HRSA HAB's AIDS Drug Assistance Report Office of Management and Budget Data Reporting Changes – 2021 Reporting

		<ul style="list-style-type: none"> • 400% FPL • 450% FPL • 500% FPL • Other 			
Clinical criteria required to access ADAP	Select all that apply: <ul style="list-style-type: none"> • CD4 • Viral load • Other • No clinical eligibility criteria are required to enroll in ADAP 			Remove	
If CD4 criteria, please specify the CD4 count requirement				Remove	
If Viral load criteria, please specify the VL count requirement				Remove	
If other clinical criteria, please specify				Remove	
Drug pricing cost-saving strategies	Select all that apply: <ul style="list-style-type: none"> • 340B Rebate • 340B Direct Purchase • 340 B Direct Purchase Prime vendor • Department of defense 			No Change	
ADAP funding received during the reporting period	Enter amounts received for: -Total contributions from Part A EMA(s)/TGA(s)	Amount Received or Anticipated*: FY2018 Part A contribution allotted to ADAP		No Change	
	-Total contributions from Part B Base Funding	FY2018 Part B Base allotted to ADAP (local decision)		Remove	This can be taken from the allocations reports.

HRSA HAB's AIDS Drug Assistance Report Office of Management and Budget Data Reporting Changes – 2021 Reporting

	- Total contributions from Part B Supplemental Funding	FY2018 Part B Supplemental allotted to ADAP (local decision)		Remove	This can be taken from the allocations reports.
	- Total contributions from Part C/D grantees	*Would be included in Other ADAP funds		Change variable name to: Total contributions from Part C and/or D grantees	
	State General fund contributions	State general revenue funding allocated to ADAP		No Change	
	Carry-over of Ryan White funds from previous year	Federal carry-over to be used for ADAP – from prior Part B base or ADAP awards		No Change	
	Manufacture Rebates reinvested in the ADAP	Estimated rebates/wholesaler credits to be used for ADAP, including rebates on partial payments (for both rebate and direct purchase states)		Change to: Manufacture rebates and program income reinvested in ADAP	
	All insurance reimbursements, excluding Medicaid	Private Insurance Reimbursements; Other (e.g. Medicare and the Veterans Administration)		No change	
	Medicaid reimbursements	Medicaid Reimbursements, including back-billing		No change	
Expenditures Category	Enter total expenditures for: <ul style="list-style-type: none"> • Full pay medication assistance • Dispensing costs • Other administrative costs • Health insurance assistance (including co-pays, deductibles and premiums) 	Total ADAP Program Expenditures: <ul style="list-style-type: none"> • Prescription drugs • Prescription dispensing costs • Insurance Premiums • Insurance Deductibles • Insurance Co-payments • Program Insurance 		No change	
ADAP Formulary	List of generic, brand name, Dcodes, box to indicate that it			Add additional medications to	Explore costs associated with

HRSA HAB's AIDS Drug Assistance Report Office of Management and Budget Data Reporting Changes – 2021 Reporting

	was added in the grant year and date added			selectable drugs for formulary	uploading a standardized list of drugs on formulary
New				Does your ADAP have an open formulary, inclusive of all FDA approved medications	

*Budgeted not expenditures

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