

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

Client Demographics

Reference ID	Current 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	
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	
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	
4	Asian Subgroup	1 = Asian Indian 2 = Chinese 3 = Filipino 4 = Japanese 5 = Korean 6 = Vietnamese 7 = Other Asian	N/A		No change	
5	NHPI Subgroup	1 = Native Hawaiian	N/A		No change	

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		2 = Guamanian or Chamorro 3 = Samoan 4 = Other Pacific Islander				
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.
13	Health Insurance	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	-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		No change	

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		15 = Other Plan 16 = No Insurance/uninsured 17=Medicare Part C 18=High Risk Insurance 19=Association Plan	-Private insurance -No form of insurance For Clients with Private Insurance Coverage: -Enrolled in an individual qualified health plan (QHP) in the ACA Marketplace -Enrolled in an individual qualified health plan (QHP) off the ACA Marketplace -Enrolled in any other private insurance (e.g., employer-sponsored coverage)			

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Client-Level Data – Enrollment and Certification

Reference ID	Current 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	Last Date of Eligibility Confirmation	Mm,dd,yyyy	Total number of unduplicated clients enrolled in		No change	Reflects updated guidance in HRSA HAB's

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			your ADAP at any point during calendar year 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)?			Policy 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</i>		No change	

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			<i>ADAP-funded insurance program)</i>			
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 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	
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	

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Reference ID	Current Variable	Current Coding	Corresponding NASTAD Variable	Recommendation	Final Decision on Variable and Coding	Rationale
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	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 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	mm,dd,yyyy			No change	
28	Medication Days (0-365)	N/A			No change	
29	Medication Cost	0-100,000	Total ADAP only expenditures for Prescription Drugs; Individual Medication costs		No change	

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Client-Level Data – Clinical Information

Reference ID	Current 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	
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	

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Grantee Report

Reference ID	Current 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	Unique Entity Identifier (UEI)				No Change	
N/A	Grantee Address: Street City State Zip code Contact information of person responsible for submission: Name Title Email Phone		Name of person completing this survey; email address of the person completing this survey		No Change	

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Reference ID	Current Variable	Current Coding	Corresponding NASTAD variable	Recommendation	Final decision on Variable and Coding	Rationale
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	
	If yes, how many new clients were enrolled	Integer			No change	

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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	
N/A	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 		No Change	*NASTAD collects a separate question: How client's income is calculated (check all that apply)

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			<ul style="list-style-type: none"> • 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 • 400% FPL • 450% FPL • 500% FPL • Other 			
N/A	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	

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N/A	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	
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

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N/A	Does your ADAP have an open formulary, inclusive of all FDA approved medications	Yes/No			No change	
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