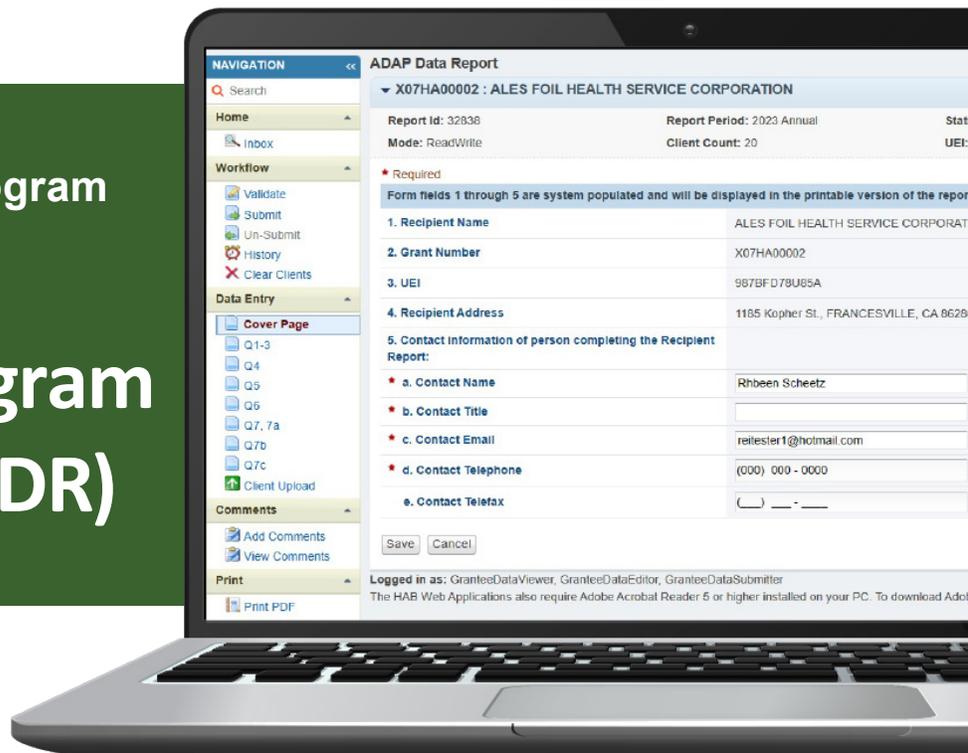


# Ryan White HIV/AIDS Program AIDS Drug Assistance Program Data Report (ADR)



## Instruction Manual 2023

Recipient Report Data: April 1, 2023, to March 31, 2024

Client Report Data: January 1, 2023, to December 31, 2023

Manual Release Date: February 5, 2024 (Version 1)

*Public Burden Statement:* The purpose of this data collection system is to collect client-level data on individuals being served, services being delivered, and costs associated with these services through the Ryan White HIV/AIDS Program (RWHAP) AIDS Drug Assistance Program (ADAP) Data Report. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0345 and it is valid until 4/30/2026. This information collection is mandatory (through increased Authority under the Public Health Service Act, Section 311(c) (42 USC 243(c)) and title XXVI (42 U.S.C. §§ 2611 et seq.). Public reporting burden for this collection of information is estimated to average 87 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).

HIV/AIDS Bureau Division of Policy and Data  
Health Resources and Services Administration  
Department of Health and Human Services  
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# Table of Contents

<b>Icons Used in This Manual .....</b>	<b>1</b>
<b>Introduction .....</b>	<b>2</b>
What's New for 2023 .....	3
About the ADR .....	4
Who Is an RWHAP ADAP Client? .....	5
What Are RWHAP ADAP Services? .....	5
How Is the ADR Submitted to HRSA HAB? .....	6
Who Submits the ADR? .....	7
What Are the Reporting Periods? .....	7
<b>Important Dates .....</b>	<b>7</b>
<b>Accessing the ADR Recipient Report .....</b>	<b>8</b>
<b>The Recipient Report .....</b>	<b>13</b>
Cover Page .....	13
A. Program Administration .....	14
B. Purchasing Mechanisms .....	17
C. Funding .....	18
D. Expenditures .....	20
E. RWHAP ADAP Medication Formulary .....	21
Submitting Your Recipient Report .....	22
<b>The Client Report .....</b>	<b>23</b>
Submitting Client-level Data .....	23
Client-level Data Elements .....	24
RWHAP ADAP Services .....	42
Uploading the XML Client File .....	52
Ensuring Data Quality .....	52
Submitting Your Report .....	54
<b>Appendix A: Required Client-level Data Elements .....</b>	<b>55</b>
<b>Appendix B: Glossary .....</b>	<b>57</b>
<b>Index .....</b>	<b>62</b>

# Icons Used in This Manual

The following icons are used throughout this manual to alert you to important and/or useful information.



The note icon highlights information that you should know when completing this section.



The tip icon points out recommendations and suggestions that can make it easier to complete this section.



The question mark icon indicates common questions asked by ADAPs with answers provided.



New text in the document is indicated with a **gray highlight** or a star icon.

# Introduction

The Ryan White HIV/AIDS Program (RWHAP), first authorized by the U.S. Congress in 1990, is administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB).<sup>1</sup> HRSA's RWHAP uses dynamic data-driven and innovative approaches to provide a comprehensive system of care to achieve optimal health outcomes for people with HIV. Funds are provided to cities, states, and local community-based organizations that provide HIV medical care treatment and essential support services to over half a million people in the U.S. with diagnosed HIV infection. A smaller but equally critical portion is used to fund technical assistance, clinical training, and the development of innovative models of HIV care.

Of the estimated 1.2 million people with HIV in the United States, more than 50 percent receive high-quality HIV medical care, treatment, and support services from the HRSA RWHAP each year. The HRSA RWHAP has developed a comprehensive system of care and treatment that provides the foundation for ending the HIV epidemic in the U.S. The HRSA RWHAP is critical to ensuring that low-income uninsured or underserved people with HIV are linked to medical care, retained in medical care, prescribed antiretroviral medications, and achieve viral suppression. HIV treatment is a recognized form of prevention. In line with the National HIV/AIDS Strategy 2022, the HRSA RWHAP works toward four national HIV health outcome goals:

1. Prevent new HIV infections
2. Improve HIV-related health outcomes of people with HIV
3. Reduce HIV-related disparities and health inequities
4. Achieve integrated and coordinated efforts that address the HIV epidemic among all partners and stakeholders

The HRSA RWHAP has been increasingly successful in achieving improved outcomes along the HIV care continuum.<sup>2</sup> The RWHAP legislation authorizes a portion of RWHAP Part B funds to be designated for the AIDS Drug Assistance Program (ADAP), which provides medications for the treatment of HIV disease, access to medications through the purchase of health insurance for eligible clients, and for services that enhance access, adherence, and monitoring of drug treatments. Part B grants, including ADAP grants, are awarded to all 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, Republic of the Marshall Islands, and the Republic of Palau.

<sup>1</sup> [The Ryan White HIV/AIDS Treatment Extension Act of 2009—Title XXVI of the Public Health Service Act](#)

<sup>2</sup> [HIV/AIDS Bureau HIV Performance Measures](#)

HAB requires all RWHAP ADAPs (with the exception of American Samoa, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, the Federated States of Micronesia, and the Republic of the Marshall Islands) to complete the RWHAP ADAP Data Report (ADR) annually, including submitting client-level data. The RWHAP ADR enables HRSA HAB to evaluate the impact of the RWHAP ADAP on a national level and allows HRSA HAB to characterize the individuals using the program, describe the RWHAP ADAP-funded services being used, and delineate the costs associated with these services. The ADR is used to:

- Monitor the clinical outcomes of clients enrolled in RWHAP ADAP
- Monitor the use of RWHAP ADAP funds in addressing the HIV epidemic in the United States
- Monitor the support provided by RWHAP ADAP to the most vulnerable communities, especially minorities
- Address the data needs of Congress and the Department of HHS concerning the HIV epidemic and the RWHAP
- Monitor progress toward the national goals to end the HIV epidemic
- Disseminate data on client sociodemographics and service utilization via the publicly available RWHAP ADAP Annual Client-level Data Report



ADR technical resources are available to ADAPs through the [HRSA](#) or [TargetHIV website](#).



## What's New for 2023

### Login.gov Integration

To enhance the HRSA EHBs' security, recipients and providers will now use Login.gov and two-factor authentication when logging into the HRSA EHBs. All users must have a valid Login.gov account using the same email address as their HRSA EHBs account to access the ADR. For assistance creating or managing your Login.gov account, contact the Login.gov Help Center at (844) 875-6446 or by [submitting a help ticket online](#).

There are also various clarifications and new examples throughout the manual, marked with the star icon and/or highlighted in gray. Check them out!

## About the ADR

The ADR includes two components: (1) the Recipient Report and (2) the Client Report. All RWHAP ADAPs (with the exceptions mentioned above) are required to submit both reports.

**The Recipient Report** is a collection of basic information about recipient characteristics, programmatic policies, funding, expenditures, and medication formulary.

**The Client Report** (or client-level data) is a collection of records (one record for each client enrolled in the RWHAP ADAP) which includes the client's eUCI, basic demographic data, and enrollment and certification information. A client's record also includes data about any RWHAP ADAP-funded medication assistance and/or health insurance assistance received, including the costs of these services. HIV clinical information is also reported for all clients.

RWHAP ADAPs are required to submit the ADR annually.



ADAPS should start early and allow enough time to address any technical and data quality issues. For technical assistance, call RWHAP Data Support at 1-888-640-9356 or email [RyanWhiteDataSupport@wrma.com](mailto:RyanWhiteDataSupport@wrma.com) or the DISQ Team at [Data.TA@caiglobal.org](mailto:Data.TA@caiglobal.org).



RWHAP ADAPs should start their Recipient Report by **April 22, 2024**.



The 2023 ADR, consisting of the Recipient Report and Client Report, is due on **June 3, 2024**.

## Who Is an RWHAP ADAP Client?

An RWHAP ADAP client is any person who has been determined eligible to receive RWHAP ADAP services, regardless of whether the person received RWHAP ADAP services during the reporting period.

During the reporting period, an RWHAP ADAP client may have:

- Received medications and/or insurance assistance
- Been placed on a waiting list
- Been disenrolled
- Been eligible but did not receive any services



HRSA HAB uses an encrypted Unique Client Identifier (eUCI) to ensure client confidentiality and limits data collection to only that information reasonably necessary to accomplish the ADR's purposes.

## What Are RWHAP ADAP Services?

As defined in HAB Policy Clarification Notice 16-02, [RWHAP Eligible Individuals & Allowable Uses of Funds](#), an RWHAP ADAP is a “state-administered program authorized under RWHAP Part B to provide U.S. Food and Drug Administration (FDA)-approved medications to low-income clients living with HIV who have no coverage or limited health care coverage. ... RWHAP ADAPs can provide access to medication by using program funds to purchase health care coverage and through medical cost sharing for eligible clients. ... RWHAP ADAPs may use a limited amount of program funds for activities that enhance access to, adherence to, and monitoring of antiretroviral therapy with prior approval.”

### Medication Assistance Services

Medication assistance services are the purchase of FDA-approved medications for the treatment of HIV, the prevention and treatment of opportunistic infections, the treatment of hepatitis B and C, and other medications for many co-morbid conditions that may impact people with HIV. RWHAP ADAPs decide which medications to include in their formulary and how these medications will be distributed. These medications are purchased with RWHAP ADAP funds on behalf of a client. **RWHAP ADAPs should report all items on their formulary for which they paid the full cost.**

## Health Insurance Assistance Services

Health insurance assistance services support clients to obtain and maintain health insurance. This includes the payment of premiums (partial or full), Medicare Part C and D-related medication costs (co-insurance, deductibles, true out-of-pocket costs (TrOOP), and co-insurance under catastrophic coverage) and medication co-insurance, co-payments, and deductibles. These health insurance assistance costs are paid with RWHAP ADAP funds on behalf of a client.

## Services Provided Under the RWHAP ADAP Flexibility Policy

HRSA HAB Policy Notice 07-03, [Use of Ryan White HIV/AIDS Program Part B ADAP Funds for Access, Adherence and Monitoring Services](#), allows recipients greater flexibility in using RWHAP ADAP base funds for services that improve access to medications, increase adherence to medication regimens, and help clients monitor their progress in taking HIV-related medications. To use RWHAP ADAP Earmark dollars for services under the RWHAP ADAP Flexibility Policy, recipients must request approval annually in their grant application or through the prior approval process in the [HRSA Electronic Handbooks \(EHBs\)](#). RWHAP ADAP Earmark dollars used for services under the RWHAP ADAP Flexibility Policy are not reported on the ADR.

## How Is the ADR Submitted to HRSA HAB?

RWHAP ADAPs access the HRSA [EHBs](#), a web-based grants administration system, to submit the ADR. Start the ADR by filling out the Recipient Report via the EHBs. For additional information on accessing the ADR via the EHBs, see [Accessing the ADR Recipient Report](#) on page 9 of this manual. The Client Report is then uploaded as an Extensible Markup Language (XML) file within the Recipient Report. For additional information, see the [Submitting Client-level Data on page 23](#) of this manual.



If you need help navigating the EHBs, go to the [EHBs Customer Support Center website](#) or call 1-877-464-4772.

## Submitting Your ADR



Complete your Recipient Report.



Create Client Report XML using ADR System or TRAX.



Ensure date quality using tools within the ADR.



Correct any errors and submit your ADR.

## Who Submits the ADR?

The ADR submission is a requirement of the RWHAP Part B grant award. Each RWHAP Part B recipient of record must complete the Recipient Report and the Client Report of the ADR. The recipient of record is the agency that receives RWHAP ADAP funding directly from HRSA.

## What Are the Reporting Periods?

The reporting period is the 12-month time period for which data should be reported. The Recipient Report and Client Report have different reporting periods.

- **Recipient Report:** RWHAP ADAPs report data based on the RWHAP Part B budget period, **April 1, 2023, to March 31, 2024.**
- **Client Report:** RWHAP ADAPs report client-level data for clients enrolled during the **calendar year** reporting period, **January 1, 2023, to December 31, 2023.**



## Important Dates

Date	Key Event
Monday, February 5, 2024	Test Your XML and Data Quality Feature opens for your Client Report
Monday, April 1, 2024	ADR Web System opens for 2023 data collection
Monday, April 22, 2024	Start your Recipient Report
Monday, June 3, 2024	ADRs must be in "Submitted" status by 6 p.m. ET



Be sure to visit the [TargetHIV website](#) at the beginning of the report submission period to obtain up-to-date information, materials, and the webinar series schedule.



# Accessing the ADR Recipient Report

To access the ADR Recipient Report, follow these steps.

**STEP ONE:** Navigate to the [HRSA Electronic Handbooks \(EHBs\)](#). On the Select Role page, choose the “Applicant/Grantee” box at the top-left side of the screen ([Figure 1](#)). On the next page, select the “Login” button and log in using your username, password, and selected method of two-factor authentication.

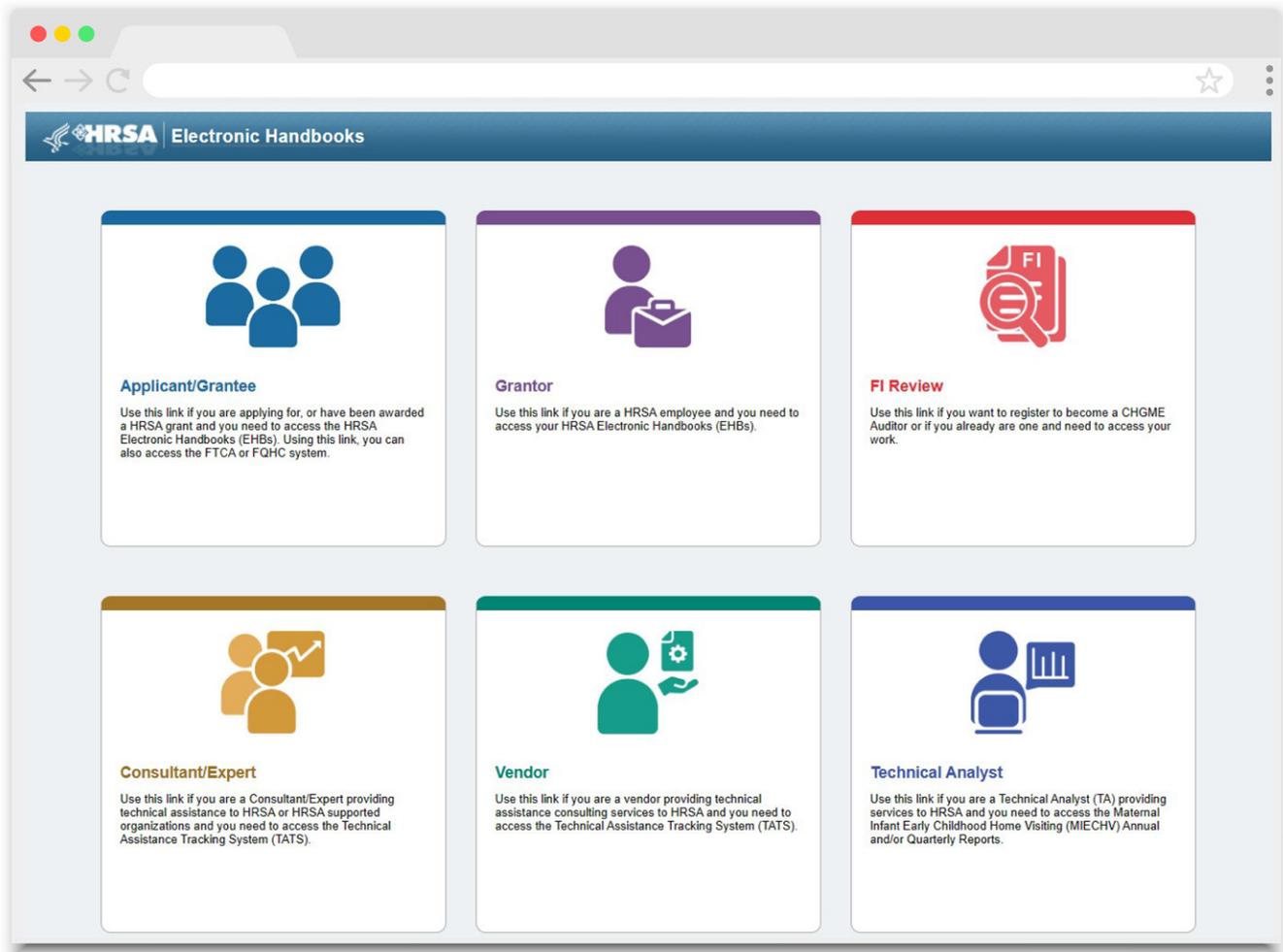


Beginning May 26, 2023, to access the EHBs, all recipients and providers must use Login.gov and two-factor authentication. For information about the new EHBs login process and Login.gov, including step-by-step instructions, a video, and FAQs, refer to the [EHBs Wiki Help page](#) or check out HRSA’s [EHBs Login Process webinar](#).



For assistance with your EHBs account, call the EHBs Customer Support Center at 1-877-464-4772. For assistance with your Login.gov account, contact the Login.gov Help Center at 844-875-6446 or by [submitting a help ticket online](#).

Figure 1. HRSA Electronic Handbooks: Screenshot of the EHBs Select Role Page

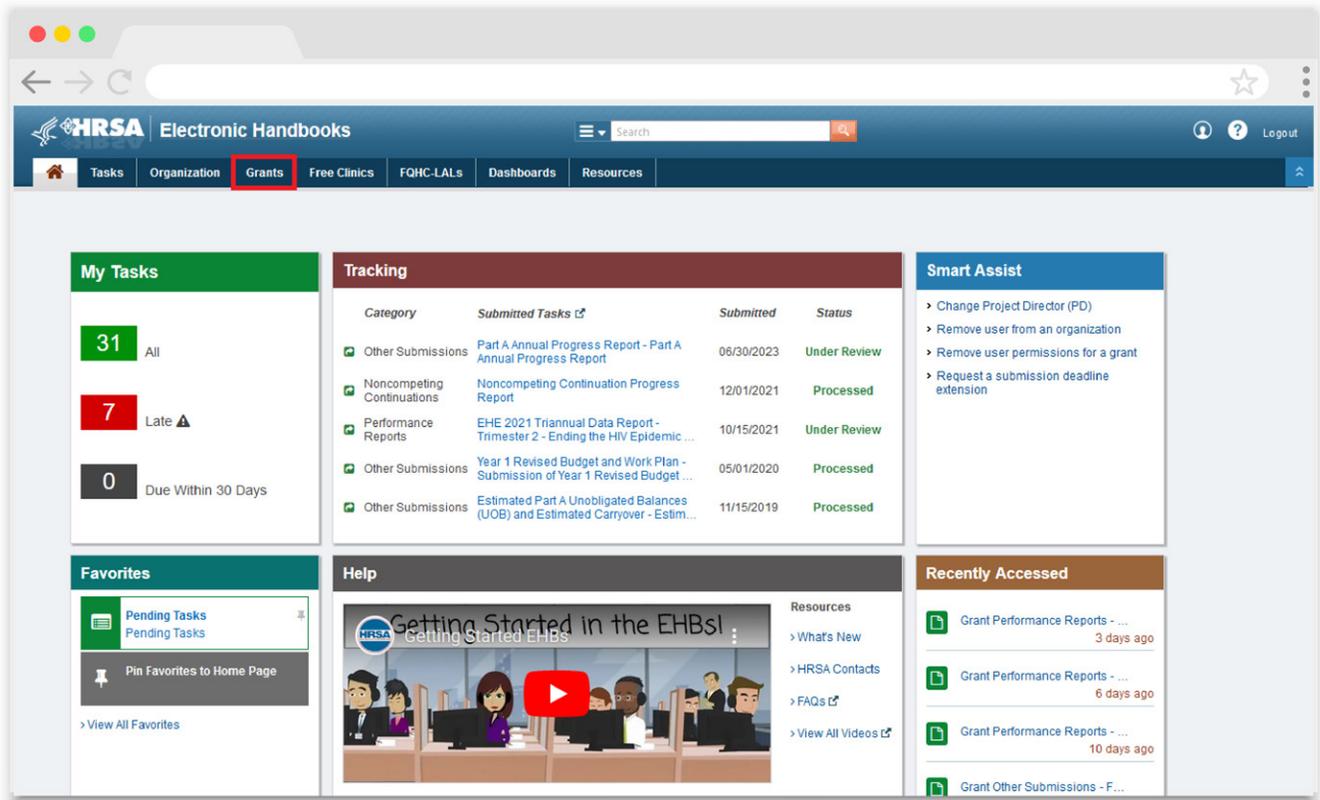


**STEP TWO:** From the EHBs homepage, hover your cursor over the “Grants” tab, on the top-left side of the screen (see [Figure 2](#)).



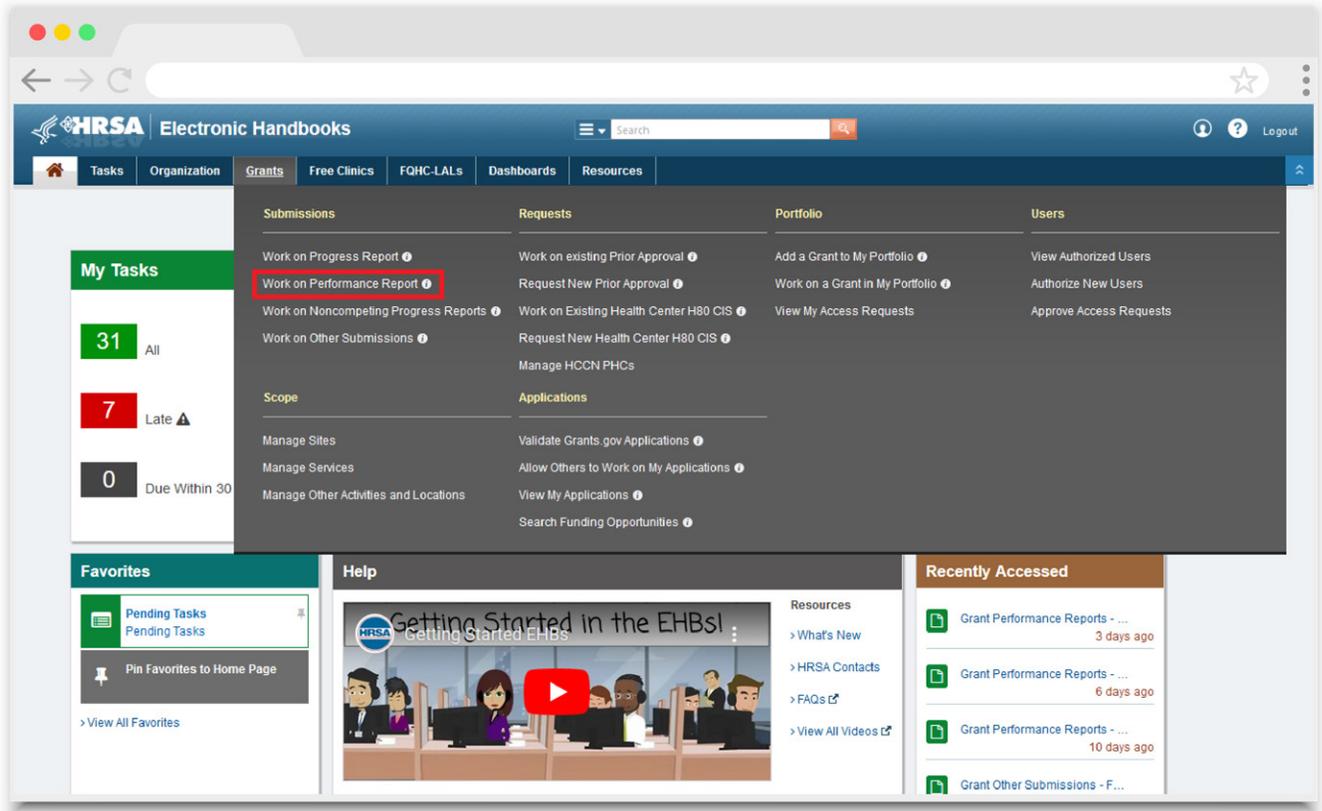
If you need help navigating the EHBs to find your ADR, call the EHBs Customer Support Center at 1-877-464-4772.

**Figure 2. HRSA Electronic Handbooks: Screenshot of the Recipient EHBs Homepage**



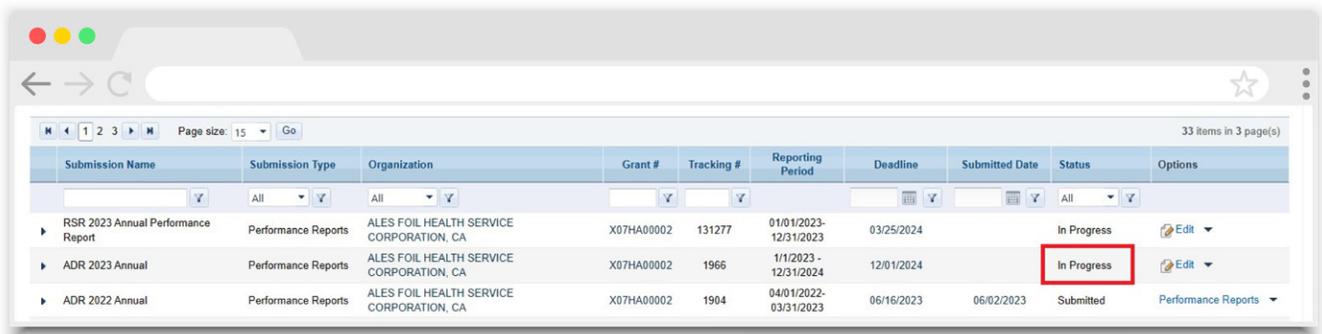
**STEP THREE:** From the resulting dropdown menu, under the “Submissions” header, select “Work on Performance Report” (Figure 3).

**Figure 3. HRSA Electronic Handbooks: Screenshot of the Grants Dropdown Menu**



**STEP FOUR:** On the bottom of the next page, the Submissions - All page, under “Submission Name,” locate your 2023 ADR. Select “Start” or “Edit” under the “Options” header to access the ADR system (Figure 4). A new window will appear.

**Figure 4. HRSA Electronic Handbooks: Screenshot of the Submissions - All Page**



**STEP FIVE:** You are now in the ADR Inbox (Figure 5). To access your ADR Recipient Report, select the envelope icon under the “Action” column. If the report has not been started yet, the icon will read “Create.” Once the report has been started, it will instead read “Open.”

**Figure 5. HRSA Electronic Handbooks: Screenshot of the ADR Inbox**

The screenshot displays the ADAP Data Report interface. On the left is a navigation sidebar with options like Home, Inbox, and Reference. The main area shows a table of reports. The 'Action' column for the report with ID 32838 has a red box around the 'Open' button icon.

Report ID	Reporting Period	Status	Un-submit Request	PO	State	Action	Comments	Print	History	Clients	Created By
29088	Check Your XML	Working	No		CA					0	NA_AbtsA_10615
32838	2023 Annual	Working	No	Zanne Gogan	CA					20	Rhbeen.Scheetz.22313333@test.com

Logged in as: GranteeDataViewer, GranteeDataEditor, GranteeDataSubmitter  
 The HAB Web Applications also require Adobe Acrobat Reader 5 or higher installed on your PC. To download Adobe Acrobat Reader, click .

# The Recipient Report

For the Recipient Report, each RWHAP ADAP will report data based on the RWHAP Part B budget period, April 1, 2023, to March 31, 2024.

The first section of the Recipient Report is the Cover Page ([Figure 6](#)) which contains basic recipient information. RWHAP ADAPs must update, enter, and/or verify the following recipient information. Items 1–4 are prepopulated from the information on the recipient of record stored in the EHBs. If the information is not correct for these items, contact the EHBs Customer Support Center at 1-877-464-4772 to make corrections. For item 5, you may edit the contact information directly on your screen.

## Cover Page

- 1. Recipient name (display only):** The recipient name must match the organization name on the Notice of Award (NoA). There should be no abbreviations or acronyms unless they are also used in the NoA.
- 2. Grant number (display only):** This is the grant number displayed on your NoA.

Figure 6. ADR Recipient Report: Cover Page

ADAP Data Report

X07HA00002 : ALES FOIL HEALTH SERVICE CORPORATION

Report Id: 32838      Report Period: 2023 Annual      Status: Working      Due Date:      Last Modified:     

Mode: ReadWrite      Client Count: 20      UEI: 987BFD78U85A

**Required**

Form fields 1 through 5 are system populated and will be displayed in the printable version of the report. You must complete fields 5a through 5d. Field 5e is optional.

1. Recipient Name	ALES FOIL HEALTH SERVICE CORPORATION
2. Grant Number	X07HA00002
3. UEI	987BFD78U85A
4. Recipient Address	1185 Kopher St., FRANCESVILLE, CA 96280-7426
5. Contact information of person completing the Recipient Report:	
a. Contact Name	Rhbeen Scheetz
b. Contact Title	
c. Contact Email	reilester1@hotmail.com
d. Contact Telephone	(000) 000 - 0000
e. Contact Telefax	( ) - -

Save Cancel

Logged in as: GranteeDataViewer, GranteeDataEditor, GranteeDataSubmitter  
The HAB Web Applications also require Adobe Acrobat Reader 5 or higher installed on your PC. To download Adobe Acrobat Reader, click [here](#).

3. **Unique Entity Identifier (display only):** The UEI is a 12-digit alphanumeric identifier provided by SAM.gov to all entities that register to do business with the federal government.



If you need help locating your organization's UEI, contact Ryan White Data Support for assistance by phone at 1-888-640-9356 or via email at [RyanWhiteDataSupport@wrma.com](mailto:RyanWhiteDataSupport@wrma.com).

4. **Recipient address (display only):** This address should match the mailing address of the recipient of record. There should be no abbreviations or acronyms unless they are also used in the NoA.
5. **Contact information of person completing the Recipient Report:** Enter name, title, email, telephone number, and FAX number. *You must complete the required data.*

Once you've updated, entered, and/or verified the data on the Recipient Contact Information page, click **Save** to save the data and advance to the next section, Programmatic Summary Submission.

## A. Program Administration

1. **RWHAP ADAP Limits.** Indicate whether your RWHAP ADAP has adopted any of the following limits to control costs. Check more than one box if applicable ([Figure 7](#)).
  - *Waiting list*—A list of clients who have been determined eligible and have been enrolled to receive RWHAP ADAP services but are not receiving RWHAP ADAP services due to caps on service enrollment or other cost-containment strategies.
  - *Enrollment cap*—A limit on the maximum number of people who can be enrolled in your RWHAP ADAP and receive services at any given time. If your RWHAP ADAP has capped enrollment, enter the maximum number of individuals who can be enrolled in your RWHAP ADAP at one time.
  - *Capped number of prescriptions per month*—A limit on the number of prescriptions allowed per client per month. If your RWHAP ADAP has capped prescriptions per month, enter the maximum number of prescriptions a client can receive per month.
  - *Capped expenditure*—A limit on the maximum number of dollars that can be spent per client. If your RWHAP ADAP has capped expenditures, enter the monetary cap per client and whether the cap applies monthly or annually.

- *Drug-specific enrollment caps for antiretrovirals (ARVs) or hepatitis B and C medications*—A limit on the maximum number of clients who can receive a specific medication at any given time. If your RWHAP ADAP has drug-specific enrollment caps, enter the medications for which these caps apply.
- *Formulary reduction*—A change in your RWHAP ADAP formulary that reduced the number of medications that are available to your clients to control costs.
- *Decrease in financial eligibility criteria*—A change in your income eligibility requirement that decreased the maximum federal poverty level (FPL) criteria to be determined eligible for enrollment in your RWHAP ADAP.
- *None of these limits were applied to the RWHAP ADAP during the reporting period*—If your RWHAP ADAP did not apply any limits, check this box as your only response to this question.

**Figure 7. ADR Recipient Report: Programmatic Summary Submission, Questions 1–3**

The screenshot displays the 'ADAP Data Report' interface for 'X07HA00002 : ALES FOIL HEALTH SERVICE CORPORATION'. The report details include Report ID: 32838, Report Period: 2023 Annual, Status: Working, Due Date: (blank), Mode: Read/Write, Client Count: 20, UEI: 987BFD78U85A, and Last Modified: (blank). A reminder states that the Recipient Report (Questions 1–7) should be reported for the grant year April 1, 2023 – March 31, 2024, while uploaded client level data should be for the 2023 calendar year.

**Required**  
All items in the Recipient Report should be reported for the most recent grant year. Please review the Instructions for Completing the ADAP Recipient Report to ensure that you respond to each item appropriately.

**A. PROGRAM ADMINISTRATION**

**1. Please indicate which of the following limits applied to your ADAP during the reporting period. For each item that applied, complete the blank with the information requested on that limit.**  
(Check all that apply)

- Waiting list anytime during the reporting period
- Enrollment cap- Max number of enrollees
- Capped number of prescriptions per month- Max number of prescriptions/month
- Capped expenditure- Monetary cap per client \$ 
  - Per Month
  - Annual
- Drug-specific enrollment caps for ARVs, Hepatitis B, or Hepatitis C medications
- Formulary reduction
- Decrease in financial eligibility criteria
- None of these limits were applied to the ADAP during the reporting period

**2. Please indicate the maximum ADAP eligibility requirements as a percentage of Federal Poverty Level (FPL):**  
Maximum ADAP eligibility requirements as a percentage of FPL:  %

**3. Has your ADAP experienced an unexpected increase in enrolled clients?**

- Yes If Yes, how many new clients were enrolled?
- No

Buttons: Save, Cancel

- 2. RWHAP ADAP income eligibility as a percentage of federal poverty level (FPL).** Enter the maximum income a person can have to be eligible for enrollment in your RWHAP ADAP expressed as a percentage of the FPL. If the FPL requirement changed during the RWHAP Part B budget period, enter the FPL that was in place as of the end of the budget period ([Figure 7](#)). For example, people with HIV who have an income of 400 percent of the FPL or lower may be eligible to participate. For additional information on how to calculate FPL, go to [HHS Poverty Guidelines](#).



**Which FPL eligibility requirement should we report if we have different requirements for our medication and health insurance assistance services?**

RWHAP ADAPs should report their FPL requirement for medication services.

- 3. Has your RWHAP ADAP experienced an unexpected increase in enrolled clients?** Indicate if your RWHAP ADAP had a higher-than-expected increase in enrolled clients during the reporting period.

- Yes. If yes, enter how many more new clients enrolled than you anticipated: \_\_\_\_\_.
- No.



**Can you elaborate on what “unexpected” means?**

“Unexpected” means there was an increase that was more than your organization anticipated or projected.



Click **Save** before navigating to the next page or your data will be lost.

## B. Purchasing Mechanisms

Figure 8. ADR Recipient Report: Programmatic Summary Submission, Question 4

The screenshot shows the ADR Recipient Report interface. The main content area displays the following information:

- ADAP Data Report** for **X07HA00002 : ALES FOIL HEALTH SERVICE CORPORATION**
- Report Id:** 32838, **Report Period:** 2023 Annual, **Status:** Working, **Due Date:**
- Mode:** ReadWrite, **Client Count:** 20, **UEI:** 987BFD78U85A, **Last Modified:**
- REMINDER:** The Recipient Report (Questions 1 – 7) should be reported for the grant year April 1, 2023 – March 31, 2024, whereas the uploaded client level data should be 2023 calendar year data.
- Required:** All items in the Recipient Report should be reported for the most recent grant year. Please review the Instructions for Completing the ADAP Recipient Report to ensure that you respond to each item appropriately.
- B. PURCHASING MECHANISMS**
- 4. Please check all that apply to your Drug Pricing Program:**
  - 340B Rebate
  - 340B Direct Purchase
    - Prime vendor
    - Department of Defense

Buttons for **Save** and **Cancel** are visible at the bottom of the form. The footer indicates the user is logged in as GranteeDataViewer, GranteeDataEditor, or GranteeDataSubmitter and provides a link to download Adobe Acrobat Reader.

4. **Drug Pricing Program.** Check all responses that apply to your drug pricing program (Figure 8). For complete definitions of the cost-saving strategies below, see the Glossary.

Please check all options that apply to your drug pricing program:

- **340B Rebate**—A prescription drug purchasing model in which RWHAP ADAPs reimburse a network of retail pharmacies for costs associated with filling prescriptions for eligible clients. RWHAP ADAPs submit 340B rebate claims to drug manufacturers.
- **340B Direct Purchase**—A prescription drug purchasing model in which RWHAP ADAPs purchase drugs directly from a manufacturer or wholesaler at the 340B pricing schedule.

If your RWHAP ADAP participates in the 340B Prime Vendor Program that handles price negotiation and drug distribution responsibilities for its members, check Prime Vendor.

- **Department of Defense**—A pharmaceutical cost-saving strategy administered by the Department of Defense.

## C. Funding

Figure 9. ADR Recipient Report Online Form: Programmatic Summary Submission, Question 5

**ADAP Data Report**  
 X07HA00002 : ALES FOIL HEALTH SERVICE CORPORATION

Report Id: 32838      Report Period: 2023 Annual      Status: Working      Due Date: 6/1/2024 6:00:00 PM (155 days left)  
 Mode: ReadWrite      Client Count: 20      UEI: 967BFD78U85A      Last Modified: 12/28/2023 12:50:17 PM (by Rhbeem.Scheetz.22313333@test.com)

**REMINDER:**  
 The Recipient Report (Questions 1 – 7) should be reported for the grant year April 1, 2023 – March 31, 2024, whereas the uploaded client level data should be 2023 calendar year data.

**Required**  
 All items in the Recipient Report should be reported for the most recent grant year. Please review the Instructions for Completing the ADAP Recipient Report to ensure that you respond to each item appropriately.

**C. FUNDING**

**5. Please enter the funding received during this reporting period from each of the following sources:**

Funding Source	(If no funding was received enter "0") Amount Received (to nearest dollar)
a. Total contributions from Part A EMAs/TGAs	\$ <input type="text"/>
b. Total contribution from Part C and/or D recipients	\$ <input type="text"/>
c. Total contributions from EHE recipients	\$ <input type="text"/>
d. State general fund contributions	\$ <input type="text"/>
e. Carryover of Ryan White funds from previous year	\$ <input type="text"/>
f. Manufacture rebates and program income reinvested in ADAP	\$ <input type="text"/>
g. All insurance reimbursements, excluding Medicaid	\$ <input type="text"/>
h. Medicaid reimbursements	\$ <input type="text"/>
<b>Resources received this reporting period (Total of a through h)</b>	<b>\$ 0</b>

Save Cancel

Logged in as: GranteeDataViewer, GranteeDataEditor, GranteeDataSubmitter

**5. RWHAP ADAP funding received during the reporting period.** Enter the amount of funding your program received from the sources listed below during the reporting period (Figure 9). Enter 0 if your RWHAP ADAP did not receive funding from any given source during the period. Do not leave any boxes blank.

- a. *Total contributions from RWHAP Part A Funding*—Enter total amount that Part A contributed to RWHAP ADAP.
- b. *Total contributions from RWHAP Part C and/or D Funding*—Enter total amount that Part C and/or Part D recipients contributed to RWHAP ADAP.
- c. *Total contributions of EHE funding*—Enter total amount that Ending the HIV Epidemic (EHE) Initiative recipients (RWHAP Part A and Part B) contributed to RWHAP ADAP.
- d. *State general funding contributions*—Enter total amount of state funding that was contributed to RWHAP ADAP, including state funds to meet your match requirement.
- e. *Carry-over of RWHAP funds from previous year*—If your state contributed carryover of RWHAP funds (whether RWHAP ADAP base or other RWHAP Part B funding) to RWHAP ADAP, enter the total amount here.

- f. *Manufacturer Rebates and Program Income Reinvested in ADAP*—Report ALL rebate dollars and program income reinvested in RWHAP ADAP.
- g. *All Insurance Reimbursements, excluding Medicaid*—Enter total amount received from health insurance reimbursement (excluding Medicaid), from medication and insurance costs paid for a client who later received retroactive insurance eligibility.
- h. *Medicaid Reimbursements*—Enter total amount received for Medicaid reimbursements, from medication and insurance costs paid for a client who later received retroactive Medicaid eligibility.

## Funding Sources: To Report or Not Report in the ADR?

Funding Source	Reporting Guidance
RWHAP Part B base funding	RWHAP Part B base funding is <b>not reported</b> as these numbers are already reported elsewhere (Program Terms Report).
Part B Supplemental funding	Part B Supplemental funding is <b>not reported</b> as these numbers are already reported elsewhere (Program Terms Report).
RWHAP ADAP base funding	RWHAP ADAP base funding is <b>not reported</b> since these awards can only be used for RWHAP ADAP and HRSA HAB already knows the amount you were awarded.
RWHAP ADAP Emergency Relief Funds	RWHAP ADAP Emergency Relief Funds are <b>not reported</b> since these awards can only be used for RWHAP ADAP and HRSA HAB already knows the amount you were awarded.
RWHAP ADAP Flexibility Policy	RWHAP ADAP Flexibility Policy is <b>not reported</b> in the ADR.
State matches for RWHAP ADAP	All state funds (whether or not they are used to meet your match requirement) <b>are reported in “e. State general fund contributions.”</b>
Rebates and Program Income	Only rebates and program income you invested back in the RWHAP ADAP <b>are reported in “f. Manufacturer Rebates and Program Income Reinvested in the RWHAP ADAP.”</b>
No funding sources received during the reporting period.	It is possible for a RWHAP ADAP to not receive funding from any of the funding sources listed in Question 5 during the reporting period. If that is the case, the RWHAP ADAP should enter 0 for each funding source.

## D. Expenditures

Figure 10. ADR Recipient Report Online Form: Programmatic Summary Submission, Question 6

The screenshot shows the 'ADAP Data Report' interface for 'X07HA00002 : ALES FOIL HEALTH SERVICE CORPORATION'. The report details include Report ID: 32838, Report Period: 2023 Annual, Status: Working, Due Date: 6/1/2024 6:00:00 PM (155 days left), Mode: ReadWrite, Client Count: 20, UEI: 9678FD78U85A, and Last Modified: 12/28/2023 12:50:17 PM (by Rnbeen.Scheetz.22313333@test.com). A reminder states that the Recipient Report (Questions 1-7) should be reported for the grant year April 1, 2023 - March 31, 2024, while uploaded client level data should be 2023 calendar year data. A required instruction notes that all items in the Recipient Report should be reported for the most recent grant year. The 'D. EXPENDITURES' section contains a table for reporting total expenditures for the reporting period.

Expenditure Category	Total Cost
a. Full pay medication assistance	\$ _____
b. Dispensing costs	\$ _____
c. Other administrative costs	\$ _____
d. Health insurance assistance (including co-pays, deductibles, and premiums)	\$ _____
<b>Total ADAP expenditures this reporting period (Total of a through d)</b>	<b>\$ 0</b>

**6. Expenditures.** Enter the total expenditures for full pay medication assistance, dispensing costs, other administrative costs, and health insurance assistance (including premiums and medication co-insurance, co-payments, and deductibles) for the reporting period (Figure 10). Enter 0 if your RWHAP ADAP did not have any expenses in a category. Do not leave any boxes blank. The total expenditures for the reporting period will be calculated automatically.

- a. *Full pay medication assistance*—Medication expenses for all drugs paid in full by RWHAP ADAP. If RWHAP ADAP only partially paid for a drug, report it below as health insurance assistance in d. Health insurance assistance.
- b. *Dispensing costs*—Pharmacy expenses or fees to dispense and/or distribute medications to clients, including costs to mail medications to a client.
- c. *Other administrative costs*—All other fees (excluding dispensing costs) paid by RWHAP ADAP that are related to purchasing and distributing medication such as third-party insurance administrative fees, pharmacy fees, shipping and handling, and other bulk order fees. Do not include RWHAP ADAP general administrative costs (e.g., staffing costs) here.
- d. *Health insurance assistance*—Any health insurance assistance, including premiums and medication co-insurance, co-payments, and deductibles.

Any pharmacy, pharmacy benefit manager, or insurance benefit manager-negotiated rates or fees for RWHAP ADAP services provided to clients should be reported in the ADR. Depending on what those rates or fees cover, they should be reported under the appropriate expenditure category.

## How to Report Pharmacy Benefit and Insurance Benefit Manager Rates and Fees

Services	How to Report in the ADR
Dispensing fees	Dispensing Costs
Claims processing fees	Other Administrative Costs
Formulary management fees	Other Administrative Costs
Health insurance premium processing fees	Other Administrative Costs
Dental premiums processing fees	Do not report
Office visit copays processing fees	Do not report

## E. RWHAP ADAP Medication Formulary

**7. Does your RWHAP ADAP have an open formulary, inclusive of all FDA-approved medications?** An RWHAP ADAP with an open formulary will cover all FDA-approved drugs with some limited exceptions.

- Yes
- No

**7a, b, c. RWHAP ADAP Medication Formulary.** Lists of ARVs, opportunistic infection medications (A1-OIs), and hepatitis B and C medications will be provided separately in 7a, 7b, and 7c (see [Figure 11](#), which shows Question 7a. ARV, as an example). The medication's generic name appears first, followed by the brand name.

For each medication listed in the medications list, check the box on the left if your RWHAP ADAP currently includes that medication in the formulary. If your RWHAP ADAP has an open formulary, click on the "Select All" at the top of the medication list and the system will check all boxes. If you have limited exceptions, uncheck those medications that are not covered.

If the medication was added to the formulary during the reporting period, check the box in the Med Added column and enter the date it was added in the Date Added column.

**Figure 11. ADR Recipient Report Online Form: Programmatic Summary Submission, Question 7a**

**ADAP Data Report**  
 X07HA00002 : ALES FOIL HEALTH SERVICE CORPORATION

Report Id: 32838      Report Period: 2023 Annual      Status: Working      Due Date: 6/1/2024 6:00:00 PM (155 days left)  
 Mode: ReadWrite      Client Count: 20      UEI: 9878FD78U85A      Last Modified: 12/28/2023 12:50:17 PM (by Rhbeen Scheetz 22313333@test.com)

**REMINDER:**  
 The Recipient Report (Questions 1 – 7) should be reported for the grant year April 1, 2023 – March 31, 2024, whereas the uploaded client level data should be 2023 calendar year data.

**Required**  
 All items in the Recipient Report should be reported for the most recent grant year. Please review the instructions for Completing the ADAP Recipient Report to ensure that you respond to each item appropriately.

**E. ADAP MEDICATION FORMULARY**

**Alternative View**

Please provide information on Antiretroviral (ARV), Hepatitis B, Hepatitis C and 'A1'-OI medications currently on your ADAP formulary.

**7. Does your ADAP have an open formulary, inclusive of all FDA approved medications?**  
 Yes  No

**7a. Recipient-level Formulary information - Antiretroviral Medications**  
 Please indicate which of the following ARV medications are included in your ADAP formulary. If the medication was added to your formulary during the grant year, check the box in the "Med Added" column and enter the date that the medication was "Date Added" column.

Included in Formulary	Generic Name	Brand Name	Med Added?	Date Added
<input checked="" type="checkbox"/>	abacavir	Ziagen	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	abacavir/dolutegravir/lamivudine	Triumeq	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	abacavir/lamivudine	Epzicom	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	abacavir/lamivudine/zidovudine	Trizvir	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	atazanavir	Reyataz	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	atazanavir and cobicistat	Evotaz	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	bictegravir, emtricitabine, and tenofovir alafenamide	Biktarvy	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	cabotegravir and rilpivirine	Cabenuva	<input type="checkbox"/>	
<input type="checkbox"/>	Cabotegravir	Apretude	<input type="checkbox"/>	
<input type="checkbox"/>	cabotegravir sodium	Vocabria	<input type="checkbox"/>	



### Do RWHAP ADAPs have to report historical start dates in the formulary?

Only include information in the *Date Added* column for medications added to the formulary within the current reporting period. You do not need to enter information in the *Date Added* field if the medication was added prior to the current reporting period.

**This is the end of the Recipient Report.**



If you need help completing the Recipient Report, call Ryan White Data Support at 1-888-640-9356 or email [RyanWhiteDataSupport@wrma.com](mailto:RyanWhiteDataSupport@wrma.com).

## Submitting Your Recipient Report

The Recipient Report is submitted with the Client Report. See “The Client Report” for more information and follow the submission process for the Recipient Report and Client Report as described in [Submitting Your Report on page 54](#).

# The Client Report

RWHAP ADAPs should report client-level data in the Client Report for all clients enrolled during the calendar year reporting period January 1, 2023, to December 31, 2023. The Client Report is a collection of RWHAP ADAP client records that you must submit in one or more properly formatted XML files. Within the Client Report:

- There should be one record for each client enrolled in the RWHAP ADAP at any time during the reporting period. An enrolled client is a person who is determined to be eligible to receive services, whether or not the person actually received RWHAP ADAP services during the reporting period.
- For all enrolled clients, report client demographics, enrollment and certification data, and clinical data.
- For clients who received services, report whether they received health insurance services and/or medications services and required data. If a client did not receive services, you must report 'no' for health insurance and/or medication services.



See Appendix A: Required Client-Level Data Elements to determine the client level data elements required for an enrolled client.

## Submitting Client-level Data

RWHAP ADAPs need to extract client-level data from their systems into the proper XML format before uploading the data to the HRSA EHB. XML is a standard, simple, and widely adopted method of formatting text and data so it can be exchanged across different computer platforms, languages, and applications.



To learn how to upload the client-level data XML file, see [Uploading the XML Client File on page 52](#).

### If you have an ADR-ready system

If your RWHAP ADAP uses an ADR-ready system such as CAREWare, Provide Enterprise, or eCOMPAS, these systems will export the data into the required XML format. See the [ADR-Ready Systems List](#) for more information.



Be sure you are using the latest version of your ADR-ready system.

## If you do not have an ADR-ready system

If you do not use an ADR-ready system, use a program that extracts the data from your system and generates an XML file that conforms to the rules of the ADR XML schema. The schema and related documents are available at the [ADAP Data Report Download Package](#) on TargetHIV. HRSA HAB has also created a free application called TRAX to help RWHAP ADAPs create their ADR XML file. To download the application and manual, go to [TRAX ADR on TargetHIV](#).



If you need assistance in creating your XML file(s), contact the DISQ Team at [Data.TA@caiglobal.org](mailto:Data.TA@caiglobal.org).

## Client-level Data Elements

This section outlines the required data fields in the client-level data XML file. Each data element description includes the following:

**Element ID:** Each data element has been assigned a value for referencing between this document and the [ADR XML Schema Implementation Guide](#) available on the TargetHIV website.

**ADR Client-level Data Element:** A brief description of the client-level data element being collected.

**XML Variable Name:** The data elements have been assigned a variable name in the ADR Data Dictionary as the way to label data in the client-level data XML file. The variable name is provided for referencing between this document and the ADR Data Dictionary.

**Required for clients:** Most data elements are required for all clients. However, there are instances when data elements are only required for new or existing clients, when clients received medication or/and health insurance services, or as a follow-up to a previous question. Also see Appendix A: Required Client-Level Data Elements for a visual table of required data.

**Description:** A detailed discussion of the data element and response options that may be reported for the data element. This section defines the responses allowed for the data element.

The table below lists all the possible data elements with links to their descriptions in this section of the manual:

Table 1: ADR Client-level Data Elements

Element ID	Data Element Name
<b>System Variables</b>	
2	<u>Encrypted Unique Client Identifier</u>
<b>Client Demographics</b>	
4	<u>Client's self-reported ethnicity</u>
68	<u>Client report Hispanic subgroup</u>
5	<u>Client's self-reported race</u>
69	<u>Client report Asian subgroup</u>
70	<u>Client report Native Hawaiian/Pacific Islander subgroup</u>
6	<u>Client's current self-reported gender</u>
4	<u>Client's self-reported ethnicity</u>
14	<u>Client's sex at birth</u>
9	<u>Client's year of birth</u>
10	<u>Client's HIV/AIDS status</u>
11	<u>Client's percent of the federal poverty level</u>
13	<u>Client's health insurance</u>
<b>Enrollment and Certification</b>	
14	<u>New client</u>
15	<u>Date completed application was received</u>
16	<u>Date completed application was approved</u>
17	<u>Date of last eligibility confirmation</u>
18	<u>Client enrollment status</u>
19	<u>Reason(s) for disenrollment</u>
<b>Health Insurance Services</b>	
20	<u>Receipt of health insurance services</u>
67	<u>Type of health insurance assistance received</u>
21	<u>Amount paid for premiums</u>
22	<u>Months coverage of premiums paid</u>
23	<u>Amount paid for medication co-pays and deductible</u>
<b>Medication Assistance Services</b>	
25	<u>Receipt of medication services</u>
26	<u>Medication(s) dispensed</u>
27	<u>Medication dispensed date</u>
28	<u>Day(s) supply of medication</u>
29	<u>Amount paid for medication</u>

Element ID	Data Element Name
<b>Clinical Information</b>	
32	<u>CD4 count date</u>
33	<u>CD4 count value</u>
34	<u>Viral load date</u>
35	<u>Viral load count</u>

## System Variables

**Encrypted Unique Client Identifier: ID 2**

**XML Variable Name:**

ClientUci

**Required for:**

All clients enrolled at any time during the reporting period.

**Description:**

The XML file will contain one system field: encrypted Unique Client Identifier (eUCI). To protect client information, an eUCI is used for reporting RWHAP client data.

An eUCI is a 40-character alphanumeric code created when SHA-1, a one-way hashing algorithm that meets the highest privacy and security standards, encrypts the client's UCI. The original UCI is unrecoverable from the eUCI. The resulting alphanumeric code, the eUCI, is used to distinguish one RWHAP client from all others.



### Guidelines for Collecting and Recording Client Names

RWHAP ADAPs should develop business rules/operating procedures outlining the method by which client names should be collected and recorded. For example:

- Enter the client's entire name as it normally appears on documentation, such as a driver's license, birth certificate, passport, or Social Security card.
- Follow the naming patterns, practices, and customs of the local community or region (e.g., for Hispanic clients living in Puerto Rico, record both surnames in the appropriate order).
- Avoid using nicknames (e.g., do not use Becca if the client's full name is Rebecca).
- Avoid using initials.
- Instruct your staff on the correct entry of client names. Client names must be entered in the same way every time to avoid reporting duplicates.

## Client Demographics

The purpose of the Client Demographics section is to describe the sociodemographic characteristics of all enrolled clients eligible to receive medication assistance and/or health insurance assistance services, regardless of whether they received services during the reporting period. Client demographics include race and ethnicity, gender, age, HIV/AIDS status, poverty level, and health coverage.

### Reporting Client Race and Ethnicity

The Office of Management and Budget (OMB) Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity provides a minimum standard for maintaining, collecting, and presenting data on race and ethnicity for all federal reporting purposes. The standards were developed to provide a common language for uniformity and comparability in the collection and use of data on race and ethnicity by federal agencies.

The standards have five categories for data on race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. There are two categories for data on ethnicity: Hispanic or Latino and Not Hispanic or Latino. Identification of ethnic and racial subgroups is required for the categories of Hispanic/Latino, Asian, and Native Hawaiian/Pacific Islander. The racial category descriptions defined in October 1997 are required for all federal reporting, as mandated by the OMB. For more information, go to [ASPE.hhs.gov](https://aspe.hhs.gov).

HRSA HAB is required to use the OMB reporting standard for race and ethnicity. However, RWHAP ADAPs can choose to collect race and ethnicity data in greater detail. If your RWHAP ADAP chooses to use a more detailed collection system, organize the data collected so any new categories can be mapped to the standard OMB breakdown.



RWHAP ADAPs are required to report race and ethnicity for each client based on that **client's self-report**. Do not establish criteria or qualifications to determine a person's racial or ethnic classification, and do not specify how a person should classify their race.

**Client's self-reported ethnicity: ID 4****XML Variable Name:**

EthnicityId

**Required for:**

All clients enrolled at any time during the reporting period.

**Description:**

The client's ethnicity is based on client self-report. These are the response category options:

- *Hispanic/Latino/a*—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be synonymous with "Hispanic or Latino."
- *Non-Hispanic*—A person who does not identify his or her ethnicity as Hispanic or Latino.

**Client report Hispanic subgroup: ID 68****XML Variable Name:**

AdrClientReportHispanicSubgroup

**Required for:**

All clients enrolled at any time during the reporting period for whom ID 4 was reported as Hispanic/Latino(a) or Spanish origin.

**Description:**

If the response to ID 4, client's self-reported ethnicity is "Hispanic/Latino/a", indicate the client's Hispanic subgroup. (Choose all that apply).

These are the response category options:

- *Mexican, Mexican American, Chicano/a*
- *Puerto Rican*
- *Cuban*
- *Another Hispanic, Latino/a or Spanish origin*

**Client's self-reported race: ID 5****Variable Name:**

Raceld

**Required for:**

All clients enrolled at any time during the reporting period.

**Description:**

The client's race based on client self-report. Multiracial clients should select all category options that apply.

These are the response category options:

- *American Indian or Alaska Native*—A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- *Asian*—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- *Black or African American*—A person having origins in any of the black racial groups of Africa.
- *Native Hawaiian or Pacific Islander*—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- *White*—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.



**“Unknown” is not a response option** for the **race and ethnicity** subgroups. If you do not have these data for a given client because the client declined to answer or their race and ethnicity subgroups did not align with the response category options, leave blank and the data will be missing. For additional assistance on how to deal with “unknown” responses in your data, please contact the DISQ Team at [Data.TA@caiglobal.org](mailto:Data.TA@caiglobal.org).

**Client report Asian subgroup: ID 69****XML Variable Name:**

AdrClientReportAsianSubgroup

**Required for:**

All clients enrolled at any time during the reporting period for whom ID 5 was reported as Asian.

**Description:**

If the response to ID 5, client's self-reported race is "Asian," indicate the client's Asian subgroup. (Choose all that apply).

These are the response category options:

- *Asian Indian*
- *Chinese*
- *Filipino*
- *Japanese*
- *Korean*
- *Vietnamese*
- *Other Asian*

**Client report Native Hawaiian/Pacific Islander subgroup: ID 70****XML Variable Name:**

AdrClientReportNhpiSubGroup

**Required for:**

All clients enrolled at any time during the reporting period for whom ID 5 was Native Hawaiian or Pacific Islander.

**Description:**

If the response to ID 5, client's self-reported race is "Native Hawaiian or Pacific Islander," indicate the client's Native Hawaiian or Pacific Islander subgroup. (Choose all that apply).

These are the response category options:

- *Native Hawaiian*
- *Guamanian or Chamorro*
- *Samoan*
- *Other Pacific Islander*

**Client's current self-reported gender: ID 6****XML Variable Name:**

GenderId

**Required for:**

All clients enrolled at any time during the reporting period.

**Description:**

Indicate the client's current gender (the socially and psychologically constructed, understood, and interpreted set of characteristics that describe a person's current sexual identity) based on client self-report.

These are the response category options:

- *Male*—An individual with strong and persistent identification with the male sex.
- *Female*—An individual with strong and persistent identification with the female sex.
- *Transgender Male to Female*—An individual whose sex assigned at birth was male but who identifies their gender as female, regardless of the status of social gender transition or surgical and hormonal sex reassignment processes.
- *Transgender Female to Male*—An individual whose sex assigned at birth was female but who identifies their gender as male, regardless of the status of social gender transition or surgical and hormonal sex reassignment processes.
- *Transgender Other*—An individual who identifies as transgender but does not identify with the other transgender options and/or does not identify with the binary positions of male/female. These individuals may or may not engage in social gender transition or surgical and hormonal sex reassignment processes (e.g., gender non-conforming, genderqueer, non-binary, gender fluid, bi-gender, etc.).
- *Unknown*—Indicates the client's gender category is unknown or was not reported or does not fit within one of the available options.



You **cannot leave** the **Gender ID 6 blank**; you must report one of the options for current gender. This is a variable that is used for the eUCI.

**Client's sex at birth: ID 71****XML Variable Name:**

SexAtBirthId

**Required for:**

All clients enrolled at any time during the reporting period.

**Description:**

Report the biological sex assigned to the client at birth. These are the response category options:

- Male
- Female

**Client's year of birth: ID 9****XML Variable Name:**

BirthYear

**Required for:**

All clients enrolled at any time during the reporting period.

**Description:**

Report the client's birth year in the form YYYY.



Even though only the year of birth will be reported to HRSA HAB, RWHAP ADAPs should collect the client's full date of birth. The client's birth month, day, and year are used to generate the eUCI.

**Client's HIV/AIDS status: ID 10****XML Variable Name:**

HivAidsStatusId

**Required for:**

All clients enrolled at any time during the reporting period.

**Description:**

The client's HIV status at the end of the reporting period.

These are the response category options:

- *HIV-positive, not AIDS*—Client has been diagnosed with HIV but has not been diagnosed with AIDS.
- *HIV-positive, AIDS status unknown*—Client has been diagnosed with HIV. It is not known whether the client has been diagnosed with AIDS.

- *CDC-defined AIDS*—Client has HIV and meets the CDC AIDS case definition for an adult or child.
- *HIV-indeterminate (infants < 2 years only)*—A child under the age of 2 whose HIV status is not yet determined but was born to a woman with HIV.



HRSA HAB encourages RWHAP ADAPs to use their state HIV surveillance data to report client HIV/AIDS status.



If a client has ever been diagnosed with AIDS, report client as “CDC-defined AIDS.”

## Client’s percent of the federal poverty level: **ID 11**

### XML Variable Name:

PovertyLevelPercent

### Required for:

All clients enrolled at any time during the reporting period.

### Description:

Report the client’s annual household income as a percentage of the federal poverty level as of the end of the reporting period. Enter the exact poverty level percentage up to four digits (0 and 9999). Do not include percentage signs or commas.

Example: For a client at 125 percent of the federal poverty level, enter **125**.



There are two slightly different versions of the federal poverty measure — the poverty thresholds (updated annually by the U.S. Bureau of the Census) and the poverty guidelines (updated annually by HHS). If your RWHAP ADAP already uses one of these measures, use that to report this data item. Otherwise, HRSA HAB recommends and prefers that your RWHAP ADAP use the HHS poverty guidelines to collect and report federal poverty level. For more information on poverty measures, see the [2023 HHS Poverty Guidelines](#).

**Client's health insurance: ID 13****XML Variable Name:**

MedicalInsuranceId

**Required for:**

All clients enrolled at any time during the reporting period.

**Description:**

Report **ALL** sources of health care coverage the client had for any part of the reporting period, **regardless of whether the RWHAP ADAP paid for it**. If the client did not have health care coverage at some time during the reporting period, report *No insurance/uninsured* as well. (Choose all that apply.)

These are the response category options:

- *Private—Employer* is private health insurance (i.e., BlueCross/BlueShield, Kaiser Permanente, and Aetna) obtained through an employer.
- *Private—Individual* is private health insurance (i.e., BlueCross/BlueShield, Kaiser Permanente, and Aetna) paid by the client and/or RWHAP funds.
- *Medicare Part A/B* is a public health insurance program for people ages 65 and older, people under age 65 with certain disabilities, and people with end-stage renal disease (permanent kidney failure treated with dialysis or a transplant) or amyotrophic lateral sclerosis (also known as Lou Gehrig's disease). Medicare Part A (hospital insurance) covers inpatient care in hospitals, skilled nursing facility care, nursing home care, hospice care, and home health services. Medicare Part B (medical insurance) covers medically necessary services from health care providers, outpatient care, home health care, durable medical equipment/supplies, and preventive services.
- *Medicare Part C* is an alternative to private health insurance for Medicare beneficiaries. Also known as Medicare Advantage, it is a type of health plan from a private company that a Medicare-eligible person can choose to cover most of their Medicare Part A and Medicare Part B benefits instead of Original Medicare (i.e., benefits under individual Medicare Part A plus Medicare Part B). It usually also includes drug coverage (Medicare Part D).
- *Medicare Part D* is a standalone prescription drug coverage insurance.
- *Medicaid, Children's Health Insurance Program (CHIP), or other public plan.* Medicaid is funded jointly by states and the federal government and provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. The program is administered by states, according to federal requirements. CHIP provides federal matching funds to states to provide health coverage to children in families with incomes too high to qualify for Medicaid, but who can't afford private coverage. Other public plan is any federal or state-funded third-party coverage or health plan.

- *Veterans Administration (VA), Tricare, or other military health care.* VA is health coverage for eligible veterans. Tricare and other military health care are health care programs for uniformed service members, retirees, and their families.
- *Indian Health Services* provides health services to American Indians and Alaska Natives.
- *Other plan* means client has an insurance type other than those listed above. An example would be a company that chooses to “self-insure” and pay the medical expenses of its employees directly as they are incurred rather than purchasing health insurance for its employees to use.
- *No insurance/uninsured* means the client did not have health insurance or third-party coverage at some time during the reporting period.
- *High Risk Insurance* is a state-run, state-subsidized high-risk insurance pool program offered in some states. They provide coverage for people who may have been denied coverage or are otherwise unable to obtain individual health insurance. High-risk insurance pool plans may also offer coverage consistent with a certain eligibility provision of HIPAA (i.e., for people who lost group health plan coverage), supplemental coverage for disabled Medicare beneficiaries under the age of 65 in states where they do not have access to Medigap, or those who meet other eligibility requirements.
- *Association Plan* is a group health plan that allows multiple smaller employers to join together to access health insurance savings that is typically associated with large employer medical coverage.



## Examples of Health Insurance Scenarios

Scenarios	Health Coverage
ADAP is paying the subsidized premium of a marketplace plan	Private-Individual
ADAP is paying the employee portion of an employer sponsored plan	Private-Employer
Client has a Medicaid plan that has limited coverage	Medicaid, Children’s Health Insurance Program (CHIP), or other public plan
Client works for company that self-insures and pays the medical expenses of the employees	Other Plan
Medicare Advantage Plans	Medicare Part C



**Do I report a client’s source of health insurance differently when RWHAP ADAP has paid for their premium?**

No, you do not report a client’s source of health insurance differently when RWHAP ADAP has paid for their premium. If the RWHAP ADAP paid the employee part of an employer-sponsored plan, report: Private—Employer. If the RWHAP ADAP paid a premium for a non-employer-sponsored plan, report: Private—Individual.



**How do I report Medigap as a type of insurance?**

Medigap is a Medicare supplemental insurance plan sold by private insurance companies designed to fill in the gaps left by original Medicare A and B. Report Medigap under Private—Individual.



**Can I use ADAP funds to pay for dental insurance?**

Dental premiums are not an allowable cost for ADAPs. They should not be paid for with ADAP funds.



**Common Issues for Reporting RWHAP ADAP Services**

Common Issues	Reporting Guidance
Medication was dispensed to the client, but there was no cost to the client (and therefore no cost to the RWHAP ADAP).	Do not report medication services if there is no cost to the RWHAP ADAP.
Medication is dispensed to the client and the cost is paid for by the RWHAP ADAP but is retroactively reimbursed by Medicaid or insurance.	<p>RWHAP ADAP services that are retroactively reimbursed (i.e., through back billing) should be reported as services that were provided based on the initial claim paid.</p> <p>RWHAP ADAPs are not required to go back into their data system and delete services for which they back billed Medicaid and received reimbursement. The reimbursements should be reported in the Funding section of the ADR Recipient Report.</p>
Pharmacy prepares a client’s medication and submits a claim for the dispensed medication. Client does not pick up medication and the pharmacy reverses the claim.	RWHAP ADAPs should not report services that were reversed and will need to reconcile these data before reporting.

Common Issues	Reporting Guidance
<p>RWHAP ADAP buys medication for an insured client and then bills the insurer. The insurer reimburses the RWHAP ADAP at the retail cost of the medication. The insurer reimbursement exceeds the direct purchase cost paid by the RWHAP ADAP.</p>	<p>The difference between the third-party reimbursement and the 340B drug purchase price is program income. If program income is reinvested into the RWHAP ADAP, it should be reported in the Funding section ADR Recipient Report.</p>
<p>Medication cost was less than \$1 and due to rounding rules, the cost was reported in the ADR as \$0.</p>	<p>If the cost is less than \$1 but greater than \$0, round the cost to \$1 for the purposes of reporting. This will ensure that the service is reported.</p>
<p>Health insurance premium is paid but the ADAP client becomes ineligible before the effective period of insurance. The premium payment is reversed.</p>	<p>This is another example of a reversal and RWHAP ADAPs should not report the premium payment and will need to reconcile these data before reporting.</p>

## Enrollment and Certification

The purpose of the Enrollment and Certification section is to describe client enrollment patterns and eligibility confirmation processes during the reporting period. Report the applicable data elements for all clients who were enrolled in the RWHAP ADAP during the reporting period, whether or not they received services.

**New client:** ID 14

### Element Name:

NewEnrollment

### Required for:

All clients who were enrolled at any time during the reporting period.

### Description:

This data element captures whether the client is newly enrolled during the reporting period, regardless of the client's enrollment status at the end of the period.

Report "Yes" if the client was new during the reporting period.

*New client* refers to individuals who meet BOTH of the following criteria:

- *Applied to your state RWHAP ADAP for the first time ever, and*
- *Met the RWHAP ADAP's eligibility criteria during the period for which you are reporting data.*

Report “No” if the client was not new during the reporting period. Examples of clients who are not new are the following:

- *Clients who have been recertified as eligible or clients who have been reenrolled after a period of having been decertified/disenrolled,*
- *Clients who have moved out of the state and then returned, and/or*
- *Clients who move on and off RWHAP ADAP because of fluctuations in eligibility for a Medicaid/medically needy program.*



A person enrolled in RWHAP ADAP (new or existing client) may or may not use services. Use of services is not required to be an enrolled client.

## Date completed application was received: ID 15

### XML Variable Name:

ApplicationReceivedDate

### Required for:

Only newly enrolled clients whose application was approved during the reporting period.

### Description:

For all new clients, report the date that the RWHAP ADAP received the **first** completed application. Each RWHAP ADAP should have a policy of when an application is considered complete and approved and apply it consistently to all applicants. Indicate this date as *MM/DD/YYYY*.

**Example:** If a new client’s RWHAP ADAP completed application was received on July 2, 2023, report **07/02/2023**.



The date a new client’s completed application was received can be prior to the reporting period. For example, a new client application was received in December (prior to the reporting period) and was approved in January (within the reporting period).

**Date completed application was approved: ID 16****XML Variable Name:**

ApplicationApprovalDate

**Required for:**

Only newly enrolled clients whose application was approved during the reporting period.

**Description:**

For all new clients, report the date that the client was first approved to begin receiving RWHAP ADAP services. For RWHAP ADAPs that may have two different application processes for medication or health insurance services or if a client applies to the program more than once within the reporting period, enter the first date a client is approved for any RWHAP ADAP service. Indicate this date as *MM/DD/YYYY*.

**Example:** If a new client's *RWHAP ADAP application* was approved on July 2, 2023, report **07/02/2023**.



The date a new client's application was approved should be within the reporting period.



**If a client is initially ineligible for RWHAP ADAP and is declined and then reapplies two months later and is eligible, which date should be used for the completed application?**

Report the complete application date for when the client was approved.



**If a new client application is approved but the client does not receive their first service during the reporting year, what dates should be reported for this client?**

Report dates under **Date Completed Application Received (ID 15)** and **Date Application Approved (ID 16)**. For ID 18 Enrollment Status, report "Enrolled but did not need/request any services."

**Date of last eligibility confirmation: ID 17****XML Variable Name:**

LastEligibilityConfirmationDate

**Required for:**

Existing clients whose enrollment status at the end of the reporting period was not disenrolled.

**Description:**

Report the date the client was last determined to be eligible to continue receiving RWHAP ADAP services. Indicate date in the form *MM/DD/YYYY*. Dates can be prior to the reporting period.

**Example:** If a client's *last eligibility confirmation* was conducted on July 2, 2022, report **07/02/2022**.

**Client enrollment status: ID 18****XML Variable Name:**

EnrollmentStatusAtEndofYearID

**Required for:**

All clients enrolled at any time during the reporting period.

**Description:**

This data element captures the enrollment status of the client at the end of the reporting period.

These are the response category options:

- *Enrolled, receiving services*—The client is enrolled in RWHAP ADAP and received ADAP-funded medications and/or health insurance services during the reporting period.
- *Enrolled, on waiting list*—The client is enrolled in RWHAP ADAP but is on a waiting list to receive services.
- *Enrolled, services not requested*—The client is enrolled in RWHAP ADAP but did not need/request any services.
- *Disenrolled*—The client was disenrolled from RWHAP ADAP during the reporting period.

**Reason(s) for disenrollment: ID 19****XML Variable Name:**

DisenrollmentReasonId

**Required for:**

All clients enrolled at any time during the reporting period for whom ID 18 enrollment status was disenrolled.

**Description:**

This data element captures the disenrollment reasons for clients disenrolled as of the end of the reporting period. Indicate ALL reasons for disenrollment. If the reason is not one of the options listed, choose Other. If the reason is not known, choose Unknown. Choose all that apply, except if unknown is chosen.

These are the response category options:

- Program eligibility criteria changed, client no longer eligible
- Client's eligibility changed, client no longer meets eligibility criteria
- Did not recertify
- Did not fill prescription as required by program
- Deceased
- Dropped out, no reason given
- Other
- Unknown



If a client moves out of state, the client is no longer eligible for your state's ADAP. Report in ID 19 Reasons for Disenrollment, *"Client's eligibility changed, client no longer meets eligibility criteria."*

If a client's income increases above your state's ADAP requirement, the client is no longer eligible to your state's ADAP. Report in ID 19 Reasons for Disenrollment, *"Client's eligibility changed, client no longer meets eligibility criteria."*

## RWHAP ADAP Services

RWHAP ADAP services are health insurance assistance and medication assistance services provided to enrolled clients in the RWHAP ADAP. Report all RWHAP ADAP services that a client received during the reporting period, regardless of funding source, in these sections. Additional definitions for RWHAP ADAP services are in [What Are RWHAP ADAP Services?](#) on page 5.



If a client did not receive any health insurance assistance or medication assistance services, report in ID 18 Enrollment Status, *“Enrolled, services not requested.”*

## RWHAP ADAP Health Insurance Services

The purpose of the RWHAP ADAP Health Insurance Services section is to describe RWHAP ADAP-funded health insurance assistance services and expenditures. This includes health insurance premiums (partial or full) and medication co-payments, co-insurance, and deductibles and Medicare Part D-related costs (co-insurance, deductibles, TrOOP, and co-insurance under catastrophic coverage). Medication co-payments, deductibles, and co-insurance are considered health insurance assistance services, not medication services, so report them in this section, not in “Drugs and Drug Expenditures.” Report the RWHAP ADAP-funded health insurance services your clients received during the reporting period based on when the premiums, co-insurance, deductibles, co-payments, and other fees were paid, not according to the coverage period.



Medication co-payments, deductibles, and co-insurance are considered health insurance assistance services, not medication services, so report them in this section, not in “Drugs and Drug Expenditures.”

### Receipt of health insurance services: **ID 20**

#### XML Variable Name:

InsuranceAssistanceReceivedFlag

#### Required for:

Clients enrolled at any time during the reporting period.

#### Description:

This data element captures whether the client received RWHAP ADAP-funded health insurance assistance during the reporting period, including health insurance premiums (partial or full), co-insurance, and deductibles and Medicare Part D related costs (co-insurance, deductibles, TrOOP, and co-insurance under catastrophic coverage).

Co-payments and deductibles for medications are also considered health insurance assistance services, so report them in this section.

- Report “Yes” if the client did receive health insurance assistance during the reporting period
- Report “No” if the client did NOT receive health insurance assistance during the reporting period

## Type of health insurance assistance received: ID 67

### XML Variable Name:

InsuranceAssistanceTypeID

### Required for:

All clients enrolled at any time during the reporting period for whom ID 20 was Yes.

### Description:

This data element captures the types of health insurance assistance that the client received during the reporting period. (Choose all that apply.) If the ADAP paid both a full premium payment and a partial premium payment for a client during the reporting period, report both options.

These are the response category options:

- *Full premium payment* is when the RWHAP ADAP pays 100 percent of the premium.
- *Partial premium payment* is when the RWHAP ADAP pays a portion of the premium (i.e., less than 100 percent).
- *Medication co-pay/deductible including Medicare Part D co-insurance, co-payment, or donut hole coverage* is when the RWHAP ADAP pays the share of medication costs for clients who have health care coverage. The client’s portion may represent the entire cost of a drug when the client has not yet met their deductible.



A **full premium payment** is when the RWHAP ADAP pays 100 percent of the premium. This is common when the RWHAP ADAP is purchasing health insurance on behalf of the client. A **partial premium payment** is when the RWHAP ADAP pays a portion of the premium (i.e., less than 100 percent). For example, if the RWHAP ADAP is paying the employee share of a premium or the non-subsidized part of a health insurance premium, report this as a partial premium. See [ADR In Focus: Partial Premiums](#) for more strategies on how to distinguish between full and partial premiums.

**Are Affordable Care Act (ACA) marketplace insurance premiums paid by RWHAP ADAP considered full or partial premium payments?**

It depends. If the client is receiving a subsidy and the RWHAP ADAP pays the non-subsidized part of the premiums, these are partial premiums. If a client is not receiving a subsidy and the RWHAP ADAP is paying 100 percent of the premium, these are full premiums.

**Health Insurance Premiums: Full or Partial?**

Health Insurance Premium Payment Scenarios	Full or Partial Premium?
Client has marketplace plan and gets a subsidy	Partial Premium because the premium is subsidized
Client has marketplace plan and does not get a subsidy	Full Premium
Client has Medicare Part D	Full Premium
Client has Medicare Part D Low Income Subsidy (LIS)	Partial Premium because the premium is subsidized
Client has an employer-sponsored plan	Partial Premium because ADAP is paying the employee portion of the employer-sponsored plan

**Amount paid for premiums: ID 21****XML Variable Name:**

InsurancePremiumAmount

**Required for:**

All clients enrolled at any time during the reporting period for whom ID 67 was reported as a full premium payment and/or partial premium payment.

**Description:**

Indicate the total amount (\$1 to \$100,000) of all health insurance premiums, **including premiums paid for by Medicare Part D**, paid on behalf of the client during the reporting period. This includes any premium paid (partial or full) during the reporting period, regardless of the time frame that the premium covers (i.e., if the time frame covered extends outside the reporting period). Do not include dollar signs, commas, or cents.

**Months coverage of premiums paid: ID 22****XML Variable Name:**

InsurancePremiumMonthCount

**Required for:**

All clients enrolled at any time during the reporting period for whom ID 67 was full premium payment or partial premium payment.

**Description:**

Indicate the total number of months of coverage for which the RWHAP ADAP paid the health insurance premiums in ID 21. Include all months, even if they fall outside the reporting period. If the RWHAP ADAP pays part of the premium, report the full coverage period of the policy. RWHAP ADAPs do not need to prorate the months based on the portion of the premium paid.

Example: If the *premium paid* covered 13 months, enter **13**.

**Amount paid for medication co-pays and deductible: ID 23****XML Variable Name:**

MedicationCopayOrDeductibleAmount

**Required for:**

All clients who were enrolled at any time during the reporting period for whom ID 67 was medication co-pay/deductible including Medicare Part D co-insurance, co-payment, or donut hole coverage.

**Description:**

Indicate the total amount (*\$1 to \$100,000*) of medication co-insurance/co-payments/deductibles paid on behalf of the client, **including Medicare Part D deductibles and co-payments or donut hole coverage** during the reporting period. This includes any medication co-insurance, co-payments, and deductibles paid during the reporting period, regardless of when the medication was dispensed. Do not include dollar signs, commas, or cents. Only round numbers can be reported in your XML file. If a client's total medication, copay, and deductible value amounts to less than 50 cents, it should be rounded to \$1.

**Example:** If the *amount paid for medication co-payments and deductibles* was \$249.30, enter **249**.



If the medication cost is less than \$1 but greater than \$0, round the cost to \$1 for the purposes of reporting.

**How do you report a medication if the RWHAP ADAP paid the full cost for an insured client?**

If the drug is not covered by the client's health coverage, report it as medication assistance. If the drug is covered by the health coverage but the RWHAP ADAP is paying the full amount of the medication because the client has not yet met their deductible, report it as a co-payment/deductible.

**Should RWHAP ADAPs stop reporting after the client leaves the Medicare donut hole?**

After leaving the donut hole, a Medicare Part D beneficiary enters the catastrophic coverage period. If RWHAP ADAP pays the client's co-payments during the catastrophic coverage period, it should continue to report amounts under *Amount Paid for Co-payments and Deductibles*.

**Where do I report co-payments for medical visits in the ADR?**

RWHAP ADAP funds cannot be used to pay for medical visit co-payments, with the exception of medical visits for administering an antiretroviral medication (see [December 2019 HRSA HAB Program Letter](#)). Allowable medical visit co-payments are not reported on the ADR; only report co-payments for medications in ID 67 and 23.

## Medication Assistance Services

The purpose of the Medication Assistance Services section is to describe ALL medications (i.e., ARVs, hepatitis B, hepatitis C, and A1-OI medications, all medications, and all other items included on the ADAP formulary that are reimbursable at the pharmacy) that your RWHAP ADAP paid for in full and dispensed to clients during the reporting period. This section also includes reporting the cost for each medication dispensed during the reporting period.



RWHAP ADAP payments for medication co-insurance, co-payments, or deductibles are considered health insurance assistance services; report them in *Health Insurance Services*, in ID 23. Amount Paid for Medication Co-payments and Deductible.



RWHAP ADAPs may pay the full cost of the medication when a client has health insurance but has not yet met their deductible. These medication costs are considered health insurance assistance services; report them in *Health Insurance Services*, in ID 23. Amount Paid for Medication Co-payments and Deductible.

**Receipt of medication services: ID 25****XML Variable Name:**

MedicationsDispensedFlag

**Required for:**

All clients enrolled at any time during the reporting period.

**Description:**

Indicate whether medications and all other items included in your formulary and paid in full by the RWHAP ADAP were dispensed to the client during this reporting period. Medications include ARVs, hepatitis B, hepatitis C, and A1-OI medications, all medications, and all other items included on the ADAP formulary that are reimbursable at the pharmacy.

- Report “Yes” if RWHAP ADAP paid the full cost of the medication
- Report “No” if RWHAP ADAP did not pay the full cost of the medication



RWHAP ADAPs may receive reimbursements for the full costs of dispensed medications because the client had been approved for another program (i.e., Medicaid) that pays for medications already dispensed (i.e., Medicaid back-billing). This should be reported as the client receiving the medication services in ID 25, 26, 27, and 28. While the cost should be reported, the reimbursement should not.



In instances when an RWHAP ADAP receives a reversal of a claim from a pharmacy (i.e., when a client doesn’t pick up their medication), this should not be reported as the client receiving medication service.

**Medication(s) dispensed: ID 26****XML Variable Name:**

MedicationID

**Required for:**

All clients enrolled at any time during the reporting period for which ID 25 was Yes.

**Description:**

Report **ALL** medications and all other items included in your formulary and paid in full by the RWHAP ADAP that were dispensed to the client during this reporting period. Medications include ARVs, hepatitis B, hepatitis C, and A1-OI medications, all medications, and all other items included on the ADAP formulary that are reimbursable at the pharmacy. Use the medication's 11-digit National Drug Code (NDC), #####-####-##.

**Example:** If the *medication* is Adefovir (generic) or Hepsera (brand name), enter NDC code, **61958-0501-01**.



If you use CAREWare, NDC codes are already built into the software.



For more information on how to report medications using NDC codes, contact the DISQ Team at [Data.TA@caiglobal.org](mailto:Data.TA@caiglobal.org).

**Medication dispensed date: ID 27****XML Variable Name:**

MedicationStartDate

**Required for:**

All clients enrolled at any time during the reporting period for whom ID 25 was Yes.

**Description:**

Report the date for each RWHAP ADAP-funded medication listed in ID 26 that was dispensed. Indicate this date in the form *MM/DD/YYYY*.

**Example:** If the client's *medication* was dispensed on July 2, 2023, enter **07/02/2023**.

**Day(s) supply of medication: ID 28****XML Variable Name:**

MedicationDays

**Required for:**

All clients enrolled at any time during the reporting period for whom ID 25 was Yes.

**Description:**

Report the number of days' supply for which each medication listed in ID 26 was dispensed to the client during the reporting period.

**Example:** If the client's medication days' supply is for 45 days, enter **45**.



For medications that don't include days' supply, such as vaccinations, report 1 day. If you have additional questions, contact the DISQ Team at [Data.TA@caiglobal.org](mailto:Data.TA@caiglobal.org).

**Amount paid for medication: ID 29****XML Variable Name:**

MedicationCost

**Required for:**

All clients enrolled at any time during the reporting period for whom ID 25 was Yes.

**Description:**

Report the cost of each RWHAP ADAP-funded medication (*1 to 100,000*) listed in Item 26 that was dispensed to the client during the reporting period. The cost should be before rebates and should not include dispensing or administrative fees. Include the costs paid for each dispensed medication, even if the medication days' supply extends beyond the reporting period. Do not include dollar signs, commas, or cents.

**Only round numbers can be reported in your XML file. If a client's total medication, copay, and deductible value amounts to less than 50 cents, it should be rounded to \$1.** See the example below.

**Example:** If the client's medication costs is \$155.50, enter **156**.

**Example of Medication Data**

ClientId	MedicationId	MedicationStartDate	Medication Days	MedicationCost
1	11822-0544-01	11/05/2023	90	1948
1	43063-0609-30	11/14/2023	15	2598
2	50242-2040-62	10/5/2023	30	100
2	60575-4112-51	10/5/2023	60	1

**Which service should the ADAP report if they pay the entire cost of a medication for a client with health coverage?**

If the ADAP pays for medications not covered by the client's health coverage, report this as medication assistance services. If the ADAP pays for medications covered by the client's health coverage but the client has not yet met their deductible, report this as insurance assistance services.

**A client was enrolled in RWHAP ADAP and then was eligible for Medicaid. Medicaid granted retroactive eligibility, and RWHAP ADAP back-billed Medicaid for medication services paid by the RWHAP ADAP. How do we report this client?**

Report data for this client in the Client Report. RWHAP ADAP services that are retroactively paid for by Medicaid (i.e., back-billing) should be reported. RWHAP ADAPs are not required to go back into their data system and delete services for which they back-billed Medicaid and received reimbursement.

## Clinical Information

The purpose of the Clinical Information section is to describe the clinical characteristics of all RWHAP ADAP clients through the measurements of their CD4 count and viral load. The main goal of HIV treatment is to increase CD4 cell number and decrease the viral load to an undetectable level. In this section, report CD4 and viral load counts and dates for all enrolled clients eligible to receive medication assistance and/or health insurance assistance services, regardless of whether they received services during the reporting period.



Clinical information must come from labs, other clinical sources, or from the State/Territory HIV Surveillance Program, not from client self-report.

**CD4 count date:** ID 32

**XML Variable Name:**

Cd4TestDate

**Required for:**

All clients enrolled at any time during the reporting period.

**Description:**

Report the test date(s) for all CD4 count tests administered to the client during the reporting period. The CD4 cell count measures the number of T-helper lymphocytes per cubic millimeter of blood. As CD4 cell count declines, the risk of developing opportunistic infections increases. The test date is the date the client's blood sample is taken, not the date the results are reported by the lab. The test date(s) should be reported as *MM/DD/YYYY*.

**CD4 count value: ID 33****XML Variable Name:**

Cd4TestCount

**Required for:**

All clients enrolled at any time during the reporting period.

**Description:**

Report the value(s) (*between 0 and 5,000 cells/mm<sup>3</sup>*) of all CD4 count tests administered to the client during the reporting period.

**Viral load date: ID 34****XML Variable Name:**

ViralLoadTestDate

**Required for:**

All clients enrolled at any time during the reporting period.

**Description:**

Report the test date for all viral load tests administered to the client during the reporting period. Viral load is the quantity of HIV RNA in the blood and is a predictor of disease progression. The test date is the date the client's blood sample is taken, not the date the results are reported by the lab. The test dates should be reported as *MM/DD/YYYY*.

**Viral load count: ID 35****XML Variable Name:**

ViralLoadTestCount

**Required for:**

All clients enrolled at any time during the reporting period.

**Description:**

Report the value (*between 0 and 500,000,000 copies/mL*) of all viral load tests administered to the client during this reporting period. Do not include commas. Test results are expressed as the number of copies per milliliter of blood plasma. Log values should not be reported; but should be converted to copies per milliliter.

If a viral load count is undetectable, report the lower bound of the test limit. If the lower bound is not available, report zero.



**A client is disenrolled before receiving a viral load and/or CD4 test during the reporting period. What should I report?**

There are times when you do not have these data for all clients. Missing data will trigger a validation warning message when you validate your data. Add a warning message comment to your ADR to explain the missing data.

This is the end of the Client Report.



If you need help completing the Client Report, call RWHAP Data Support at 1-888-640-9356 or email [RyanWhiteDataSupport@wrma.com](mailto:RyanWhiteDataSupport@wrma.com) or the DISQ Team at [Data.TA@caiglobal.org](mailto:Data.TA@caiglobal.org).

## Uploading the XML Client File

To upload a client-level data XML file, open your ADR Recipient Report in the EHBs. From within the ADR Recipient Report, click the Client Upload link in the ADR Navigation menu. Continue to follow the on-screen instructions to upload your XML file.

Figure 12. Client Data File Upload

The screenshot displays the ADAP Data Report interface for 'ALES FOIL HEALTH SERVICE CORPORATION'. The main content area shows a 'CLIENT UPLOAD' section with instructions and a file upload button. Below this is an 'Upload History' table with the following data:

ID	User	Description	Request Date	Processed Date	Clients in File	Status
11470	Rhbeen.Scheetz.22313333@test.com	Upload CLIENT_RECORD_ADR_JAN release changes.xml	12/28/2023 12:49:13 PM	12/28/2023 12:50:10 PM	20	Success

## Ensuring Data Quality

After you have uploaded your client-level data, you are ready to check and make sure that your data are correct and complete. This section will describe the tools in the EHBs that help you to ensure that you are submitting high-quality data. Also see [ADR in Focus: ADR Data: Are They Complete? Are They Correct? Do They Accurately Reflect Your Program?](#)

## Reviewing Your Client Report

Generate and review the client-level Data Upload Completeness Report (UCR) before you submit your ADR to ensure quality data. The UCR will display your uploaded data by data element so you can review your data quality and identify both missing and

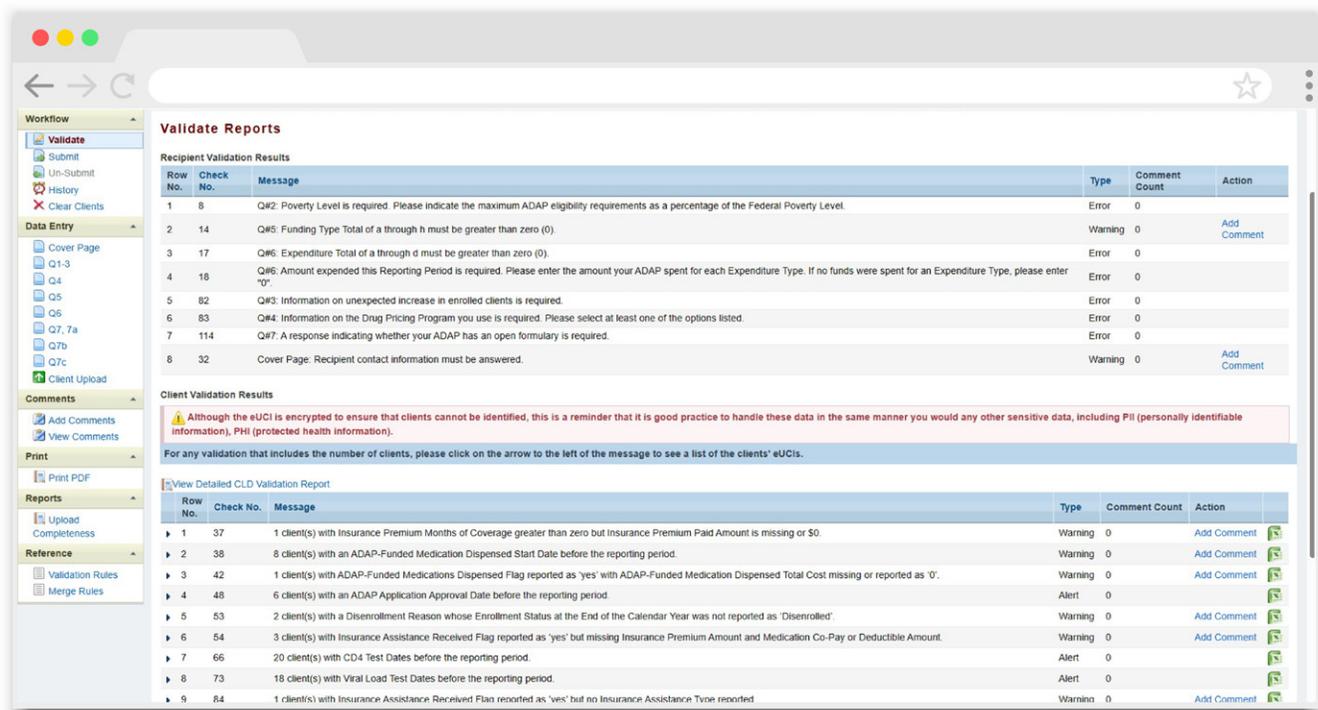
inaccurate data. This report is available only after you have uploaded client-level data into the ADR Web Application. To run this report, click **Upload Completeness** in the Reports section of the ADR Navigation menu on the left side of the ADR web page. Also see [ADR in Focus: How to Use the ADR Upload Completeness Report \(UCR\)](#).

## Report Validation

After completing the ADR Recipient Report and uploading the client-level data XML file, your data must pass a series of validation checks. See the full list of the [2023 ADR Validations](#). To validate your report, click **Validate** under the Workflow section of the ADR Navigation menu. The validation process checks to make sure that your data are complete and correct based on the validations document. The validation process does not include all data elements, so be sure to also review the Upload Completeness Report. If your report has some potential data issues, you will receive errors, warnings, or alerts:

- **Errors:** Errors must be corrected. Correct data for which you received errors.
- **Warnings:** Warnings should be corrected if possible. If you cannot or should not correct the data, write a comment for each uncorrected warning to submit your report. To write a comment, click the Add Comment link next to the warning message.
- **Alerts:** Reports can be submitted with an alert. Review alerts and correct them if applicable. However, you are not required to fix or comment on alerts to submit your report.

Figure 13. Validation Process



**Validate Reports**

**Recipient Validation Results**

Row No.	Check No.	Message	Type	Comment Count	Action
1	8	Q#2: Poverty Level is required. Please indicate the maximum ADAP eligibility requirements as a percentage of the Federal Poverty Level.	Error	0	
2	14	Q#5: Funding Type Total of a through h must be greater than zero (0).	Warning	0	Add Comment
3	17	Q#6: Expenditure Total of a through d must be greater than zero (0).	Error	0	
4	18	Q#6: Amount expended this Reporting Period is required. Please enter the amount your ADAP spent for each Expenditure Type. If no funds were spent for an Expenditure Type, please enter "0".	Error	0	
5	82	Q#3: Information on unexpected increase in enrolled clients is required.	Error	0	
6	83	Q#4: Information on the Drug Pricing Program you use is required. Please select at least one of the options listed.	Error	0	
7	114	Q#7: A response indicating whether your ADAP has an open formulary is required.	Error	0	
8	32	Cover Page: Recipient contact information must be answered.	Warning	0	Add Comment

**Client Validation Results**

⚠ Although the eUCI is encrypted to ensure that clients cannot be identified, this is a reminder that it is good practice to handle these data in the same manner you would any other sensitive data, including PII (personally identifiable information), PHI (protected health information).  
For any validation that includes the number of clients, please click on the arrow to the left of the message to see a list of the clients' eUCIs.

View Detailed CLD Validation Report

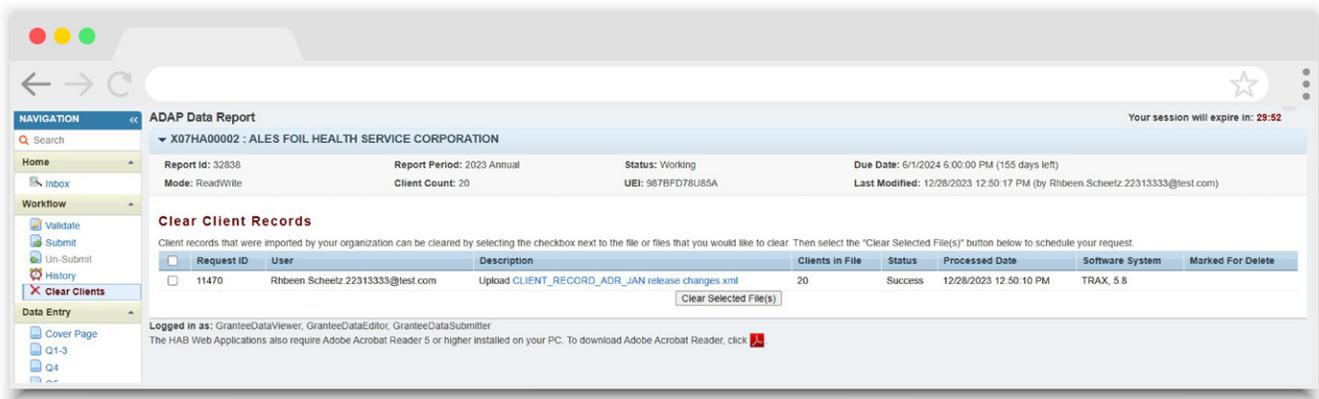
Row No.	Check No.	Message	Type	Comment Count	Action
▶ 1	37	1 client(s) with Insurance Premium Months of Coverage greater than zero but Insurance Premium Paid Amount is missing or \$0.	Warning	0	Add Comment
▶ 2	38	8 client(s) with an ADAP-Funded Medication Dispensed Start Date before the reporting period.	Warning	0	Add Comment
▶ 3	42	1 client(s) with ADAP-Funded Medications Dispensed Flag reported as 'yes' with ADAP-Funded Medication Dispensed Total Cost missing or reported as '0'.	Warning	0	Add Comment
▶ 4	48	6 client(s) with an ADAP Application Approval Date before the reporting period.	Alert	0	
▶ 5	53	2 client(s) with a Disenrollment Reason whose Enrollment Status at the End of the Calendar Year was not reported as 'Disenrolled'.	Warning	0	Add Comment
▶ 6	54	3 client(s) with Insurance Assistance Received Flag reported as 'yes' but missing Insurance Premium Amount and Medication Co-Pay or Deductible Amount.	Warning	0	Add Comment
▶ 7	66	20 client(s) with CD4 Test Dates before the reporting period.	Alert	0	
▶ 8	73	18 client(s) with Viral Load Test Dates before the reporting period.	Alert	0	
▶ 9	84	1 client(s) with Insurance Assistance Received Plan reported as 'yes' but no Insurance Assistance Type reported.	Warning	0	Add Comment

## Uploading a New or Corrected Client Report

Before uploading a new or corrected client-level data file, clear all previous client records by clicking the **Clear Clients** link on the Navigation menu or selecting the **Clear Client Records** box in the file upload window. If the prior XML file is not cleared, the system will merge the old file and the new file, which may result in inaccurate data.

After you have addressed the data issues that triggered validation messages, re-upload your client XML file by clicking the **Client Upload** link.

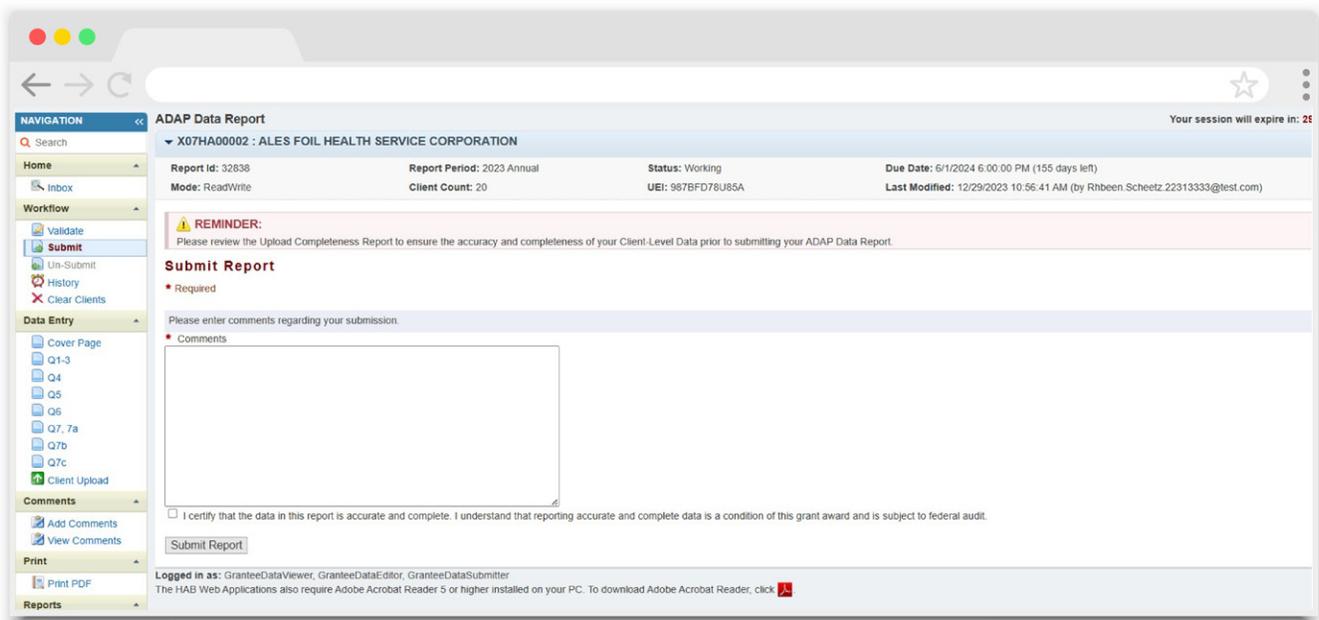
Figure 14. Clear Client File



## Submitting Your Report

When your report is complete, submit the Recipient and Client Reports by clicking **Submit** in the ADR Navigation menu and following the instructions on your screen.

Figure 15. Submit Your Report



# Appendix A: Required Client-level Data Elements

● = Report this data element.

Id #	Client-level Data Elements	All Clients	Type of Client			Type of Service	
			New	Existing	Disenrolled	Health Insurance	Medication
<b>System Variables</b>							
2	Encrypted Unique Client Identifier	●					
<b>Client Demographics</b>							
4	Client’s self-reported ethnicity	●					
68	Client report Hispanic subgroup	●					
5	Client’s self-reported race	●					
69	Client report Asian subgroup	●					
70	Client report Native Hawaiian/Pacific Islander subgroup	●					
6	Client’s current self-reported gender	●					
71	Client’s sex at birth	●					
9	Client’s year of birth	●					
10	Client’s HIV/AIDS status	●					
11	Client’s percent of the federal poverty level	●					
13	Client’s health coverage	●					
4	Client’s self-reported ethnicity	●					

Id #	Client-level Data Elements	All Clients	Type of Client			Type of Service	
			New	Existing	Disenrolled	Health Insurance	Medication
<b>Enrollment and Certification</b>							
14	New client	•					
15	Date completed application was received		•				
16	Date completed application was approved		•				
17	Date of last eligibility confirmation			•			
18	Client Enrollment Status	•					
19	Reason(s) for Disenrollment				•		
<b>Health Insurance Services</b>							
20	Receipt of Health Insurance Services	•					
67	Type of Health Insurance Assistance Received					•	
21	Amount Paid for Premiums					•	
22	Months Coverage of Premiums Paid					•	
23	Amount Paid for Medication Co-payments and Deductible					•	
<b>Medication Assistance Services</b>							
25	Receipt of Medication Services	•					
26	Medication(s) Dispensed						•
27	Medication Dispensed Date						•
28	Day(s) Supply of Medication						•
29	Amount Paid for Medication						•
<b>Clinical Information</b>							
32	CD4 Count Dates	•					
33	CD4 Test Counts	•					
34	Viral Load Dates	•					
35	Viral Load Test Counts	•					

## Appendix B: Glossary

Term	Definition
RWHAP ADAP	AIDS Drug Assistance Program. A state-administered program authorized under Part B of the RWHAP to provide FDA-approved medications to low-income clients with HIV disease who have no coverage or limited health care coverage. RWHAP ADAPs may also use program funds to purchase health insurance for eligible clients and for services that enhance access to, adherence to, and monitoring of antiretroviral therapy.
RWHAP ADAP client	Any individual with HIV who meets the income and other eligibility criteria as established by the state RWHAP ADAP.
RWHAP ADAP Earmark Funds	Federal funds specifically designated to be used for the state/territory RWHAP ADAP.
RWHAP ADAP Flexibility Policy	HRSA HAB Policy Notice 07-03 provides recipients greater flexibility in the use of RWHAP ADAP funds and permits expenditures of RWHAP ADAP funds for services that improve access to medications, increase adherence to medication regimens, and help clients monitor their progress in taking HIV-related medications. To use RWHAP ADAP dollars for services under the RWHAP ADAP Flexibility Policy, recipients must request approval annually in their grant application or through the prior approvals process in EHBs.
RWHAP ADAP Supplemental Grant Award	Additional federal funds awarded to a RWHAP Part B (as a component of the RWHAP Part B award) who demonstrate severe need in RWHAP ADAP, based on established criteria and data provided in the ADR.
ADR Web Application	Where recipients submit their ADR; it is accessible via the HRSA Electronic Handbooks for Applicants/Recipients (EHBs), a web-based grants administration system.
Administrative costs	Administrative costs for medication purchases include items such as shipping and handling and other bulk order fees.
AIDS	Acquired Immune Deficiency Syndrome. A disease caused by the human immunodeficiency virus.
ARV	Antiretroviral. A drug that interferes with the ability of a retrovirus, such as HIV, to make more copies of itself.
Capped expenditure	A limit on the amount of money to be spent on one service or client per month or per year.

Term	Definition
CAREWare	A free scalable software used for managing and monitoring HIV clinical and supportive care and producing reports.
CDC	Centers for Disease Control and Prevention. The HHS agency that administers HIV/AIDS prevention programs, including the HIV Prevention Community Planning process.  The CDC is responsible for monitoring and reporting infectious diseases, administering HIV surveillance grants, and publishing epidemiologic reports such as the “HIV/AIDS Surveillance Report.”
CD4 or CD4+ cells	Also known as helper T-cells, these cells are responsible for coordinating much of the immune response. HIV’s preferred targets are cells that have a docking molecule called cluster designation 4 (CD4) on their surfaces. Cells with this molecule are known as CD4-positive (CD4+) cells. Destruction of CD4+ lymphocytes is the major cause of the immunodeficiency observed in AIDS and decreasing CD4 levels appear to be the best indicator for developing opportunistic infections.
CD4 cell count	The number of T-helper lymphocytes per cubic millimeter of blood. The CD4 count is a good predictor of immunity. As the CD4 cell count decreases, the risk of developing opportunistic infections increases. The normal range for CD4 cell counts is 500 to 1,500 per cubic millimeter of blood.
Co-insurance	A form of medical cost sharing in a health insurance plan that requires an insured person to pay a percentage of medical expenses.
Co-payment	A fee charged to an individual per prescription.
Deductible	An annual fixed dollar amount that an insured person pays before the health insurance starts to reimburse or make payments for covered medical services.
Department of Defense Drug Pricing Program	Drug pricing cost-saving strategy administered by the Department of Defense.
Dispensing fees	The cost to pharmacies to dispense drugs that is then transferred as a fee to the buyer.
Dispensing of pharmaceuticals	The provision of prescription drugs to prolong life or prevent health deterioration.
Direct purchase	A prescription drug purchasing model in which state RWHAP ADAPs purchase drugs directly from a manufacturer or wholesaler at the 340B pricing schedule. RWHAP ADAPs then distribute the drugs using a centralized state system or through their own pharmacies.

Term	Definition
Donut hole coverage	The coverage gap of the Medicare Part D plan where, after a certain point, the beneficiary is 100 percent responsible for the costs of the medication.
Drug formulary/ open formulary	List of pharmaceutical drugs that are covered by the RWHAP ADAP. An open formulary will cover all FDA-approved drugs with some limited exceptions.
Drug pricing cost strategies	See 340B, direct purchase, and prime vendor.
Electronic Handbooks (EHBs)	The HRSA Electronic Handbooks for Applicants/Recipients (EHBs). A web-based grants administration system. The EHBs are accessible at <a href="https://grants.hrsa.gov/webexternal">https://grants.hrsa.gov/webexternal</a> .
Eligibility criteria	The standards set by a state RWHAP ADAP, usually through an advisory committee, to determine who receives access to RWHAP ADAP services. Financial eligibility is usually determined as a percentage of the federal poverty level (FPL) (e.g., 400 percent FPL). Medical eligibility must include a positive HIV diagnosis. Eligibility criteria vary among RWHAP ADAPs.
Epidemic	A disease that occurs clearly in excess of normal expectation and spreads rapidly through a demographic segment of the human population. Epidemic diseases can be spread from person to person or from a contaminated source such as food or water.
Federal poverty level	A measure of income issued every year by the Department of Health and Human Services (HHS). Federal poverty levels are used to determine your eligibility for certain public programs and benefits.
Fiscal year	The RWHAP Part B federal grant year of April 1–March 31.
Fixed co-payment	A set dollar amount charged to all clients as their share cost when they fill a prescription.
HRSA	Health Resources and Services Administration. The HHS agency responsible for directing national health programs that improve the nation's health by ensuring equitable access to comprehensive and quality health care for all. HRSA works to improve and extend life for people with HIV, provide primary health care to medically underserved people, serve women and children through state programs, and train a health workforce that is both diverse and motivated to work in underserved communities. HRSA is also responsible for administering the RWHAP.
Manufacturers' rebates	Dollars received from drug manufacturers that represent a percentage of the cost of the drug.

Term	Definition
Medicaid/medically needy program	The option to have a medically needy program allows states to extend Medicaid eligibility to additional qualified persons who may have too much income to qualify under the mandatory or optional categorically needy groups. This option allows them to spend down to Medicaid eligibility by incurring medical and/or remedial care expenses to offset their excess income, thereby reducing it to a level below the maximum allowed by that state's Medicaid plan.
Monetary cap	A limit on the amount of money to be spent on one service or client per month or per year.
Other negotiated rebates	Discounts negotiated between RWHAP ADAP officials and drug companies on the price of medications.
Pharmacy Network/ Rebate Model	A prescription drug purchasing model in which state RWHAP ADAPs reimburse a broad network of retail pharmacies for costs associated with filling prescriptions for eligible clients. RWHAP ADAPs then submit rebate claims to the manufacturer at the 340B pricing schedule.
Premium	The amount paid for health insurance by an individual and/or plan sponsor such as an employer.
Prime vendor	A voluntary program of 340B-covered entities in which the prime vendor handles price negotiation and drug distribution responsibilities for members. As the prime vendor has the potential to control a large volume of pharmaceuticals, it can negotiate favorable prices and develop a national distribution system that would not be possible for covered entities to obtain individually.
Rebate dollars	A return of a part of a payment from pharmaceutical manufacturers when RWHAP ADAPs purchase medications at a price higher than the 340B price. Program income means gross income earned that is directly generated by a supported activity or earned as a result of the federal award during the period of performance.
Recipient of record	The official RWHAP recipient that receives funding directly from the federal government (HRSA).
Retroactive or back-billing	Billing for services previously rendered rather than at the time of delivery.
RWHAP Part B	The RWHAP part that authorizes the distribution of federal funds to states and territories to improve the quality, availability, and organization of health care and support services for people living with HIV and their families. RWHAP emphasizes that such care and support are part of a continuum of care in which the needs of people with HIV and their families are coordinated.

Term	Definition
Ryan White HIV/AIDS Program (RWHAP)	Ryan White HIV/AIDS Treatment Extension Act of 2009. The federal legislation created to address the health care and service needs of people living with HIV/AIDS disease and their families in the United States and its territories. The Ryan White HIV/AIDS Program was enacted in 1990 (Pub. L. 101—381), reauthorized in 1996 as the Ryan White CARE Act Amendments of 1996, reauthorized in 2000 as the Ryan White CARE Act Amendments of 2000, and reauthorized in 2006 as the Ryan White HIV/AIDS Treatment Modernization Act of 2006. The most recent reauthorization was in 2009, as the Ryan White HIV/AIDS Treatment Extension Act of 2009.
Recipient of record	The official RWHAP recipient that receives funding directly from the federal government (HRSA).
Retroactive or back-billing	Billing for services previously rendered rather than at the time of delivery.
340B Drug Pricing Program	Administered by the Office of Pharmacy Affairs, the 340B Drug Pricing Program provides federally designated entities (including RWHAP ADAPs and other RWHAP recipients) with access to discounted medications. As a condition for participation in Medicaid, drug manufacturers must sign a pharmaceutical pricing agreement with the HHS Secretary that the price charged for covered outpatient drugs will not exceed the statutory ceiling price (the average manufacturers' price reduced by the Medicaid rebate percentage).
XML	Extensible Markup Language. A standard, simple, and widely adopted method of formatting text and data so it can be exchanged across all the different computer platforms, languages, and applications.





# Index

## A

RWHAP ADAP client: **5, 22, 56**

RWHAP ADAP income  
eligibility: **15**

RWHAP ADAP Medication: **20**

RWHAP ADAP services: **5, 13,  
20, 22, 35, 38, 39, 41, 49,  
58**

## C

Capped expenditure: **13, 56**

CD4: **25, 49, 50, 55, 57**

Client demographics: **26**

Client Report: i, **4, 6, 7, 21, 22,  
49, 51, 53**

Clinical Information: **25, 49, 55**

Co-payments: **6, 19, 24, 41, 42,  
44, 45, 55**

## D

Deductibles: **45**

Disenrollment: **40, 55**

Dispensing fees: **20, 57**

Donut hole coverage: **58**

Drugs and drug expenditures:  
**41**

## E

Encrypted Unique Client  
Identifier: **24, 25, 54**

Enrollment and Certification:  
**24, 36, 55**

Enrollment cap: **13**

eUCI: **4, 5, 25, 30, 31**

## F

Flexibility Policy: **6, 18, 56**

## H

Health insurance: **6, 19, 20, 36**

Health services: **33, 34**

HIV/AIDS status: **24, 26, 31,  
32, 54**

## M

Medicaid: **18, 33, 34, 35, 37,  
46, 49, 59, 60**

Medicare: **6, 33, 34, 35, 41, 42,  
43, 44, 45, 58**

Medicare Part A/B: **33**

Medicare Part D: **33, 41, 42,  
43, 44, 45, 58**

Medication: **5, 19, 20, 24, 35,  
36, 41, 42, 45, 47, 48, 54,  
55**

## N

NDC codes: **47**

## P

Poverty level: **14, 15, 24, 26,  
32, 54, 58**

Premiums: **42, 43, 55**

Programmatic Summary  
Submission: **13, 14, 16, 17,  
19, 21**

## R

Race and ethnicity: **26, 28**

Recipient Report: i, **4, 6, 7, 8,  
11, 12, 13, 14, 16, 17, 19,  
21, 35, 36, 51, 52**

## S

System Variables: **24, 25, 54**

## T

Transgender: **30**

## V

Validation: **52**

Viral: **25, 50, 55**

Viral load: **25, 50**

## W

Waiting list: **13**

## X

XML: **6, 7, 22, 23, 25, 27, 29,  
30, 31, 32, 33, 37, 38, 39,  
40, 41, 42, 43, 44, 46, 47,  
48, 49, 50, 51, 52, 53, 60**