

ADR In Focus: Partial Premiums

The AIDS Drug Assistance Program (ADAP) Data Report (ADR) includes a client-level data submission. As part of the submission, ADAPs report all clients enrolled in the reporting period as well as any insurance and medication services received. Insurance services include full premiums, partial premiums, and medication copay/co-insurance/deductibles.

What Are Partial Premiums?

A full premium is when the ADAP pays 100% of the client's premium. A partial premium is when the ADAP pays less than 100% of the client's premium (a portion of the premium). The most common example of a partial premium is when a client who is enrolled in a marketplace insurance plan receives an Advance Premium Tax Credit (APTC), and the ADAP pays the client's non-subsidized portion of the premium. Other examples include if a client is enrolled in Medicare Part D LIS and the ADAP pays the non-subsidized part of the premium or a client is enrolled in an employer-sponsored plan and the ADAP pays the employee portion of the premium.

Successful Strategies Used by ADAPs

Even with these examples of partial premiums, it may not always be clear to an ADAP if a premium is a partial premium. Several ADAPs have identified effective strategies to help distinguish between full and partial premiums. These include:

- Reviewing documentation including insurance invoices, insurer enrollment letters, and Social Security Information (SSA) notices
- Reviewing claims data and meeting with the pharmacy benefits manager/vendor as needed to determine if there is a data element that could be used to distinguish full from partial premiums
- Comparing clients' premium amounts against published rates
- Collecting information directly from clients about if they are receiving an APTC or Medicare Part D LIS subsidy
- Using different ADAP insurance programs for full vs. partial premiums
- Verifying employer-sponsored plan amounts with employers' Human Resources Departments

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Updating Your Data Collection to Distinguish Partial Premiums

Once your ADAP has identified a strategy to distinguish full from partial premiums, you will need to ensure that data elements have been added to your application/recertification forms and data systems. The following changes may be helpful to make:

- Modifying application and annual recertification forms/data systems
 - If the client is receiving Medicare Part D LIS
 - If the client is receiving an APTC
 - If the client is enrolled in an employer-sponsored health insurance program with a requirement for the client to pay a portion of the premium
- Modifying claims data systems
 - For ADAPs that use a PBM, request that your vendor add a distinct data element in the claims data file that distinguishes full from partial premiums. This could be the program in which the client is enrolled (if your ADAP has distinct programs for full vs. partial premiums) or the insurer that was paid.

Resources

Resources that may be helpful for ADAPs to help distinguish full from partial premiums:

- Rates for current year Medicare plans
- Rates for individual plans – check with your state Insurance Office
- Establish data exchanges with Centers for Medicaid and Medicare Services (CMS) and State Medicaid. Check out the [ADAP Data Sharing Agreement User Guide](#) established by CMS.

Downloads

- [ADAP DSA User Guide, October 2021 \(PDF\)](#)
- [SPAP DSA User Guide, October 2021 \(PDF\)](#)
- [PAP User Guide, October 2021 \(PDF\)](#)
- [Prescription Drug Assistance Plan Contact Information \(PDF\)](#)
- [PAP Implementation Questionnaire, May 18, 2012 \(PDF\)](#)
- [PAP DSA February 25, 2016 \(PDF\)](#)

- If you don't have a data exchange established, contact Medicare via phone at (800) 633-427 to check an individual client's Medicare Part D LIS eligibility. This can also be helpful to begin a conversation about creating a data exchange.

Need additional assistance? Contact the DISQ Team at data.ta@caiglobal.org.

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