

## Location of ADR Client Level Data Elements

<b>Demographics</b>			
<b>Field ID</b>	<b>Field Name</b>	<b>Coding</b>	<b>Location in CAREWare</b>
2	Unique client ID (eUCI)- Encrypted	Encrypted using hash function	<b>Auto-calculated by CAREWare from first and last name, date of birth, and gender of each client</b>
4	What is the client's self-reported ethnicity?	<ul style="list-style-type: none"> <li>• Hispanic/Latino</li> <li>• Non-Hispanic/Latino</li> </ul>	<b>Demographics&gt;Race/Ethnicity - Hispanic or Latino field</b>
68	Hispanic Subgroups ( <i>Select one or more</i> )	<ul style="list-style-type: none"> <li>• Mexican, Mexican American, Chicano/a</li> <li>• Puerto Rican</li> <li>• Cuban</li> <li>• Other Hispanic, Latino/a or Spanish origin</li> </ul>	<b>Demographics&gt;Race/Ethnicity</b> Check each Hispanic ethnicity that is true. (The Hispanic or Latino field value must be set to Yes to see these options.)
5	What is the client's race? ( <i>Select one or more</i> )	<ul style="list-style-type: none"> <li>• White</li> <li>• Black or African American</li> <li>• Asian</li> <li>• Native Hawaiian/Pacific Islander</li> <li>• American Indian or Alaska Native</li> </ul>	<b>Demographics&gt;Race/Ethnicity</b>  More than one race can be selected.
69	If Asian, what subgroup? ( <i>Select one or more</i> )	<ul style="list-style-type: none"> <li>• Asian Indian</li> <li>• Chinese</li> <li>• Filipino</li> <li>• Japanese</li> <li>• Korean</li> <li>• Vietnamese</li> <li>• Other Asian</li> </ul>	<b>Demographics&gt;Race/Ethnicity</b>  Check each Asian race that is true. (The Asian field value must be checked to see these options.)
70	If Native Hawaiian/Pacific Islander, what subgroup? ( <i>Select one or more</i> )	<ul style="list-style-type: none"> <li>• Native Hawaiian</li> <li>• Guamanian or Chamorro</li> <li>• Samoan</li> <li>• Other Pacific Islander</li> </ul>	<b>Demographics&gt;Race/Ethnicity</b>  Check each NHPI race that is true. (The Native Hawaiian or Other Pacific Islander field value must be checked to see these options.)

6	Client's current self-reported gender	<ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> <li>• Transgender Male to female</li> <li>• Transgender Female to male</li> <li>• Transgender other</li> <li>• Unknown</li> </ul>	<b>Demographics&gt;Personal Info – Gender field</b>
71	Client sex at birth	<ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> </ul>	<b>Demographics&gt;Personal Info – Sex At Birth field</b>
Field ID	Field Name	Coding	Location in CAREWare
9	Client's year of birth	____ YYYY	<b>Demographics&gt;Personal Info - Date of Birth field</b>
10	What was the client's HIV/AIDS status?	<ul style="list-style-type: none"> <li>• CDC defined AIDS</li> <li>• HIV indeterminate (infants &lt; 2 years only)</li> <li>• HIV-positive (AIDS Status Unknown)</li> <li>• HIV-positive, not AIDS</li> </ul>	<b>Demographics&gt;HIV Status-HIV Status field</b> HIV/AIDS dates must be prior to the end of the report year.
11	Client's percent of the Federal poverty level	An integer between 0 and 9999	<b>Annual Review&gt;Poverty Level Assessments</b>  Calculated using the household income and household size.  Household size must be 1 or higher
13	Client's health coverage ( <i>includes all health coverage reported during the reporting period</i> )	<ul style="list-style-type: none"> <li>• Private – Employer</li> <li>• Private – Individual</li> <li>• Medicare Part A/B</li> <li>• Medicare Part D</li> <li>• Medicaid, CHIP or other public plan</li> <li>• Veteran's Administration, TRICARE, or other Military health care</li> <li>• Indian Health Service</li> <li>• High Risk Insurance</li> <li>• Association Plan</li> </ul>	<b>Annual Review &gt;Insurance Assessments</b> Select the Primary Insurance from the drop-down list and check all insurance coverage that apply

		<ul style="list-style-type: none"> <li>• Other Plan</li> <li>• No Insurance/uninsured</li> </ul>	
<b>Enrollment and Certification</b>			
14	New or Existing Client	MM/DD/YYYY	<b>Demographics&gt;ADAP Enrollment History&gt;Enrollment Date</b>  Client is new if first enrollment history record is in the report year
15	Application Received Date Reported	MM/DD/YYYY	<b>Demographics&gt;Vital and Enrollment Status</b>  This is the first date that a completed application was ever received. It will only be reported for new clients and may be before or during the report year.

Field ID	Field Name	Coding	Location in CAREWare
16	Application Approval Date Reported	MM/DD/YYYY	<b>Demographics&gt;ADAP Enrollment History&gt;Enrollment Date</b>  This is the date that the first completed application was approved. It is the first enrollment date entered in CAREWare. It can be viewed but not entered in Vital and Enrollment Status>Application Approval Date. It will only be reported for new clients and must be in the report year.
17	Recertification Dates	MM/DD/YYYY	<b>Demographics&gt;ADAP Enrollment History&gt;Enrollment Date</b>  As noted above, the first enrollment date entered is reported as the Application Approval Date. All subsequent enrollment dates entered are

			reported as recertification dates. Only enrollment dates in the report year will be reported.
18	Enrollment Status At End of Calendar Year	<ul style="list-style-type: none"> <li>• Disenrolled</li> <li>• Enrolled, on waiting list</li> <li>• Enrolled, receiving services</li> <li>• Enrolled, service not requested</li> </ul>	<b>Demographics&gt;ADAP Enrollment History&gt;Enrollment Status</b>  The latest enrollment status in the report year will be reported.
19	Reason(s) for Disenrollment ( <i>select one or more</i> )	<ul style="list-style-type: none"> <li>• Did not recertify</li> <li>• Did not fill prescription as required by program</li> <li>• Deceased</li> <li>• Dropped out, no reason given</li> <li>• Unknown</li> <li>• Ineligible due to change in ADAP eligibility criteria</li> <li>• Ineligible for ADAP due to no longer meeting ADAP eligibility criteria</li> <li>• Other</li> </ul>	<b>Demographics&gt;ADAP Enrollment History&gt;Reason for Disenrollment</b>  Reported if the last enrollment status in the report year is disenrolled
<b>Insurance Services</b>			
20	Insurance Assistance Received	<ul style="list-style-type: none"> <li>• No</li> <li>• Yes</li> </ul>	<b>Insurance Services – Service Date</b>  A client will be reported as receiving an insurance service if at least one insurance service has been provided during the report year.
<b>Field ID</b>	<b>Field Name</b>	<b>Coding</b>	<b>Location in CAREWare</b>
67	Insurance Assistance Type	<ul style="list-style-type: none"> <li>• Full Premium Payment</li> <li>• Partial Premium Payment</li> <li>• Medication Co-pay/deductible including Medicare Part D co-Insurance, co-</li> </ul>	<b>Insurance Services – Subservice</b>  Service must be a subservice of the ADAP Insurance service category. The insurance assistance type is populated based on which subservices are reported.

		payment, or donut hole coverage	<p><i>Full Premium Payment</i></p> <ul style="list-style-type: none"> <li>• High-risk insurance premiums -full payment (ADAP)</li> <li>• Medicare supplement premiums -full payment (ADAP)</li> <li>• Other health insurance premiums-full payment (ADAP)</li> </ul> <p><i>Partial Premium Payment</i></p> <ul style="list-style-type: none"> <li>• High-risk insurance premiums -partial payment (ADAP)</li> <li>• Medicare supplement premiums -partial payment (ADAP)</li> <li>• Other health insurance premiums-partial payment (ADAP)</li> </ul> <p><i>Medication Copayment, Co-Insurance or Deductible</i></p> <ul style="list-style-type: none"> <li>• High-risk insurance deductibles (ADAP)</li> <li>• High-risk insurance co-payments (ADAP)</li> <li>• Medicare supplement deductibles (ADAP)</li> <li>• Medicare supplement co-payments (ADAP)</li> <li>• Other health insurance deductibles (ADAP)</li> <li>• Other health insurance co-payments (ADAP)</li> <li>• Medicare Part D Co-Payment (ADAP)</li> <li>• Medicare Part D Co-Insurance (ADAP)</li> <li>• Medicare Part D Out-Of-Pocket (ADAP)</li> </ul>
21	Insurance Premium Amount Reported	Insurance Services Total	<p><b>Insurance Services – Service Total</b></p> <p>Only subservices for full and partial premiums are included. The total across all premiums for the report year is reported.</p>
22	Insurance Premium Months Reported	Insurance Services Total	<p><b>Insurance Services – Months Covered (Units)</b></p>

			Only subservices for full and partial premiums are included. The total across all premiums for the report year is reported.
Medication Services			
Field ID	Field Name	Coding	Location in CAREWare
23	Medication Copay or Deductible Amount Reported	Insurance Services Total	<b>Insurance Services – Service Total</b> Only subservices for medication copay, co-insurance and deductible are included. The total across all medication copays, co-insurance and deductible for the report year is reported.
25	Medications Dispensed	<ul style="list-style-type: none"> <li>• No</li> <li>• Yes</li> </ul>	<b>Drug Payments – Drug Dispensed Date</b> A client will be reported as receiving a medication service if at least one medication has been dispensed during the report year.
26	Medication ID	11 Digit NDC -----	<b>Drug Payments - NDC</b>
27	Medication Start Date	MM/DD/YYYY	<b>Drug Payments – Date</b> All dates within the reporting period for all dispensed medications will be reported
29	Medication Cost	An integer amount, rounded to the nearest dollar, between 0 and 100000	<b>Drug Payments-Drug Cost</b> The cost of each medication dispense is reported. The dispensing fee is not included in the cost.
Clinical Information			
32	CD4 Count Date	MM/DD/YYYY	<b>Labs</b> Enter date for CD4 tests for the report year. Report all CD4 dates for the report year for all clients, regardless of if they received a service

33	CD4 Count Value	A valid integer value between 0 and 5000	<p><b>Labs</b></p> <p>Enter results for CD4 tests for the report year. Report all CD4 results for the report year for all clients, regardless of if they received a service</p>
34	Viral Load Date	MM/DD/YYYY	<p><b>Labs</b></p> <p>Enter date for Viral Load tests for the report year. Report all viral load dates for the report year for all clients, regardless of if they received a service</p>
35	Viral Load Value	<p>A valid integer value between 0 and 500000000</p> <p>For clients who are undetectable, report the lower test limit for the viral load count, if available, otherwise report 0.</p>	<p><b>Labs</b></p> <p>Enter results for Viral Load tests for the report year. Report all viral load results for the report year for all clients, regardless of if they received a service</p>