


## HRSA HAB's AIDS Drug Assistance Program (ADAP) Data Report (ADR) Changes – 2025

### *Client Demographics*

Reference ID	Current CY 2021 Variable	Current Coding	Corresponding NASTAD Variable	Recommendation	Final Decision on Variable and Coding	Rationale
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

## HRSA HAB's AIDS Drug Assistance Program (ADAP) Data Report (ADR) Changes – 2025

5	NHPI Subgroup	1 = Native Hawaiian 2 = Guamanian or Chamorro 3 = Samoan 4 = Other Pacific Islander	N/A		No change	OMB Mandated Coding
						
8	Sex at Birth	1= Male 2=Female 3=Unknown			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	
11	Poverty Level	Continuous variable			No change	Aligns with RSR Reporting.

## HRSA HAB's AIDS Drug Assistance Program (ADAP) Data Report (ADR) Changes – 2025

OMB No.: 0915-0345  
Expiration Date: 4/30/2026

13	Health Insurance	10 = Private – Employer 11 = Private – Individual 8 = Medicare Part A/B	-Enrolled as Medicaid Beneficiaries only -Dually Eligible for Medicaid and Medicare		No change	
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## HRSA HAB's AIDS Drug Assistance Program (ADAP) Data Report (ADR) Changes – 2025

		<p>9 = Medicare Part D</p> <p>12 = Medicaid, CHIP, or other public plan</p> <p>13 = VA, Tricare, or other military health care</p> <p>14 = IHS</p> <p>15 = Other Plan</p> <p>16 = No Insurance/uninsured</p> <p>17=Medicare Part C</p> <p>18=High Risk Insurance</p> <p>19=Association Plan</p>	<p>-Eligible for Medicare Part D Full Subsidy</p> <p>-Eligible for Medicare Part D Partial Subsidy</p> <p>-Eligible for Medicare Part D Standard Benefit</p> <p>-Private insurance</p> <p>-No form of insurance</p> <p>For Clients with Private Insurance Coverage:</p> <p>-Enrolled in an individual qualified health plan (QHP) in the ACA Marketplace</p> <p>-Enrolled in an individual qualified health plan (QHP) off the ACA Marketplace</p> <p>-Enrolled in any other private insurance (e.g., employer-sponsored coverage)</p>			
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## HRSA HAB's AIDS Drug Assistance Program (ADAP) Data Report (ADR) Changes – 2025

### Client-Level Data – Enrollment and Certification

Reference ID	Current CY 2021 Variable	Current Coding	Corresponding NASTAD Variable	Recommendation	Final Decision on Variable and Coding	Rationale
14	New Enrollment	0= No 1= Yes	Total number of new clients enrolled in your ADAP at any point during calendar year. <i>This this number should include clients enrolled in both your ADAP-funded full-pay medication program and your ADAP- funded insurance program.</i>		No change	
15	Date Completed Application Received	Mm,dd,yyyy			No change	This helps us to understand the time that it takes to approve an application.
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		Modify variable to: Last Date of Eligibility Confirmation	The variable is being modified to reflect updated guidance in HRSA HAB's Policy

## HRSA HAB's AIDS Drug Assistance Program (ADAP) Data Report (ADR) Changes – 2025

			2017 who were successfully recertified twice in a 12-month period12 of time by ADAP (this should include clients enrolled in both your ADAP-funded full-pay medication program and your ADAP-funded insurance program)?			Clarification Notice (PCN) 21-02. Per this PCN, ADAPs are still required to recertify clients but are no longer required to follow the every “6-month” recertification criterion.
18	Enrollment Status at the End of the Year	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 ADAP-funded fully pay medication program and your ADAP-funded insurance program</i> )		No change	

## HRSA HAB's AIDS Drug Assistance Program (ADAP) Data Report (ADR) Changes – 2025

19	Disenrollment Reason	9 = Program eligibility criteria changed, client no longer eligible 10 = Client's eligibility changed, client no longer meets eligibility criteria 4 = Client did not recertify 5 = Client did not fill prescription as required by program 6 = Client is deceased 12 = Other 13 = Unknown			No change	
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### *Client-Level Data – Insurance Services*

Reference ID	Current CY 2021 Variable	Current Coding	Corresponding NASTAD Variable	Recommendation	Final Decision on Variable and Coding	Rationale
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 Program (ADAP) Data Report (ADR) Changes – 2025

67	Insurance Assistance Type	1 = Full or Partial Premium Payment  3 = Medication 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		No change	
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	



## HRSA HAB's AIDS Drug Assistance Program (ADAP) Data Report (ADR) Changes – 2025

23	Medication Copay or Deductible Amount	0-100,000	Total ADAP only expenditures for Insurance co-payments, co-insurance, and deductibles (private, State high-risk pools, Medicare Part D, and/or Medicaid)		No change	
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### *Client-Level Data – Drug and Drug Expenditure Elements*

Reference ID	Current CY 2021 Variable	Current Coding	Corresponding NASTAD Variable	Recommendation	Final Decision on Variable and Coding	Rationale
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	Medication's 11-digit National Drug Code			No change	
27	Medication Start Dates	Mmddyy				
28	N/A	N/A			New variable: Medication Days (0-365)	Erroneously removed in the 2021 ADR. Added back in for 2022 as it is needed to assess the

## HRSA HAB's AIDS Drug Assistance Program (ADAP) Data Report (ADR) Changes – 2025

						quality of medication data reported by recipients in the ADR. The variable indicates the number of days that each medication dispensed to a client during the reporting year.
29	Medication Cost	0-100,000	Total ADAP only expenditures for Prescription Drugs; Individual Medication costs		No change	

### *Client-Level Data – Clinical Information*

Reference ID	Current CY 2021 Variable	Current Coding	Corresponding NASTAD Variable	Recommendation	Final Decision on Variable and Coding	Rationale
32	CD4 Test Date CD4 Date	mm,dd,yyyy			No change	
33	CD4 Count	0-100,000,000			No change	

## HRSA HAB's AIDS Drug Assistance Program (ADAP) Data Report (ADR) Changes – 2025

34	Viral Load Test Date	mm,dd,yyyy	N/A		No change	
35	VL Count	0-100,000,000	<=200 >200 Unknown/ Unreported		No change	

### Grantee Report

Reference ID	Current CY 2021 Variable	Current Coding	Corresponding NASTAD variable	Recommendation	Final decision on Variable and Coding	Rationale
N/A	Grantee Name		State/Territory for which this information is reported		No Change	
N/A	Grant Number				No Change	
N/A	DUNS Number				Change from DUNS number to Unique Entity Identifier (UEI)	On April 4, 2022, the Federal government transitioned from DUNS number to UEI. As a result, recipients no longer have to report a DUNS number in the ADR.
N/A	Grantee Address: Street City State Zip code				No Change	

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	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	
N/A	ADAP Limits: Indicate whether your program has adopted any of the following limits to control cost	Select all that apply: 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 during the reporting period			No change	
N/A	Has your ADAP experienced an unexpected increase in enrolled clients	Yes/No			No change	

## HRSA HAB's AIDS Drug Assistance Program (ADAP) Data Report (ADR) Changes – 2025

	If yes, how many new clients were enrolled	Integer			No change	
N/A	If your ADAP has capped expenditures, enter the monetary cap per client				No Change	
N/A	If your ADAP has capped expenditures, enter whether the cap applies monthly/annually	Month Annual			No Change	
N/A	If your ADAP has adopted drug-specific enrollment caps, indicate the medications for which you have enrollment caps.				No Change	

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N/A	ADAP income eligibility	% (of FPL)	<p>Full-Pay Medications Program</p> <ul style="list-style-type: none"> <li>• 100% FPL</li> <li>• 200% FPL</li> <li>• 250% FPL</li> <li>• 300% FPL</li> <li>• 350% FPL</li> <li>• 400% FPL</li> <li>• 450% FPL</li> <li>• 500% FPL</li> <li>• Other</li> </ul> <p>ADAP Funded Insurance Program</p> <ul style="list-style-type: none"> <li>• 100% FPL</li> <li>• 200% FPL</li> <li>• 250% FPL</li> <li>• 300% FPL</li> <li>• 350% FPL</li> <li>• 400% FPL</li> <li>• 450% FPL</li> <li>• 500% FPL</li> <li>• Other</li> </ul>		No Change	*NASTAD collects a separate question: How client's income is calculated (check all that apply)
N/A	Drug pricing cost-saving strategies	<p>Select all that apply:</p> <ul style="list-style-type: none"> <li>• 340B Rebate</li> <li>• 340B Direct Purchase</li> <li>• 340 B Direct Purchase Prime vendor</li> <li>• Department of defense</li> </ul>			No Change	

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N/A	ADAP funding received during the reporting period	Enter amounts received for: Total contributions from Part A EMA(s)/TGA(s)	Amount Received or Anticipated*: FYXXX Part A contribution allotted to ADAP		No Change	
		Total contributions from Part C and/or D Funding	*Would be included in Other ADAP funds		No change	
		State General funding 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	
		Manufacturer Rebates and Program Income 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)		No change	
		All Insurance Reimbursements, excluding Medicaid	Private Insurance Reimbursements; Other (e.g. Medicare and the Veterans Administration)		No change	

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		Medicaid Reimbursements	Medicaid Reimbursements, including back-billing		No change	
N/A	Expenditures Category	Enter total expenditures for: <ul style="list-style-type: none"> <li>• Full pay medication assistance</li> <li>• Dispensing costs</li> <li>• Other administrative costs</li> <li>• Health insurance assistance (including co-pays, deductibles and premiums)</li> </ul>	Total ADAP Program Expenditures: <ul style="list-style-type: none"> <li>Prescription drugs</li> <li>Prescription dispensing costs</li> <li>Insurance Premiums</li> <li>Insurance Deductibles</li> <li>Insurance Co-payments</li> <li>Program Insurance</li> </ul>		No change	
N/A	ADAP Formulary	List of generic, brand name, and check box indicating that medication was added to the formulary during the reporting year and the date indicating when the medication was added			No change	Explore costs associated with uploading a standardized list of drugs on formulary
N/A	Does your ADAP have an open formulary, inclusive of all FDA approved medications	Yes/No			No change	



## **HRSA HAB's AIDS Drug Assistance Program (ADAP) Data Report (ADR) Changes – 2025**

### **Public Burden Statement:**

The purpose of this data collection is to evaluate the national impact of the RWHAP ADAP by providing deidentified client-level data on individuals being served, services being delivered, and costs associated with these services. 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 0915-0318 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. §§ 300ff-11 et seq.). Public reporting burden for this collection of information is estimated to average 6 hours per response for the recipient report, and 81 hours for the client report. This includes 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 HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 13N82, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).