

ADAP Data Report: Client Report

Summary of Changes to the Client-Level Variables

Key Changes:

- 1) Headers were added to discern between System Variables and Client Variables.
- 2) The sections have been re-ordered to reflect that Clinical Information is only required for ADAP clients who received medication services. Sections are now in this order: Client Demographics, Enrollment and Certification, ADAP Insurance and Services, Drugs and Drug Expenditures, and Clinical Information.
- 3) Two items, pregnancy outcome and client's first service date, have been deleted.
 - a. The pregnancy outcome variable has been deleted. HAB no longer requires that ADAPs report a client's pregnancy outcome.
 - b. Client's first service date has been deleted. HAB no longer requires that ADAPs report a client's first service date
- 4) The definition for Item 12 (previously Item 13) has been clarified. Any Pre-Existing Condition Insurance Plans (PCIPs) participation should be reported in the question for high risk insurance pool participation.
- 5) Item 28 (previously Item 34) now requires the actual number of days for which medications were dispensed for any medications dispensed for a period of less than 30 days. For example, if the client received a 14 day supply of medication, you would report 14, not 30.
- 6) Language in the Clinical Information section was clarified. Specifically, while the most recent CD4 count and VL test are required to be reported, values will be accepted as long as they occur within 12 months preceding the end of the reporting period. For example, the first period for which data will be reported is October 1, 2012 – March 31, 2013. Therefore, any CD4 or VL tests reported must have occurred no earlier than March 31, 2012.

ADAP Data Report: Client Report
Final Client-Level Variables

ADAP Client Report – Final Client-Level Data Variables

System Variables				
Field #	Variable Description	Variable definition	Allowed Values	Rationale
1.	Reporting period	The report period identifier.	<ul style="list-style-type: none"> • 1 = 10/01/2012 – 03/31/2013 • 2 = 04/01/2013 – 09/30/2013 • 3 = 10/01/2013 – 03/31/2014 • 4 = 04/01/2014 – 09/30/2014 	
2.	Encrypted UCI	The encrypted, unique client identifier generated by the HAB UCI generation utilities.	41-character string	
3.	ADAP number	The unique provider organization identifier assigned through the ADR Web Application.	State ADAP number	
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 • Unknown 	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 • Unknown 	Description of clients served
6.	Gender	Client's current gender	<ul style="list-style-type: none"> • Male • Female • Transgender • Unknown 	Description of clients served
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

ADAP Client Report – Final Client-Level Data Variables

Field #	Variable Description	Variable definition	Allowed Values	Rationale
Client Demographics: To describe the socio-demographic characteristics of all clients <u>enrolled</u> in the ADAP, whether or not they received services.				
8.	Pregnancy status	Value indicating whether the client was pregnant at any time during the reporting period. This should be completed for HIV+ women only.	<ul style="list-style-type: none"> • No • Yes • Not applicable • Unknown 	Description of clients served
9.	Client's year of birth	The year in which the client was born	YYYY	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 • Unknown 	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"> • Equal to or below the FPL • 101-200% of the FPL • 201-300% of the FPL • 301% - 400% of the FPL • 401% - 500% of the FPL • Over 500% of the FPL • Unknown/ unreported 	Description of clients served
12.	High Risk Insurance	Was this client in a High Risk Insurance Pool (including Pre-Existing Condition Insurance Plans (PCIPs)) 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. Report all that apply.	<ul style="list-style-type: none"> • Medicare Part A/B • Medicare Part D • Medicaid • Private • Other public • No insurance • Other 	Description of clients served

ADAP Client Report – Final Client-Level Data Variables

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 met 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

ADAP Client Report – Final Client-Level Data Variables

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.	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.	MM/DD/YYYY	HAB ADAP Performance Measures
17.	What was this client's recertification date during this reporting period?	<p>The date on which a client was determined to be eligible to continue to receive ADAP services.</p> <p>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. The minimum activities for recertification include:</p> <ol style="list-style-type: none"> 1) Financial Eligibility determination. 2) Ensuring that ADAP is the Payer of Last Resort 3) Appropriate documentation (ie: financial/ insurance –or lack thereof/ denial of coverage) 	MM/DD/YYYY	HAB ADAP Performance Measures
18.	What was the client's enrollment status as of the end of the reporting period?	<p>The status of an individual in the ADAP program as of the end of the reporting period. There are four possible options which are:</p> <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

ADAP Client Report – Final Client-Level Data Variables

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, change in ADAP program FPL requirements • Ineligible for ADAP, now eligible for Medicaid • Ineligible, other reason • Did not recertify • Did not fill prescription • 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-pays and deductibles. Co-pays and deductibles for medications should be reported in this section.				
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
21.	Total amount of insurance <u>Premium</u> paid on behalf of this client during the reporting period [not including Medicare Part D].	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)	\$\$\$	To describe service utilization and to determine annualized costs by type of insurance assistance
22.	For how many months of coverage was this insurance Premium during the reporting period?	The total number of months of coverage for which insurance premium in <u>Item #20</u> was paid. Please report all months even if they fall outside of the reporting period.	##	To describe service utilization and to determine annualized costs by medication type

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ADAP Insurance Services Received: To describe ADAP-funded insurance assistance services and expenditures. ADAP-funded insurance assistance includes premiums, co-pays and deductibles. Co-pays and deductibles for medications should be reported in this section.				
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, not including Medicare Part D. The amount reported should be based on the date that the deductible or co-pay was paid.	\$\$\$	To describe service utilization and to determine annualized costs by medication type
24.	Total amount of Medicare Part D Co-Insurance, Co-Payment or donut hole coverage (true out of pocket expenses) paid on behalf of this client during the reporting period.	The total amount of Medicare Part D Co-Insurance, Co-Payment or donut hole coverage (true out of pocket expenses) paid on behalf of the client during this reporting period. The amount reported should be based on the date that the co-insurance, co-payment or donut hole coverage amount was paid.	\$\$\$	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 and Hepatitis C medications.				
25.	Were any ADAP-funded <u>medications</u> dispensed to this client during this reporting period?	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

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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 and Hepatitis C medications.				
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 .	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 in 30-day increments (i.e. 30, 60, 90). Anything less than 30 days should be reported as the actual number of days supplied (i.e., 14)	##	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.	\$\$	To describe service utilization and to determine annualized costs by medication type
30.	Dispensing fees collected separately	Do you pay dispensing fees for medications separate from other fees such other administrative?	<ul style="list-style-type: none"> • No (skip to Item #32) • Yes 	To describe service utilization and to determine annualized costs by medication type.
31.	What is the total cost of all Dispensing Fees for medications paid on behalf of this client during the reporting period?	The total cost of all dispensing fees for medications paid on behalf of the client during the reporting period. Include all costs paid during the reporting period, even if the medication period extended beyond the reporting period.	\$\$	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 last 12 months.				
32.	Report the date of the <u>most recent CD4 count</u> for this client <u>in the last 12 months</u>	Value indicating the date of the most recent CD4 count for this client <u>within the last 12 months preceding the end of the reporting period.</u>	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 <u>in the last 12 months</u>	Value indicating the value of the most recent CD4 count for this client <u>within the last 12 months preceding the end of the reporting period.</u>	Value: ###	To determine the impact of ADAP-funded medications
34.	Report the date for the <u>most recent Viral load count</u> for this client <u>in the last 12 months</u>	Value indicating the date of the most recent Viral load count for this client <u>within the last 12 months preceding the end of the reporting period.</u>	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 <u>in the last 12 months</u>	Value indicating the value of the most recent Viral load count for this client <u>within the last 12 months preceding the end of the reporting period.</u>	Value: ###	To determine the impact of ADAP-funded medications