ADR Crosswalk

February 2023

# Purpose

This document can help you compare the data you currently collect in your data management system to the data required in the ADAP Data Report (ADR). The Crosswalk is a table in which you list the variables and values in your data management system that corresponds to ADR data elements. Using this Crosswalk will help you to:

* Find the data you need to report
* Understand what you need to do to transform the data you have into the data you need to report
* Identify any missing data that you’ll need to start collecting

# Audience

This Crosswalk is intended for ADAP staff who must report client-level data elements in XML file format to the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB).

# Definitions

**Variable**: Refers to the name of a set of data pertaining to the client. Variables are also referred to as data elements or items.

**ID:** Identifies the variable.Each variable has been assigned an ID for convenient referencing between this document and the ADR Data Dictionary.

**Values**: Refers to the allowed values or response options corresponding to each variable*.*

**Notes:** This column in the Crosswalk can help you keep a record of the data transformations that you have to perform to provide the required ADR client-level data elements and allowed values. See example:

|  |  |  |
| --- | --- | --- |
|  | **YOUR DATA**  | **ADR DATA** |
| **Variable** | **Client Race** | **Race ID** |
| *Values* | *White* | *1* |
|  | *Black or African American* | *2* |
|  | *Asian* | *3* |
|  | *Native Hawaiian / PI* | *4* |
|  | *Native American (AK native)* | *5* |

# Updates

This document will be revised as variables and values are updated or when other global changes are made. The most up-to-date version of this document will be made available on [TargetHIV](https://targethiv.org/library/adap-data-report-adr-crosswalk).

**ADAP Data Report (ADR) Crosswalk**

| **ADR** | **Your System** |
| --- | --- |
| **ID** | **Variable** | **Definition** | **Value** | **Variable** | **Value** | **Notes** |
| **Client Demographics Elements** |
| 4 | Ethnicity  | Client’s ethnicity.  | 1. Hispanic
2. Non-Hispanic
 |  |  |  |
| 5 | Race  | Client’s race (choose all that apply) | 1. White
2. Black or African American
3. Asian
4. Native Hawaiian/Pacific Islander
5. American Indian or Alaska Native
 |  |  |  |
| 68 | Hispanic Subgroup | If Ethnicity = Hispanic (If ID 4=1, then ID 68 required), client’s Hispanic sub-group (choose all that apply) | 1. Mexican, Mexican American or Chicano/a
2. Puerto Rican
3. Cuban
4. Another Hispanic, Latino/a or Spanish origin
 |  |  |  |
| 69 | Asian Subgroup | If Race = Asian (If ID 5=3, then ID 69 required), client’s Asian subgroup (choose all that apply) | 1. Asian Indian
2. Chinese
3. Filipino
4. Japanese
5. Korean
6. Vietnamese
7. Other Asian
 |  |  |  |
| 70 | NHPI Subgroup  | If Race = Native Hawaiian/Pacific Islander (If ID 5=4, then ID 70 required), client’s Native Hawaiian/Pacific Islander subgroup (choose all that apply) | 1. Native Hawaiian
2. Guamanian or Chamorro
3. Samoan
4. Other Pacific Islander
 |  |  |  |
| 6 | Gender | Client’s current gender identity. This is the variable that is used for the encrypted unique client identifier (eUCI) | 1. Male
2. Female
3. Unknown
4. Transgender Male to Female
5. Transgender Female to Male
6. Transgender Other
 |  |  |  |
| 71 | Sex at Birth  | The biological sex assigned to the client at birth. | 1. Male
2. Female
 |  |  |  |
| 9 | Birth Year | The year the client was born. | yyyy Must be less than or equal to the reporting period year.  |  |  |  |
| 10 | HIV/AIDS Status  | Client’s HIV/AIDS status at the end of the reporting period.  | 1. HIV-positive, not AIDS
2. HIV-positive, AIDS status unknown
3. CDC-defined AIDS
4. HIV indeterminate (infants less than 2 years only)
 |  |  |  |
| 11 | Poverty Level Percent | Client’s annual household income as a percent of the Federal Poverty Level (FPL) at the end of the reporting period. | xxxxAn integer value between 0 and 9999. Do not include percentage signs or commas |  |  |  |
| 13  | Medical Insurance  | All sources of the client’s health insurance during the reporting period (choose all that apply) | 1. Private – Employer
2. Private – Individual
3. Medicare Part A/B
4. Medicare Part D
5. Medicaid, CHIP or other public plan
6. VA, Tricare and other military health care
7. IHS
8. Other plan
9. No Insurance/uninsured
10. Medicare Part C
11. High Risk Insurance
12. Association Plan
 |  |  |  |
| **Enrollment and Certification Elements** |
| 14 | New Enrollment | Newly enrolled clients in ADAP for this reporting period only. | 1. No
2. Yes
 |  |  |  |
| 15 | Application Received Date | The date that the completed application was received by the ADAP. For newly enrolled clients only. | mm,dd,yyyy Must be on or before the last date of the reporting period. |  |  |  |
| 16 | Application Approval Date | The date that the client was approved to begin to receive ADAP services. This is when the client was first enrolled in the ADAP. For newly enrolled clients only. | mm,dd,yyyy Must be on or before the last date of the reporting period. |  |  |  |
| 17 | Last Eligibility Confirmation Date | The date on which the client was determined to be eligible to continue to receive ADAP services. For existing clients only whose enrollment status at the end of the year is not ‘disenrolled’. | mm,dd,yyyy Must be on or before the last date of the reporting period. |  |  |  |
| 18 | Enrollment Status at End of Year | The status of the individual in the ADAP at the end of the reporting period. | 1. Enrolled, receiving services
2. Enrolled, on waiting list
3. Enrolled services not requested
4. Disenrolled
 |  |  |  |
| 19 | Disenrollment Reason | The reason(s) the client was disenrolled or discharged during the reporting period. If ID 18=11, then ID 19 required. (choose all that apply) | 1. Program eligibility criteria changed, client no longer eligible
2. Client’s eligibility changed, client no longer meets eligibility criteria
3. Did not recertify
4. Did not fill prescription, as required by program
5. Deceased
6. Dropped out, no reason given
7. Other
8. Unknown
 |  |  |  |
| **Insurance Service Elements** |
| 20 | Insurance Assistance Received Flag | A value indicating if the client received ADAP-funded insurance assistance during the reporting period, including Medicare Part D. This includes premiums, deductibles, and co-payments for which ADAP funds were used. | 1. No
2. Yes
 |  |  |  |
| 67 | Insurance Assistance Type | The type of insurance service(s) that the client received during the reporting period (choose all that apply) | 1. Full Premium payment
2. Partial Premium payment
3. Medication Co-pay/deductible including Medicare Part D co-Insurance, co-payment, or donut hole coverage
 |  |  |  |
| 21 | Insurance Premium Amount | The total amount of insurance premium paid on behalf of the client. This pertains to any premium paid during the reporting period, including Medicare Part D, regardless of the time frame that it covers (i.e., if it extends outside the reporting period). | An integer value between 0 and 100000. Do not include dollar signs or commas. |  |  |  |
| 22 | Insurance Premium Month Count | The total amount of months of coverage for which insurance premium was paid. Report all months even if they fall outside the reporting period. | An integer value between 0-15. |  |  |  |
| 23 | Medication Copay or Deductible Amount | The total amount of insurance deductibles and co-pays paid on behalf of the client, including Medicare Part D. The amount reported should be based on the date that the deductible or co-pay was paid. | An integer value between 0 and 100000. Do not include dollar signs or commas. |  |  |  |
| **Drug and Drug Expenditure Elements** |
| 25 | Medications Dispensed Flag | A value indicating if medications paid inf full by ADAP were dispensed to the client during the reporting period (i.e., not clients for whom only the co-pay or deductible was paid). ADAP-funded medications are ALL medications (i.e., ARVs, Hepatitis B, Hepatitis C, A1-OI medications and other medications). | 1. No
2. Yes
 |  |  |  |
| 26 | Medication ID | The dispensed medication 11-digit (13 digits including “-“) NDC code dispensed to the client during the reporting period. | A valid NDC code from the medication lookup table in the format #####-####-##. |  |  |  |
| 27 | Medication Start Date | The **dispense** date for the medication dispensed to the client during the reporting period. | mm,dd,yyyy A valid dispense date during the reporting period for each instance the medication was dispensed to the client. |  |  |  |
| 28 | Medication Days | The number of days for which the medication was dispensed. | An integer value between 1 and 360 is allowed. Report for each instance the medication was dispensed to the client. |  |  |  |
| 29 | Medication Cost | Indicate the cost of each ADAP-funded medication listed in Item 26 that was dispensed to the client during the reporting period. Cost should be reported per medication per date dispensed. Include the amount paid for each prescription that is dispensed, even if the medication prescription period extended beyond the reporting period. | An integer amount, rounded to the nearest dollar, between 0 and 100000. Do not include dollar signs, commas, or cents. |  |  |  |
| **Clinical Elements** |
| 32 | CD4 Test Date   | Value(s) indicating all the client’s CD4 test dates during the reporting period. | mm,dd,yyyy Must be within the reporting period start and end dates.  |  |  |  |
| 33 | CD4 Count | Value(s) indicating all the client’s CD4 test counts during the reporting period. | Integer value between 0 and 5000 (cells/mm3). Do not include commas. |  |  |  |
| 34  | Viral Load Test Date | Value(s) indicating all the client’s viral load test dates during the reporting period. | mm,dd,yyyy Must be within the reporting period start and end dates.   |  |  |  |
| 35 | Viral Load Count | Value (s) indicating all the client’s viral load test counts during the reporting period. | A valid integer value between 0 and 500000000 (copies/mL). Do not include commas. Report undetectable values as the lower bound of the test limit. If the lower bound is not available, report 0. |  |  |  |