

adap

AIDS Drug Assistance Program

Annual Report: State Fiscal Year 2018 - 2019

California Department of Public Health
Center for Infectious Diseases
Office of AIDS



CONTENTS

AIDS Drug Assistance Program (ADAP) Overview	1
ADAP Program History and Updates	1
ADAP Eligibility Criteria	1
ADAP Program Types and Benefits	1-2
ADAP Programs and Benefits Timeline	2-3
ADAP Program Types	3
ADAP Medication Assistance Program	3
Health Insurance Premium Payment Programs	3-4
ADAP Benefit Types	5
Medication	5
Premium Assistance	5
Medical Out-of-Pocket Costs (MOOPs)	5
Spousal/Dependent	5
Tables and Figures	6
Table 1. California ADAP Clients Served by Benefit Type, FY 2018-2019	6
Figure 1. California ADAP Clients Served by Benefit Type, FY 2018-2019	6
Table 2. California ADAP Clients Served by Age Group, FY 2018-2019	7
Figure 2. California ADAP Clients Served by Age Group, FY 2018-2019	7
Table 3. California ADAP Clients Served by Income, FY 2018-2019	8
Figure 3. California ADAP Clients Served by Income, FY 2018-2019	8
Table 4. California ADAP Clients Served by Gender, FY 2018-2019	9
Figure 4. California ADAP Clients Served by Gender, FY 2018-2019	9
Table 5. California ADAP Clients Served by Race/Ethnicity, FY 2018-2019	10
Figure 5. California ADAP Clients Served by Race/Ethnicity, FY 2018-2019	10
Table 6. California ADAP Clients Served by Selected Preferred Language, FY 2018-2019	11
Figure 6. California ADAP Clients Served by Selected Preferred Language, FY 2018-2019	11
Table 7. California ADAP Clients Served by CD4 Count, FY 2018-2019	12
Figure 7. California ADAP Clients Served by CD4 Count, FY 2018-2019	12
Table 8a. California ADAP Clients Served by Viral Suppression Status, FY 2018-2019	13
Figure 8a. California ADAP Clients Served by Viral Suppression Status, FY 2018-2019	13
Table 8b. California ADAP Clients Served by Gender and Viral Suppression Status, FY 2018-2019	14
Figure 8b. California ADAP Clients Served by Gender and Viral Suppression Status, FY 2018-2019	15
Table 8c. California ADAP Clients Served by Race/Ethnicity and Viral Suppression Status, FY 2018-2019	16
Figure 8c. California ADAP Clients Served by Race/Ethnicity and Viral Suppression Status, FY 2018-2019	17

CONTENTS (continued)

Table 9. California ADAP Clients Served by Local Health Jurisdiction, FY 2018-2019	18-19
Table 10. California ADAP Medication Dispenses and Expenditures, FY 2018-2019	20
Figure 9. California ADAP Medication Expenditures by Fiscal Year, 2007 - 2018	20
Figure 10. California ADAP Medication Prescriptions Dispensed by Fiscal Year, 2007 - 2018	20
Table 11. California ADAP Medication Expenditures by Month, FY 2018-2019	21
Figure 11. California ADAP Medication Expenditures by Month, FY 2018-2019	21
Table 12a. California ADAP Antiretroviral Medication Dispenses, FY 2018-2019	22
Table 12b. California ADAP Non-Antiretroviral Medication Dispenses, FY 2018-2019	23
Table 13. California ADAP Medication Assistance Clients, Prescriptions, and Expenditures by Local Health Jurisdiction, FY 2018-2019	24-25
Table 14. California ADAP Medication Assistance Clients by Insurance Coverage Group, FY 2018-2019	26
Figure 12. California ADAP Medication Assistance Clients by Insurance Coverage Group, FY 2018-2019	26
Table 15. Health Insurance Premium Clients, Payments, and Expenditures by Program, FY 2018-2019	27
Table 16. California ADAP Health Insurance Premium Assistance Clients and Expenditures by Month, FY 2018-2019	27
Figure 13. California ADAP Health Insurance Premium Expenditures by Month, FY 2018-2019	28
Table 17. California ADAP Health Insurance Premium Expenditures by Local Health Jurisdiction, FY 2018-2019	29-30
Table 18. Medical Out-Of-Pocket (MOOP) Clients Served and Expenditures, FY 2018-2019	31
Appendices	31
Appendix A. Medication Prescription Dispenses and Expenditures: Measures of Central Tendency and Spread, FY 2018-2019	31
Appendix B. Employer-Based Health Insurance Premium Payment Program (EB-HIPP), Office of AIDS Health Insurance Premium Payment Program (OA-HIPP), and Medicare Part D Premium Payment Program (MDPP) Claims and Expenditures: Measures of Central Tendency and Spread, FY 2018-2019	31
Appendix C. Employer-Based Health Insurance Premium Payment Program (EB-HIPP) and Office of AIDS Health Insurance Premium Payment Program (OA-HIPP), and Medicare Part D Health Insurance Premium Payment (MDPP) Medical-Out-Of-Pocket (MOOPs) Claims and Expenditures: Measures of Central Tendency and Spread, FY 2018-2019	32
Appendix D. Active Enrollment Sites and Enrollment Workers, by Local Health Jurisdiction, FY 2018-2019	32-34
Appendix E. Summary of Statistical Measures and Definitions, FY 2018-2019	35

ADAP OVERVIEW

ADAP Program History and Updates

The California Department of Public Health, Office of AIDS, ADAP was established in 1987 to help ensure that HIV-positive uninsured and under-insured individuals have access to life-saving medications. ADAP receives federal funds from the U.S. Health Resources and Services Administration through grants provided by Part B of the Ryan White HIV/AIDS Treatment Extension Act of 2009.

As of the end of this reporting period, 222 medications were available through ADAP, including 42 antiretroviral medications to treat HIV and 9 medications to treat Hepatitis C. There were approximately 6,000 pharmacies statewide where clients could access these medications.

Due to the implementation of the Patient Protection and Affordable Care Act, many ADAP clients were able to enroll in Medi-Cal or obtain health insurance coverage through Covered California. Beginning January 1, 2014, Medi-Cal was expanded to include eligible individuals with annual household incomes up to 138% of the federal poverty level. Additionally, Covered California, the state of California's health insurance marketplace, held its

first open enrollment from October 1, 2013, through April 2014, which allowed individuals and small businesses to purchase health insurance at federally subsidized rates.

In March 2017, ADAP separated pharmacy and insurance benefits management functions, and transitioned to using the ADAP Enrollment System (AES), which has been used ever since to manage client eligibility and enrollment.

ADAP Eligibility Criteria

To be eligible for ADAP in California state FY 2018-19 (July 1, 2018 – June 30, 2019) a client must have met the following requirements:

- Was a resident of California
- Had a positive HIV/AIDS diagnosis
- Was at least 18 years old
- Had an annual Modified Adjusted Gross Income (MAGI) that does not exceed 500% Federal Poverty Level based on household size and income
- Was not fully covered by Medi-Cal or any other third-party payers

ADAP Program Types and Benefits

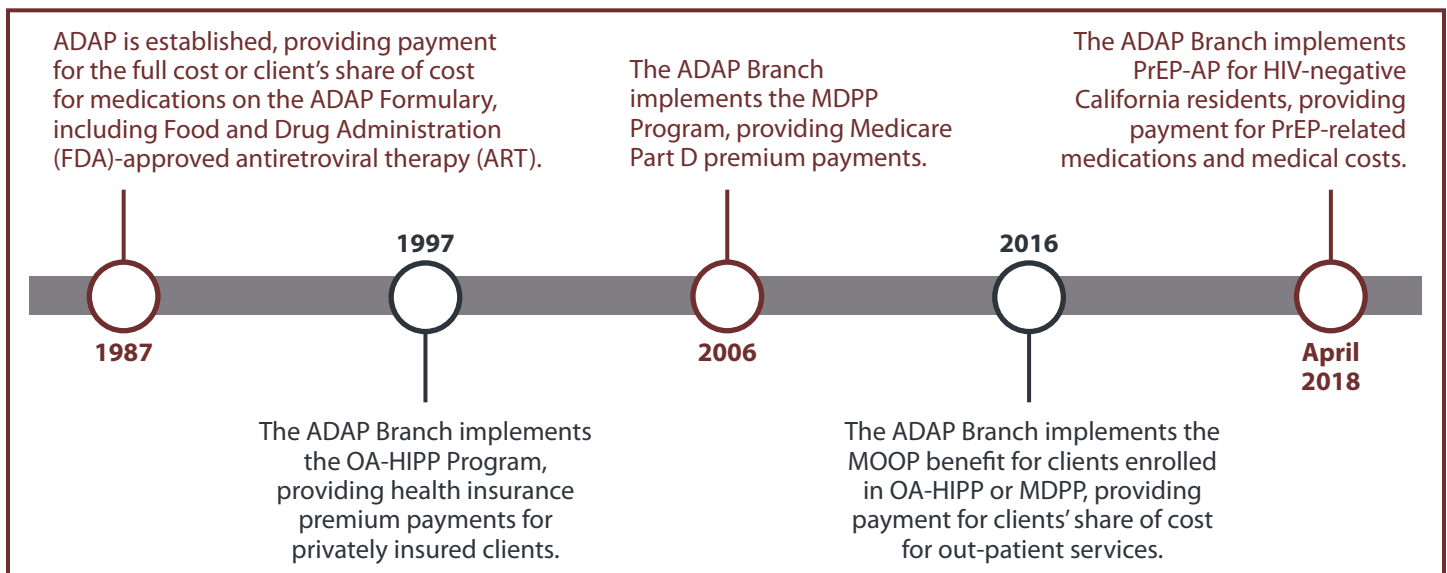
Programs	Benefits			
	Medication	Premium Assistance	Medical Out-of-Pocket Costs (MOOPs)	Spousal/Dependent
ADAP				
Medication Only	✓			

ADAP Program Types and Benefits *(continued)*

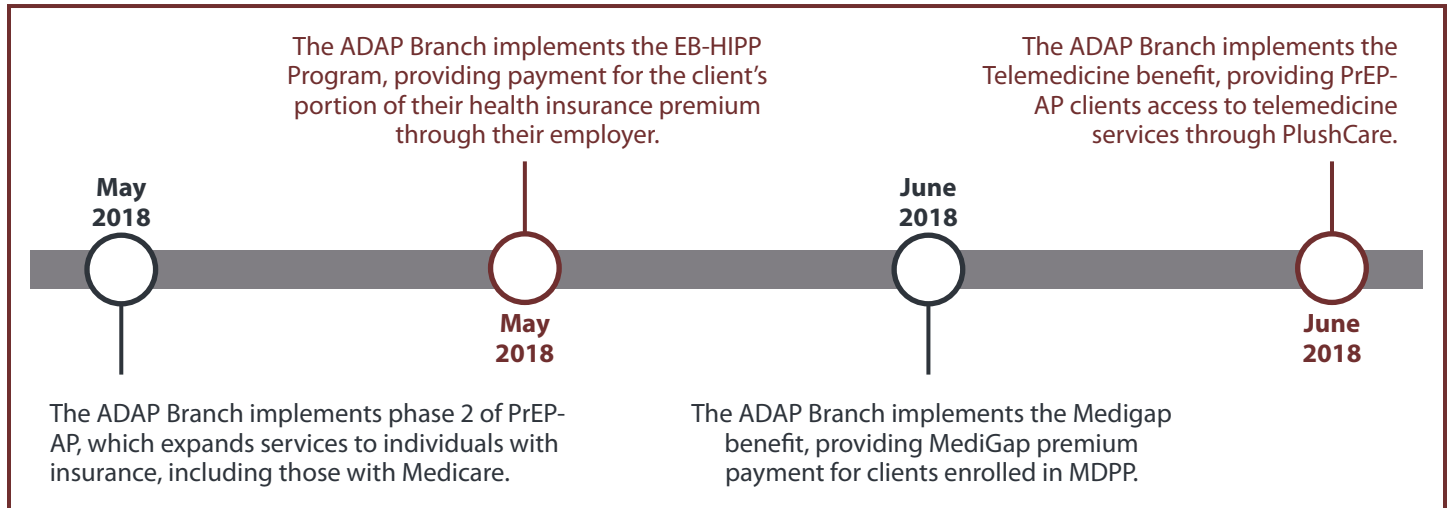
Programs	Benefits			
	Medication	Premium Assistance	Medical Out-of-Pocket Costs (MOOPs)	Spousal/Dependent
Health Insurance Premium Assistance				
Office of AIDS Health Insurance Premium Payments (OA-HIPP)	✓	✓	✓	✓
Employer-Based Health Insurance Premium Payments (EB-HIPP)	✓	✓	✓	✓
Medicare Part D Premium Payments (MDPP)	✓	✓	✓	
Pre-Exposure Prophylaxis Assistance Program (PrEP-AP)				
PrEP-AP	✓		✓	

Note: Although Spousal/Dependent benefits were available in 2016, data regarding these benefits was not yet available. Assistance with Medigap premiums is only available to ADAP clients concurrently enrolled in MDPP.

ADAP Programs & Benefits Timeline



ADAP Programs & Benefits Timeline (continued)



ADAP PROGRAM TYPES

The ADAP Branch administers three primary program types: 1) ADAP medication assistance program, 2) health insurance premium assistance programs, and 3) pre-exposure prophylaxis assistance program (for HIV-negative persons). Each program has distinct eligibility criteria.

ADAP Medication Assistance Program

This program provides eligible California residents with FDA-approved medications used in the treatment of HIV/AIDS and HIV/AIDS-related opportunistic infections.

All covered medications are listed on the [ADAP Drug Formulary](https://cdph.magellanrx.com/cms/cdph/static-assets/documents/formulary-and-documents/CDPH_Formulary.pdf), which can be accessed at: https://cdph.magellanrx.com/cms/cdph/static-assets/documents/formulary-and-documents/CDPH_Formulary.pdf.

Health Insurance Premium Payment Programs

(a) Office of AIDS Health Insurance Premium Payment Program (OA-HIPP)

OA-HIPP pays for health insurance premiums for eligible California residents co-enrolled

in ADAP. OA-HIPP provides assistance with medical and dental insurance premiums and can also provide assistance with premiums for vision insurance, when combined with a dental and/or medical premium. Combined premiums include the cost for medical, dental, and vision-combination insurance plans. OA-HIPP also pays for out-patient medical out-of-pocket costs that count towards the medical insurance plan's annual out-of-pocket maximum. Premium payments are sent directly to the health plan or COBRA administrator on a monthly basis. The OA-HIPP current premium maximum is \$1,938 per month.

For [more information about OA-HIPP](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_adap_hipp.aspx), please visit: https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_adap_hipp.aspx.

(b) Medicare Part D Premium Payment Program (MDPP)

MDPP is a subsidy program that pays Part D and Medigap insurance premiums for eligible California residents co-enrolled in the ADAP and a Medicare Part D prescription drug plan. Medigap (also known as Medicare

Supplemental Health Insurance Policies) is a benefit of MDPP and provides supplemental coverage that cover health care costs such as co-payments, co-insurance, and deductibles that Medicare Parts A and/or B do not cover. Clients may only receive assistance with Medigap premiums if they also have their Medicare Part D premium paid by MDPP. MDPP also pays for outpatient medical out-of-pocket costs that count towards the medical insurance plan's annual out-of-pocket maximum. Premium payments are sent directly to the health plan on a monthly basis. The MDPP and Medigap current combined premium maximum for individuals is \$1,938 per month.

For [more information about MDPP](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_adap_medpartd.aspx), please visit: https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_adap_medpartd.aspx.

(c) Employer Based Health Insurance Premium Payment Program (EB-HIPP)

EB-HIPP is a subsidy program that provides premium assistance for an ADAP client's portion of their employer based insurance premiums for eligible California residents co-enrolled in the ADAP. EB-HIPP pays the client's portion of their monthly medical and dental premiums, and can also provide assistance with vision premiums, when combined with a dental and/or medical premium for eligible clients. EB-HIPP also pays for out-patient medical out-of-pocket costs that count towards the medical insurance plan's annual out-of-pocket maximum. In order to be eligible for this type of insurance assistance, clients must be employed by an employer that offers comprehensive health care coverage. The client's portion of the insurance premium payments are sent directly to the employer on a monthly basis. The EB-HIPP current premium maximum for individuals is currently \$1,938 per month.

For [more information about EB-HIPP](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_ADAP_EB-HIPP_Assistance.aspx), please visit: https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_ADAP_EB-HIPP_Assistance.aspx

(d) Pre-Exposure Prophylaxis Assistance Program (PrEP- AP)

PrEP-AP is designed for adults residing in California who are HIV-negative and is available to both insured and uninsured clients. PrEP-AP provides assistance with PrEP-related medical costs, and medication on the PrEP-AP Drug Formulary for the prevention of HIV and treatment of sexually transmitted infections (STIs). Clients enrolled in PrEP-AP must currently enroll in the Gilead assistance program that matches their insurance coverage status. The PrEP-AP wraps around the benefits offered through Gilead's assistance programs. Clients with private insurance are eligible for PrEP medication co-payment assistance of \$7,200 per calendar year through Gilead's Co-Payment Assistance Program. After this threshold has been met, PrEP-AP will cover any remaining PrEP medication co-payments for the remainder of the calendar year. Clients without insurance are eligible to receive Truvada® or Descovy free of charge from Gilead's Patient Assistance Program.

PrEP-AP provides assistance with PrEP-related medical costs, including: 1) new/ established patient office visits for PrEP clinical assessments, 2) HIV testing, 3) STI testing, 4) pregnancy testing, 5) renal function testing, and 6) Hepatitis A, B, and C screenings.

For [more information about PrEP- AP](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_adap_enroll_prepAP.aspx), please visit: https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_adap_enroll_prepAP.aspx

ADAP BENEFIT TYPES

Each ADAP program type provides a set of benefits for eligible clients. Benefits vary by program, and not all clients may be eligible for all benefits.

Medication

ADAP helps ensure that people living with HIV and AIDS in California who are uninsured or under-insured have access to medication covered on the ADAP Drug Formulary. If clients do not have insurance, ADAP pays for the full cost of the medication. If clients have health insurance, ADAP pays any applicable medication co-payments. For clients who are HIV negative, PrEP-AP subsidizes the cost of medications on the PrEP-AP Drug Formulary.

Premium Assistance

ADAP helps ensure that people living with HIV and AIDS in California are able to have access to health insurance by subsidizing health insurance premiums. For OA-HIPP and MDPP, ADAP pays the total cost of the client's health insurance premium (up to the maximum premium payment amount of \$1,938 per month). For EB-HIPP, ADAP pays the client's portion of their employer-based health insurance plan, up to the current maximum premium payment amount of \$1,938 per month).

Medical Out-of-Pocket Costs (MOOPs)

For clients enrolled in OA-HIPP, MDPP, and EB-HIPP, ADAP will pay outpatient medical out-of-pocket costs that count towards the client's health insurance policy's annual out of pocket maximum. For HIV-negative clients, the PrEP-AP will pay for PrEP-related medical costs as defined by the Centers for Disease Control and Prevention.

Spousal/Dependent

The Spousal/Dependent benefit covers spouses and dependents (including domestic partners and children who are at least 18 years old) who are named on an OA-HIPP client's insurance policy and are actively enrolled in ADAP themselves. This benefit covers outpatient expenses that count towards the insurance plan's out-of-pocket maximum (not including medications not covered by ADAP) and co-payment, coinsurance, and deductibles for medical care as part of the OA-HIPP plan benefits.

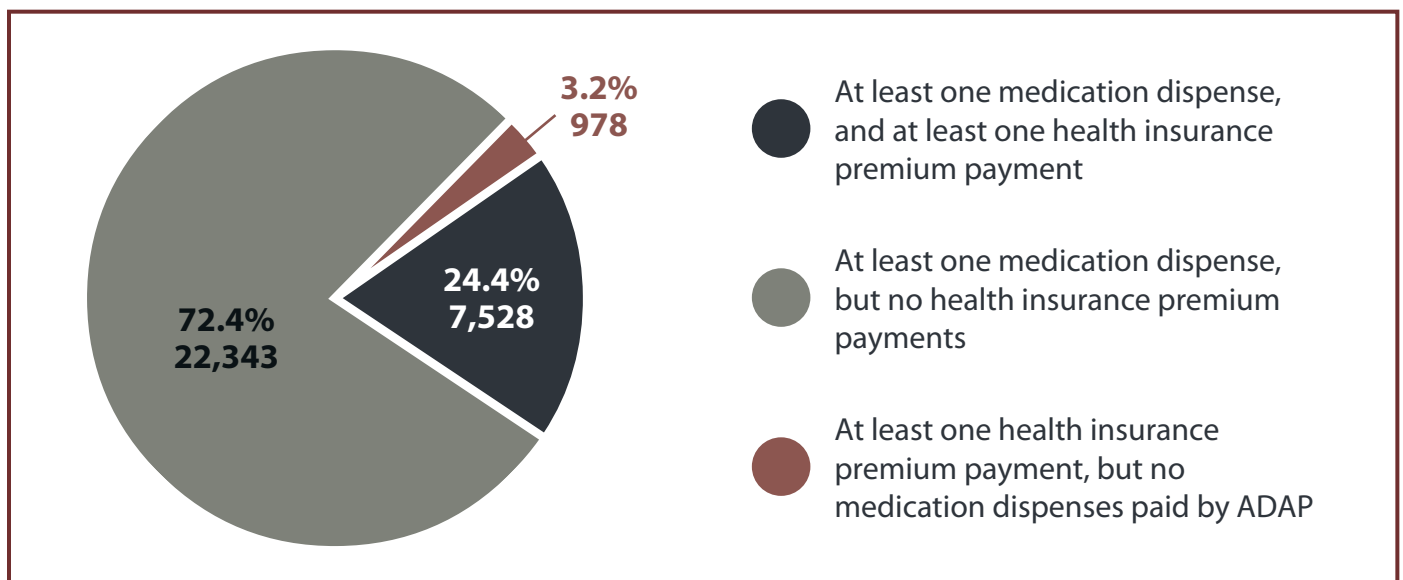
TABLES AND FIGURES

Table 1. California ADAP Clients Served by Benefit Type, FY 2018-2019

Type of ADAP Benefits Received During FY 2018-2019	Number of Clients	Percent of Total
At least one medication dispense, but no health insurance premium payments	22,343	72.4%
At least one medication dispense, and at least one health insurance premium payment	7,528	24.4%
At least one health insurance premium payment, but no medication dispenses paid by ADAP	978	3.2%
TOTAL	30,849	100.0%

Note: Totals reflect clients served in the Office of AIDS Health Insurance Premium Payment Program (OA-HIPP), the Employer-Based Health Insurance Premium Payments Program (EB-HIPP), or the Medicare Part D Premium Payment Program (MDPP). Source: ADAP Enrollment System, 2022-06-09.

Figure 1. California ADAP Clients Served by Benefit Type, FY 2018-2019

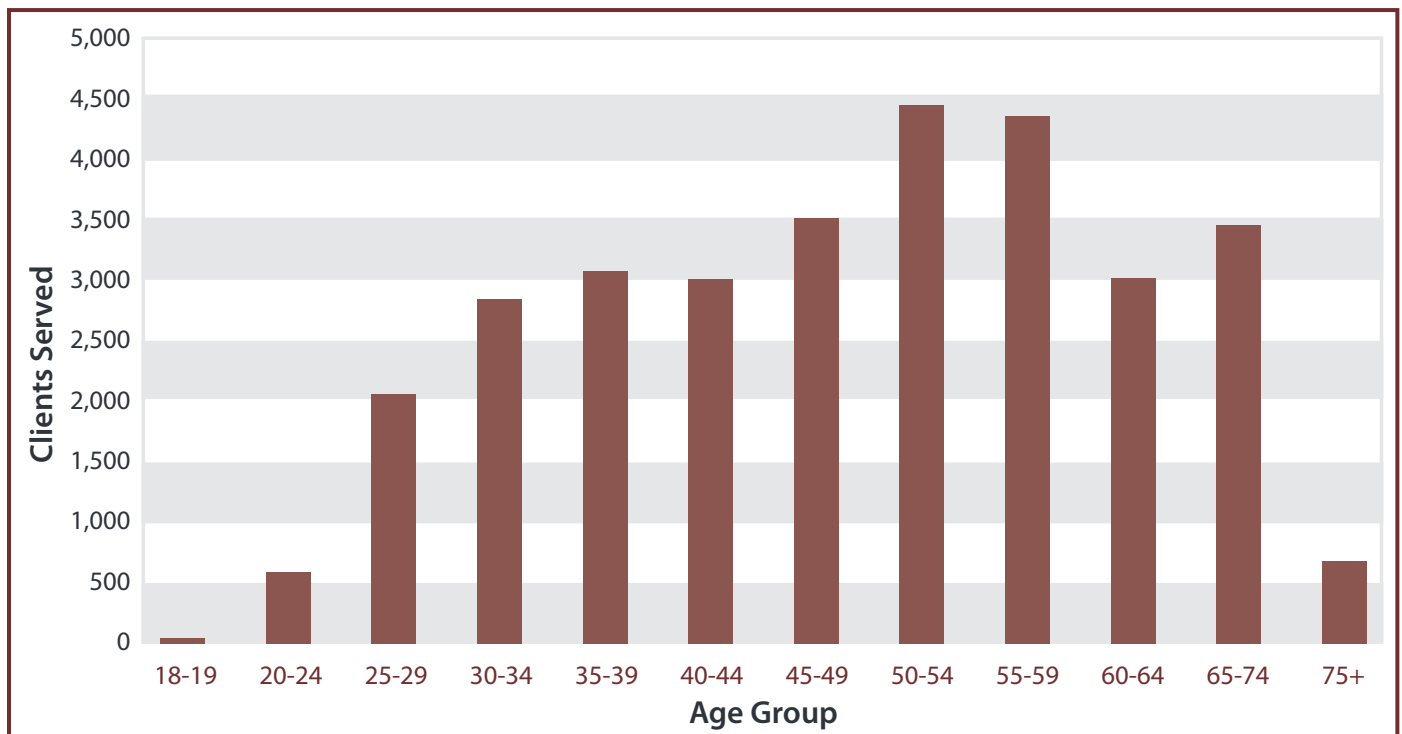


Note: Totals reflect clients served in the Office of AIDS Health Insurance Premium Payment Program (OA-HIPP), the Employer-Based Health Insurance Premium Payments Program (EB-HIPP), or the Medicare Part D Premium Payment Program (MDPP). Source: ADAP Enrollment System, 2022-06-09.

Table 2. California ADAP Clients Served by Age Group, FY 2018-2019

Age Bracket (in Years)	Number of Clients	Percent of Total
18 - 19	39	0.1%
20 - 24	589	1.9%
25 - 29	2,048	6.6%
30 - 34	2,819	9.1%
35 - 39	3,058	9.9%
40 - 44	2,989	9.7%
45 - 49	3,479	11.3%
50 - 54	4,412	14.3%
55 - 59	4,321	14.0%
60 - 64	3,003	9.7%
65 - 74	3,425	11.1%
75+	667	2.2%
TOTAL	30,849	100.0%

Note: Age is based upon client age at the midpoint of their last service month of the fiscal year. Source: ADAP Enrollment System, 2022-06-09.

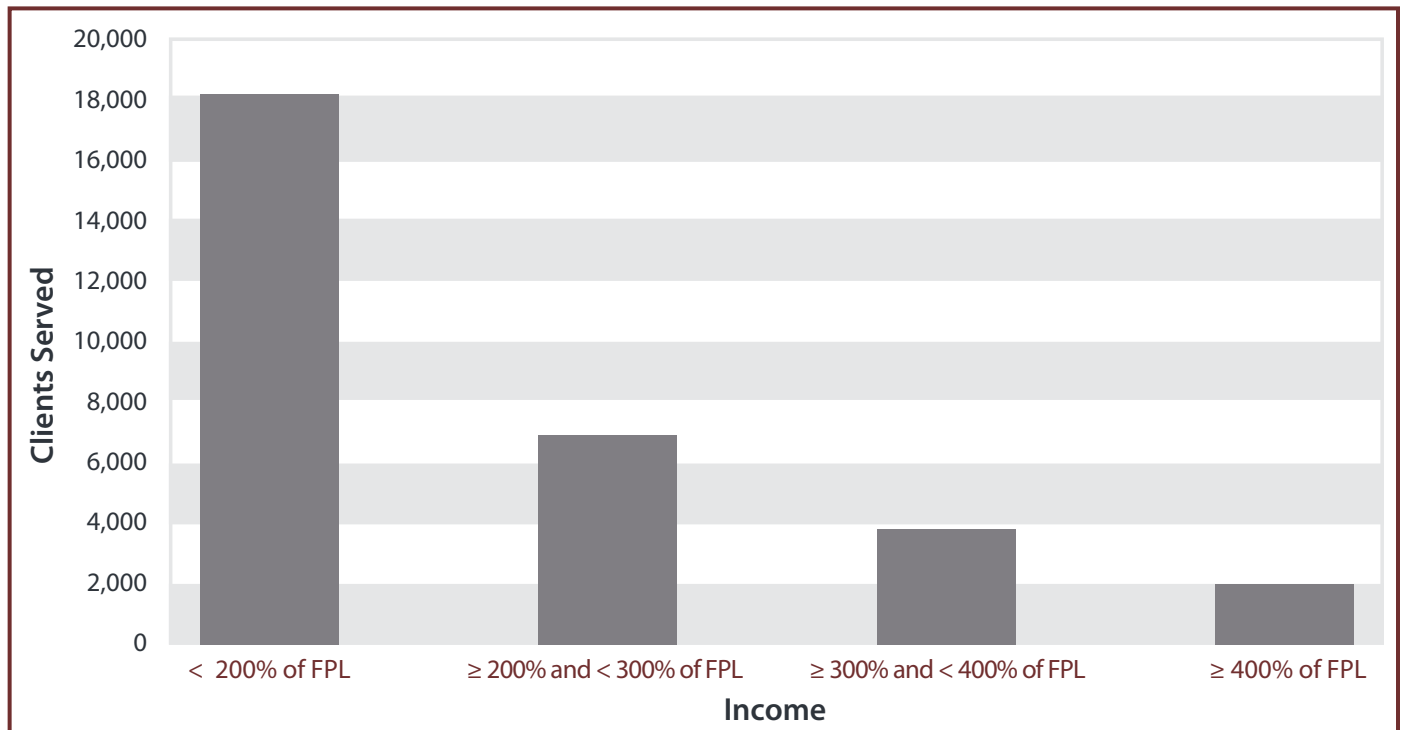
Figure 2. California ADAP Clients Served by Age Group, FY 2018-2019

Note: Age is based upon client age at the midpoint of their last service month of the fiscal year. Source: ADAP Enrollment System, 2022-06-09.

Table 3. California ADAP Clients Served by Income, FY 2018-2019

Federal Poverty Level (FPL)	Number of Clients	Percent of Total
< 200% of FPL	18,072	58.6%
≥ 200% and < 300% of FPL	6,887	22.3%
≥ 300% and < 400% of FPL	3,907	12.7%
≥ 400% of FPL	1,983	6.4%
TOTAL	30,849	100.0%

Note: Federal Poverty Level (FPL) thresholds are based on household size and income. FPL categories were based on 2019 thresholds. In 2019, a household size of one with an annual household income of \$12,490 was at 100% of the FPL. Although there are income eligibility requirements for ADAP, clients placed on a Temporary Access Period (TAP), may not have income data available for reporting purposes. Source: ADAP Enrollment System, 2022-06-09.

Figure 3. California ADAP Clients Served by Income, FY 2018-2019

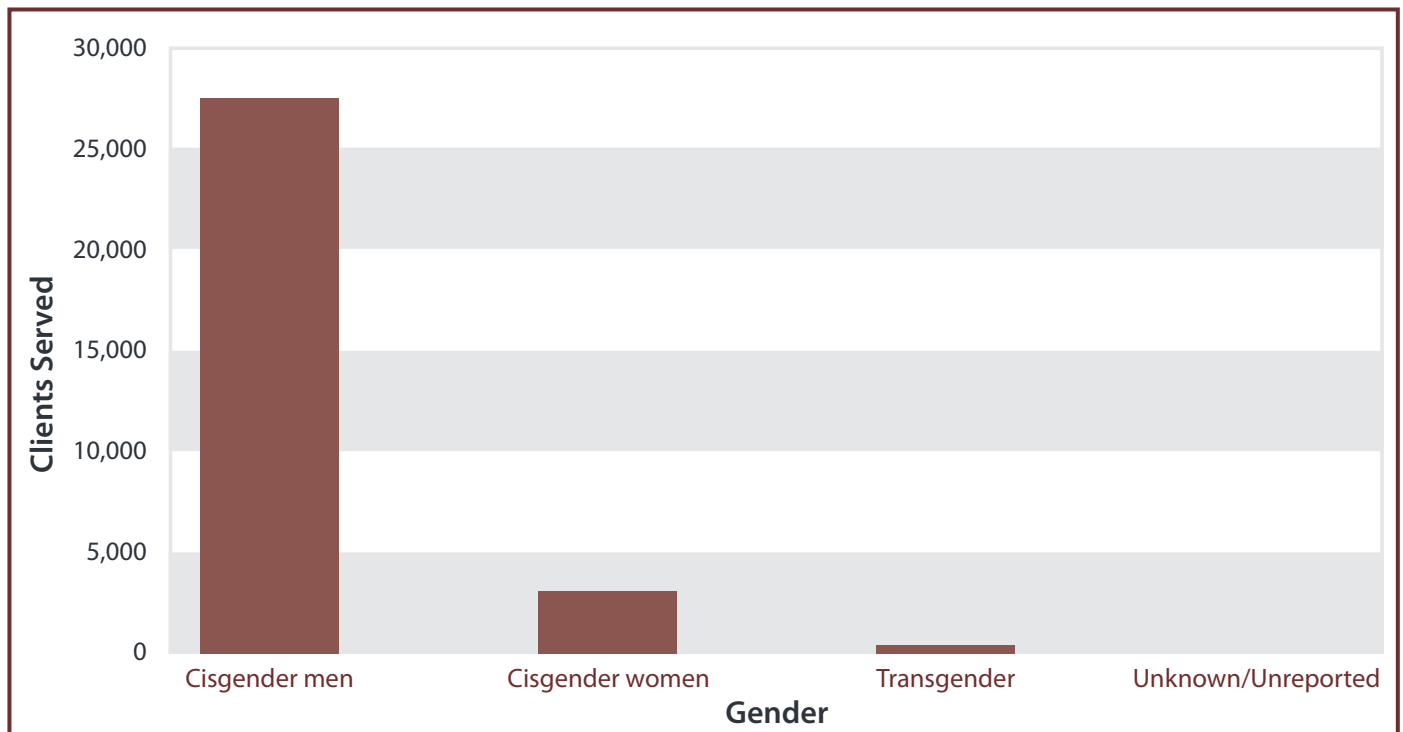
Note: Federal Poverty Level (FPL) thresholds are based on household size and income. FPL categories were based on 2019 thresholds. In 2019, a household size of one with an annual household income of \$12,490 was at 100% of the FPL. Although there are income eligibility requirements for ADAP, clients placed on a Temporary Access Period (TAP), may not have income data available for reporting purposes. Source: ADAP Enrollment System, 2022-06-09.

Table 4. California ADAP Clients Served by Gender, FY 2018-2019

Gender	Number of Clients	Percent of Total
Cisgender men	27,480	89.1%
Cisgender women	2,967	9.6%
Transgender	394	1.3%
Unknown/Unreported	8	<1.0%
TOTAL	30,849	100.0%

Note: Transgender categories (transgender male-to-female, transgender female-to-male, and transgender identity not otherwise specified) were combined into a single 'Transgender' category. Source: ADAP Enrollment System, 2022-06-09.

Figure 4. California ADAP Clients Served by Gender, FY 2018-2019

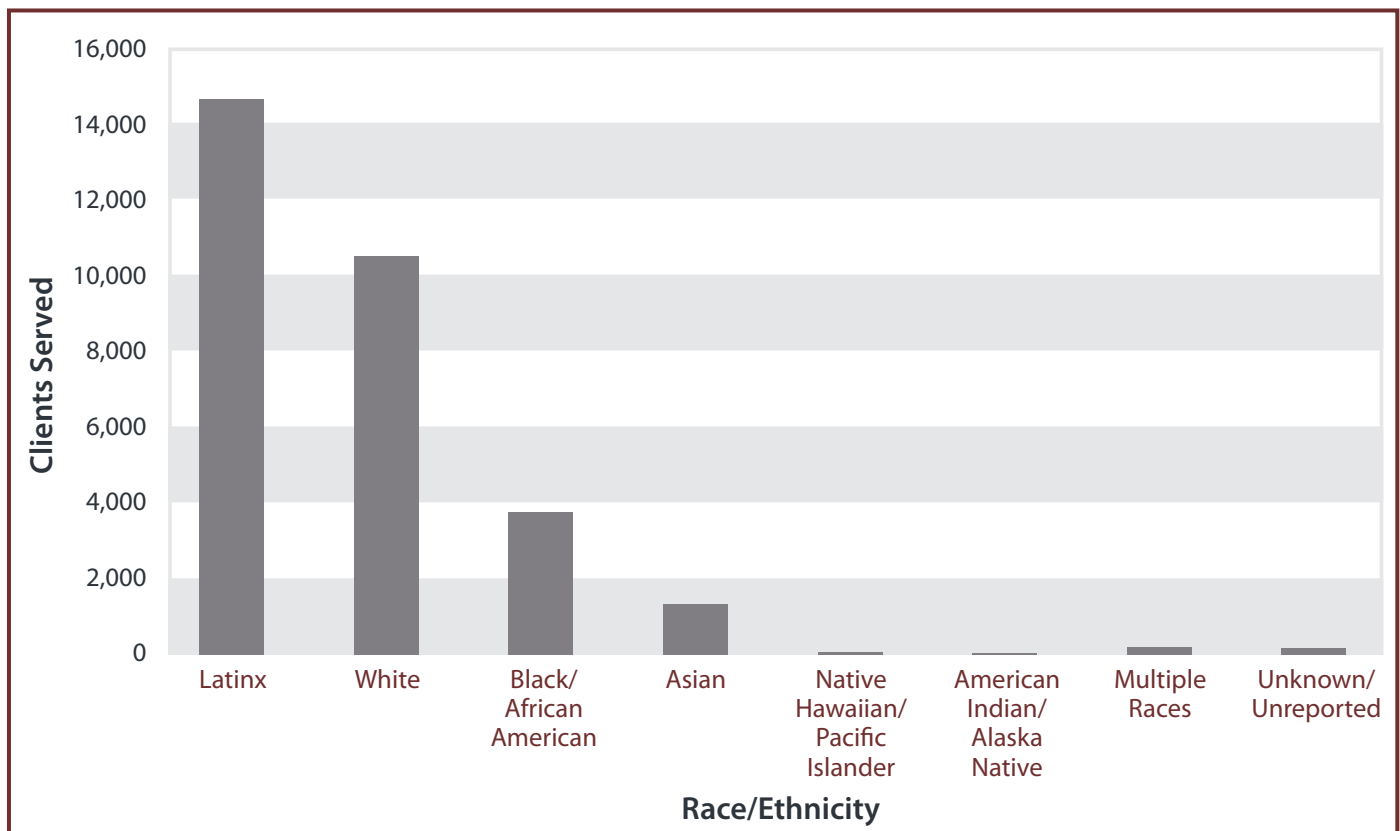


Note: Transgender categories (transgender male-to-female, transgender female-to-male, and transgender identity not otherwise specified) were combined into a single 'Transgender' category. Source: ADAP Enrollment System, 2022-06-09.

Table 5. California ADAP Clients Served by Race/Ethnicity, FY 2018-2019

Race/Ethnicity	Number of Clients	Percent of Total
Latinx	14,582	47.3%
White	10,411	33.7%
Black/African American	3,784	12.3%
Asian	1,366	4.4%
Native Hawaiian/Pacific Islander	115	0.4%
American Indian/Alaska Native	81	0.3%
Multiple Races	270	0.9%
Unknown/Unreported	240	0.8%
TOTAL	30,849	100.0%

Note: Latinx includes all individuals reporting Hispanic ethnicity, regardless of race. Source: ADAP Enrollment System, 2022-06-09.

Figure 5. California ADAP Clients Served by Race/Ethnicity, FY 2018-2019

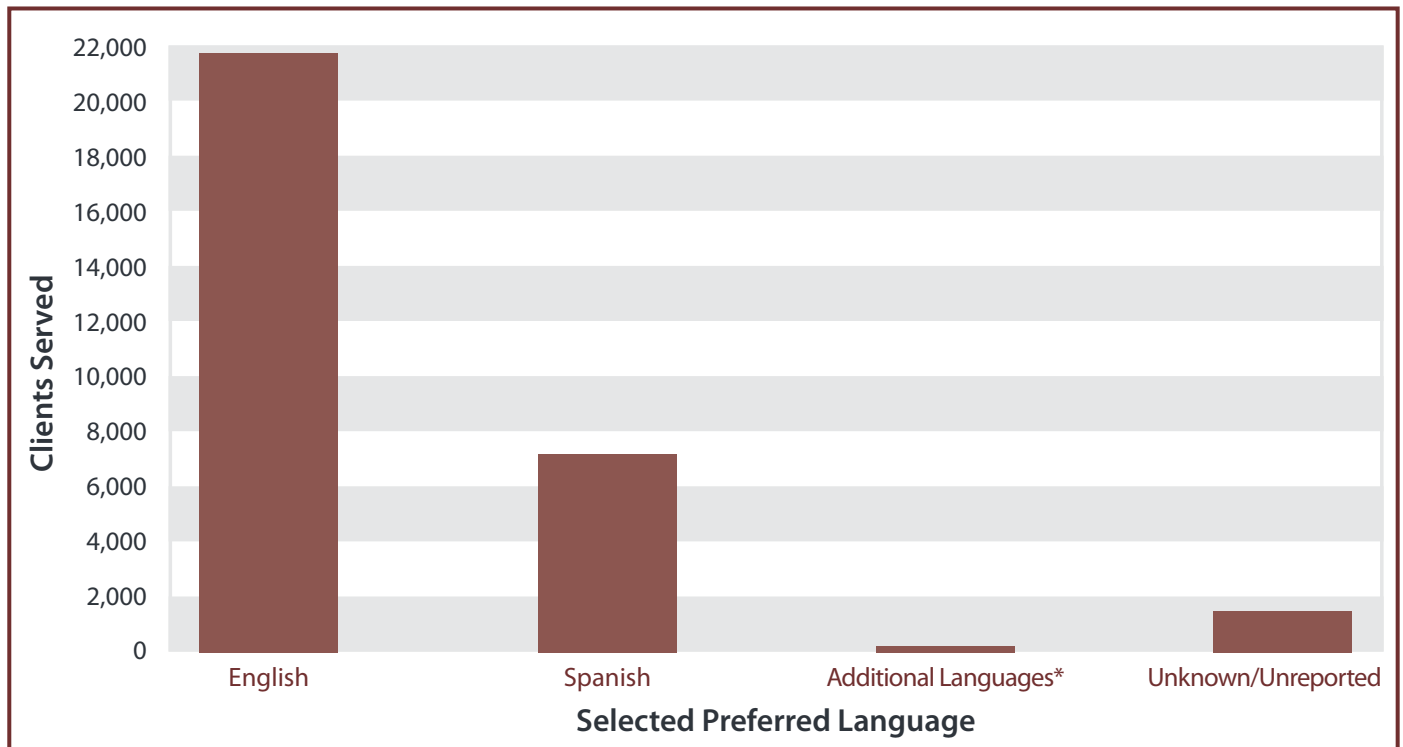
Note: Latinx includes all individuals reporting Hispanic ethnicity, regardless of race. Source: ADAP Enrollment System, 2022-06-09.

Table 6. California ADAP Clients Served by Selected Preferred Language, FY 2018-2019

Selected Preferred Language	Number of Clients	Percent of Total
English	21,882	70.9%
Spanish	7,300	23.7%
Additional Languages*	235	0.8%
Unknown/Unreported	1,432	4.6%
TOTAL	30,849	100.0%

Note: Additional languages include Arabic, Cambodian, Cantonese, Korean, Mandarin, Russian, Vietnamese, Portuguese, and Tagalog. Selected preferred language is not available for all ADAP clients because clients are not required to identify their preferred language. Source: ADAP Enrollment System, 2022-06-09.

Figure 6. California ADAP Clients Served by Selected Preferred Language, FY 2018-2019

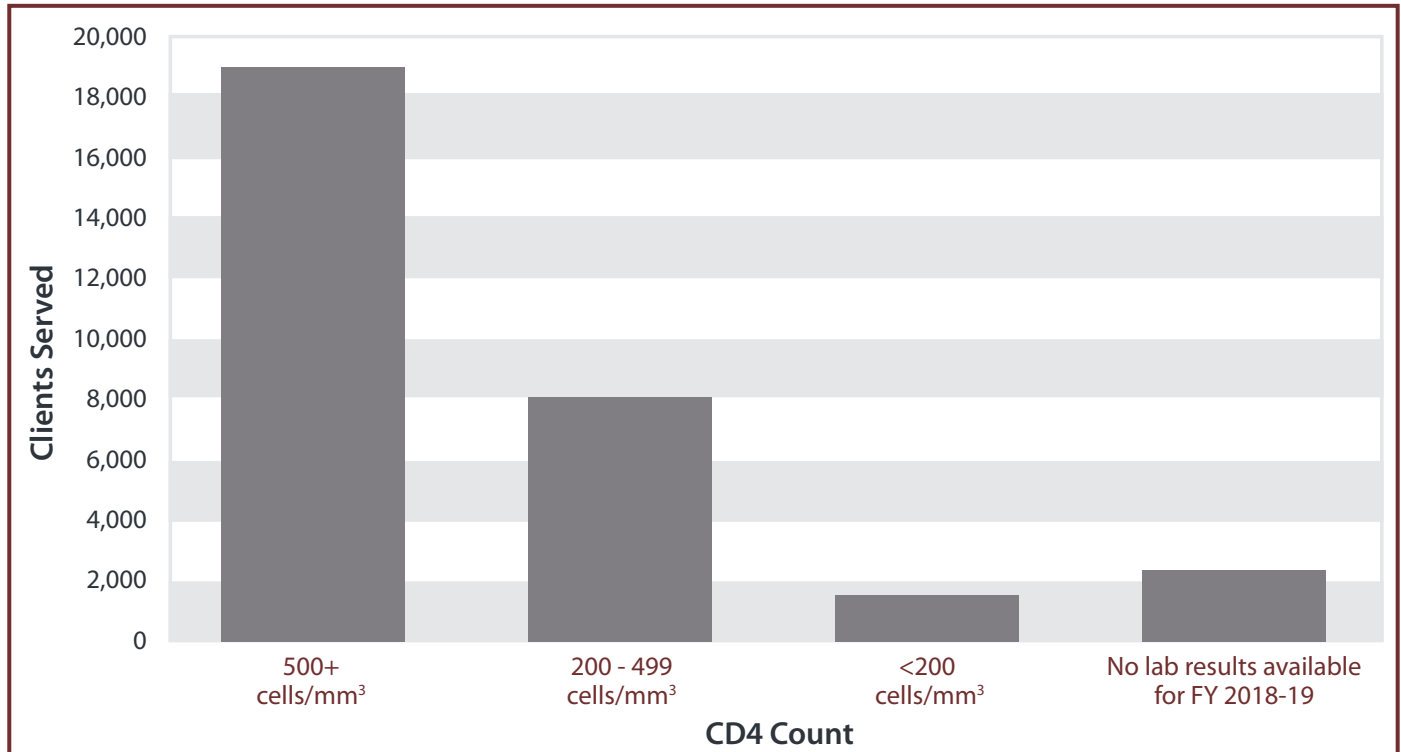


Note: Additional languages include Arabic, Cambodian, Cantonese, Korean, Mandarin, Russian, Vietnamese, Portuguese, and Tagalog. Selected preferred language is not available for all ADAP clients because clients are not required to identify their preferred language. Source: ADAP Enrollment System, 2022-06-09.

Table 7. California ADAP Clients Served by CD4 Count, FY 2018-2019

CD4 Cell Count	Number of Clients	Percent of Total
500+ cells/mm ³	18,922	61.3%
200 - 499 cells/mm ³	8,048	26.1%
<200 cells/mm ³	1,501	4.9%
No lab results available for FY 2018-2019	2,378	7.7%
TOTAL	30,849	100.0%

Note: Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2018-19 (July 1, 2018- June 30, 2019). CD4 counts are measured in cells per cubic millimeter (cells/ mm³). A normal CD4 count ranges from 500 to 1,400 cells per cubic millimeter of blood. A CD4 count below 200 cells per cubic millimeter indicates greater susceptibility to opportunistic infections. Source: ADAP Enrollment System, 2022-06-09.

Figure 7. California ADAP Clients Served by CD4 Count, FY 2018-2019

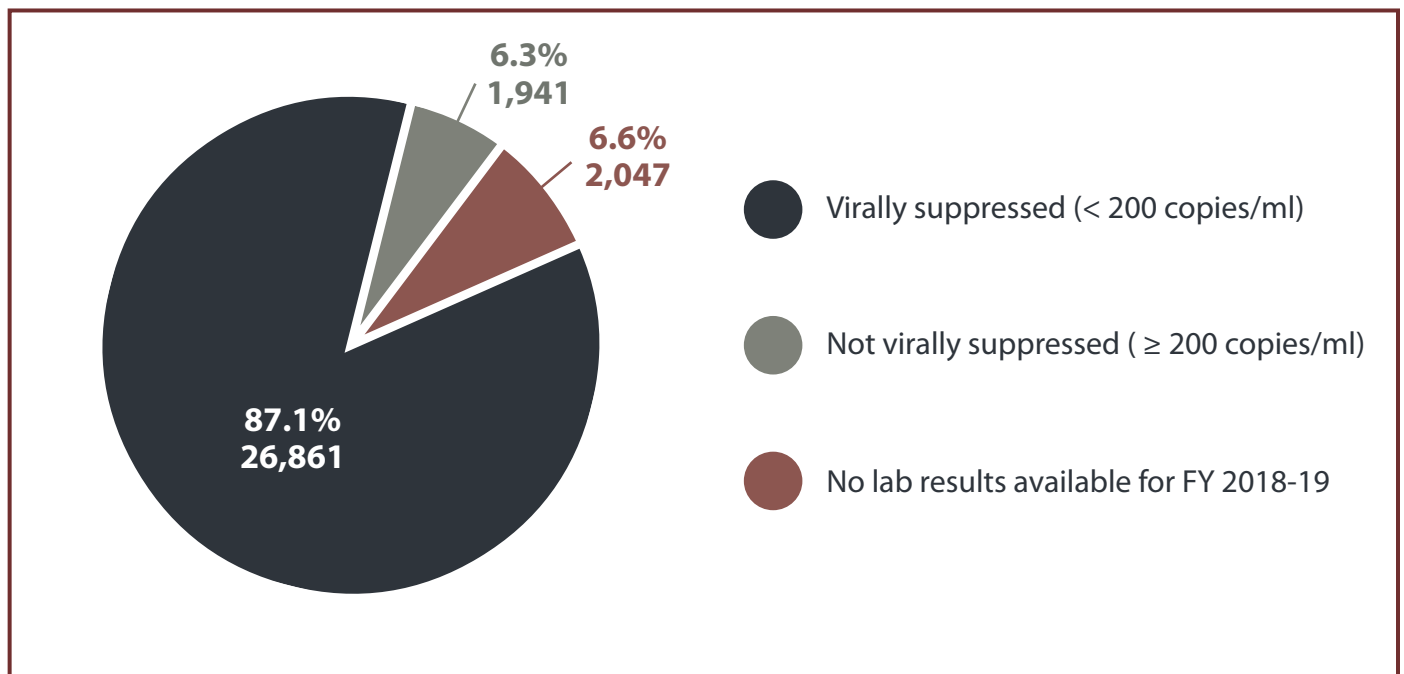
Note: Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2018-19 (July 1, 2018- June 30, 2019). CD4 counts are measured in cells per cubic millimeter (cells/ mm³). A normal CD4 count ranges from 500 to 1,400 cells per cubic millimeter of blood. A CD4 count below 200 cells per cubic millimeter indicates greater susceptibility to opportunistic infections. Source: ADAP Enrollment System, 2022-06-09.

Table 8a. California ADAP Clients Served by Viral Suppression Status, FY 2018-2019

Viral Suppression Status	Number of Clients	Percent of Total
Virally suppressed (<200 copies/ml)	26,861	87.1%
Not virally suppressed (≥ 200 copies/ml)	1,941	6.3%
No lab results available for FY 2018-2019	2,047	6.6%
TOTAL	30,849	100.0%

Note: Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2018-19 (July 1, 2018- June 30, 2019). Viral suppression status is based on the amount of HIV genetic material (RNA) in the blood, measured in copies per milliliter (ml). Persons whose most recent HIV viral load test result during the fiscal year was <200 copies/ml were considered to be virally suppressed. Source: ADAP Enrollment System, 2022-06-09.

Figure 8a. California ADAP Clients Served by Viral Suppression Status, FY 2018-2019



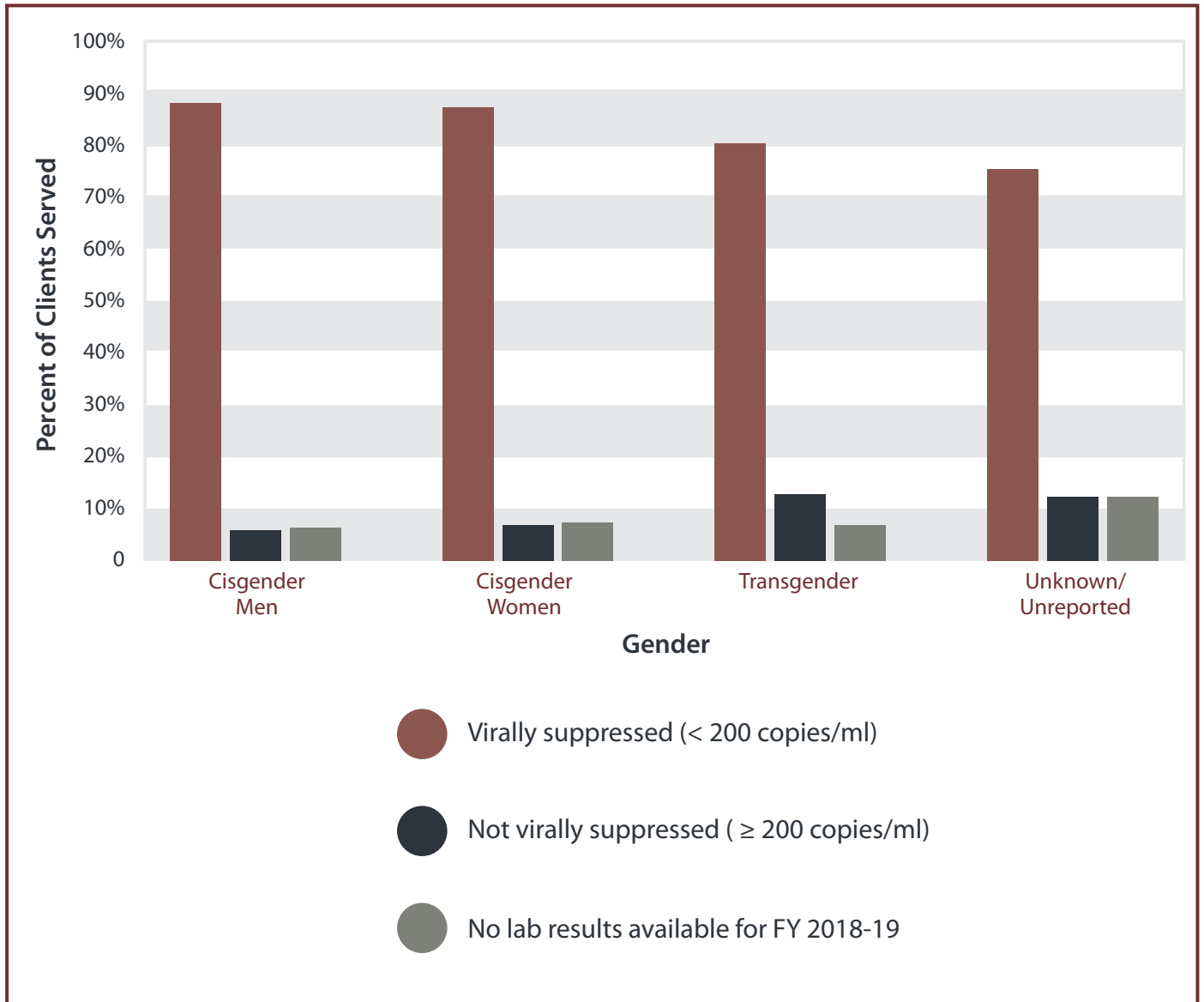
Note: Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2018-19 (July 1, 2018- June 30, 2019). Viral suppression status is based on the amount of HIV genetic material (RNA) in the blood, measured in copies per milliliter (ml). Persons whose most recent HIV viral load test result during the fiscal year was <200 copies/ml were considered to be virally suppressed. Source: ADAP Enrollment System, 2022-06-09.

Table 8b. California ADAP Clients Served by Gender and Viral Suppression Status, FY 2018-2019

Viral Suppression Status by Gender	Number of Clients	Percent of Total by Gender Group
Cisgender Men		
Virally suppressed (< 200 copies/ml)	23,979	87.3%
Not virally suppressed (≥ 200 copies/ml)	1,688	6.1%
No lab results available for FY 2018-19	1,813	6.6%
<i>SUBTOTAL</i>	<i>27,480</i>	<i>100.0%</i>
Cisgender Women		
Virally suppressed (< 200 copies/ml)	2,562	86.3%
Not virally suppressed (≥ 200 copies/ml)	200	6.7%
No lab results available for FY 2018-19	205	6.9%
<i>SUBTOTAL</i>	<i>2,967</i>	<i>100.0%</i>
Transgender		
Virally suppressed (< 200 copies/ml)	314	79.7%
Not virally suppressed (≥ 200 copies/ml)	52	13.2%
No lab results available for FY 2018-19	28	7.1%
<i>SUBTOTAL</i>	<i>394</i>	<i>100.0%</i>
Unknown Gender		
Virally suppressed (< 200 copies/ml)	6	75.0%
Not virally suppressed (≥ 200 copies/ml)	1	12.5%
No lab results available for FY 2018-19	1	12.5%
<i>SUBTOTAL</i>	<i>8</i>	<i>100.0%</i>
TOTAL	30,849	100.0%

Note: Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2018-19 (July 1, 2018- June 30, 2019). Viral suppression status is based on the amount of HIV genetic material (RNA) in the blood, measured in copies per milliliter (ml). Persons whose most recent HIV viral load test result during the fiscal year was <200 copies/ml were considered to be virally suppressed. Source: ADAP Enrollment System, 2022-06-09.

Figure 8b. California ADAP Clients Served by Gender and Viral Suppression Status, FY 2018-2019



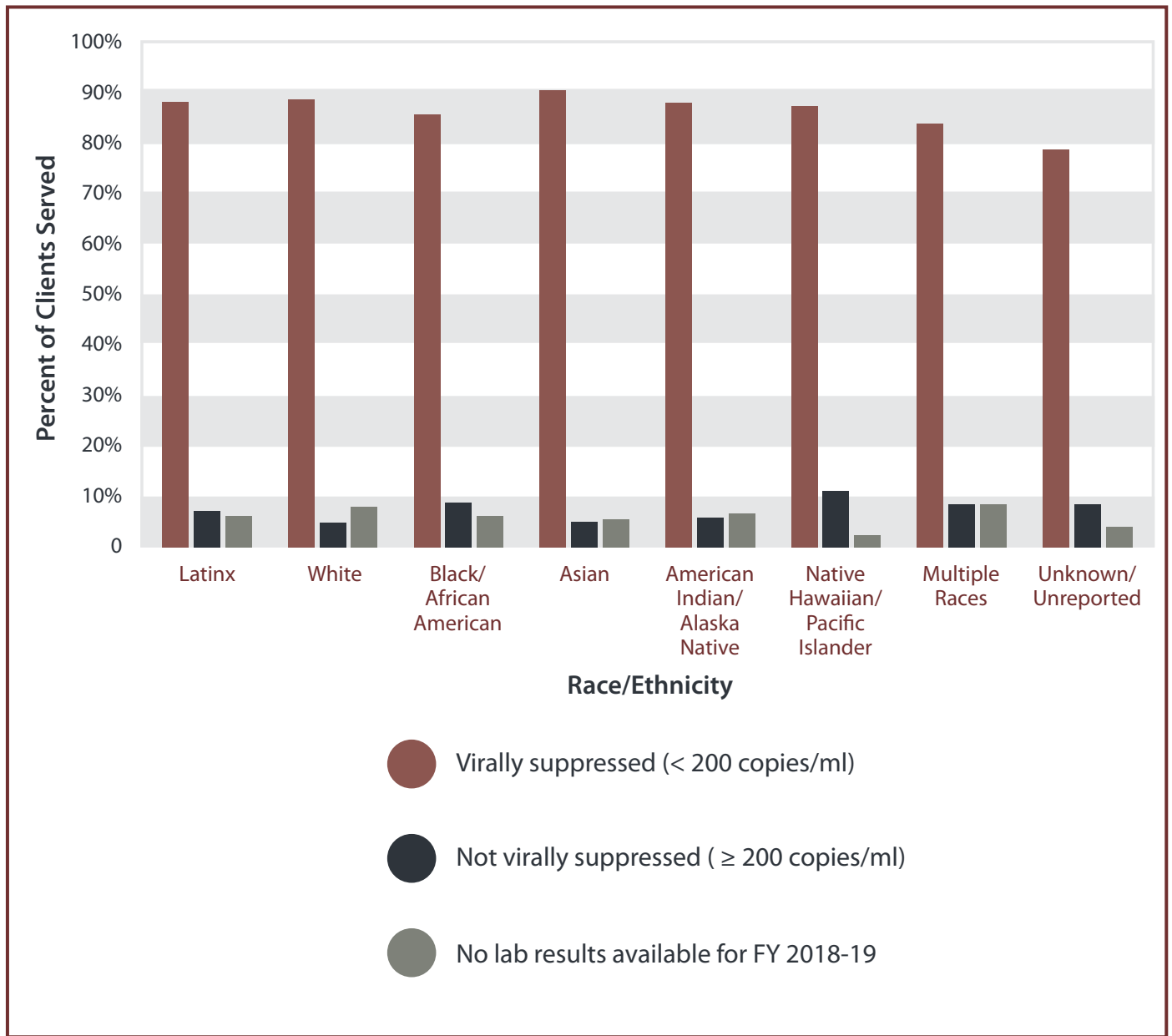
Note: Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2018-19 (July 1, 2018- June 30, 2019). Viral suppression status is based on the amount of HIV genetic material (RNA) in the blood, measured in copies per milliliter (ml). Persons whose most recent HIV viral load test result during the fiscal year was <200 copies/ml were considered to be virally suppressed. Source: ADAP Enrollment System, 2022-06-09.

Table 8c. California ADAP Clients Served by Race/Ethnicity and Viral Suppression Status, FY 2018-2019

Viral Suppression Status by Race/Ethnicity	Number of Clients	Percent of Total by Race/Ethnicity
Latinx		
Virally suppressed (< 200 copies/ml)	12,705	87.1%
Not virally suppressed (≥ 200 copies/ml)	1,015	7.0%
No lab results available for FY 2018-19	862	5.9%
<i>SUBTOTAL</i>	14,582	100.0%
White		
Virally suppressed (< 200 copies/ml)	9,123	87.6%
Not virally suppressed (≥ 200 copies/ml)	457	4.4%
No lab results available for FY 2018-19	831	8.0%
<i>SUBTOTAL</i>	10,411	100.0%
Black/African American		
Virally suppressed (< 200 copies/ml)	3,209	84.8%
Not virally suppressed (≥ 200 copies/ml)	341	9.0%
No lab results available for FY 2018-19	234	6.2%
<i>SUBTOTAL</i>	3,784	100.0%
Asian		
Virally suppressed (< 200 copies/ml)	1,221	89.4%
Not virally suppressed (≥ 200 copies/ml)	68	5.0%
No lab results available for FY 2018-19	77	5.6%
<i>SUBTOTAL</i>	1,366	100.0%
Native Hawaiian/Pacific Islander		
Virally suppressed (< 200 copies/ml)	100	87.0%
Not virally suppressed (≥ 200 copies/ml)	7	6.1%
No lab results available for FY 2018-19	8	7.0%
<i>SUBTOTAL</i>	115	100.0%
American Indian/Alaska Native		
Virally suppressed (< 200 copies/ml)	70	86.4%
Not virally suppressed (≥ 200 copies/ml)	9	11.1%
No lab results available for FY 2018-19	2	2.5%
<i>SUBTOTAL</i>	81	100.0%
Multiple Races		
Virally suppressed (< 200 copies/ml)	224	83.0%
Not virally suppressed (≥ 200 copies/ml)	23	8.5%
No lab results available for FY 2018-19	23	8.5%
<i>SUBTOTAL</i>	270	100.0%
Unknown/Unreported Race/Ethnicity		
Virally suppressed (< 200 copies/ml)	209	87.1%
Not virally suppressed (≥ 200 copies/ml)	21	8.8%
No lab results available for FY 2018-19	10	4.2%
<i>SUBTOTAL</i>	240	100.0%
TOTAL	30,849	100.0%

Note: Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2018-19 (July 1, 2018- June 30, 2019). Viral suppression status is based on the amount of HIV genetic material (RNA) in the blood, measured in copies per milliliter (ml). Persons whose most recent HIV viral load test result during the fiscal year was <200 copies/ml were considered to be virally suppressed. Source: ADAP Enrollment System, 2022-06-09.

Figure 8c. California ADAP Clients Served by Race/Ethnicity and Viral Suppression Status, FY 2018-2019



Note: Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2018-19 (July 1, 2018- June 30, 2019). Viral suppression status is based on the amount of HIV genetic material (RNA) in the blood, measured in copies per milliliter (ml). Persons whose most recent HIV viral load test result during the fiscal year was <200 copies/ml were considered to be virally suppressed. Source: ADAP Enrollment System, 2022-06-09.

Table 9. California ADAP Clients Served by Local Health Jurisdiction, FY 2018-2019

Local Health Jurisdiction	Number of Clients	Percent of Total
Alameda	1,828	5.9%
Amador	< 10	< 0.1%
Butte	67	0.2%
Calaveras	< 10	< 0.1%
Colusa	< 10	< 0.1%
Contra Costa	317	1.0%
El Dorado	26	0.1%
Fresno	313	1.0%
Glenn	< 10	< 0.1%
Humboldt	52	0.2%
Imperial	60	0.2%
Inyo	< 10	< 0.1%
Kern	221	0.7%
Kings	30	0.1%
Lake	23	0.1%
Long Beach	210	0.7%
Los Angeles	12,381	40.1%
Madera	32	0.1%
Marin	116	0.4%
Mendocino	45	0.1%
Merced	38	0.1%
Mono	< 10	< 0.1%
Monterey	209	0.7%
Napa	31	0.1%
Nevada	47	0.2%
Orange	1,566	5.1%
Pasadena	203	0.7%

Table 9. California ADAP Clients Served by Local Health Jurisdiction, FY 2018-2019 (continued)

Local Health Jurisdiction	Number of Clients	Percent of Total
Placer	22	0.1%
Plumas	< 10	< 0.1%
Riverside	1,735	5.6%
Sacramento	1,154	3.7%
San Bernardino	612	2.0%
San Diego	3,514	11.4%
San Francisco	2,990	9.7%
San Joaquin	170	0.6%
San Luis Obispo	86	0.3%
San Mateo	289	0.9%
Santa Barbara	128	0.4%
Santa Clara	799	2.6%
Santa Cruz	76	0.2%
Shasta	50	0.2%
Siskiyou	11	< 0.1%
Solano	257	0.8%
Sonoma	454	1.5%
Stanislaus	126	0.4%
Sutter	16	0.1%
Tulare	89	0.3%
Tuolumne	< 10	< 0.1%
Ventura	275	0.9%
Yolo	27	0.1%
Yuba	< 10	< 0.1%
TOTAL	30,849	100.0%

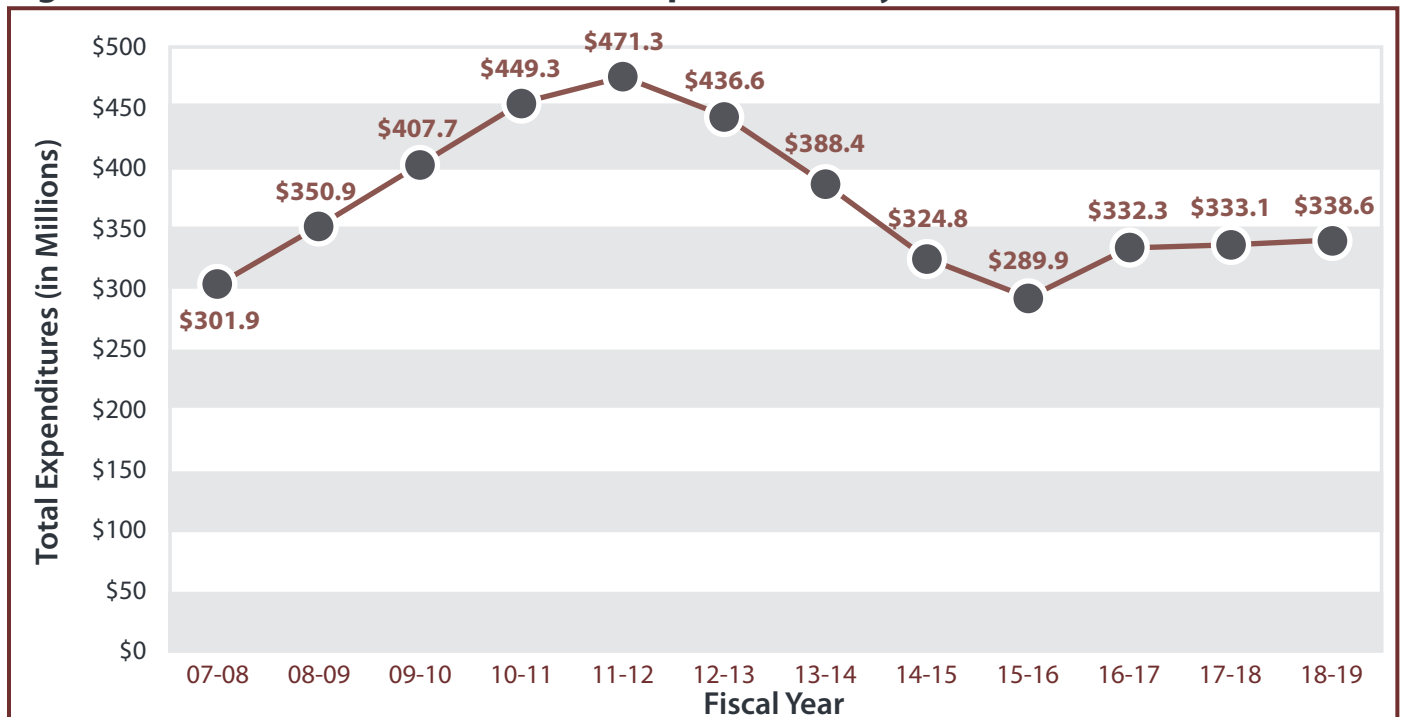
Note: Served clients reflect individuals who received medication or insurance assistance benefits. Allowing for small cell size suppression, the client total may not equal the column sum of clients as some clients received services in multiple counties. The following LHJs did not serve clients in California state fiscal year (FY) 2018-19 (July 1, 2018-June, 30, 2019) and are not shown in the table: Alpine, Del Norte, Lassen, Mariposa, Modoc, San Benito, Sierra, Tehama, Trinity. The counties reflect the county of the client's enrollment site, not necessarily the client's residential county. Source: ADAP Enrollment System, 2022-06-09.

Table 10. California ADAP Medication Dispenses and Expenditures, FY 2018-2019

Number of Clients	Medications Dispensed	Medication Expenditures	Median Number of Prescriptions Per Client, Per Year	Median Expenditures Per Client, Per Year
29,871	534,771	\$338,660,010	12	\$3,712

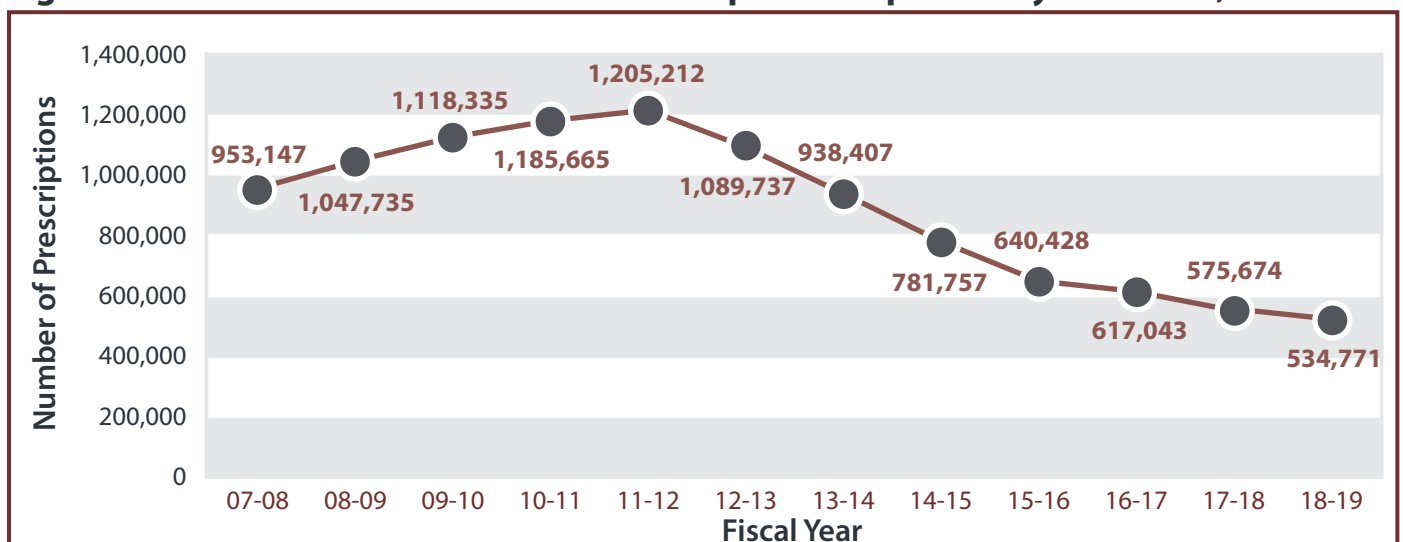
Note: Source: ADAP Enrollment System, 2022-06-09. For more information, visit <https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx> or <https://www.ebudget.ca.gov>.

Figure 9. California ADAP Medication Expenditures by Fiscal Year, 2007 - 2018



Note: Source: ADAP Enrollment System, 2022-06-09. For more information, visit <https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx> or <https://www.ebudget.ca.gov>.

Figure 10. California ADAP Medication Prescriptions Dispensed by Fiscal Year, 2007 - 2018

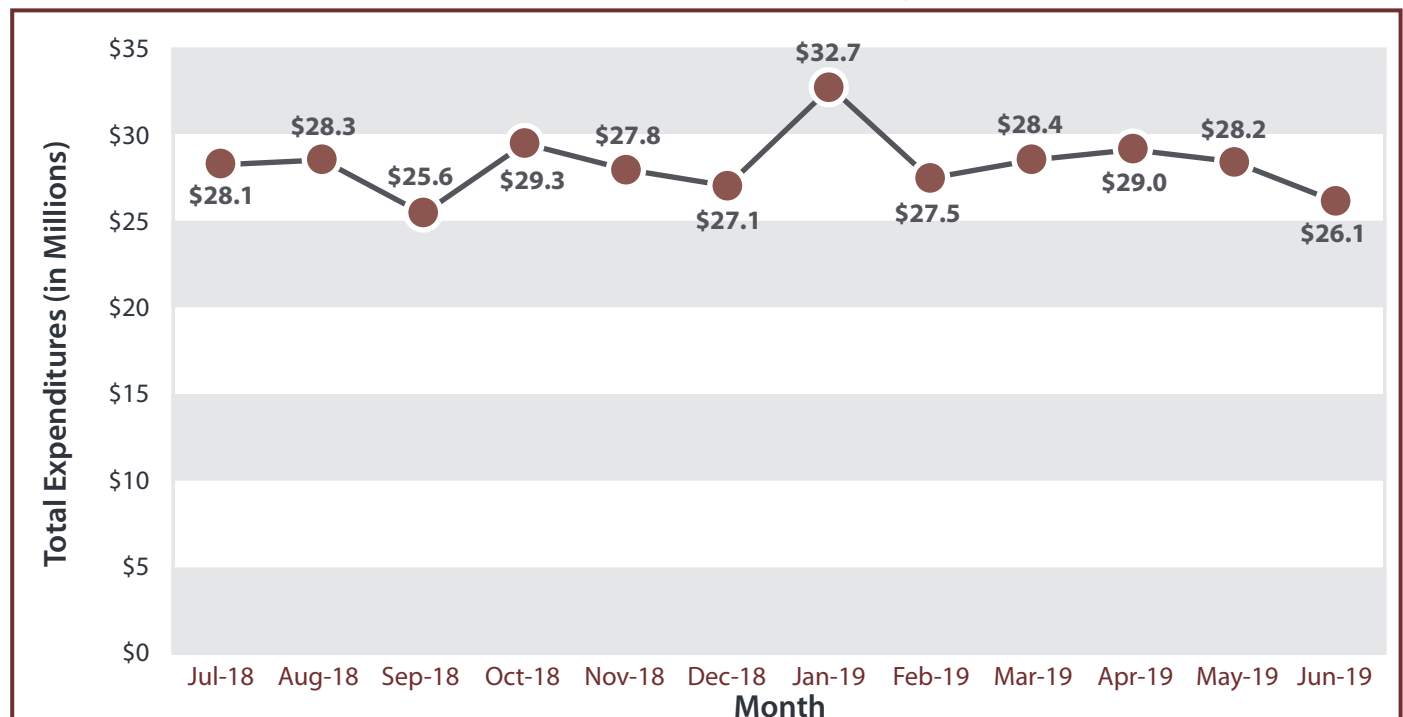


Note: Source: ADAP Enrollment System, 2022-06-09. For more information, visit <https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx> or <https://www.ebudget.ca.gov>.

Table 11. California ADAP Medication Expenditures by Month, FY 2018-2019

Month	Number of Clients	Medications Dispensed	Medication Expenditures
July 2018	17,284	45,966	\$28,131,589
August 2018	17,298	45,732	\$28,337,089
September 2018	16,565	40,530	\$25,698,013
October 2018	17,067	45,055	\$29,370,654
November 2018	16,554	42,011	\$27,835,581
December 2018	16,213	40,698	\$27,131,239
January 2019	19,648	52,569	\$32,736,907
February 2019	18,994	46,468	\$27,560,769
March 2019	18,961	46,335	\$28,451,609
April 2019	18,219	45,504	\$29,061,396
May 2019	17,758	43,813	\$28,217,034
June 2019	17,126	40,090	\$26,128,129
TOTAL	29,871	534,771	\$338,660,010

Note: Table includes all medications dispensed by ADAP. The Total does not reflect the column sum of clients as some clients received services for multiple months. Source: ADAP Enrollment System, 2022-06-09. For more information, visit <https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx> or <https://www.ebudget.ca.gov>.

Figure 11. California ADAP Medication Expenditures by Month, FY 2018-2019

Note: Figure includes all medications dispensed by ADAP. Source: ADAP Enrollment System, 2022-06-09. For more information, visit <https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx> or <https://www.ebudget.ca.gov>.

Table 12a. California ADAP Antiretroviral Medication Dispenses, FY 2018-2019

Drug Class	Number of Clients	Percent of Total
Integrase Inhibitor Nucleoside and Nucleotide RTIs Combinations	12,073	40.4%
Nucleoside and Nucleotide Analog RTIs Combinations	6,817	22.8%
HIV-1 Integrase Strand Transfer Inhibitors	6,018	20.1%
Nucleoside Analogs and Integrase Inhibitor combinations	4,823	16.1%
Nucleoside Nucleotide Analogs and Non-Nucleoside RTI	4,690	15.7%
Protease Inhibitors (Non-Peptidic) Antiretroviral	4,494	15.0%
Protease Inhibitors (Peptidic) Antiretroviral	2,753	9.2%
Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI)	2,047	6.9%
Nucleoside Reverse Transcriptase Inhibitors (NRTI) Comb	1,097	3.7%
Nucleoside Reverse Transcriptase Inhibitors (NRTI)	802	2.7%
Integrase Inhibitor and NNRTI Combinations	686	2.3%
CCR5 Co-Receptor Antagonist	378	1.3%
Nucleoside and Nucleotide Analogs Protease Inhibitors	367	1.2%
Nucleotide Analog Reverse Transcriptase Inhibitors	268	0.9%
Antiretroviral Combinations - Protease Inhibitors	197	0.7%
Integrase Inhibitor and NRTI Combinations	29	0.1%
Anti-CD4 Domain 2 Monoclonal Antibody	1	<0.1%
HIV-1 Fusion Inhibitors	6	<0.1%
Pharmacoenhancer - Cytochrome P450 Inhibitors	3	<0.1%
No antiretroviral medication dispenses	433	1.45%
TOTAL	29,871	100.0%

Note: Columns do not sum to Total as clients may receive prescriptions from more than one drug class. Source: ADAP Enrollment System, IQVIA America, the Pharmaceutical Marketing Research Group's Uniform System of Classification (USC), and First Databank's Enhanced Therapeutic Classification (ETC) System, 2022-06-09.

Table 12b. California ADAP Non-Antiretroviral Medication Dispenses, FY 2018-2019

Drug Class	Number of Clients	Percent of Total
Antimicrobial	10,517	35.2%
No non-antiretroviral medication dispenses	10,114	33.9%
Antihyperlipidemic	6,729	22.5%
Infectious Disease	5,685	19%
Antidepressant	4,664	15.6%
Non-steroidal Anti-inflammatory Drugs	3,734	12.5%
Anticonvulsant	2,538	8.5%
Gastrointestinal Agent	2,432	8.1%
Androgen	2,212	7.4%
Opioid Analgesic	2,206	7.4%
Diabetes Treatment	2,006	6.7%
Antianxiety	1,680	5.6%
Antipsychotic	1,070	3.6%
Glucocorticoids	499	1.7%
Antiemetic	322	1.1%
Cancer Treatment	78	0.3%
Wasting syndrome/Weight Loss Treatment	56	0.2%
Antiviral-other	36	0.1%
Stimulant	28	0.1%
Glycoprotein or peptide cytokine/hormone	16	0.1%
Anabolic Steroid	3	<0.1%
TOTAL	29,871	100.0%

Note: Columns do not sum to Total as clients may receive prescriptions from more than one drug class. Source: ADAP Enrollment System, IQVIA America, the Pharmaceutical Marketing Research Group's Uniform System of Classification (USC), and First Databank's Enhanced Therapeutic Classification (ETC) System, 2022-06-09.

Table 13. California ADAP Medication Assistance Clients, Prescriptions, and Expenditures by Local Health Jurisdiction, FY 2017-18

Local Health Jurisdiction	Clients	Prescriptions	Expenditures
Alameda	1,721	26,747	\$10,542,722
Amador	< 10	148	\$22,699
Butte	59	1,005	\$353,084
Calaveras	< 10	52	\$9,131
Colusa	< 10	78	\$38,808
Contra Costa	296	4,083	\$1,712,039
El Dorado	24	502	\$130,242
Fresno	302	3,140	\$1,295,761
Glenn	< 10	83	\$40,532
Humboldt	47	758	\$177,167
Imperial	60	792	\$1,332,974
Inyo	< 10	24	\$33,008
Kern	219	2,748	\$2,711,593
Kings	29	321	\$325,010
Lake	23	438	\$176,041
Long Beach	210	3,388	\$2,188,131
Los Angeles	11,977	219,818	\$176,250,707
Madera	31	291	\$402,814
Marin	100	1,526	\$468,579
Mendocino	46	1,102	\$196,527
Merced	37	473	\$278,106
Mono	< 10	2	\$5,023
Monterey	195	3,710	\$1,764,652
Napa	28	295	\$376,390
Nevada	43	651	\$151,300
Orange	1,561	30,759	\$27,587,959
Pasadena	203	3,751	\$2,813,623

Table 13. California ADAP Medication Assistance Clients, Prescriptions, and Expenditures by Local Health Jurisdiction, FY 2017-18 (continued)

Local Health Jurisdiction	Clients	Prescriptions	Expenditures
Placer	23	356	\$138,490
Plumas	< 10	11	\$2,601
Riverside	1,625	37,636	\$8,559,597
Sacramento	1,123	18,902	\$5,265,294
San Bernardino	623	9,290	\$9,122,501
San Diego	3,454	61,997	\$40,222,025
San Francisco	2,908	52,868	\$16,865,789
San Joaquin	171	2,620	\$1,672,940
San Luis Obispo	81	1,482	\$537,670
San Mateo	279	3,517	\$3,066,303
Santa Barbara	127	1,963	\$2,179,808
Santa Clara	780	11,635	\$7,732,790
Santa Cruz	78	1,247	\$785,836
Shasta	47	805	\$521,146
Siskiyou	10	137	\$45,413
Solano	247	4,262	\$1,556,452
Sonoma	445	8,938	\$2,183,212
Stanislaus	126	2,411	\$1,537,531
Sutter	15	324	\$148,269
Tulare	91	1,481	\$1,324,988
Tuolumne	< 10	141	\$51,737
Ventura	268	4,531	\$3,132,367
Yolo	30	480	\$205,445
Yuba	< 10	212	\$142,316
Unknown	68	840	\$274,869
TOTAL	29,871	534,771	\$338,660,010

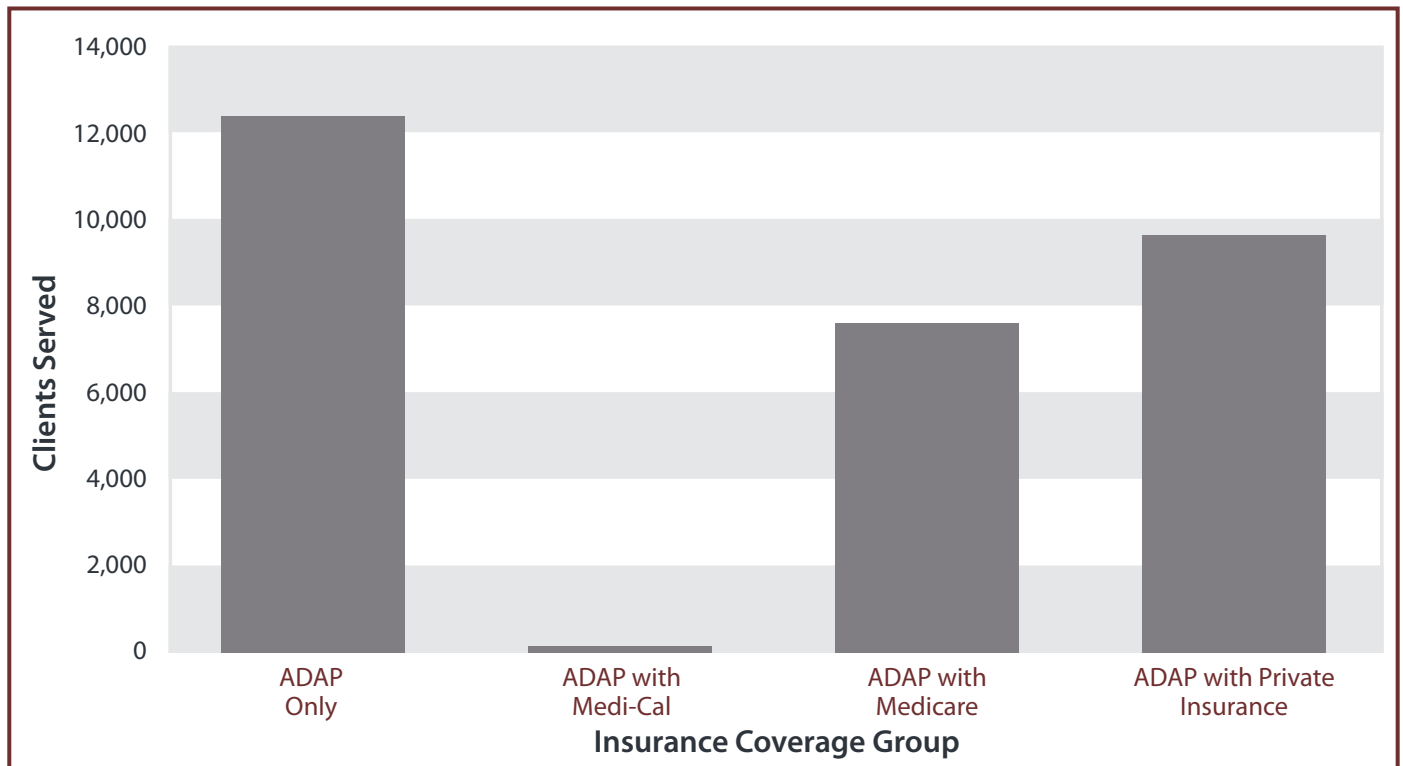
Note: LHJs reflect place of enrollment. Clients include those with at least one medication dispense during the fiscal year 2018 - 19 (July 1, 2018 - June, 30, 2019). Allowing for small cell size suppression, the unduplicated client total may not equal the column sum of clients as some clients received services in multiple counties. The following LHJs did not have clients with dispenses in this fiscal year and are not shown in the table: Alpine, Del Norte, Lassen, Mariposa, Modoc, San Benito, Sierra, Tehama, Trinity. The counties reflect the county of the client's enrollment site, not necessarily the client's residential county. Source: ADAP Enrollment System, 2022-06-09. For more information, visit <https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx> or <https://www.ebudget.ca.gov>.

Table 14. California ADAP Medication Assistance Clients by Insurance Coverage Group, FY 2018-2019

Insurance Coverage Group	Number of Clients	Percent of Total
ADAP Only	12,396	41.5%
ADAP with Medi-Cal	218	0.7%
ADAP with Medicare	7,622	25.5%
ADAP with Private Insurance	9,635	32.3%
TOTAL	29,871	100.0%

Note: Clients include those with at least one medication dispense during the fiscal year. Insurance coverage group reflects the insurance coverage reported for the last dispense in the fiscal year. Source: ADAP Enrollment System, 2022-06-09.

Figure 12. California ADAP Medication Assistance Clients by Insurance Coverage Group, FY 2018-2019



Note: Clients include those with at least one medication dispense during the fiscal year. Insurance coverage group reflects the insurance coverage reported for the last dispense in the fiscal year. Source: ADAP Enrollment System, 2022-06-09.

Table 15. Health Insurance Premium Clients, Payments, and Expenditures by Program, FY 2018-2019

Program	Clients	Payments	Median Annual Premium Amount, Per Client	Health Insurance Premium Expenditures
EB-HIPP	712	8,685	\$1,176	\$1,084,549
OA-HIPP	6,050	83,446	\$4,990	\$36,572,002
MDPP	1,965	22,715	\$380	\$1,781,986
TOTAL	8,467	114,846	---	\$39,438,537

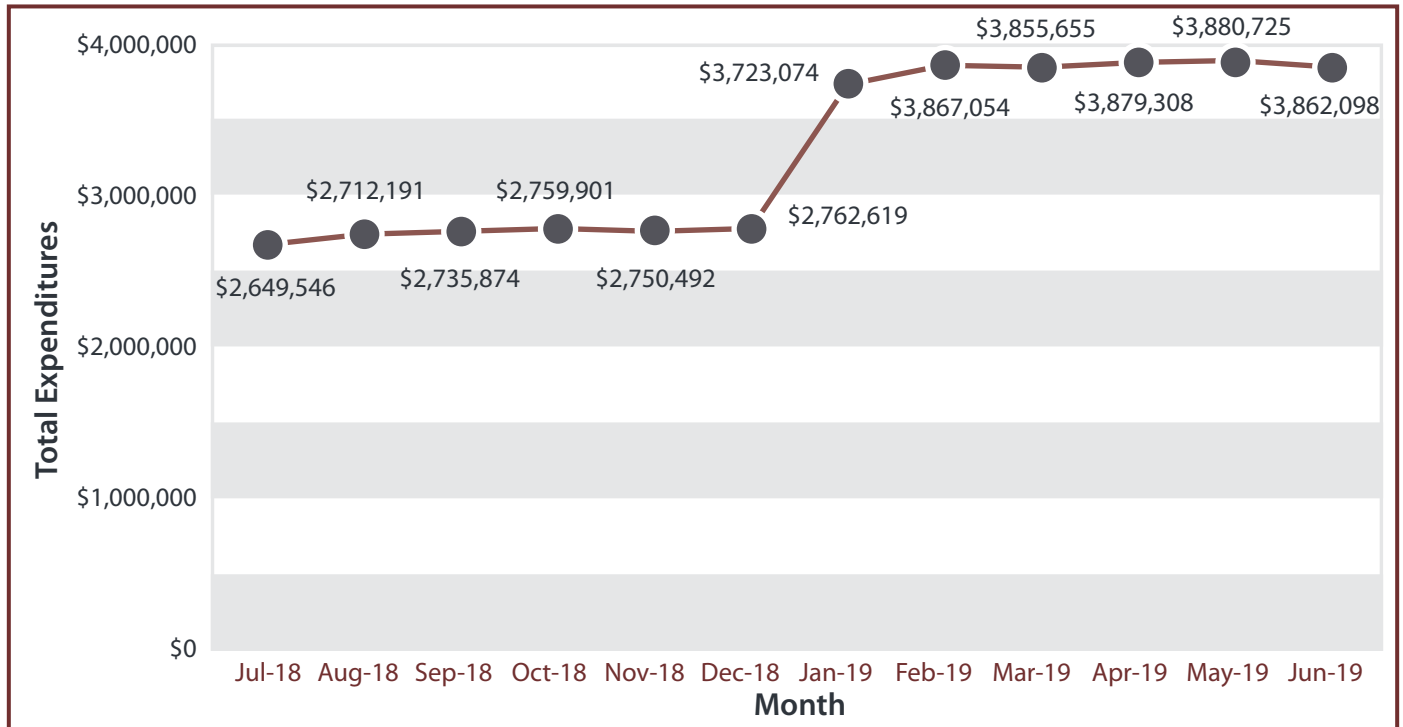
Note: The client total is less than the sum of clients by program as some clients received both Employer-Based Health Insurance Premium Payment Program (EB-HIPP) or Office of AIDS Health Insurance Premium Payment Program (OA-HIPP) and Medicare Part D Premium Payment Program (MDPP) health insurance premium benefits during the course of the fiscal year. Expenditures reflect payments and adjustments made during the fiscal year. Source: ADAP Enrollment System, 2022-06-09. For more information, visit <https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx> or <https://www.ebudget.ca.gov>.

Table 16. California ADAP Health Insurance Premium Assistance Clients and Expenditures by Month, FY 2018-2019

Month	Number of Clients	Expenditures
July 2018	5,536	\$2,649,546
August 2018	5,722	\$2,712,191
September 2018	5,801	\$2,735,874
October 2018	5,887	\$2,759,901
November 2018	5,907	\$2,750,492
December 2018	5,917	\$2,762,619
January 2019	6,619	\$3,723,074
February 2019	6,879	\$3,867,054
March 2019	6,962	\$3,855,655
April 2019	7,042	\$3,879,308
May 2019	7,078	\$3,880,725
June 2019	7,099	\$3,862,098
TOTAL	8,467	\$39,438,537

Note: Month reflects the month in which the client's premium was paid by ADAP. The Total does not equal the column sum of clients as some clients received services for multiple months. Table reflects only claims submitted for the Employer-Based Health Insurance Premium Payment Program (EB-HIPP), Office of AIDS Health Insurance Premium Payment Program (OA-HIPP), and Medicare Part D Health Insurance Premium Payment Program (MDPP). Expenditures reflect payments and adjustments made during the fiscal year. Source: ADAP Enrollment System, 2022-06-09. For more information, visit <https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx> or <https://www.ebudget.ca.gov>.

Figure 13. California ADAP Health Insurance Premium Expenditures by Month, FY 2018-19



Note: Month reflects the month in which the client’s premium was paid by ADAP. Figure reflects only claims submitted for the Employer-Based Health Insurance Premium Payment Program (EB-HIPP), Office of AIDS Health Insurance Premium Payment Program (OA-HIPP), and Medicare Part D Health Insurance Premium Payment Program (MDPP). Expenditures reflect payments and adjustments made during the fiscal year. Source: ADAP Enrollment System, 2022-06-09. For more information, visit <https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx> or <https://www.ebudget.ca.gov>.

Table 17. California ADAP Health Insurance Premium Expenditures by Local Health Jurisdiction, FY 2018-2019

Local Health Jurisdiction	Clients	Premium Expenditures
Alameda	560	\$2,655,595
Amador	< 10	\$380
Butte	34	\$171,958
Calaveras	< 10	\$381
Colusa	< 10	\$8,554
Contra Costa	103	\$360,875
El Dorado	14	\$21,051
Fresno	87	\$166,851
Glenn	< 10	\$9,023
Humboldt	30	\$91,541
Imperial	< 10	\$5,503
Kern	25	\$70,336
Kings	< 10	\$7,144
Lake	15	\$24,169
Long Beach	74	\$348,770
Los Angeles	2,414	\$12,453,063
Madera	< 10	\$251
Marin	73	\$370,250
Mendocino	23	\$79,594
Merced	< 10	\$34,369
Monterey	85	\$933,494
Napa	12	\$89,123
Nevada	32	\$99,545
Orange	475	\$2,294,184
Pasadena	38	\$93,890
Placer	< 10	\$7,618

Table 17. California ADAP Health Insurance Premium Expenditures by Local Health Jurisdiction, FY 2018-2019 *(continued)*

Local Health Jurisdiction	Clients	Premium Expenditures
Riverside	676	\$2,265,399
Sacramento	430	\$2,098,643
San Bernardino	80	\$285,819
San Diego	1,063	\$4,861,743
San Francisco	1,121	\$5,642,586
San Joaquin	26	\$74,143
San Luis Obispo	61	\$534,927
San Mateo	96	\$386,733
Santa Barbara	19	\$31,061
Santa Clara	228	\$802,889
Santa Cruz	16	\$83,552
Shasta	< 10	\$26,606
Siskiyou	< 10	\$35,885
Solano	75	\$230,243
Sonoma	188	\$567,530
Stanislaus	24	\$66,566
Sutter	< 10	\$68,028
Tulare	23	\$64,431
Tuolumne	< 10	\$380
Ventura	106	\$507,294
Yolo	11	\$52,507
Yuba	< 10	\$21,336
Unknown	70	\$325,379
TOTAL	8,467	\$39,438,537

Note: Table reflects only claims submitted for Employer-Based Health Insurance Premium Payment Program (EB-HIPP), Office of AIDS Health Insurance Premium Payment Program (OA-HIPP), and Medicare Part D Health Insurance Premium Payment Program (MDPP). Expenditures reflect payments and adjustments made during the fiscal year. Allowing for small cell size suppression, the unduplicated client total may not equal the column sum of clients as some clients received services in multiple counties. The following LHJs did not serve clients in 2018-19 (July 1, 2018-June, 30, 2019) and are not shown in the table: Alpine, Del Norte, Inyo, Lassen, Mariposa, Modoc, Mono, Plumas, San Benito, Sierra, Trinity. The counties reflect the county of the client's enrollment site, not necessarily the client's residential county. Source: ADAP Enrollment System, 2022-06-09. For more information, visit <https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx> or <https://www.ebudget.ca.gov>.

Table 18. Medical Out-Of-Pocket (MOOP) Clients Served and Expenditures, FY 2018-2019

Clients Served	MOOPS Paid	Expenditures	Median Annual Claims per Client	Median Cost per Claim
2,429	19,098	\$974,094	4	\$134

Note: Table reflects MOOPs for Employer-Based Health Insurance Premium Payment Program (EB-HIPP), Office of AIDS Health Insurance Premium Payment Program (OA-HIPP), and Medicare Part D Health Insurance Premium Payment Program (MDPP). Source: ADAP Enrollment System, 2022-06-09. For more information, visit <https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx> or <https://www.ebudget.ca.gov>.

APPENDICES

Appendix A. Medication Prescription Disposes and Expenditures: Measures of Central Tendency and Spread, FY 2018-2019

Category	Mode	Minimum	25 th Percentile	Median	75 th Percentile	Maximum
Number of Prescription Medications Dispensed	12	1	6	12	24	196
Medication Expenditures	\$7	\$4	\$546	\$3,712	\$20,374	\$590,922

Note: Number of clients included in analyses =29,871; number of prescription medication dispenses included =534,771. Source: ADAP Enrollment System, 2022-06-09.

Appendix B. Employer-Based Health Insurance Premium Payment Program (EB-HIPP), Office of AIDS Health Insurance Premium Payment Program (OA-HIPP), and Medicare Part D Premium Payment Program (MDPP) Claims and Expenditures: Measures of Central Tendency and Spread, FY 2018-2019

Category	Mode	Minimum	25 th Percentile	Median	75 th Percentile	Maximum
Number of EB-HIPP, OA-HIPP and MDPP Payments per client	12	1	7.5	12	18	53
EB-HIPP, OA-HIPP and MDPP Expenditures per client	\$335	\$0.08	\$980	\$3,199	\$6,890	\$40,377

Note: Number of clients included in analyses =8,467. Number of claims included in analyses =114,846. Source: ADAP Enrollment System, 2022-06-09.

Appendix C. Employer-Based Health Insurance Premium Payment Program (EB-HIPP) and Office of AIDS Health Insurance Premium Payment Program (OA-HIPP), and Medicare Part D Health Insurance Premium Payment (MDPP) Medical-Out-Of-Pocket (MOOPs) Claims and Expenditures: Measures of Central Tendency and Spread, FY 2018-2019

Category	Mode	Minimum	25 th Percentile	Median	75 th Percentile	Maximum
Number of OA-HIPP, EB-HIPP, or MDPP MOOPs Claims per client	1	1	2	4	9	146
MOOPs Expenditures per client	\$15	\$1	\$45	\$134	\$384	\$21,845

Note: Number of clients included in analyses =2,429. Number of claims included in analyses =19,098. Source: ADAP Enrollment System, 2022-06-09.

Appendix D. Active Enrollment Sites and Enrollment Workers, by Local Health Jurisdiction, FY 2018-2019

Local Health Jurisdiction	# of Enrollment Sites	% of Total # of Enrollment Sites	# of Enrollment Workers	% of Total # of Enrollment Workers
Alameda	11	6.7%	37	6.8%
Amador	1	0.6%	4	0.7%
Butte	1	0.6%	2	0.4%
Colusa	1	0.6%	1	0.2%
Contra Costa	3	1.8%	11	2.0%
El Dorado	1	0.6%	3	0.6%
Fresno	2	1.2%	8	1.5%
Humboldt	1	0.6%	1	0.2%
Imperial	1	0.6%	2	0.4%
Inyo	1	0.6%	2	0.4%
Kern	1	0.6%	2	0.4%
Kings	1	0.6%	2	0.4%

Appendix D. Active Enrollment Sites and Enrollment Workers, by Local Health Jurisdiction, FY 2018-2019 *(continued)*

Local Health Jurisdiction	# of Enrollment Sites	% of Total # of Enrollment Sites	# of Enrollment Workers	% of Total # of Enrollment Workers
Lake	1	0.6%	2	0.4%
Lassen	1	0.6%	1	0.2%
Long Beach	1	0.6%	6	1.1%
Los Angeles	47	28.5%	181	33.4%
Madera	1	0.6%	2	0.4%
Marin	2	1.2%	6	1.1%
Mendocino	1	0.6%	2	0.4%
Merced	1	0.6%	2	0.4%
Mono	1	0.6%	1	0.2%
Monterey	2	1.2%	8	1.5%
Napa	1	0.6%	4	0.7%
Nevada	1	0.6%	1	0.2%
Orange	4	2.4%	9	1.7%
Pasadena	1	0.6%	5	0.9%
Plumas	1	0.6%	1	0.2%
Riverside	3	1.8%	10	1.8%
Sacramento	4	2.4%	15	2.8%
San Bernardino	3	1.8%	8	1.5%
San Diego	14	8.5%	74	13.7%
San Francisco	20	12.1%	46	8.5%
San Joaquin	2	1.2%	9	1.7%
San Mateo	1	0.6%	5	0.9%
Santa Barbara	2	1.2%	8	1.5%
Santa Clara	4	2.4%	18	3.3%
Santa Cruz	1	0.6%	2	0.4%

Appendix D. Active Enrollment Sites and Enrollment Workers, by Local Health Jurisdiction, FY 2017-18 (continued)

Local Health Jurisdiction	# of Enrollment Sites	% of Total # of Enrollment Sites	# of Enrollment Workers	% of Total # of Enrollment Workers
Siskiyou	1	0.6%	1	0.2%
Solano	2	1.2%	6	1.1%
Sonoma	4	2.4%	7	1.3%
Stanislaus	1	0.6%	3	0.6%
Tulare	2	1.2%	4	0.7%
Tuolumne	1	0.6%	1	0.2%
Ventura	1	0.6%	3	0.6%
Yolo	2	1.2%	3	0.6%
Unknown	6	3.6%	13	2.4%
TOTAL	198	100.0%	542	100.0%

Note: Column sums may not equal Total due to rounding and assignment of some enrollment workers (n=165) to more than one local health jurisdiction. Totals reflect the number of active enrollment sites and workers at the end of this reporting period. The following LHJs did not serve clients in FY 2018-2019 and are not shown in the table: Alpine, Calaveras, Del Norte, Glenn, Mariposa, Modoc, Placer, San Benito, San Luis Obispo, Shasta, Sierra, Sutter, Tehama, Trinity, Yuba. The counties reflect the county of the client's enrollment site, not necessarily the client's residential county. Source: ADAP Enrollment System, 2022-06-09.

Appendix E. Summary of Statistical Measures and Definitions, FY 2018-2019

Measure	Description
Mode	The most commonly or frequently occurring value in a data set.
Minimum	The lowest or smallest value in a data set.
25th Percentile	When all observations in a data set are ordered from smallest to largest, the 25th percentile is the value below which 25% of the observations may be found.
Median (50th Percentile)	When all observations in a data set are ordered from smallest to largest, the median is the value exactly in the middle. If there are an even number of observations, the median is the average of the two middle values. The median is also the 50th percentile - the value below which 50% of the observations may be found. The median is often the best representation of central tendency when data have extreme values.
75th Percentile	When all observations in a data set are ordered from smallest to largest, the 75th percentile is the value below which 75% of the observations may be found.
Maximum	The highest or largest value in a data set.
Mean	Also called the average, the mean is the central value of all observations in a dataset. It is calculated by taking the sum of all observations divided by the number of observations.
Standard Deviation (SD)	A measure of the amount of variation or spread in a data set. A small or low standard deviation means that observations in the data set tend to be close to the mean, and a high standard deviation means that observations in the data set tend to be more spread out across a wider range of values.



California Department of Public Health
Office of AIDS
MS 7700
P.O. Box 997426
Sacramento, CA 95899-74726