

ADR in Focus

Reporting Health Insurance Status in the ADR for 2014

Key Point

If more than 10 percent of your clients are missing health insurance status, HAB will contact you to discuss data quality improvement strategies.

Introduction

Health insurance status is essential for understanding clients' access to healthcare and eligibility for the Ryan White HIV/AIDS Program. In fact, HAB aims for at least 90 percent completeness for this data element in the ADR to meet many requests for this data.

Health Insurance Status Categories

Starting in 2014, the categories of health insurance are slightly different.

- "Private" has been split into two categories, "Employer" and "Individual", to help HAB understand enrollment into the health insurance marketplace, an Affordable Care Act (ACA) initiative.
- "Medicare" has been split into two categories, "Part A/B" and "Part D". If a client is enrolled in a Medicare Advantage (MA) plan (Part C), report the client as "Part A/B".
- "Other Public" has become more refined, with separate categories for healthcare support through the military and the Indian Health Services (IHS).
- Finally, "Unknown" has been dropped as a response option. If you do not know the client's health insurance status, the data will be missing. This means that you will drop the health insurance tag for that client in the client-level data XML file.

ADR Health Insurance Status Categories

Prior to 2014	New Reporting
Private	Private – Employer
	Private - Individual
Medicare	Medicare Part A/B
	Medicare Part D
Medicaid	Medicaid, CHIP, or other public plan
Other public	VA, Tricare, or other military health care
	IHS
Other	Other plan
No insurance	No Insurance/uninsured
Unknown	

Reporting Multiple Insurance Types

You should report *all* insurance types of the client in the reporting period. You would typically report more than one insurance type in two instances:

- The client was insured through multiple programs (e.g. Medicare and Medicaid).
- The client changed insurance during the reporting period (e.g., enrolled in the health insurance marketplace).

No categories in the ADR are mutually exclusive. Prior to 2014 in the ADR, ADAPs reporting “No Insurance” could *not* report another category; this policy has changed.

What if ADAP Pays for the Insurance?

You should report the actual health insurance of the client, regardless of whether the ADAP paid for it. For example, if a client is insured through a plan in the state’s health insurance marketplace and ADAP pays the monthly premium, the ADAP should report “Private – Individual.”

More questions? Contact the DART Team: Data.TA@caiglobal.org.