

# ADAP

AIDS Drug Assistance Program

## Annual Report: State Fiscal Year 2022–2023

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



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## 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 uninsured and under-insured people living with HIV/AIDS 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.

Due to the implementation of the Patient Protection and Affordable Care Act in 2010, 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. Since then, the AES has evolved to meet the needs of ADAP advisors and Enrollment workers. The

system has been enhanced over the years and the AES has the functionalities including secure messaging, auto-notifications, secondary review, and ADAP Enrollment Worker and Advisor User management.

During this reporting period, 28,402 clients were served, and 269 medications were available through ADAP, including 47 antiretroviral medications to treat HIV and 8 medications to treat Hepatitis C. There were approximately 4,717 pharmacies statewide where clients could access these medications.

### ADAP Eligibility Criteria

To be eligible for ADAP in California state FY 2022–23 (July 1, 2022 – June 30, 2023) a client must have met the following requirements:

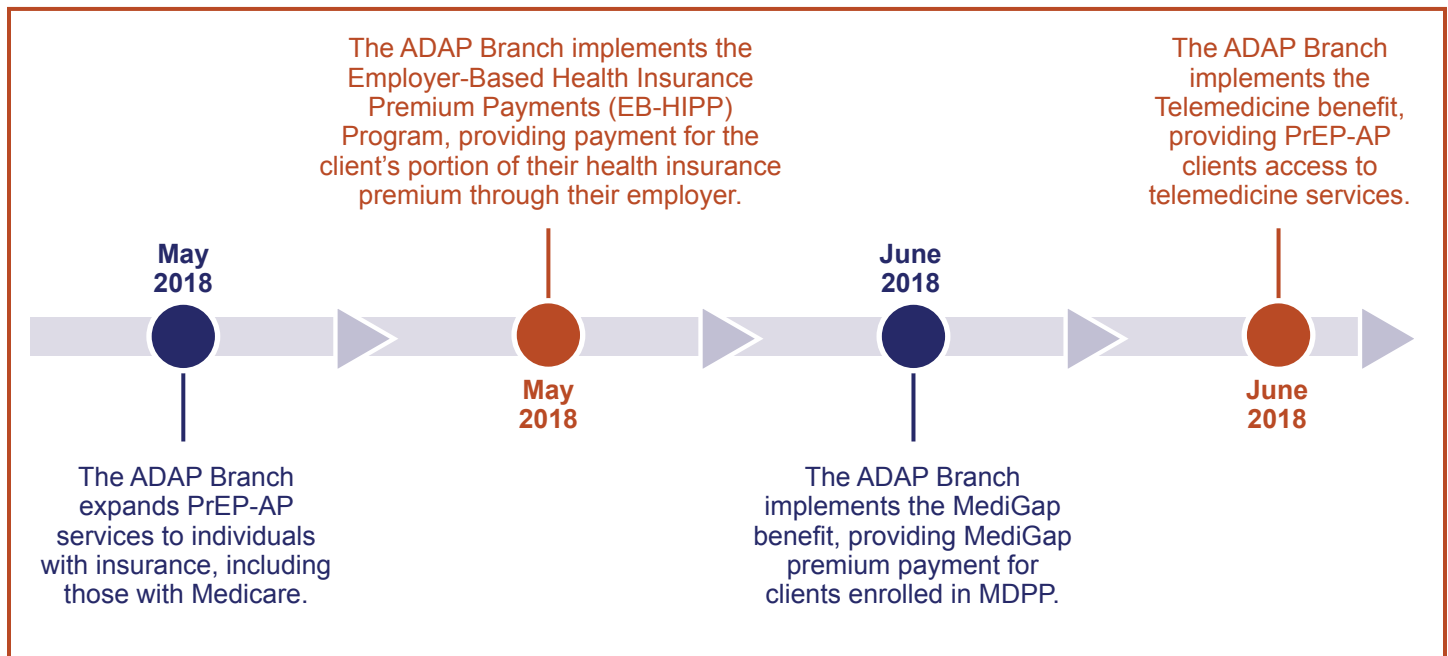
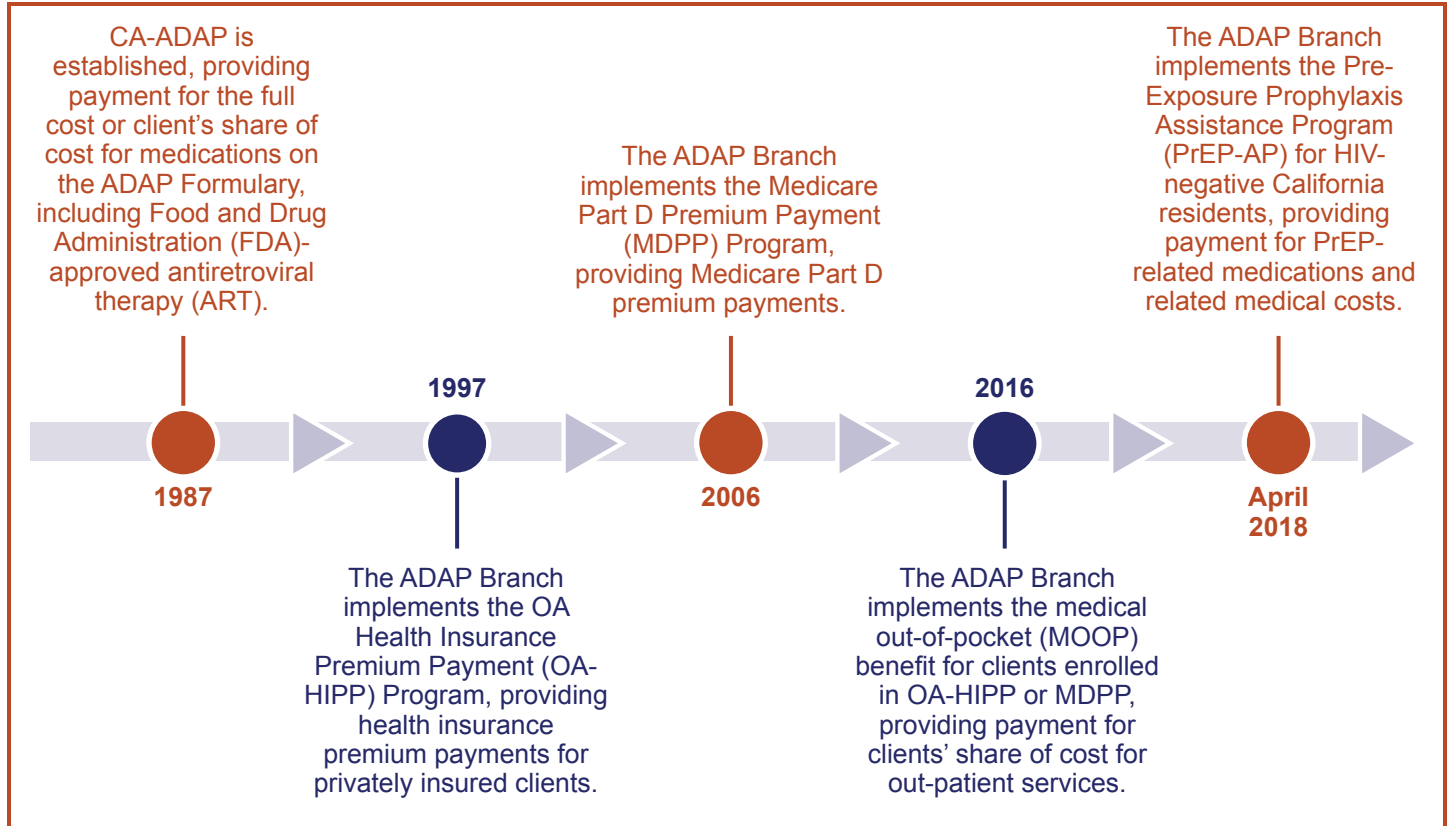
- Was a resident of California.
- Had a positive HIV/AIDS diagnosis.
- Was at least 18 years old.
- Had an annual Modified Adjusted Gross Income (MAGI) that did not exceed 500% Federal Poverty Level based on household size and income.
- Was not fully covered by Medi-Cal or any other third-party payers.

## ADAP Program Types and Benefits

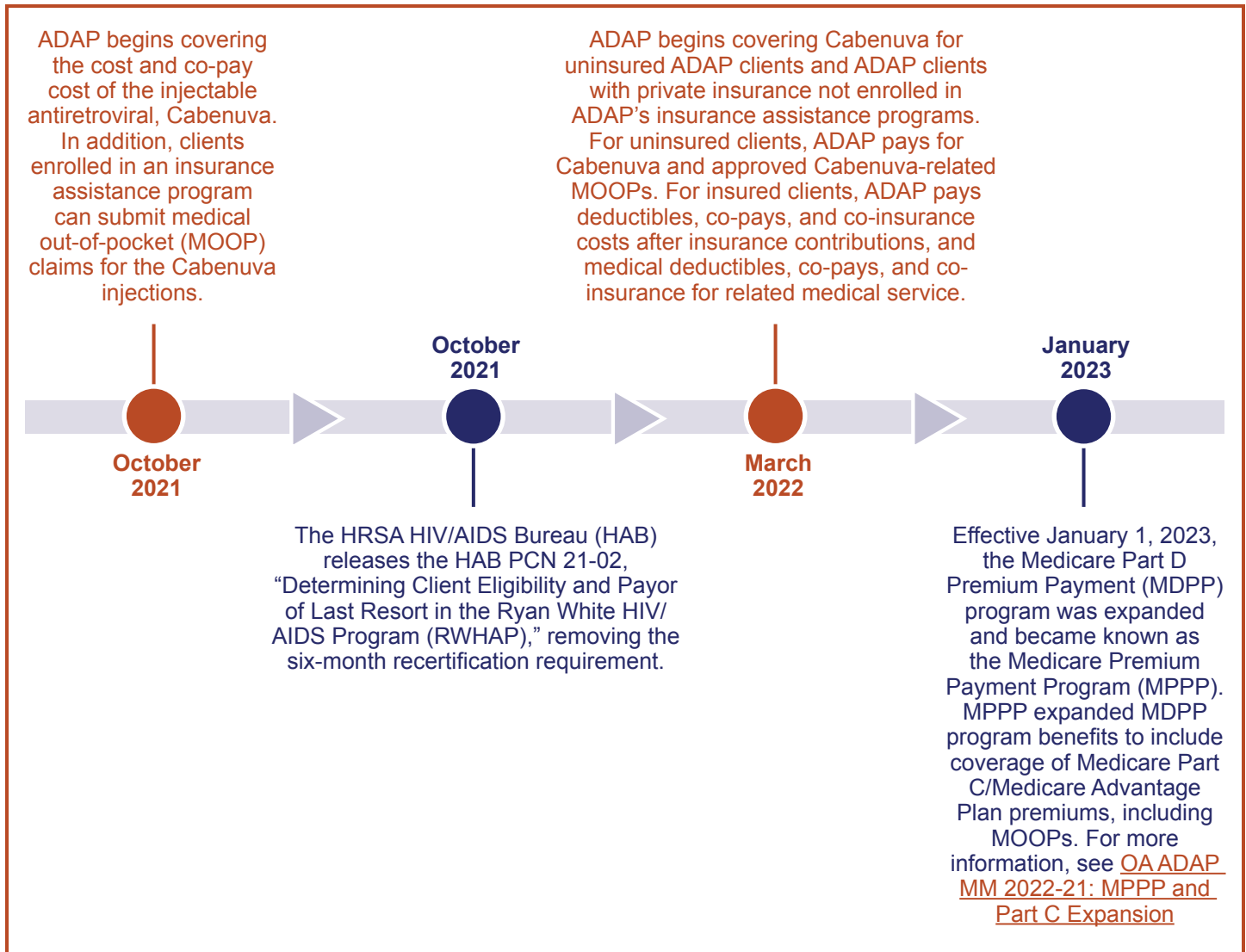
Programs	Benefits			
	Medication	Premium Assistance	Medical Out-of-Pocket Costs (MOOPs)	Spousal/Dependent
<b>AIDS Drug Assistance Program (ADAP)</b>				
Medication Only	✓			
Office of AIDS Health Insurance Premium Payments (OA-HIPP)	✓	✓	✓	✓
Employer-Based Health Insurance Premium Payments (EB-HIPP)	✓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

**Note:** ADAP clients may co-enroll in HIPP programs if eligible and applicable. If not, clients are considered “Medication only” clients. 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 only, 2) ADAP medication assistance with health insurance premium assistance, and 3) pre-exposure prophylaxis assistance program (PrEP-AP) 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.primetherapeutics.com/cms/cdph/static-assets/documents/formulary-and-documents/CDPH_Formulary_Alpha.pdf), which can be accessed at: [https://cdph.primetherapeutics.com/cms/cdph/static-assets/documents/formulary-and-documents/CDPH\\_Formulary\\_Alpha.pdf](https://cdph.primetherapeutics.com/cms/cdph/static-assets/documents/formulary-and-documents/CDPH_Formulary_Alpha.pdf).

### Health Insurance Premium Payment Programs

Clients enrolled in ADAP with medication assistance may co-enroll in the following programs depending on the client's eligibility and needs:

#### (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 premium maximum during this report period was \$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](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 Medicare 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 combined premium maximum for individuals during this report period was \$1,938 per month.

#### (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 premium maximum for individuals during this report period was \$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](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_ADAP_EB-HIPP_Assistance.aspx)

## 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 a Patient Assistance Program (i.e., Gilead, ViiV Connect or ReadySetPrEP) that matches their insurance coverage status. PrEP-AP provides wraparound benefits, covering costs not covered by other payers. Clients with private insurance are eligible for PrEP medication co-payment assistance through pharmaceutical assistance programs. After a maximum yearly assistance 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® (emtricitabine/tenofovir disoproxil fumarate), Descovy® (emtricitabine/tenofovir alafenamide), or Apretude® (cabotegravir extended-release injectable suspension) free of charge from the various patient assistance programs.

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](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 can access 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.

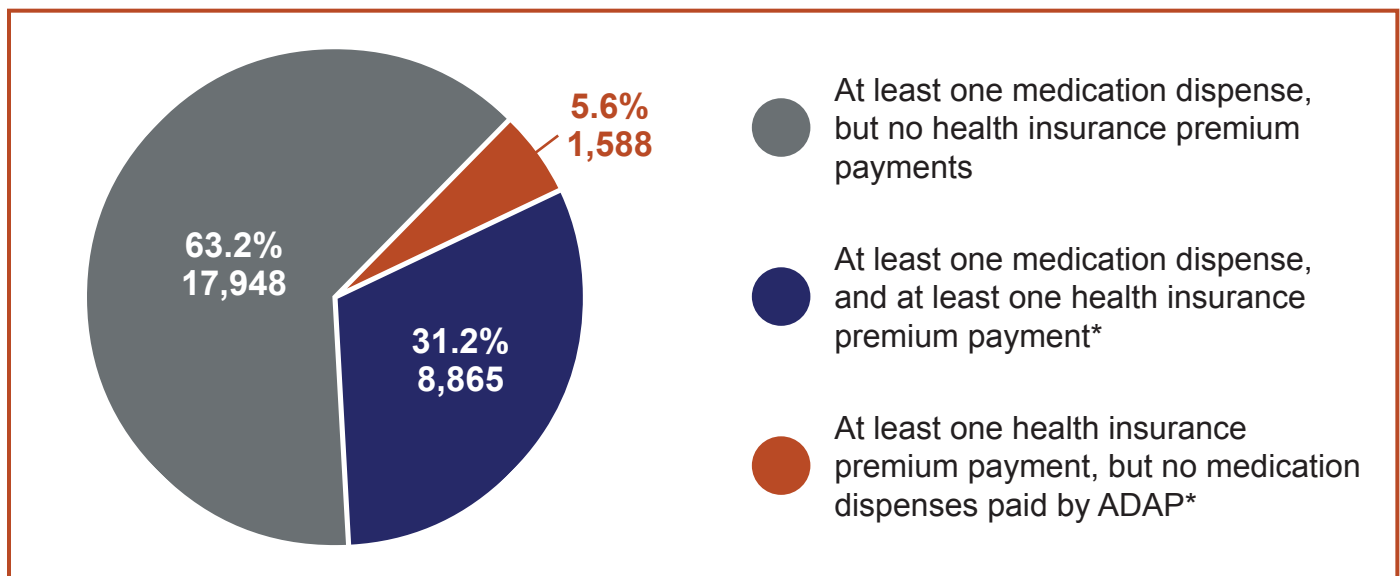
### Spousal/Dependent

The Spousal/Dependent benefit covers spouses and dependents (including domestic partners and children) who are enrolled in ADAP and covered under a shared family plan of an active ADAP/OA-HIPP client. This benefit covers outpatient expenses that count towards the insurance plan's out-of-pocket maximum (not including medications not covered by ADAP) and copayment, 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 2022–2023**

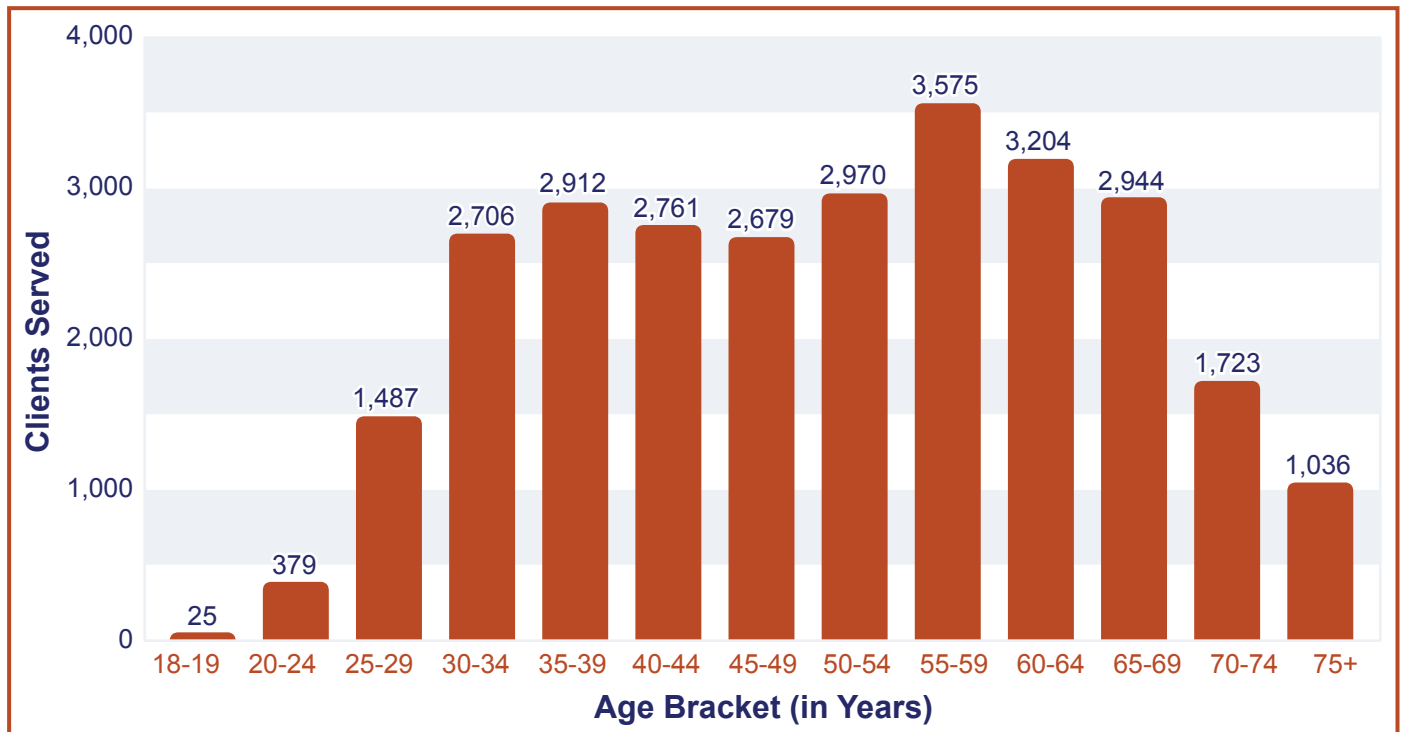
Type of ADAP Benefits Received During FY 2022–2023	Number of Clients	Percent of Total
At least one medication dispense, but no health insurance premium payments	17,948	63.2%
At least one medication dispense, and at least one health insurance premium payment*	8,865	31.2%
At least one health insurance premium payment, but no medication dispenses paid by ADAP*	1,588	5.6%
<b>TOTAL</b>	<b>28,401</b>	<b>100.0%</b>

**Figure 1. California ADAP Clients Served by Benefit Type, FY 2022–2023**

**\*Note on the Table and Figure Above:** 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, December 24, 2024.

**Table 2. California ADAP Clients Served by Age Group, FY 2022–2023**

Age Bracket (in Years)	Number of Clients	Percent of Total
18–19	25	0.1%
20–24	379	1.3%
25–29	1,487	5.2%
30–34	2,706	9.5%
35–39	2,912	10.3%
40–44	2,761	9.7%
45–49	2,679	9.4%
50–54	2,970	10.5%
55–59	3,575	12.6%
60–64	3,204	11.3%
65–69	2,944	10.4%
70–74	1,723	6.1%
75+	1,036	3.6%
<b>TOTAL</b>	<b>28,401</b>	<b>100.0%</b>

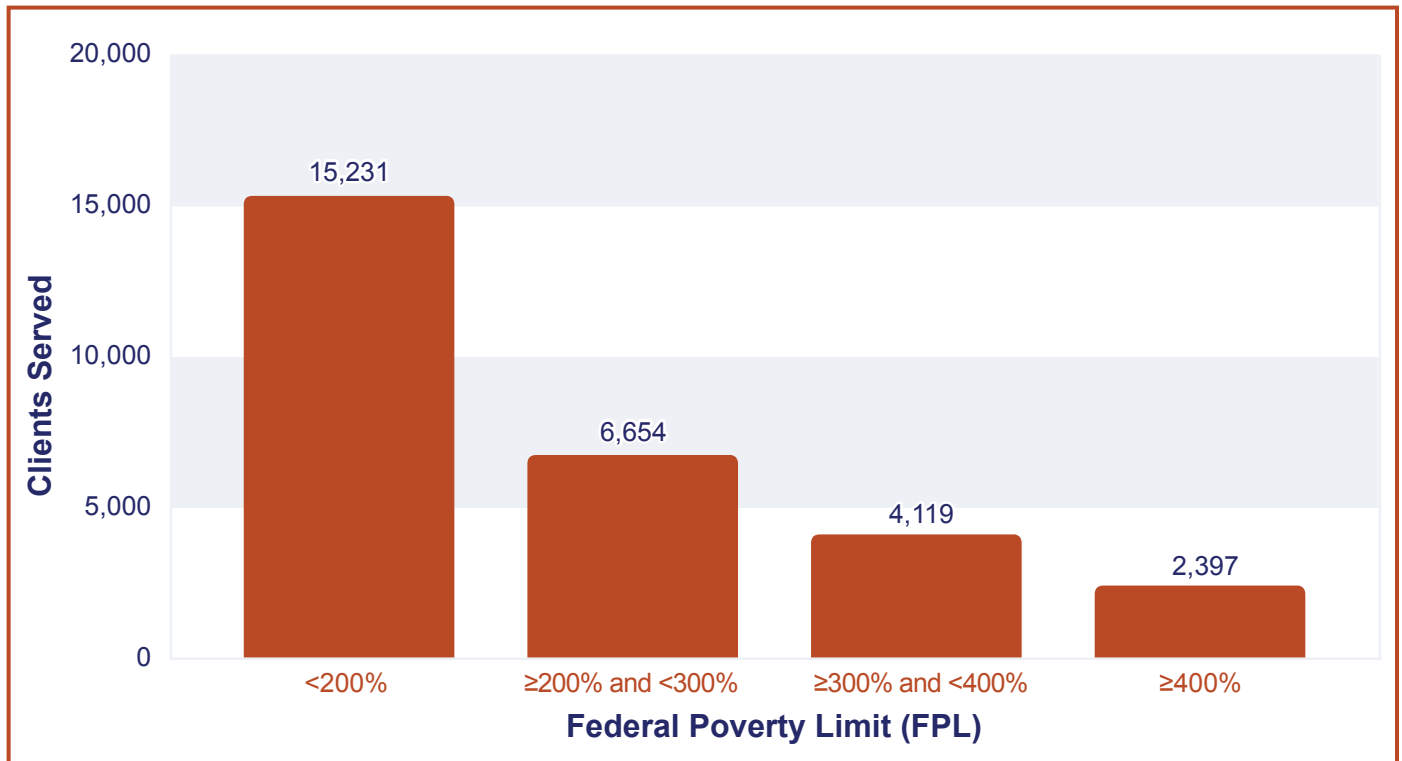
**Figure 2. California ADAP Clients Served by Age Group, FY 2022–2023**

**Note on the Table and Figure Above:** Age is based upon client age at the fiscal year midpoint (January 1).

**Source:** ADAP Enrollment System, December 24, 2024.

**Table 3. California ADAP Clients Served by Income, FY 2022–2023**

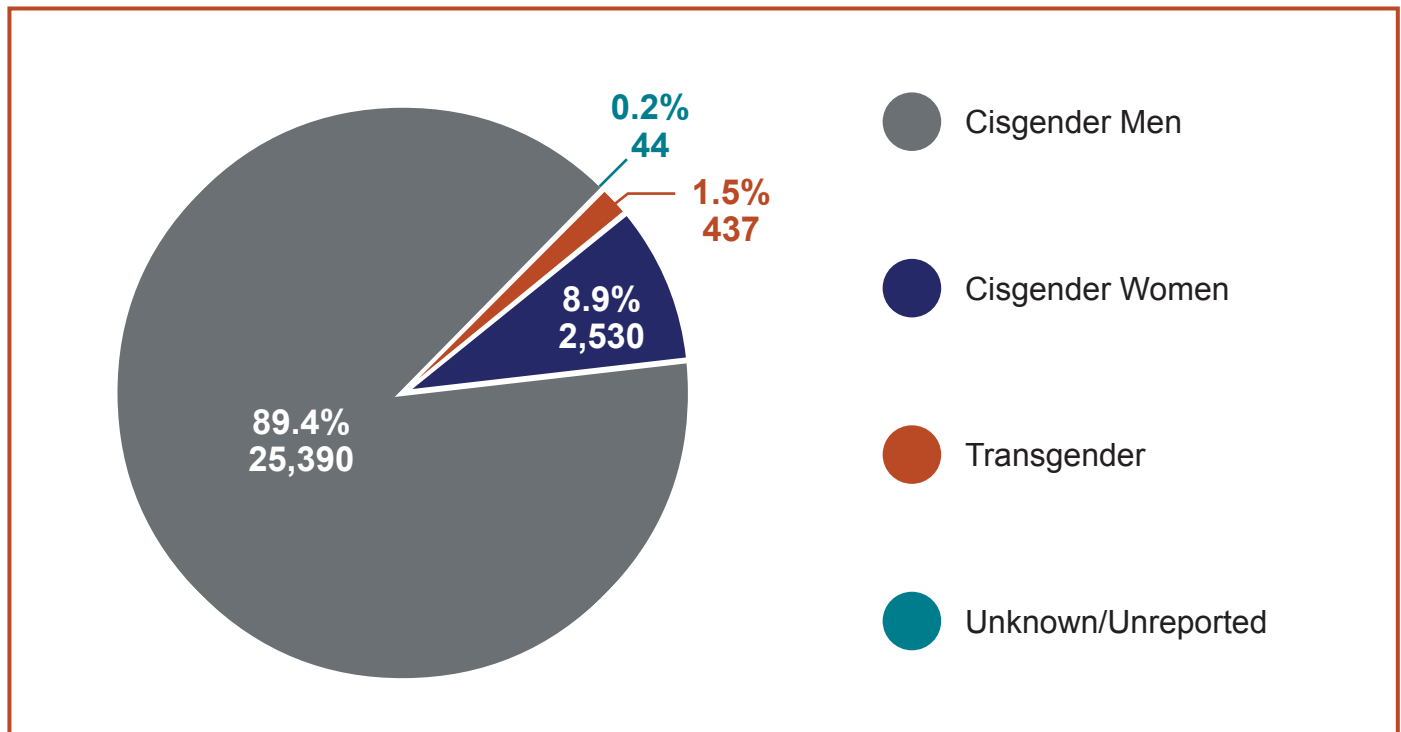
Federal Poverty Level (FPL)	Number of Clients	Percent of Total
<200% of FPL	15,231	53.6%
≥200% and <300% of FPL	6,654	23.4%
≥300% and <400% of FPL	4,119	14.5%
≥400% of FPL	2,397	8.4%
<b>TOTAL</b>	<b>28,401</b>	<b>100.0%</b>

**Figure 3. California ADAP Clients Served by Income, FY 2022–2023**

**Note on the Table and Figure Above:** FPL thresholds are based on household size and income. In FY 2022–2023, a household size of one with an annual household income of \$13,590.00 (2022) and \$14,580.00 (2023) 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, December 24, 2024.

**Table 4. California ADAP Clients Served by Gender, FY 2022–2023**

Gender	Number of Clients	Percent of Total
Cisgender Men	25,390	89.4%
Cisgender Women	2,530	8.9%
Transgender	437	1.5%
Unknown/Unreported	44	0.2%
<b>TOTAL</b>	<b>28,401</b>	<b>100.0%</b>

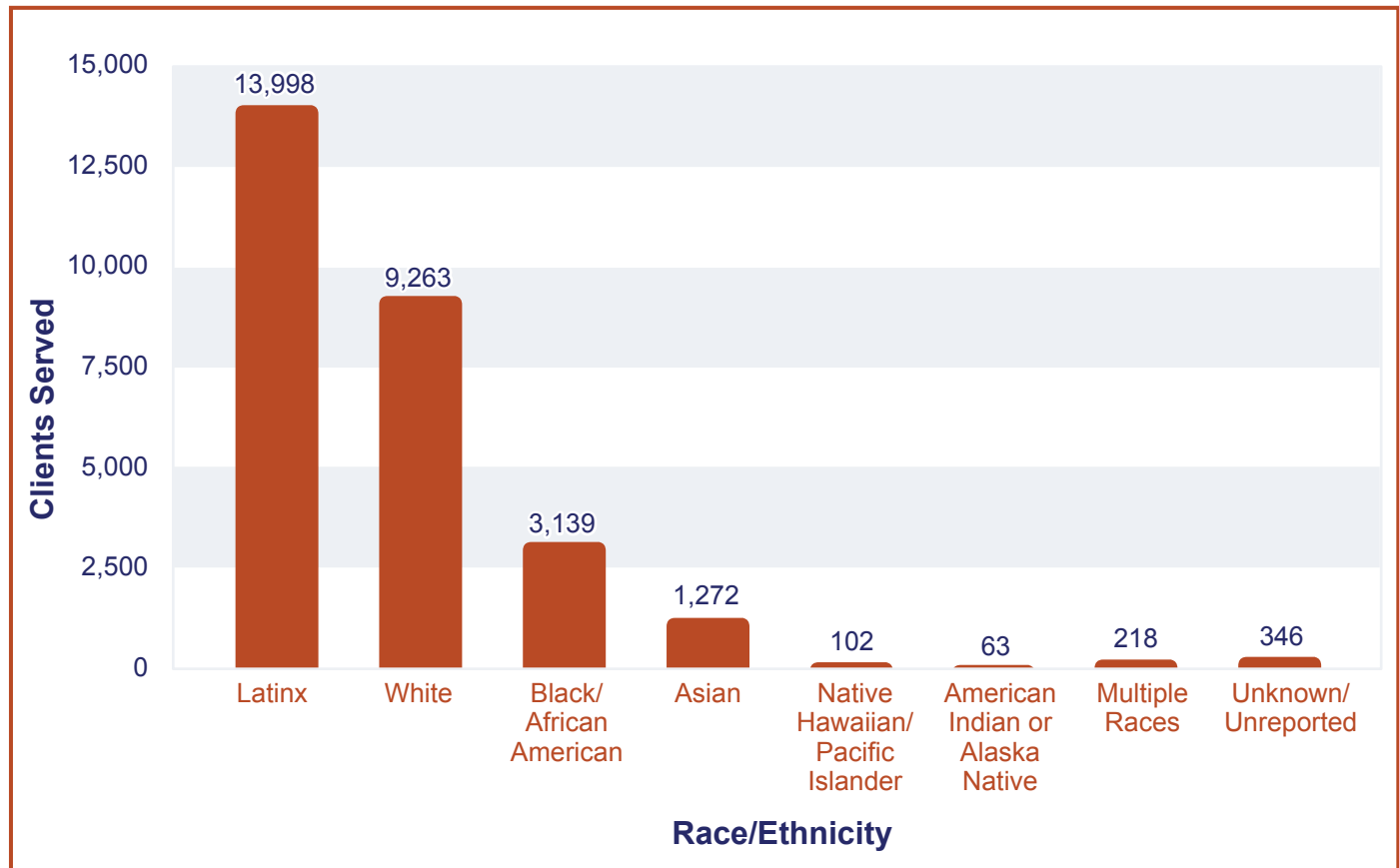
**Figure 4. California ADAP Clients Served by Gender, FY 2022–2023**

**Note on the Table and Figure Above:** 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, December 24, 2024.

**Table 5. California ADAP Clients Served by Race/Ethnicity, FY 2022–2023**

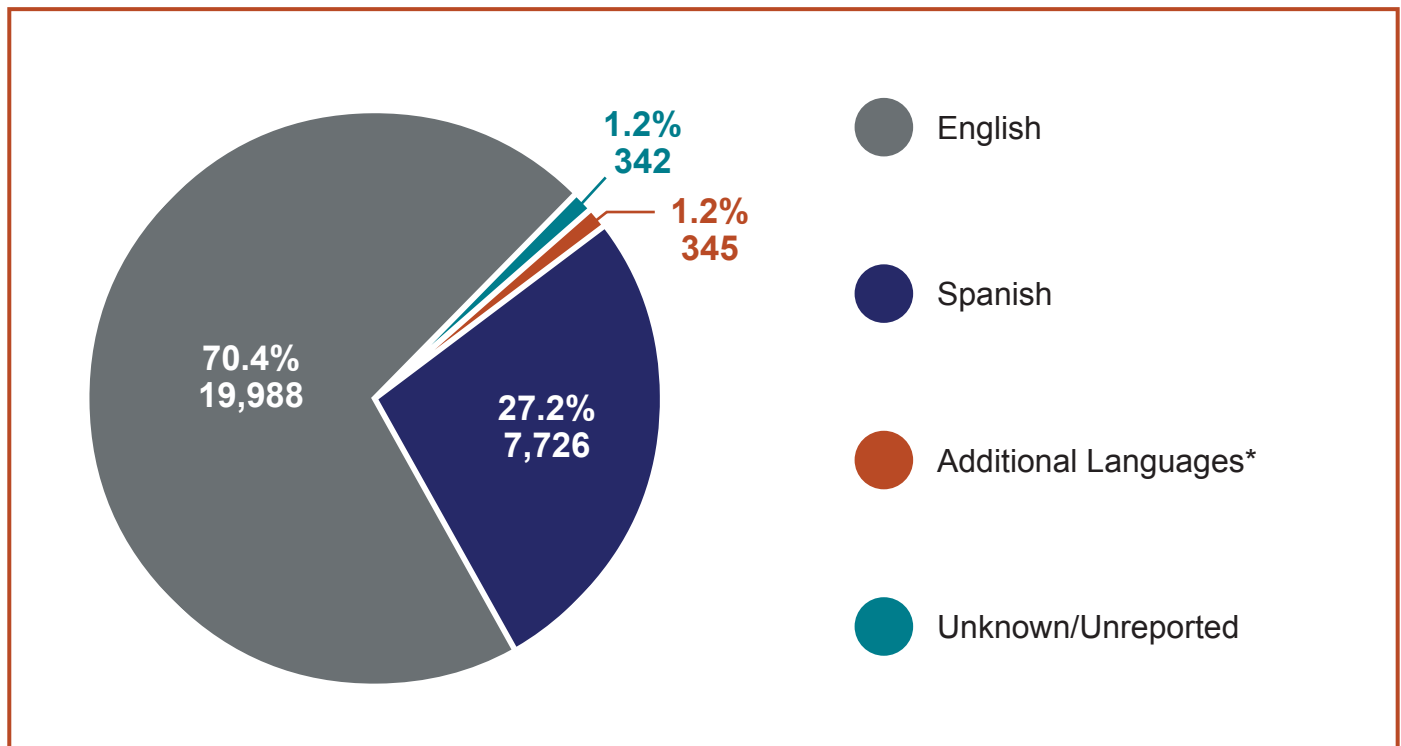
Race/Ethnicity	Number of Clients	Percent of Total
Latinx	13,998	49.3%
White	9,263	32.6%
Black/African American	3,139	11.1%
Asian	1,272	4.5%
Native Hawaiian/Pacific Islander	102	0.4%
American Indian or Alaska Native	63	0.2%
Multiple Races	218	0.8%
Unknown/Unreported	346	1.2%
<b>TOTAL</b>	<b>28,401</b>	<b>100.0%</b>

**Figure 5. California ADAP Clients Served by Race/Ethnicity, FY 2022–2023**

**Note on the Table and Figure Above:** Latinx includes all individuals reporting Hispanic ethnicity, regardless of race.  
**Source:** ADAP Enrollment System, December 24, 2024.

**Table 6. California ADAP Clients Served by Selected Preferred Language, FY 2022–2023**

Selected Preferred Language	Number of Clients	Percent of Total
English	19,988	70.4%
Spanish	7,726	27.2%
Additional Languages*	345	1.2%
Unknown/Unreported	342	1.2%
<b>TOTAL</b>	<b>28,401</b>	<b>100.0%</b>

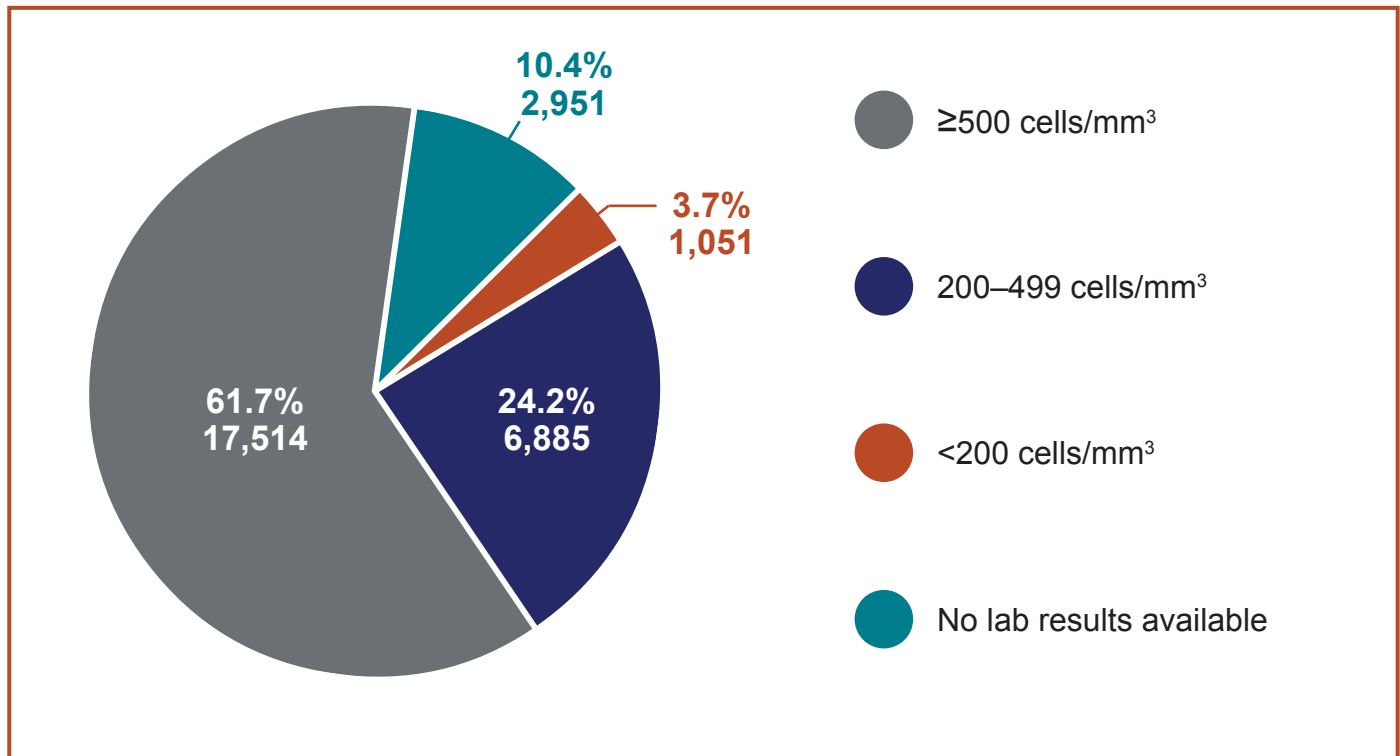
**Figure 6. California ADAP Clients Served by Selected Preferred Language, FY 2022–2023**

**\*Note on the Table and Figure Above:** Additional languages include ASL, Amharic, Arabic, Armenian, Burmese, Cantonese, Chinese, Eritrean, Ethiopian, Farsi, Filipino, French, Haitian Creole, Hindi, Indonesian, Italian, Kazakh, Korean, Lamnso, Lao, Lithuanian, Mandarin, Portuguese, Punjabi, Russian, Shona, Swahili, Tagalog, Taiwanese, Thai, Tigrinya, Ukrainian, Vietnamese, Wolof, and Yoruba. Selected preferred language is not available for all ADAP clients because clients are not required to identify their preferred language. **Source:** ADAP Enrollment System, December 24, 2024.



**Table 7. California ADAP Clients Served by CD4 Count, FY 2022–2023**

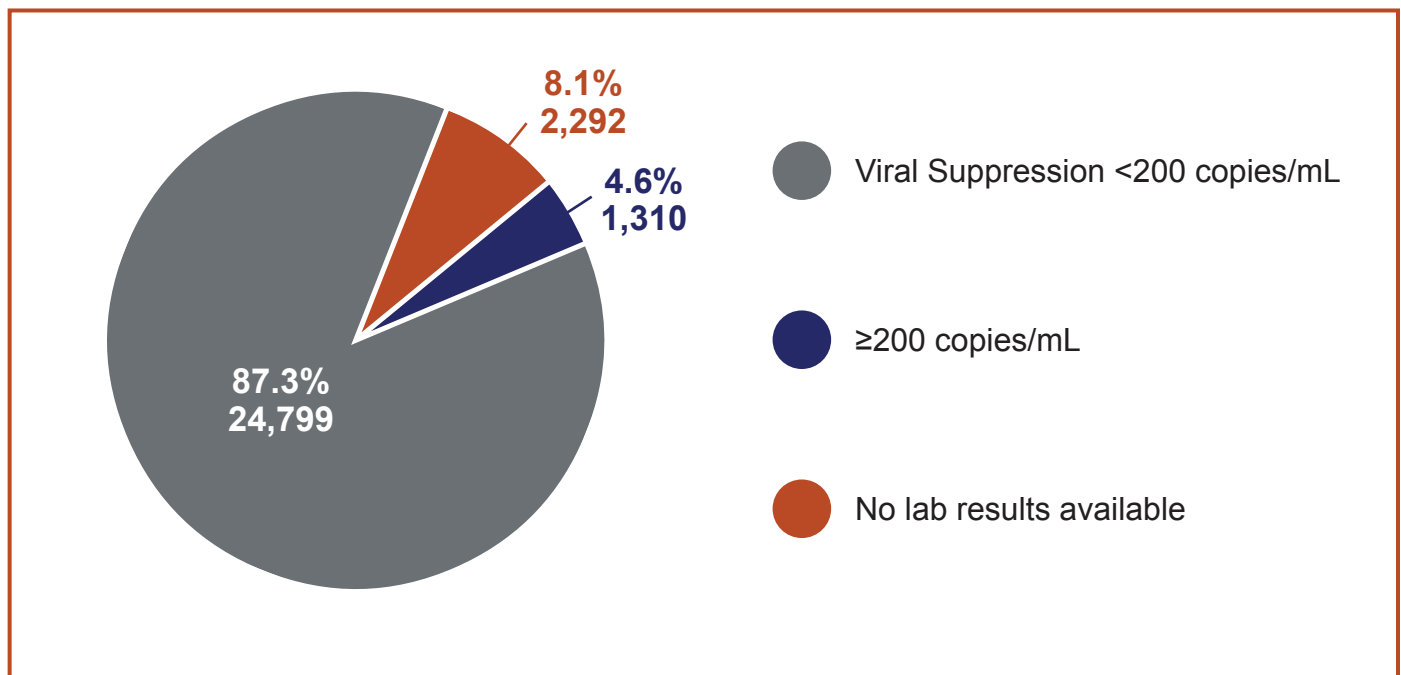
CD4 Cell Count	Number of Clients	Percent of Total
≥500 cells/mm <sup>3</sup>	17,514	61.7%
200–499 cells/mm <sup>3</sup>	6,885	24.2%
<200 cells/mm <sup>3</sup>	1,051	3.7%
No lab results available	2,951	10.4%
<b>TOTAL</b>	<b>28,401</b>	<b>100.0%</b>

**Figure 7. California ADAP Clients Served by CD4 Count, FY 2022–2023**

**Note on the Table and Figure Above:** Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2022–2023 (July 1, 2022–June 30, 2023). CD4 counts are measured in cells per cubic millimeter (cells/mm<sup>3</sup>). 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, December 24, 2024.

**Table 8a. California ADAP Clients Served by Viral Load, FY 2022–2023**

Viral Load	Number of Clients	Percent of Total
Viral Suppression <200 copies/mL	24,799	87.3%
≥200 copies/mL	1,310	4.6%
No lab results available	2,292	8.1%
<b>TOTAL</b>	<b>28,401</b>	<b>100.0%</b>

**Figure 8a. California ADAP Clients Served by Viral Load, FY 2022–2023**

**Note on the Table and Figure Above:** Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2022–2023 (July 1, 2022–June 30, 2023). Viral suppression status is based on the amount of HIV genetic material (RNA) in the blood, measured in copies per milliliter. Persons whose most recent HIV viral load test result during the FY was <200 copies/ml were considered to be virally suppressed. **Source:** ADAP Enrollment System, December 24, 2024.

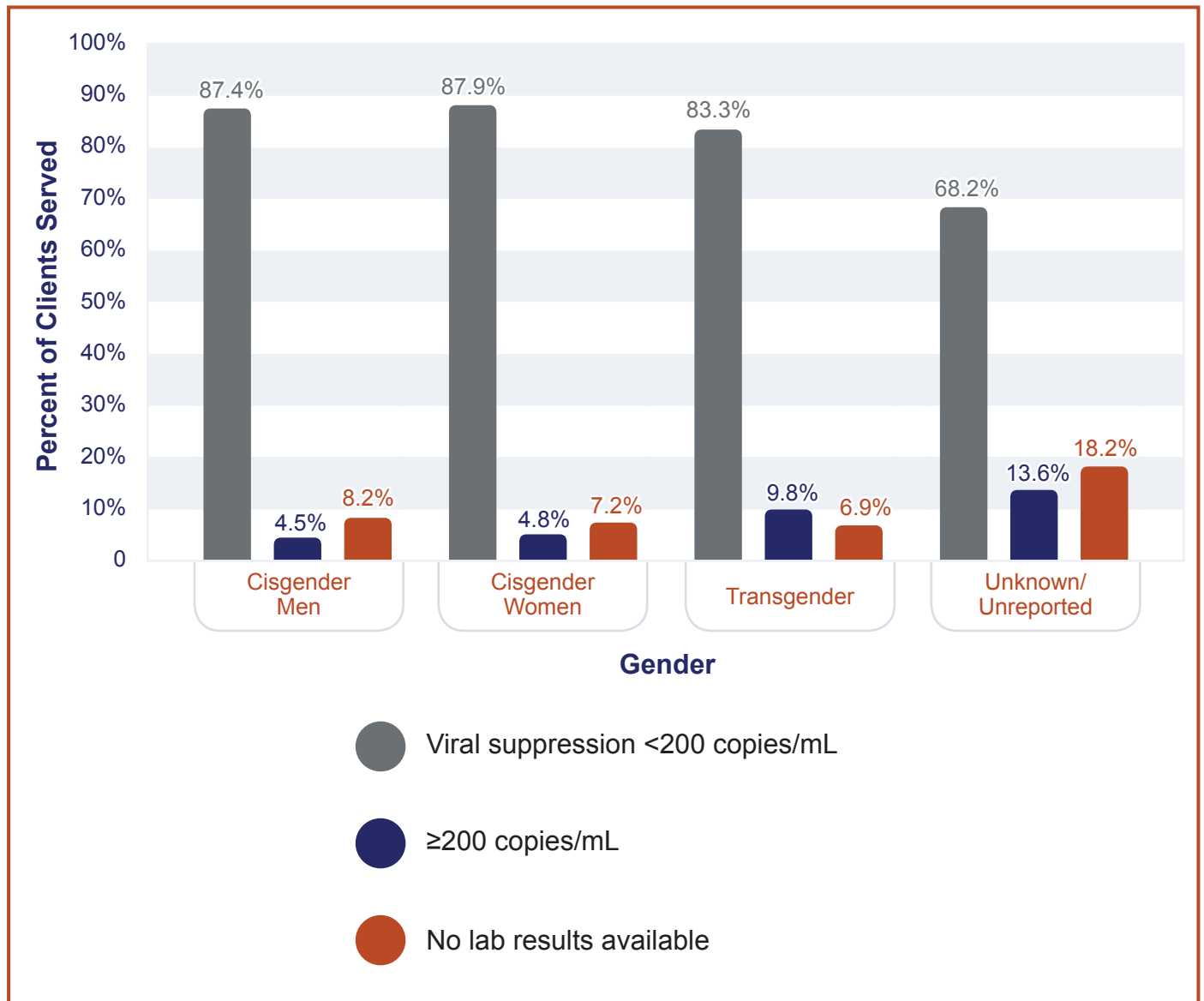
**Table 8b. California ADAP Clients Served by Gender and Viral Suppression Status, FY 2022–2023**

<b>Viral Suppression Status by Gender</b>	<b>Number of Clients</b>	<b>Percent of Total by Gender Group</b>
<b>Cisgender Men</b>		
Viral suppression <200 copies/mL	22,180	87.4%
≥200 copies/mL	1,139	4.5%
No lab results available	2,071	8.2%
<b>SUBTOTAL</b>	<b>25,390</b>	<b>100.0%</b>
<b>Cisgender Women</b>		
Viral suppression <200 copies/mL	2,225	87.9%
≥200 copies/mL	122	4.8%
No lab results available	183	7.2%
<b>SUBTOTAL</b>	<b>2,530</b>	<b>100.0%</b>
<b>Transgender</b>		
Viral suppression <200 copies/mL	364	83.3%
≥200 copies/mL	43	9.8%
No lab results available	30	6.9%
<b>SUBTOTAL</b>	<b>437</b>	<b>100.0%</b>
<b>Unknown/Unreported</b>		
Viral suppression <200 copies/mL	30	68.2%
≥200 copies/mL	6	13.6%
No lab results available	8	18.2%
<b>SUBTOTAL</b>	<b>44</b>	<b>100.0%</b>
<b>TOTAL</b>	<b>28,401</b>	<b>100.0%</b>

**Note:** Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2022–2023 (July 1, 2022–June 30, 2023). Viral suppression status is based on the amount of HIV genetic material (RNA) in the blood, measured in copies per milliliter. Persons whose most recent HIV viral load test result during the FY was <200 copies/ml were considered to be virally suppressed.

**Source:** ADAP Enrollment System, December 24, 2024.

**Figure 8b. California ADAP Clients Served by Gender and Viral Suppression Status, FY 2022–2023**



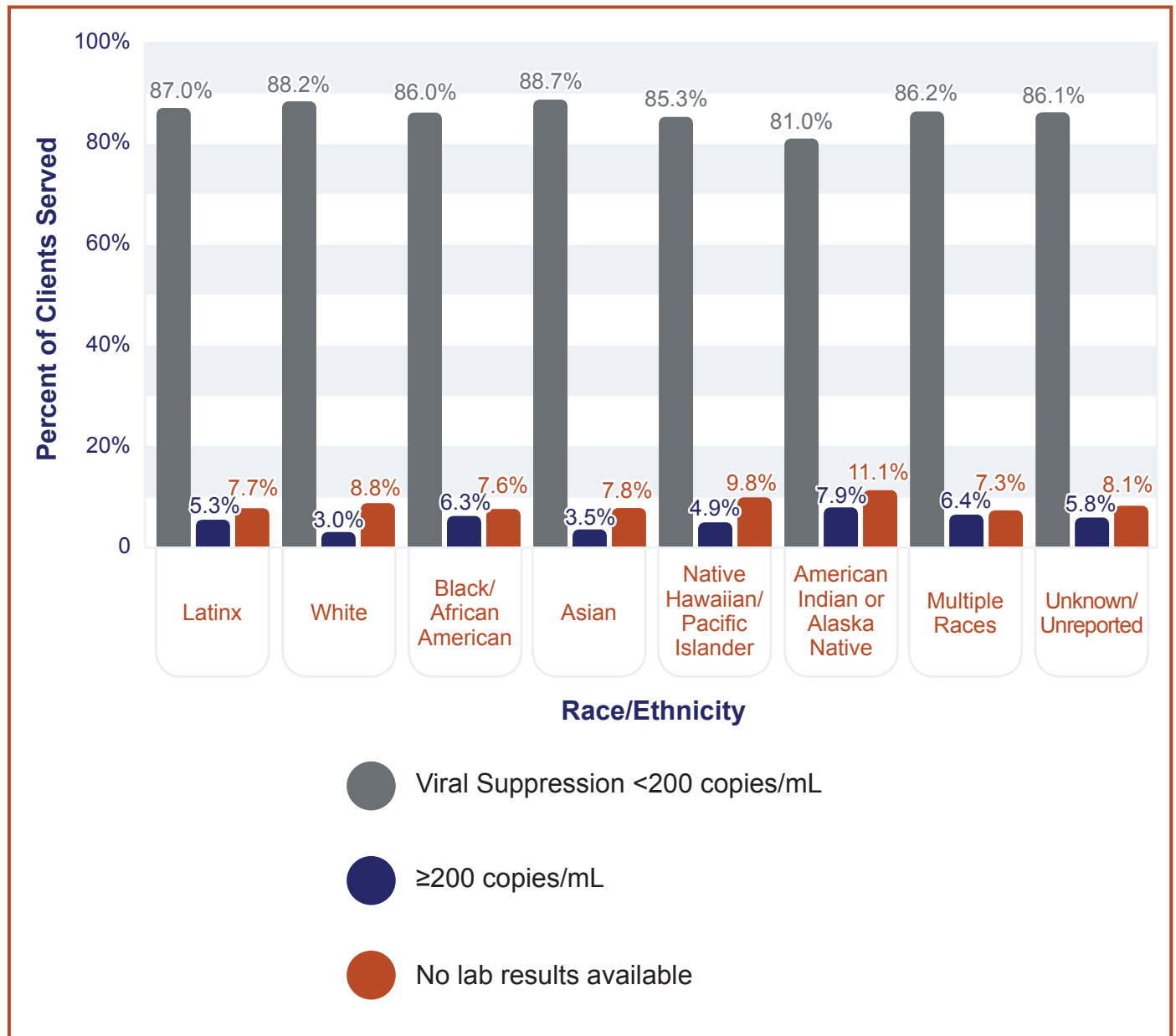
**Note:** Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2022–2023 (July 1, 2022–June 30, 2023). Viral suppression status is based on the amount of HIV genetic material (RNA) in the blood, measured in copies per milliliter. Persons whose most recent HIV viral load test result during the FY was <200 copies/ml were considered to be virally suppressed. **Source:** ADAP Enrollment System, December 24, 2024.

**Table 8c. California ADAP Clients Served by Race/Ethnicity and Viral Suppression Status, FY 2022–2023**

Viral Suppression Status by Race/Ethnicity	Number of Clients	Percent of Total by Race/Ethnicity
<b>Latinx</b>		
Viral suppression <200 copies/mL	12,174	87.0%
≥200 copies/mL	744	5.3%
No lab results available	1,080	7.7%
<b>SUBTOTAL</b>	<b>13,998</b>	<b>100.0%</b>
<b>White</b>		
Viral suppression <200 copies/mL	8,173	88.2%
≥200 copies/mL	278	3.0%
No lab results available	812	8.8%
<b>SUBTOTAL</b>	<b>9,263</b>	<b>100.0%</b>
<b>Black/African American</b>		
Viral suppression <200 copies/mL	2,700	86.0%
≥200 copies/mL	199	6.3%
No lab results available	240	7.6%
<b>SUBTOTAL</b>	<b>3,139</b>	<b>100.0%</b>
<b>Asian</b>		
Viral suppression <200 copies/mL	1,128	88.7%
≥200 copies/mL	45	3.5%
No lab results available	99	7.8%
<b>SUBTOTAL</b>	<b>1,272</b>	<b>100.0%</b>
<b>Native Hawaiian/Pacific Islander</b>		
Viral suppression <200 copies/mL	87	85.3%
≥200 copies/mL	5	4.9%
No lab results available	10	9.8%
<b>SUBTOTAL</b>	<b>102</b>	<b>100.0%</b>
<b>American Indian or Alaska Native</b>		
Viral suppression <200 copies/mL	51	81.0%
≥200 copies/mL	5	7.9%
No lab results available	7	11.1%
<b>SUBTOTAL</b>	<b>63</b>	<b>100.0%</b>
<b>Multiple Races</b>		
Viral suppression <200 copies/mL	188	86.2%
≥200 copies/mL	14	6.4%
No lab results available	16	7.3%
<b>SUBTOTAL</b>	<b>218</b>	<b>100.0%</b>
<b>Unknown/Unreported</b>		
Viral suppression <200 copies/mL	298	86.1%
≥200 copies/mL	20	5.8%
No lab results available	28	8.1%
<b>SUBTOTAL</b>	<b>346</b>	<b>100.0%</b>
<b>TOTAL</b>	<b>28,401</b>	<b>100.0%</b>

**Note:** Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2022–2023 (July 1, 2022–June 30, 2023). Viral suppression status is based on the amount of HIV genetic material (RNA) in the blood, measured in copies per milliliter. Persons whose most recent HIV viral load test result during the FY was <200 copies/ml were considered to be virally suppressed. **Source:** ADAP Enrollment System, December 24, 2024.

**Figure 8c. California ADAP Clients Served by Race/Ethnicity and Viral Suppression Status, FY 2022–2023**



**Note:** Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2022–2023 (July 1, 2022–June 30, 2023). Viral suppression status is based on the amount of HIV genetic material (RNA) in the blood, measured in copies per milliliter. Persons whose most recent HIV viral load test result during the FY was <200 copies/ml were considered to be virally suppressed. **Source:** ADAP Enrollment System, December 24, 2024.

**Table 9. California ADAP Clients Served by Local Health Jurisdiction, FY 2022–2023**

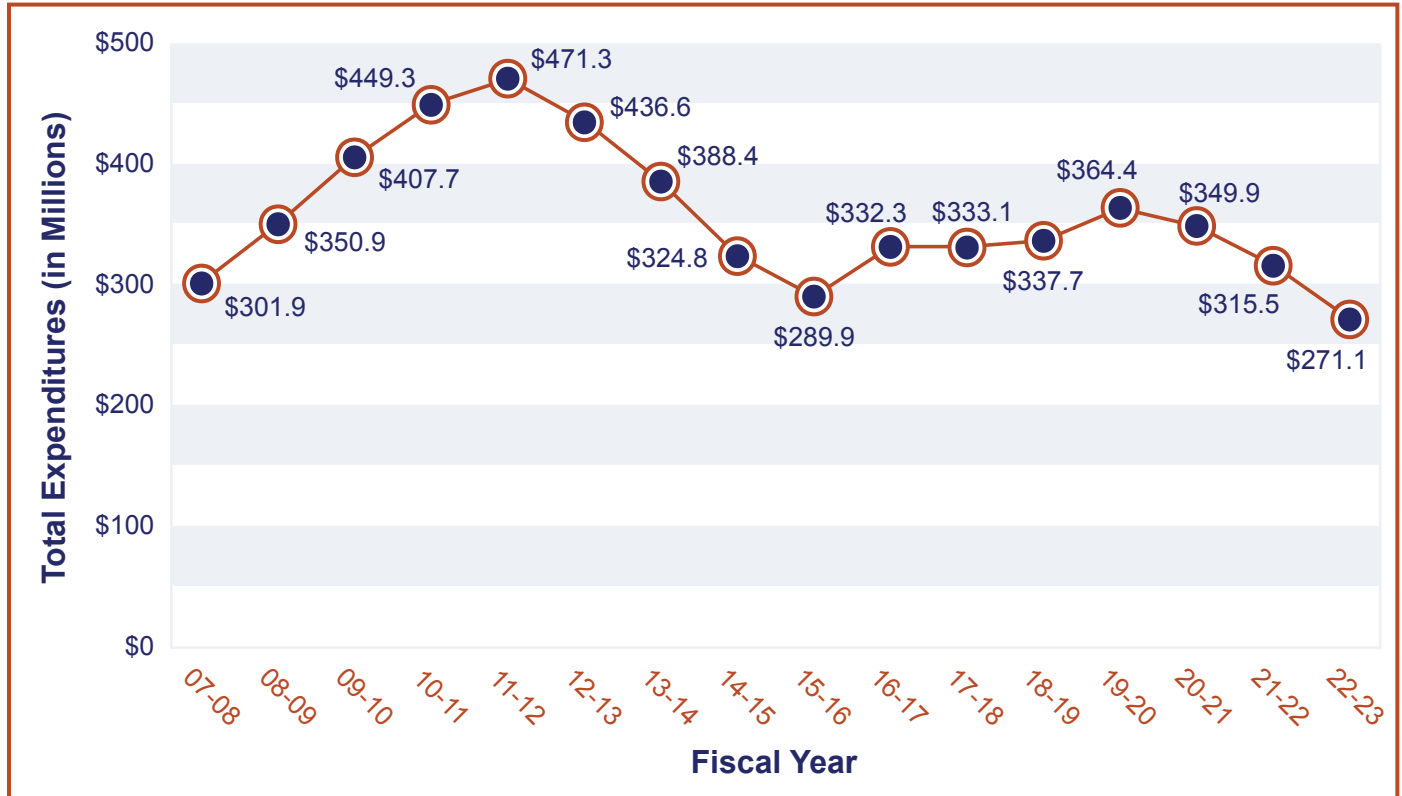
Local Health Jurisdiction	Number of Clients	Percent of Total
Alameda	1,529	5.4%
Amador	<10	<0.1%
Butte	61	0.2%
Calaveras	<10	<0.1%
Colusa	<10	<0.1%
Contra Costa	315	1.1%
El Dorado	25	<0.1%
Fresno	363	1.3%
Glenn	<10	<0.1%
Humboldt	59	0.2%
Imperial	67	0.2%
Inyo	<10	<0.1%
Kern	251	0.9%
Kings	20	<0.1%
Lake	12	<0.1%
Long Beach	163	0.6%
Los Angeles	11,243	39.6%
Madera	32	0.1%
Marin	102	0.4%
Mendocino	44	0.2%
Merced	42	0.1%
Monterey	207	0.7%
Napa	30	0.1%
Nevada	40	0.1%
Orange	1,780	6.3%
Pasadena	70	0.2%

**Table 9. California ADAP Clients Served by Local Health Jurisdiction (*continued*)**

Placer	18	<0.1%
Plumas	<10	<0.1%
Riverside	1,859	6.5%
Sacramento	1,005	3.5%
San Bernardino	595	2.1%
San Diego	3,062	10.8%
San Francisco	2,617	9.2%
San Joaquin	210	0.7%
San Luis Obispo	92	0.3%
San Mateo	214	0.8%
Santa Barbara	115	0.4%
Santa Clara	816	2.9%
Santa Cruz	65	0.2%
Shasta	<10	<0.1%
Siskiyou	34	0.1%
Solano	207	0.7%
Sonoma	415	1.5%
Stanislaus	146	0.5%
Sutter	19	<0.1%
Tulare	98	0.3%
Tuolumne	<10	<0.1%
Ventura	299	1.1%
Yolo	19	<0.1%
Yuba	12	<0.1%
<b>TOTAL</b>	<b>28,401</b>	<b>100.0%</b>

**Note:** Served clients reflect the unduplicated count of 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. Additionally, some clients received services in multiple counties. The following LHJs did not serve clients in California state fiscal year (FY) 2022–2023 (July 1, 2022–June 30, 2023) and are not shown in the table: Del Norte, Lassen, Mariposa, Mono, Tehama, and Trinity. The counties reflect the county of the client's enrollment site, not necessarily the client's residential county. **Source:** ADAP Enrollment System, December 24, 2024.



**Figure 9. California ADAP Medication Expenditures by Fiscal Years, 2007–2023**

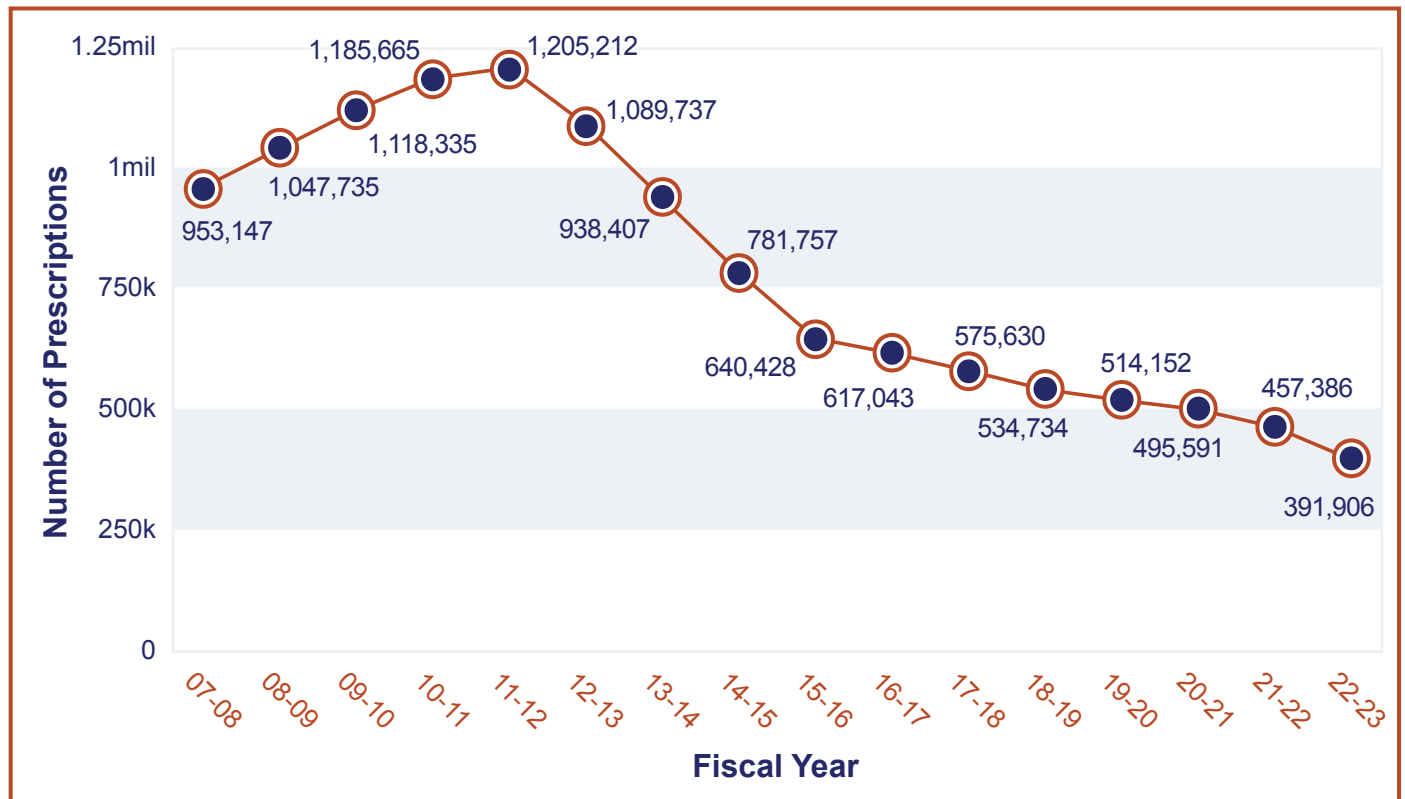
**Note:** For more information, visit <https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx> or [Department of Finance](https://www.ebudget.ca.gov) at <https://www.ebudget.ca.gov>. **Source:** ADAP Enrollment System December 24, 2024.

**Table 10. California ADAP Medication Dispenses and Expenditures, FY 2022–2023**

Number of Clients	Medications Dispensed	Medication Expenditures	Median Number of Prescriptions Per Client, Per Year	Median Expenditures Per Client, Per Year
26,813	391,906	\$271,447,521	10	\$3,556.88

**Note:** For more information, visit <https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx> or [Department of Finance](https://www.ebudget.ca.gov) at <https://www.ebudget.ca.gov>. **Source:** ADAP Enrollment System December 24, 2024.

**Figure 10. California ADAP Medication Prescriptions Dispensed, Historical Trends, by Fiscal Years 2007–2023**



**Note:** For more information, visit <https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx> or [Department of Finance](https://www.ebudget.ca.gov) at <https://www.ebudget.ca.gov>. **Source:** ADAP Enrollment System December 24, 2024.

**Table 11. California ADAP Medication Expenditures by Month, FY 2022–2023**

Month	Number of Clients	Medications Dispensed	Medication Expenditures
July 2022	14,655	31,811	\$22,082,048
August 2022	14,926	34,147	\$23,921,682
September 2022	14,305	31,099	\$22,090,943
October 2022	13,985	30,810	\$20,946,733
November 2022	13,869	31,199	\$21,734,946
December 2022	13,612	31,187	\$21,423,493
January 2023	15,902	37,799	\$26,556,449
February 2023	15,147	34,615	\$23,286,484
March 2023	15,438	35,764	\$24,659,561
April 2023	13,930	30,360	\$21,013,114
May 2023	13,850	32,075	\$22,095,081
June 2023	13,683	31,040	\$21,636,988
<b>TOTAL</b>	<b>26,813</b>	<b>391,906</b>	<b>\$271,447,521</b>

**Note:** Includes all medications dispensed by ADAP. The total does not reflect the column sum of clients as some may have received services for multiple months. **Source:** ADAP Enrollment System, December 24, 2024.

**Figure 11. California ADAP Medication Expenditures by Month, FY 2022–2023**

**Note:** Includes all medications dispensed by ADAP. **Source:** ADAP Enrollment System, December 24, 2024. [For more information](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx), visit <https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx> or [Department of Finance](https://www.ebudget.ca.gov) at <https://www.ebudget.ca.gov>.

**Table 12a. California ADAP Antiretroviral Medication Dispenses, FY 2022–2023**

Drug Class	Number of Clients	Percent of Total
Integrase Strand Inhibitor (INSTI)	20,103	58.3%
Other Combination Antiretroviral Treatments	6,033	17.5%
Nucleoside Reverse Transcriptase Inhibitors (NRTI)	3,674	10.6%
Protease Inhibitor	2,096	6.1%
Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI)	1,174	3.4%
Long Acting Injectable Antiretrovirals	570	1.7%
Other Antiretrovirals	291	0.8%
No Antiretroviral Medication Dispenses	562	1.6%
<b>TOTAL</b>	<b>26,813</b>	<b>100.0%</b>

**Note:** The total does not reflect the column sum of clients as prescriptions from more than one drug class may have been received. **Source:** ADAP Enrollment System, IQVIA America and the Pharmaceutical Marketing Research Group's Uniform System of Classification (USC) and First Databank's Enhanced Therapeutic Classification (ETC) System, December 24, 2024. [For more information](https://cdph.primetherapeutics.com/cms/cdph/static-assets/documents/formulary-and-documents/CDPH_Formulary.pdf), visit [https://cdph.primetherapeutics.com/cms/cdph/static-assets/documents/formulary-and-documents/CDPH\\_Formulary.pdf](https://cdph.primetherapeutics.com/cms/cdph/static-assets/documents/formulary-and-documents/CDPH_Formulary.pdf).

**Table 12b. California ADAP Non-Antiretroviral Medication Dispenses, FY 2022–2023**

Drug Class	No. of Clients	% of Total
<b>Infectious Disease:</b> includes antimicrobials, antivirals, and vaccines, which are used to treat or prevent viral and bacterial infections.	10,772	22.4%
<b>Cardiovascular:</b> includes statins and other antihyperlipidemic drugs.	7,147	14.9%
<b>Mental Health:</b> includes medications such as antidepressants, benzodiazepines, and antipsychotics, which are used to treat mental health conditions.	5,591	11.6%
<b>Miscellaneous:</b> includes androgens, wasting syndrome treatment, glucocorticoids, antineoplastics, glycoprotein or peptide cytokine/hormone, and anabolic steroids.	4,252	8.8%
<b>Pain:</b> includes non-steroidal anti-inflammatory drugs (NSAID) and opioid analgesics which are used for pain management.	4,010	8.3%
<b>Gastrointestinal (GI) Agents:</b> includes medications used to treat GI issues such as ulcers, gastroesophageal reflux disease, and heartburn.	2,758	5.7%
<b>Neurologic:</b> includes anticonvulsants, which can be used to treat seizure disorders.	2,646	5.5%
<b>Diabetes Treatment:</b> includes medications used to help control high blood sugar.	2,038	4.2%
No Non-Antiretroviral Medication Dispenses	8,905	18.5%
<b>TOTAL</b>	<b>26,813</b>	<b>100.0%</b>

**Note:** The total does not reflect the column sum of clients as prescriptions from more than one drug class may have been received. **Source:** ADAP Enrollment System, IQVIA America and the Pharmaceutical Marketing Research Group's Uniform System of Classification (USC) and First Databank's Enhanced Therapeutic Classification (ETC) System, December 24, 2024.

**Table 13. California ADAP Medication Assistance Clients, Prescriptions, and Expenditures by Local Health Jurisdiction, FY 2022–2023**

Local Health Jurisdiction	Clients	Prescriptions	Expenditures
Alameda	1,461	17,457	\$9,663,979
Amador	<10	46	\$5,321
Butte	57	930	\$232,225
Calaveras	21	219	\$83,905
Colusa	<10	29	\$773
Contra Costa	308	2,878	\$1,660,757
El Dorado	26	396	\$103,974
Fresno	349	3,222	\$2,247,011
Glenn	<10	31	\$4,381
Humboldt	60	946	\$309,740
Imperial	66	638	\$1,310,130
Inyo	<10	5	\$13,650
Kern	246	2,182	\$3,561,796
Kings	20	214	\$256,956
Lake	13	334	\$47,263
Long Beach	157	2,085	\$1,018,160
Los Angeles	10,830	166,320	\$137,884,135
Madera	32	372	\$316,661
Marin	90	895	\$461,824
Mendocino	44	1,019	\$282,379
Merced	40	395	\$325,543
Monterey	192	3,406	\$1,369,168
Napa	26	200	\$221,446
Nevada	39	582	\$157,538
Orange	1,661	23,512	\$20,149,411
Pasadena	89	1,467	\$775,000
Placer	19	264	\$87,447

**Table 13. California ADAP Medication Assistance Clients, Prescriptions, and Expenditures by Local Health Jurisdiction, FY 2022–2023** *(continued)*

Plumas	<10	25	\$17,987
Riverside	1,708	31,416	\$8,340,217
Sacramento	962	11,389	\$5,713,925
San Bernardino	627	6,347	\$7,491,084
San Diego	2,929	47,008	\$29,453,719
San Francisco	2,481	34,605	\$15,007,822
San Joaquin	206	1,877	\$2,370,007
San Luis Obispo	85	1,565	\$244,600
San Mateo	196	2,074	\$2,497,702
Santa Barbara	116	1,602	\$1,872,640
Santa Clara	824	8,571	\$8,375,774
Santa Cruz	65	966	\$796,772
Shasta	16	106	\$42,738
Siskiyou	34	445	\$160,890
Solano	198	1,677	\$1,458,160
Sonoma	386	4,856	\$1,713,218
Stanislaus	146	1,694	\$597,158
Sutter	19	184	\$51,285
Tehama	<10	59	\$5,392
Tulare	94	1,292	\$686,313
Tuolumne	<10	10	\$3,523
Ventura	285	3,733	\$1,897,326
Yolo	18	202	\$36,865
Yuba	11	159	\$61,831
<b>TOTAL</b>	<b>26,813</b>	<b>391,906</b>	<b>\$271,447,521</b>

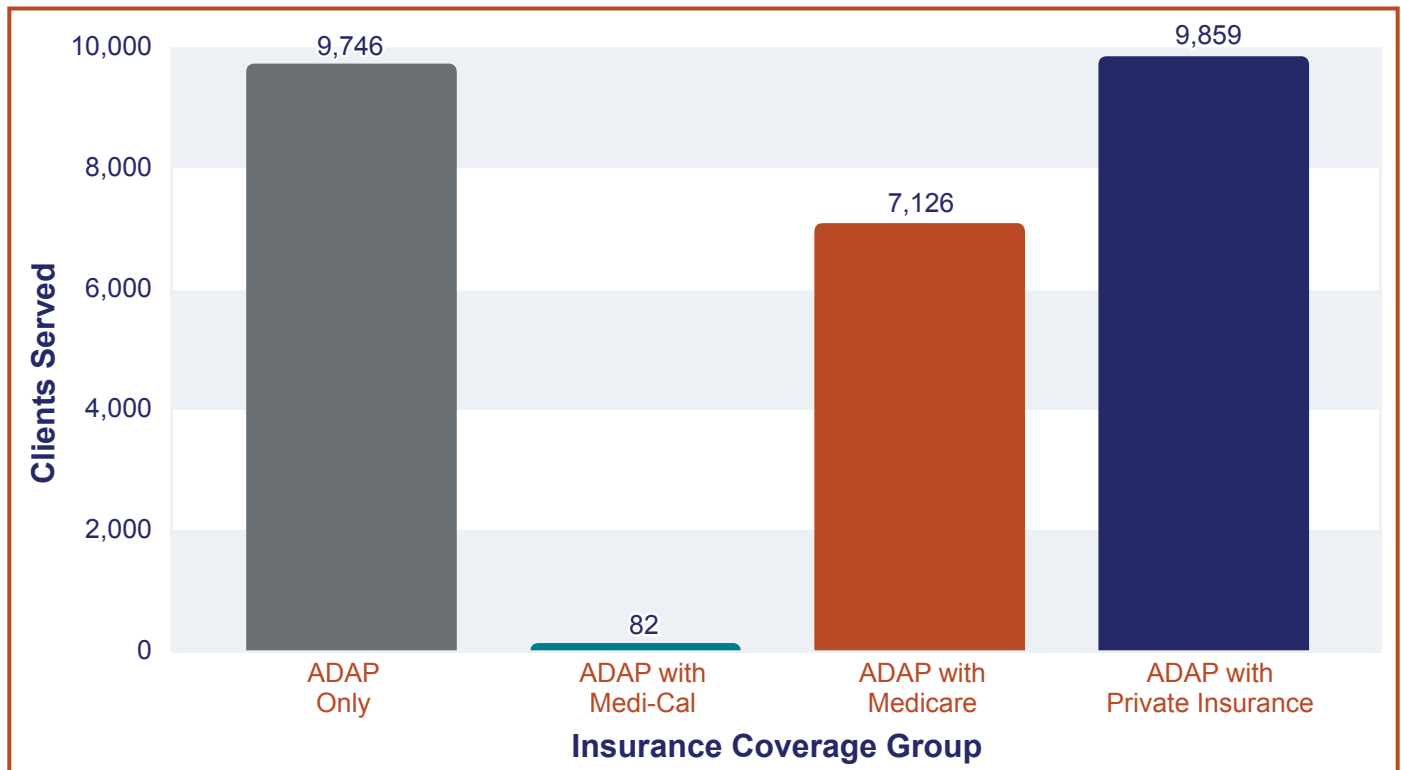
**Note:** Total clients reflect the unduplicated count of individuals with at least one medication dispense during the FY 2022–2023. Allowing for small cell size suppression, the client total will not equal the column sum of clients. Additionally, some clients received services in multiple counties. For the purposes of this report, the City of Berkeley Public Health is grouped with Alameda County Public Health Department. The following LHJs did not have clients with dispenses in this fiscal year and are not shown in the table: Del Norte, Lassen, Mariposa, Mono, and Trinity. The counties reflect the county of the client's enrollment site, not the residential county. **Source:** ADAP Enrollment System, December 24, 2024. [For more information](https://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx), visit <https://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx> or [Department of Finance](https://www.ebudget.ca.gov) at <https://www.ebudget.ca.gov>.

**Table 14. California ADAP Medication Assistance Clients by Insurance Coverage Group, FY 2022–2023**

Insurance Coverage Group	Number of Clients	Percent of Total
ADAP Only	9,746	36.3%
ADAP with Medi-Cal	82	0.3%
ADAP with Medicare	7,126	26.6%
ADAP with Private Insurance	9,859	36.8%
<b>TOTAL</b>	<b>26,813</b>	<b>100.0%</b>

**Note:** Clients include those with at least one medication dispense during the FY 2022–2023. Insurance coverage group reflects the insurance coverage reported for the last dispense in the fiscal year. **Source:** ADAP Enrollment System, December 24, 2024. [For more information](https://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx), visit <https://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx> or [Department of Finance](https://www.ebudget.ca.gov) at <https://www.ebudget.ca.gov>.

**Figure 12. California ADAP Medication Assistance Clients by Insurance Coverage Group, FY 2022–2023**



**Note:** Clients include those with at least one medication dispense during the FY 2022–2023. Insurance coverage group reflects the insurance coverage reported for the last dispense in the fiscal year. **Source:** ADAP Enrollment System, December 24, 2024. [For more information](https://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx), visit <https://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx> or [Department of Finance](https://www.ebudget.ca.gov) at <https://www.ebudget.ca.gov>.

**Table 15. Health Insurance Premium Clients, Payments, and Expenditures by Program, FY 2022–2023**

Program	Clients	Payments	Median Annual Premium Amount, Per Client	Health Insurance Premium Expenditures
EB-HIPP	774	12,385	\$2,060	\$1,940,339
MDPP	2,292	35,570	\$798	\$4,143,565
OA-HIPP	7,597	124,225	\$7,223	\$61,961,859
<b>TOTAL</b>	<b>10,314</b>	<b>172,180</b>	<b>---</b>	<b>\$68,045,763</b>

**Note:** Total clients are 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, December 24, 2024. [For more information](https://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx), visit <https://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx> or [Department of Finance](https://www.ebudget.ca.gov) at <https://www.ebudget.ca.gov>.

**Table 16. California ADAP Health Insurance Premium Assistance Clients and Expenditures by Month, FY 2022–2023**

Month	Number of Clients	Expenditures
July 2022	8,878	\$5,582,681
August 2022	8,776	\$5,501,641
September 2022	8,614	\$5,381,632
October 2022	8,500	\$5,303,871
November 2022	8,400	\$5,217,329
December 2022	8,302	\$5,148,264
January 2023	8,517	\$6,136,626
February 2023	8,504	\$6,111,490
March 2023	8,450	\$5,988,041
April 2023	8,410	\$5,941,650
May 2023	8,388	\$5,904,639
June 2023	8,292	\$5,827,898
<b>TOTAL</b>	<b>10,314</b>	<b>\$68,045,763</b>

**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 clients may have 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, December 24, 2024. [For more information](https://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx), visit <https://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx> or [Department of Finance](https://www.ebudget.ca.gov) at <https://www.ebudget.ca.gov>.



**Figure 13. California ADAP Health Insurance Premium Expenditures by Month, FY 2022–2023**



**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, December 24, 2024. [For more information](https://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx), visit <https://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx> or [Department of Finance](https://www.ebudget.ca.gov) at <https://www.ebudget.ca.gov>.

**Table 17. California ADAP Health Insurance Premium Expenditures by Local Health Jurisdiction, FY 2022–2023**

Local Health Jurisdiction	Clients	Premium Expenditures
Alameda	598	\$2,862,279
Amador	<10	\$118
Butte	35	\$255,761
Calaveras	<10	\$13,686
Colusa	<10	\$21,210
Contra Costa	147	\$704,966
El Dorado	16	\$88,176
Fresno	136	\$468,951
Glenn	<10	\$31,845
Humboldt	29	\$170,724
Imperial	<10	\$15,548
Kern	46	\$180,460
Kings	<10	\$13,127
Lake	10	\$26,974
Long Beach	77	\$535,460
Los Angeles	3,213	\$22,952,180
Madera	22	\$133,643
Marin	60	\$326,174
Mendocino	23	\$81,677
Merced	18	\$166,144
Monterey	121	\$1,341,985
Napa	19	\$190,023
Nevada	32	\$188,597
Orange	828	\$6,216,978
Pasadena	29	\$150,715
Placer	<10	\$26,246

**Table 17. California ADAP Health Insurance Premium Expenditures by Local Health Jurisdiction, FY 2022–2023** *(continued)*

Plumas	<10	\$2,016
Riverside	897	\$4,613,829
Sacramento	459	\$2,956,317
San Bernardino	98	\$441,178
San Diego	1,178	\$8,742,231
San Francisco	1,181	\$6,721,243
San Joaquin	45	\$197,323
San Luis Obispo	65	\$647,863
San Mateo	88	\$350,486
Santa Barbara	16	\$19,803
Santa Clara	323	\$1,785,289
Santa Cruz	29	\$131,124
Shasta	<10	\$3,385
Siskiyou	16	\$53,348
Solano	61	\$228,917
Sonoma	234	\$1,104,278
Stanislaus	79	\$495,850
Sutter	<10	\$145,853
Tehama	<10	\$8,202
Tulare	46	\$524,945
Tuolumne	<10	\$7,226
Ventura	180	\$1,544,055
Yolo	<10	\$60,152
Yuba	<10	\$97,202
<b>TOTAL</b>	<b>10,314</b>	<b>\$68,045,763</b>

**Note:** Only reflects 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 client total will not equal the column sum of clients. Additionally, some clients received services in multiple counties. For the purposes of this report, the City of Berkeley Public Health is grouped with Alameda County Public Health Department. The following LHJs did not serve clients in FY 2022–2023 and are not shown in the table: Del Norte, Inyo, Lassen, Mariposa, Mono, and Trinity. The counties reflect the county of the client's enrollment site, not necessarily the client's residential county. Source: ADAP Enrollment System, December 24, 2024. [For more information](https://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx), visit <https://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx> or [Department of Finance](https://www.ebudget.ca.gov) at <https://www.ebudget.ca.gov>.

**Table 18. Medical Out-Of-Pocket (MOOP) Clients Served and Expenditures, FY 2022–2023**

Clients Served	MOOPS Paid	Expenditures	Median Annual Claims per Client	Median Cost per Claim
4,866	34,954	\$1,918,624	4	\$110

**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, December 24, 2024. [For more information](https://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx), visit <https://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx> or [Department of Finance](https://www.ebudget.ca.gov) at <https://www.ebudget.ca.gov>.

## APPENDICES

### Appendix A. Medication Prescription Disburses and Expenditures: Measures of Central Tendency and Spread, FY 2022–2023

Category	Mode	Minimum	25 <sup>th</sup> Percentile	Median	75 <sup>th</sup> Percentile	Maximum
Number of Prescription Medications Dispensed	4	1	4	10	18	162
Medication Expenditures	\$12	\$2	\$297	\$3,557	\$14,512	\$588,098

**Note:** Number of clients included in analysis = 26,813; number of prescription medication disbursements included = 391,906. **Source:** ADAP Enrollment System, December 24, 2024.

### 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 2022–2023

Category	Mode	Minimum	25 <sup>th</sup> Percentile	Median	75 <sup>th</sup> Percentile	Maximum
Number of EB-HIPP, OA-HIPP, and MDPP Payments per client	12	1	11	14	25	51
EB-HIPP, OA-HIPP, and MDPP Expenditures per client	\$610	\$1	\$1,818	\$5,043	\$10,038	\$44,330

**Note:** Number of clients included in analysis = 10,314; number of prescription medication disbursements included = 172,180. **Source:** ADAP Enrollment System, December 24, 2024.

## Appendix C. 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) Medical-Out-Of-Pocket (MOOPs) Claims and Expenditures: Measures of Central Tendency and Spread, FY 2022–2023


Category	Mode	Minimum	25 <sup>th</sup> Percentile	Median	75 <sup>th</sup> Percentile	Maximum
Number of EB-HIPP, OA-HIPP, or MDPP MOOPs Claims per client	1	1	2	4	8	251
MOOPs Expenditures per client	\$15	\$1	\$45	\$110	\$307	\$13,245

**Note:** Number of clients included in analysis = 4,866; number of prescription medication dispenses included = 34,954.

**Source:** ADAP Enrollment System, December 24, 2024.

## Appendix D. Summary of Statistical Measures and Definitions, FY 2022–2023

Measure	Description
Mode	The most commonly or frequently occurring value in a data set.
Minimum	The lowest or smallest value in a data set.
25 <sup>th</sup> Percentile	When all observations in a data set are ordered from smallest to largest, the 25th percentile is the value at which 25% of the observations in the data set fall at or below.
Median (50 <sup>th</sup> 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 at which 50% of the observations in the data set fall at or below.
75 <sup>th</sup> Percentile	When all observations in a data set are ordered from smallest to largest, the 75th percentile is the value at which 75% of the observations in the data set fall at or below.
Maximum	The highest or largest value in a data set.
Mean	When all observations in a data set are summed together and divided by the total number of observations, this results in the mean value.
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.



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