

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)	Clinical criteria required to access ADAP: <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 	Change response options to: <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

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]

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 (AIOIs, 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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