

2021 ADAP Data Report (ADR) Changes

When will the changes go into effect?

HRSA HAB is implementing changes to the ADR that will be effective for the 2021 ADR submitted in June 2022. A summary of some of the major changes can be found below, with all detailed changes outlined in Tables 1 and 2 later in the document.

Why change the ADR?

The purpose of the changes is to:

- Increase the ADR’s alignment with the Ryan White HIV/AIDS Program Services Report (RSR) and compliance with OMB-mandated data reporting requirements;
- Reduce burden on recipients by combining or deleting obsolete or unused variables;
- Increase data quality by aligning with structured pharmaceutical databases and National Drug Codes (NDCs) and;
- Improve response options to reflect program practices and support HRSA’s analysis and understanding of program impact

Recipient Report Changes

The Recipient Report will have two new questions added, one existing question removed (Q3) and response options changed one for an existing question (Q5). These changes are outlined below, with further detail provided in Table 1.

| New Questions | Removed Question | Modified Question |
|--|--|---|
| <ul style="list-style-type: none"> • Has your ADAP experienced an unexpected increase in enrolled clients? • Does your ADAP have an open formulary, inclusive of all FDA-approved medications? | <ul style="list-style-type: none"> • Please indicate the clinical eligibility criteria required to enroll in the ADAP in your State/Territory? (Q3) | <ul style="list-style-type: none"> • Please enter the funding received during this reporting period from each of the following sources? (Q5) |

Medication Reporting Changes

One of the major changes to ADR reporting beginning in 2021 is that ADAPs will no longer use five digit drug codes (d-codes) to report medication IDs. Instead, 11-digit National Drug Codes (NDCs) will be used. Given this change, Medication Days (ID 28) will no longer be collected. Medication IDs will be reported for all medication services rather than limiting medications to A1-OIs, Hepatitis B, Hepatitis C and antiretrovirals. These changes are outlined in detail in Table 2 on Page 3.

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What should I do to prepare for reporting changes?

Here are some useful steps to take to ensure that you're prepared for the upcoming changes:

- Make sure you are collecting the required data for any client-level data elements which have updated response options (e.g., continuous FPL rather than categorical) or reporting scope (e.g., CD4 and VL dates and counts for all clients regardless of services received).
- If you use an ADR-Ready System to create your client-level data XML file, check the [ADR-Ready Systems Status](#) page on TargetHIV later this year to see if they've completed the necessary updates for 2021 reporting. If you don't see your vendor on this list, contact your system representative or the [DISQ Team](#) to check in about updates.

Who can I contact for help?

There are several [TA providers](#) contracted by HRSA HAB who are available to all RWHAP recipients and providers to assist with ADR reporting. [TargetHIV](#) also has the largest library of ADR TA resources available including the [ADR Instruction Manual](#), [webinars](#), and other [resource documents](#).

For help ensuring that your data systems are prepared to meet 2021 ADR reporting requirements, contact the [DISQ Team](#).

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Table 1: 2021 ADR Changes for the Recipient Report

| Question | Current Reporting | New Reporting |
|--|--|--|
| Has your ADAP experienced an unexpected increase in enrolled clients? | | <ul style="list-style-type: none"> • No • Yes - If yes, how many new clients were enrolled: ____ |
| Does your ADAP have an open formulary, inclusive of all FDA-approved medications? | | <ul style="list-style-type: none"> • No • Yes |
| Please indicate the clinical eligibility criteria required to enroll in the ADAP in your State/Territory? (Q3) | <p>Clinical criteria required to access ADAP:</p> <ul style="list-style-type: none"> • If CD4 criteria, please specify the CD4 count requirement • If Viral load criteria, please specify the VL count requirement • If other clinical criteria, please specify • No clinical eligibility criteria are required to enroll in ADAP | Removed |
| Please enter the funding received during this reporting period from each of the following sources? (Q5) | <ul style="list-style-type: none"> • Total contributions from Part A Funding • Total contributions from Part B Base Funding • Total Contributions from Part B Supplemental Funding • Total contributions from Part C/D Funding • State general funding contributions • Carry-over of RWHAP funds from previous year • Manufacturer Rebates Reinvested in the ADAP • All Insurance Reimbursements, excluding Medicaid • Medicaid Reimbursements • Total contributions of EHE funding Total contributions from CARES funding | <p>Change response options to:</p> <ul style="list-style-type: none"> • Total contributions from Part A Funding • Total contributions from Part B Base Funding [removed] • Total Contributions from Part B Supplemental Funding [removed] • Total contributions from Part C and/or D Funding [modified] • State general funding contributions • Carry-over of RWHAP funds from previous year • Manufacturer Rebates and program income Reinvested in the ADAP [modified] • All Insurance Reimbursements besides Medicaid • Medicaid Reimbursements • Total contributions of EHE funding Total contributions from CARES funding |

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Table 2: 2021 ADR Changes for the Client Report

| Data Element | Current Reporting | New Reporting |
|-----------------------------|---|--|
| Demographics | | |
| Poverty Level (ID 11) | <ul style="list-style-type: none"> • Below 100% of the FPL • 100-138% of the FPL • 139-200% of the FPL • 201-300% of the FPL • 301-400% of the FPL • 401-500% of the FPL • More than 500% of the FPL | <p>Change name to: Poverty Level Percent</p> <p>Change from categorical data element to continuous data element. Report exact poverty level percentage up to four digits . No decimals allowed. [new]</p> |
| High Risk Insurance (ID 12) | <ul style="list-style-type: none"> • No • Yes • Unknown | Removed |
| Medical Insurance (ID 13) | <ul style="list-style-type: none"> • 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 | <p>Change name to: Health Care Coverage</p> <p>Change response options to:</p> <ul style="list-style-type: none"> • 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 • Medicare Part C [new] • High Risk Insurance [new] • Association Plan [new] |

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| Data Element | Current Reporting | New Reporting |
|-----------------------------------|---|--|
| Enrollment and Certification | | |
| New Enrollment Flag (ID 14) | <ul style="list-style-type: none"> No Yes | Change name to: New Enrollment |
| Enrollment Status (ID 18) | <ul style="list-style-type: none"> Enrolled, receiving services Enrolled, on waiting list Enrolled, services not requested Disenrolled | Change name to: Enrollment Status At End of Year ID |
| Disenrollment Reason (ID 19) | <ul style="list-style-type: none"> Ineligible due to change in ADAP eligibility criteria Ineligible for ADAP due to no longer meeting ADAP eligibility criteria Did not recertify Did not fill prescription as required by program Deceased Dropped out, no reason given Other/Unknown | Change response options to: <ul style="list-style-type: none"> Program eligibility criteria changed, client no longer eligible [modified] Client's eligibility changed, client no longer meets eligibility criteria [modified] Did not recertify Did not fill prescription as required by program Deceased Dropped out, no reason given Other/Unknown [removed-now two separate response options] Other [new] Unknown [new] |
| Insurance Services | | |
| Insurance Assistance Type (ID 67) | <ul style="list-style-type: none"> Full Premium payment Partial Premium payment Co-pay/deductible including Medicare Part D co-Insurance, co-payment, or donut hole coverage | Change response options to: <ul style="list-style-type: none"> Full Premium payment Partial Premium payment Medication Co-pay/deductible including Medicare Part D co-Insurance, co-payment, or donut hole coverage [modified] |

| Data Element | Current Reporting | New Reporting |
|---|-------------------------------|--|
| Insurance Deductible and Copay Amount (ID 23) | 0 to 100,000 | Change name to: Medication Copay or Deductible Amount |
| Medication Services | | |
| Medication ID (ID 26) | Five digit drug code (d-code) | Change to medication coding used: Use Valid 11-digit National Drug Code (NDC) Change to scope of reporting: All drugs paid by ADAP will be reported rather than a subset (A1OIs, Hep B, Hep C and ARVs) |
| Medication Days (ID 28) | 0-365 | Removed |
| Clinical | | |
| Last CD4 Date (ID 32) | MMDDYYYY | Change name to: CD4 Test Date Change to scope of reporting: Reporting all CD4 dates in the reporting period for all enrolled clients regardless of whether or not they received insurance or medication services |
| Last CD4 Count (ID 33) | 0-100,000,000 | Change name to: CD4 Count Change to scope of reporting: Reporting all CD4 counts in the reporting period for all enrolled clients regardless of whether or not they received insurance or medication services |
| Last Viral Load Date (ID 34) | MMDDYYYY | Change name to Viral Load Test Date Change to scope of reporting: Reporting all viral load dates in the reporting period for all enrolled clients regardless of whether or not they received insurance or medication services |
| Last Viral Load Count (ID 35) | 0-100,000,000 | Change name to Viral Load Count Change to scope of reporting: Reporting all viral load counts in the reporting period for all enrolled clients regardless of whether or not they received insurance or medication services |

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