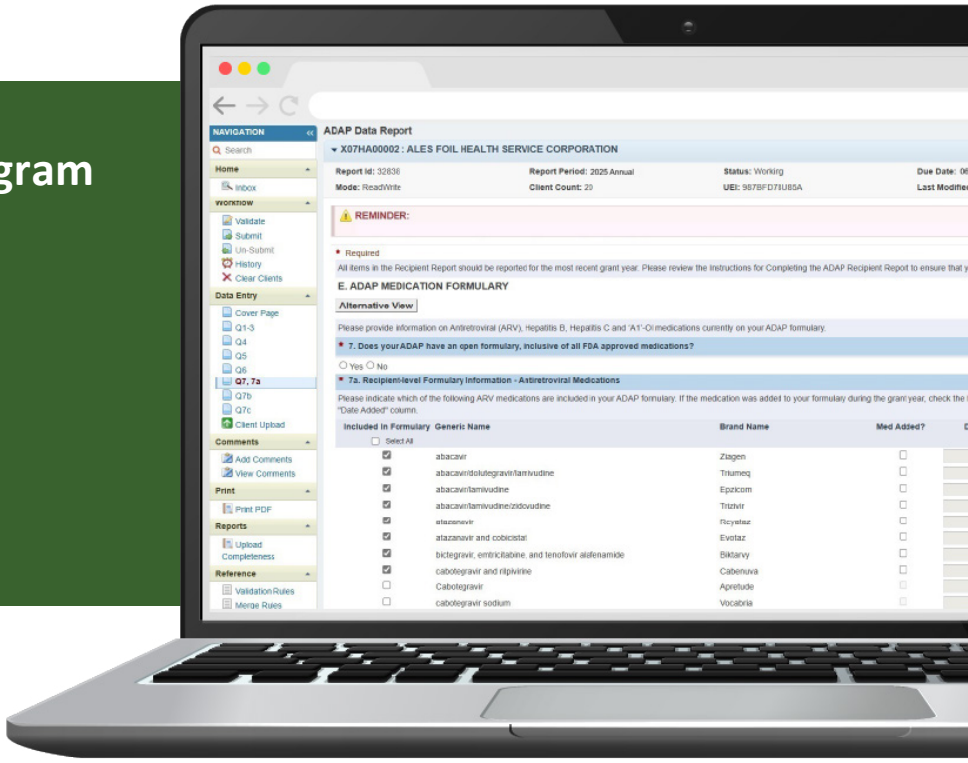
Ryan White HIV/AIDS Program

AIDS Drug Assistance Program Data Report (ADR)



Instruction Manual 2026

Recipient Report Data: April 1, 2025, to March 31, 2026
Client Report Data: January 1, 2025, to December 31, 2025

Manual Release Date: March 6, 2026 (Version 1)

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

HIV/AIDS Bureau
Division of Policy and Data
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HRSA Health Resources & Services Administration

RWHAP DATA SUPPORT

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Icons Used in This Manual

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

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

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

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

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

Introduction

The Ryan White HIV/AIDS Program (RWHAP) funds and coordinates with states, cities, counties, local clinics, and community-based organizations to deliver efficient and effective HIV care, treatment, and support to low-income people with HIV. Since 1990, the RWHAP has developed a comprehensive system of safety net providers who deliver high-quality direct HIV health care and support services to more than half a million people with HIV — more than half of all people with diagnosed HIV in the United States.

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

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

- Monitor the clinical outcomes of clients enrolled in RWHAP ADAP.
- Monitor the use of RWHAP ADAP funds in addressing the HIV epidemic in the United States.
- Monitor the support provided by RWHAP ADAP to people and communities disproportionately impacted by HIV.
- Monitor progress toward the national goals to end the HIV epidemic.
- Disseminate data on client demographics and service utilization via the publicly available RWHAP ADAP Annual Data Report.

ADR technical resources are available to ADAPs through HRSA HAB and CAI-DISQ websites.

What's New for 2025

HRSA EHBs Identity Verification and ID.me Login Option

All HRSA EHBs users must complete a one-time identity verification through Login.gov or ID.me. Existing HRSA EHBs users can use their current Login.gov account to complete the identity verification with a state-issued driver's license or state ID. Alternatively, if you do not have a state-issued driver's license or state ID but do have a U.S. passport, complete the identity verification process through ID.me.

Additionally, users have the option of using either Login.gov or ID.me to access the HRSA EHBs. For further details and instructions, see the HRSA EHBs Help and Knowledge Base.

Client-Level Data Element Changes

Effective with the 2025 ADR, there are four data element changes that will result in a schema change. The following data elements have been removed:

- **ID 6 – Gender**
- **ID 17 – Last Eligibility Confirmation Date**

The following data elements have been modified:

- **ID 71 – Sex at birth:** An "unknown" response option has been added. Missing data are no longer allowed.

What's New: Table 1. Sex at Birth Response Options

Response Option	ID
Male	1
Female	2
Unknown	4

- **ID 67 Type of health care coverage assistance received:** ADAPs are no longer required to differentiate between partial and full premium payments. The responses options "Full premium payment" and "Partial premium payment" have been removed and a new response option "Full or partial premium payment" has been added. The response option "Medication Co-pay/deductible including Medicare Part D co-insurance, co-payment, and donut hole coverage" is unchanged.

What's New: Table 2. Type of health care coverage response options

Response Option	ID
Full or partial premium payment	4
Medication Co-pay/deductible including Medicare Part D co-insurance	3

UCI Component Changes

HAB is changing one data element used in the Unique Client Identifier (UCI) to Sex at birth. The other data elements that comprise the UCI will not change. The updated UCI components are listed below with the coding for sex at birth. There is no change in the hashing algorithm.

UCI components

- First and third characters of first name (no change)
- First and third characters of last name (no change)
- Full date of birth: MMDDYY (no change)
- Sex at birth code: 1=Male, 2=Female, 9=Unknown (updated)

Validation Message Updates

One validation has been removed and four existing validations have been updated. There are no new validations. See the table below for further details. The complete list of all validations will be distributed to all ADAPs once finalized. For questions, please call RWHAP Data Support at 1-888-640-9356 or email RyanWhiteDataSupport@wrma.com.

Check #	Alert
Check 94:	**Alert: Missing Sex at Birth** Action: The validation has been disabled given that sex at birth is now required for all clients.
Check 109	**Alert: Insurance Assistance Type reported as 'Full or Partial Premium Amount,' but Insurance Premium Amount is missing or zero.** Action: Language and logic have been updated to align with reporting change.
Check 110	**Alert: Insurance Premium amount greater than zero but missing Insurance Assistance Type.** Action: Logic has been updated to align with reporting change.
Check 115	**Alert:** Q#7: If 'Yes' is selected for Q7 (i.e., you have an open formulary) then all medications in Q7a, Q7b and Q7c should be checked unless there are limited exceptions. Please verify your responses. Action: Validation has been downgraded from a warning to an alert and language has been updated to provide clarification.

About the ADR

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

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

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

RWHAP ADAPs are required to submit the ADR annually.

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

RWHAP ADAPs should start their Recipient Report by **April 20, 2026**.

The 2025 ADR, consisting of the Recipient Report and Client Report, is due on **June 1, 2026**.

Who Is an RWHAP ADAP Client?

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

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

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

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

What Are RWHAP ADAP Services?

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

Medication Assistance Services

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

Health Care Coverage Assistance Services

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

Services Provided Under the RWHAP ADAP Flexibility Provision

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

How Is the ADR Submitted to HRSA HAB?

RWHAP ADAPs access the HRSA EHBs, a web-based grants administration system, to submit the ADR. Start the ADR by opening the Recipient Report via the EHBs; complete each section of the Recipient Report. For additional information on accessing the ADR via the EHBs, see Accessing the ADR Recipient Report on page 10 of this manual. The Client Report is uploaded as an Extensible Markup Language (XML) file within the Recipient Report. For additional information, see Submitting Client-level Data on page 26 of this manual.

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

Submitting Your ADR

Complete your Recipient Report.

Create Client Report XML using ADR system or TRAX.

Ensure date quality using tools within the ADR.

Correct any errors and submit your ADR.

Who Submits the ADR?

The ADR submission is a requirement of the RWHAP Part B grant award. Each RWHAP Part B recipient of record, except for those territories listed on page 3, must complete the Recipient Report and the Client Report of the ADR. The recipient of record is the agency that receives RWHAP ADAP funding directly from HRSA.

What Are the Reporting Periods?

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

- **Recipient Report:** RWHAP ADAPs report data based on the RWHAP Part B budget period, **April 1, 2025, to March 31, 2026**.
- **Client Report:** RWHAP ADAPs report client-level data for clients enrolled during the **calendar year** reporting period, **January 1, 2025, to December 31, 2025**.

Important Dates

Date	Key Event
February 2, 2026	Test Your XML and Data Quality Feature opens for your Client Report
Monday, April 6, 2026	ADR Web System opens for 2025 data collection
Monday, April 20, 2026	Start your Recipient Report in the EHBs
Monday, June 1, 2026	ADRs must be in “Submitted” status by 6 p.m. ET

Be sure to visit the HRSA HAB and CAI-DISQ websites at the beginning of the report submission period to obtain up-to-date information, materials, and the webinar series schedule.

Accessing the ADR Recipient Report

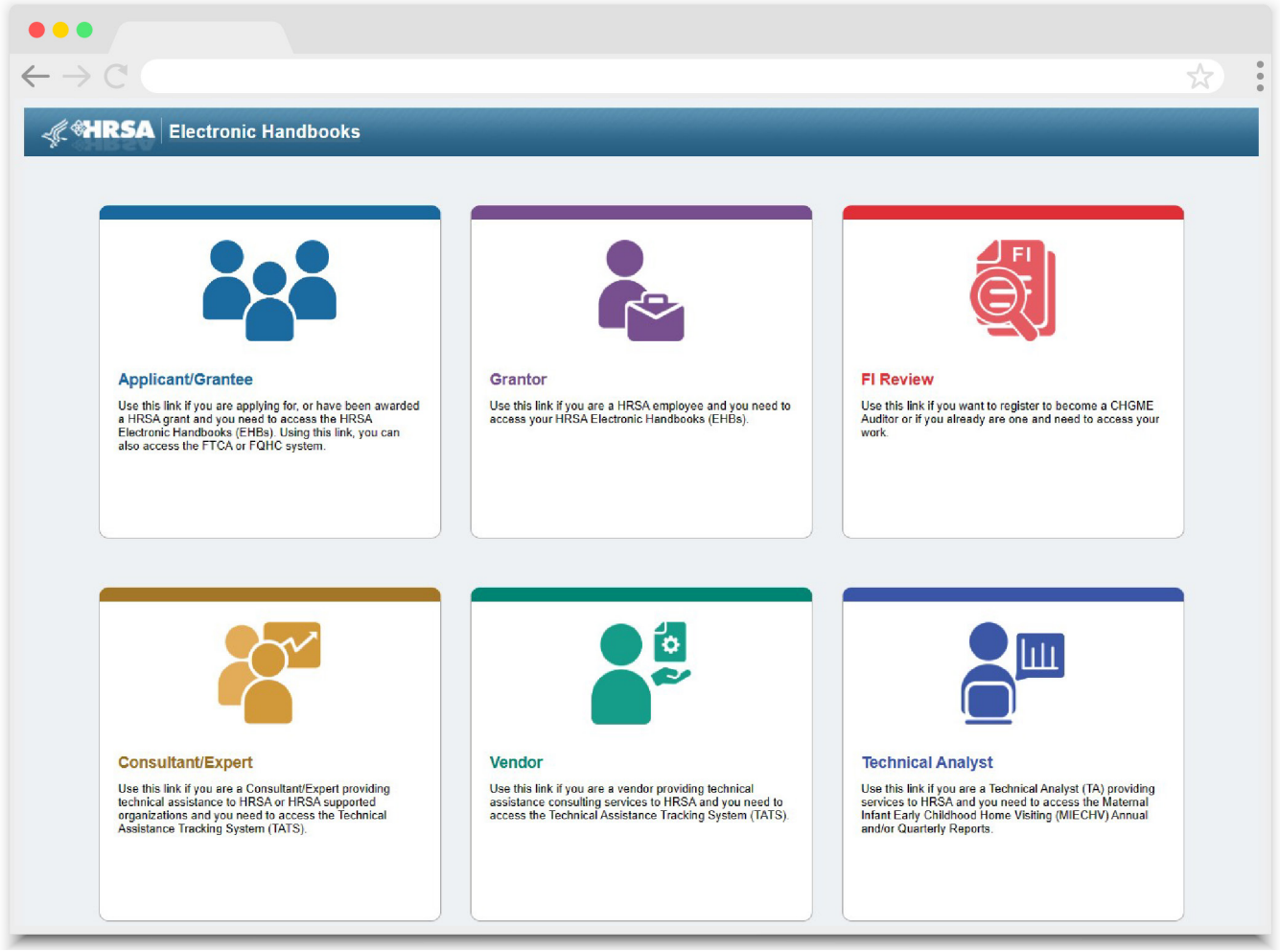
To access the ADR Recipient Report, follow these steps.

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

For information about the EHBs login process and Login.gov, including step-by-step instructions, a video, and FAQs, refer to the EHBs Wiki Help page or check out HRSA's EHBs Login Process webinar.

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

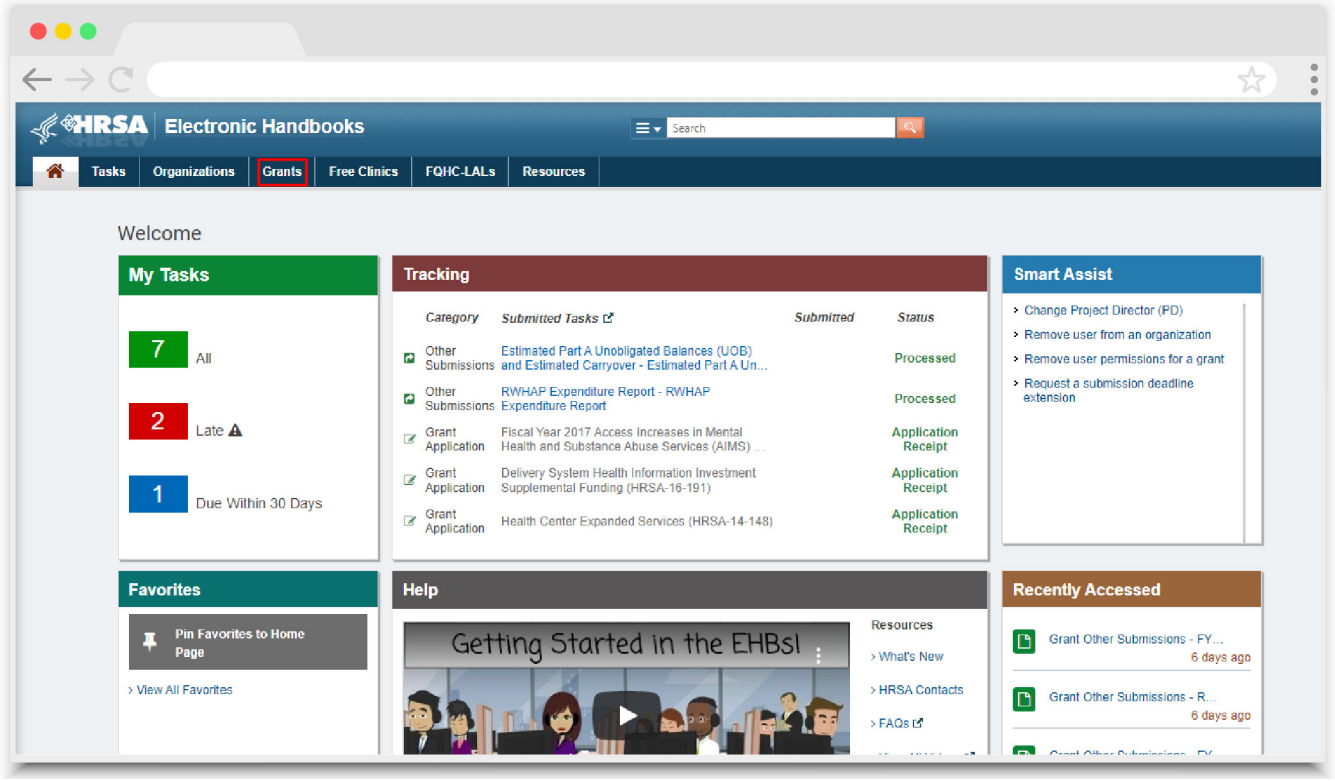
Figure 1. HRSA Electronic Handbooks: Screenshot of the EHBs Select Role Page



STEP TWO: From the EHBs homepage, hover your cursor over the "Grants" tab, on the top-left side of the screen (see Figure 2).

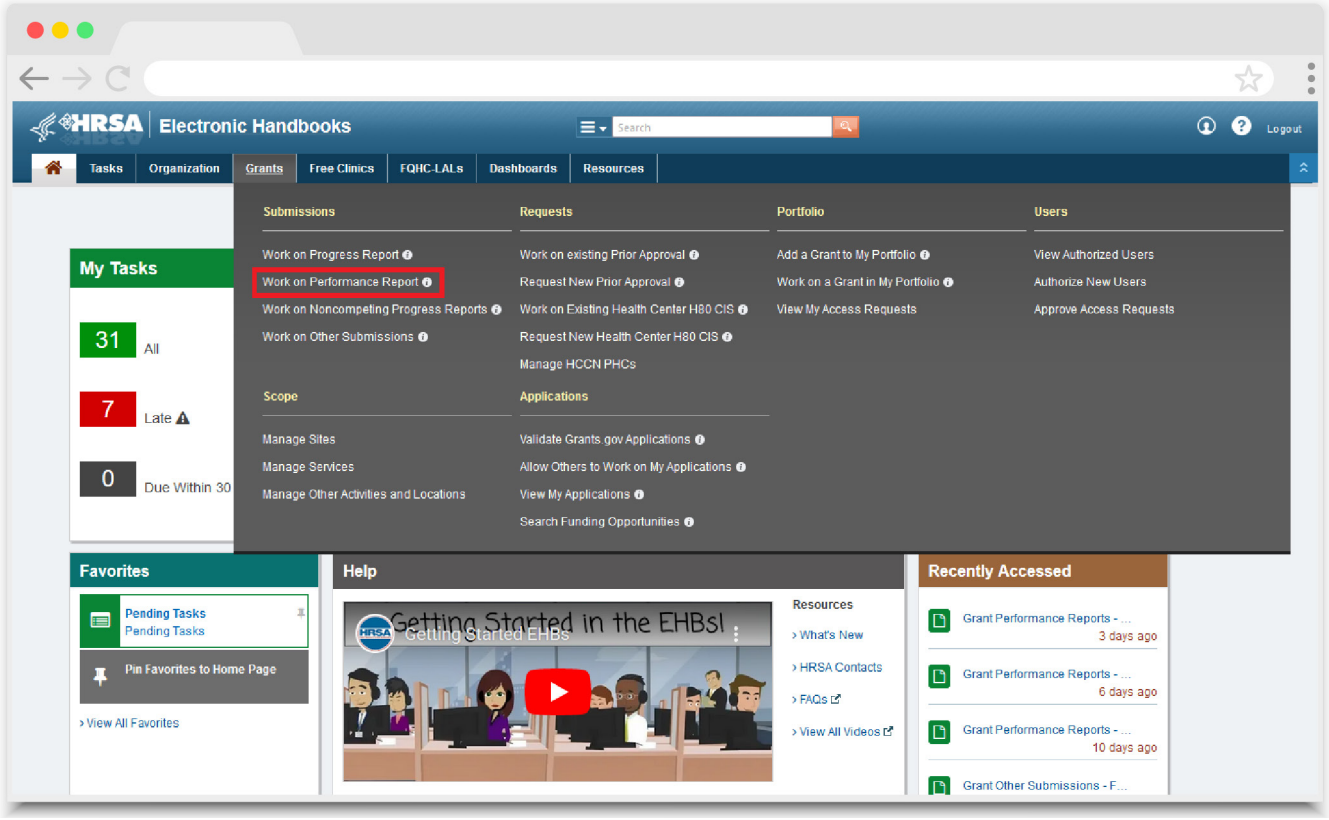
If you need help navigating the EHBs to find your ADR, call the EHBs Customer Support Center at 1-877-464-4772.

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



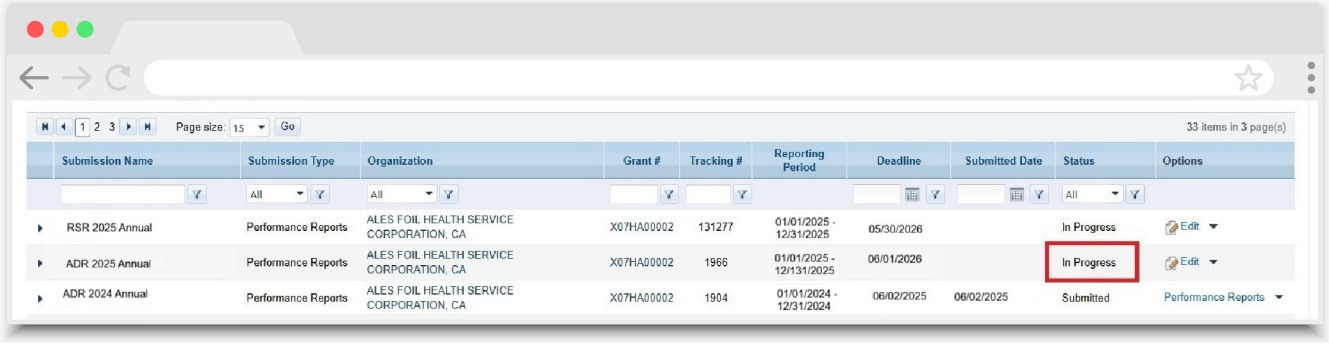
STEP THREE: From the resulting dropdown menu, under the "Submissions" header, select "Work on Performance Report" (Figure 3).

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



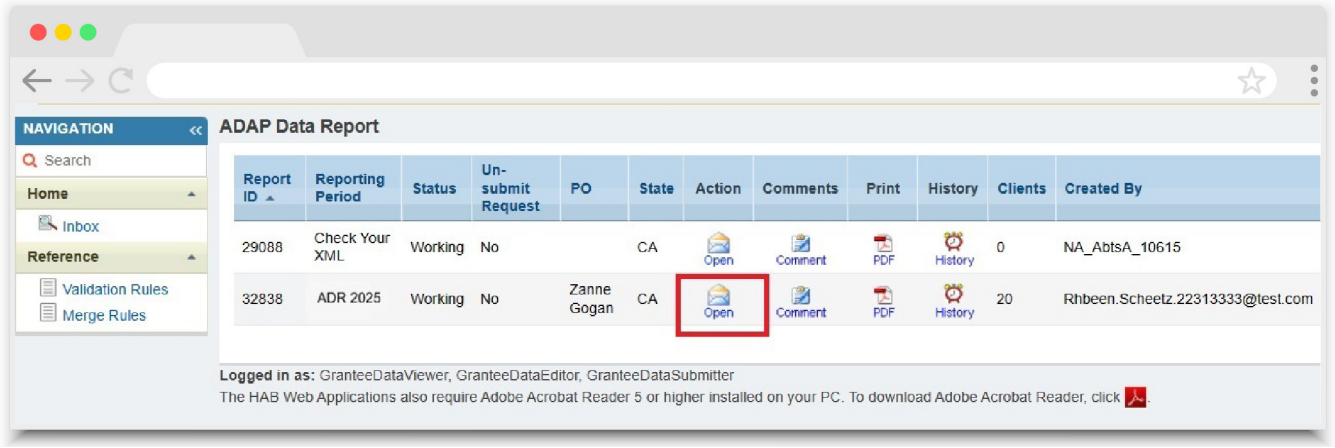
STEP FOUR: On the bottom of the next page, the Submissions - All page, under "Submission Name," locate your 2025 ADR. Select "Start" or "Edit" under the "Options" header to access the ADR system (Figure 4). A new window will appear.

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



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

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



The Recipient Report

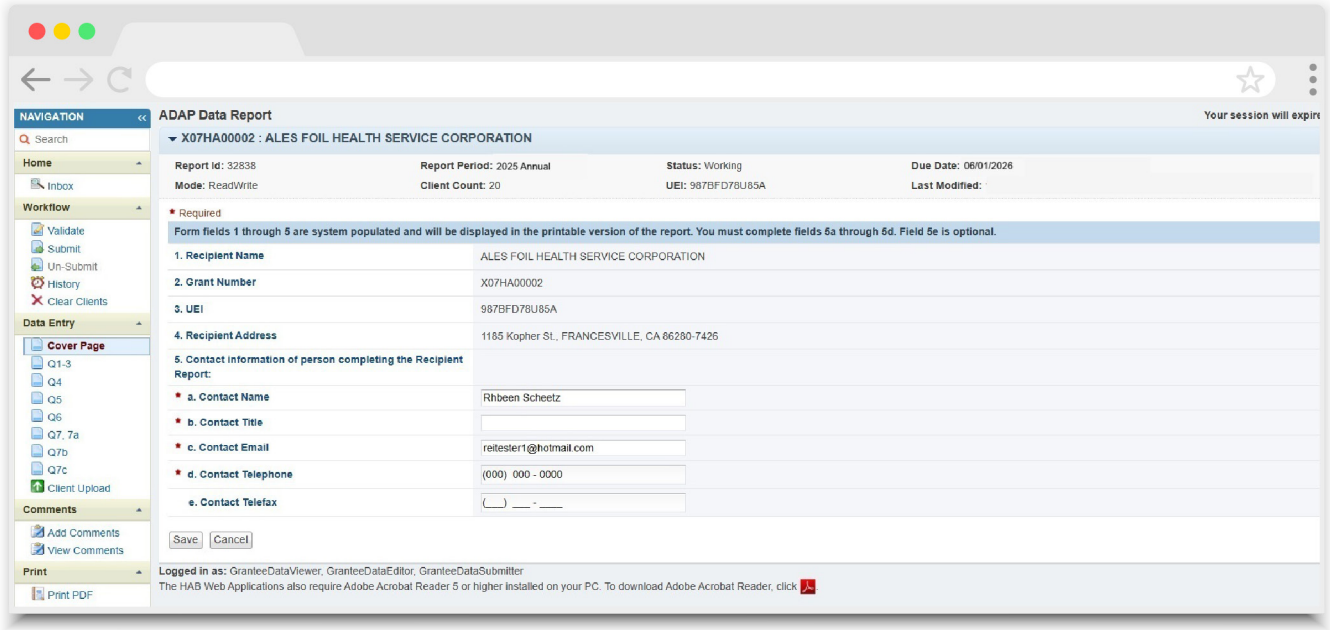
For the Recipient Report, each RWHAP ADAP will report data based on the RWHAP Part B budget period, April 1, 2025, to March 31, 2026.

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

Cover Page

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

Figure 6. ADR Recipient Report: Cover Page



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

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

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

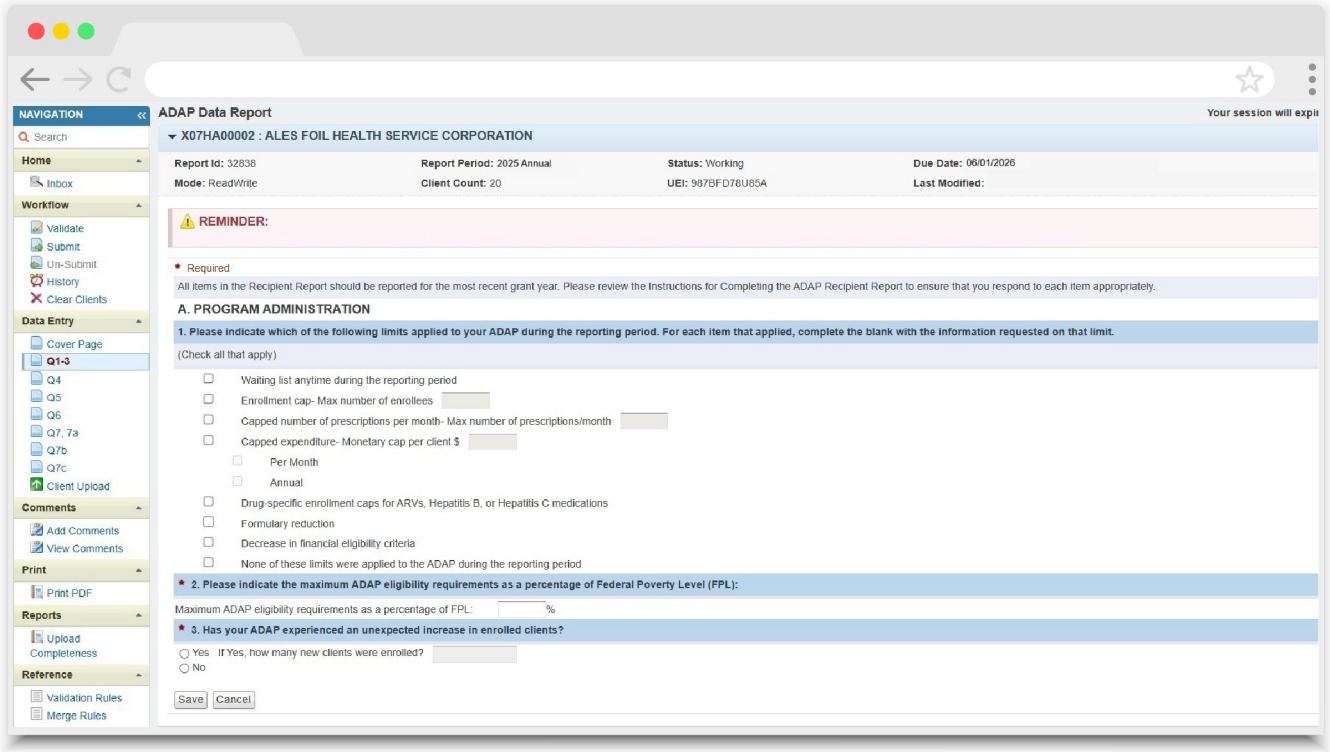
Once you've updated, entered, and/or verified the data on the Recipient Contact Information page, click **Save** to save the data and advance to the next section, Programmatic Summary Submission.

A. Program Administration

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

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

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



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

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

RWHAP ADAPs should report their FPL requirement for medication services.

3. **Has your RWHAP ADAP experienced an unexpected increase in enrolled clients?** Indicate if your RWHAP ADAP had a higher-than-expected increase in enrolled clients during the reporting period.
    - Yes. If yes, enter how many more new clients enrolled than you anticipated: ____.
    - No.

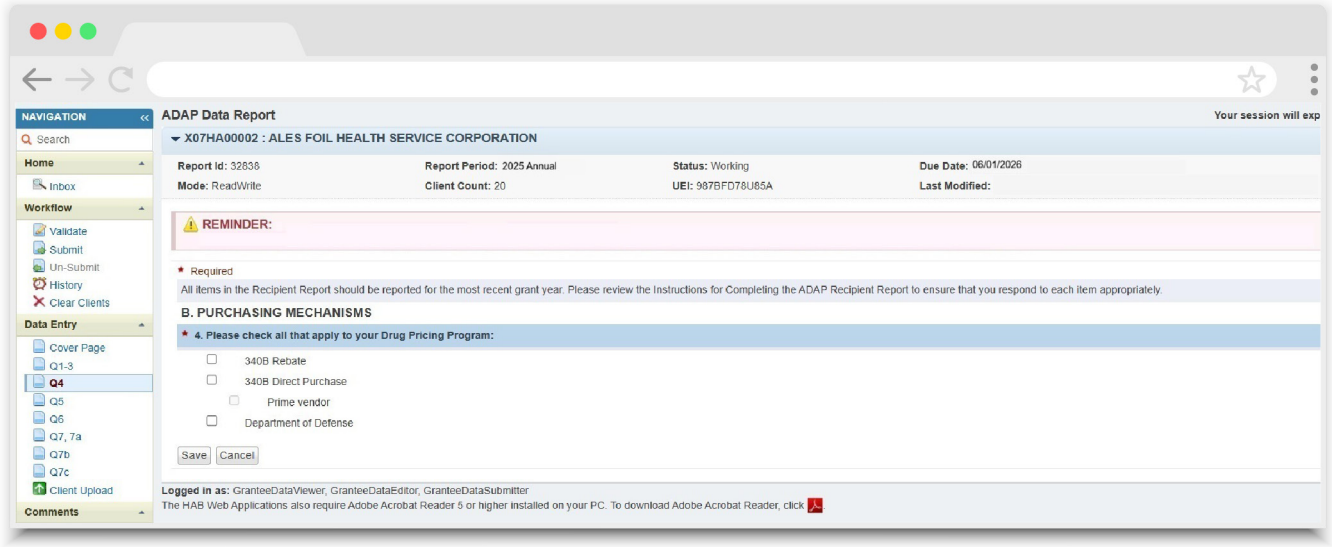
Can you elaborate on what "unexpected" means?

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

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

B. Purchasing Mechanisms

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



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

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

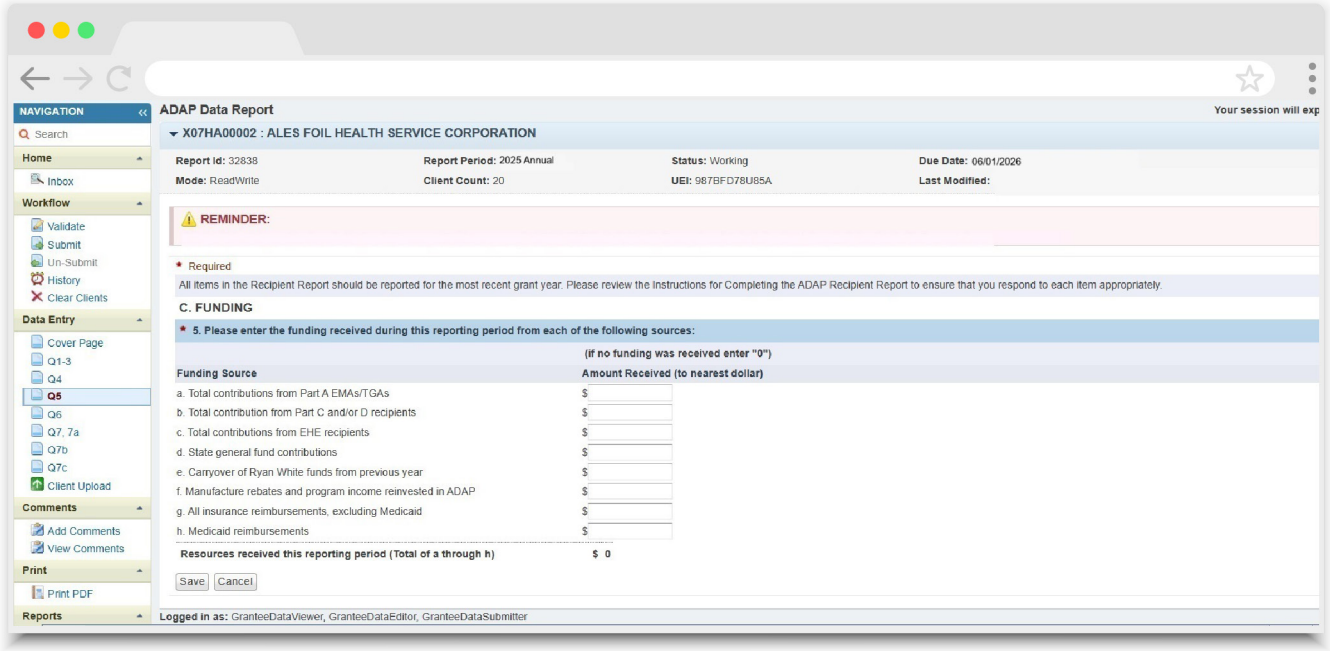
   - *340B Rebate*—A prescription drug purchasing model in which RWHAP ADAPs reimburse a network of retail pharmacies for costs associated with filling prescriptions for eligible clients. RWHAP ADAPs submit 340B rebate claims to drug manufacturers.
   - *340B Direct Purchase*—A prescription drug purchasing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

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

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

C. Funding

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



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

    a. *Total contributions from RWHAP Part A Funding*—Enter total amount that Part A contributed to RWHAP ADAP.

    b. *Total contributions from RWHAP Part C and/or D Funding*—Enter total amount that Part C and/or Part D recipients contributed to RWHAP ADAP.

    c. *Total contributions of EHE funding*—Enter total amount that Ending the HIV Epidemic (EHE) Initiative recipients (RWHAP Part A and Part B) contributed to RWHAP ADAP.

    d. *State general funding contributions*—Enter total amount of state funding that was contributed to RWHAP ADAP, including state funds to meet your match requirement.

    e. *Carry-over of RWHAP funds from previous year*—If your state contributed carryover of RWHAP funds (whether RWHAP ADAP base or other RWHAP Part B funding) to RWHAP ADAP, enter the total amount here.

f. *Manufacturer Reinvested in ADAP*—Report ALL rebate dollars and program income reinvested in RWHAP ADAP.

g. *All Insurance Reimbursements, excluding Medicaid*—Enter total amount received from health insurance reimbursement (excluding Medicaid), from medication and insurance costs paid for a client who later received retroactive insurance eligibility.

h. *Medicaid Reimbursements*—Enter total amount received for Medicaid reimbursements, from medication and insurance costs paid for a client who later received retroactive Medicaid eligibility.

If an RWHAP ADAP uses the direct purchase model to buy medications, where do they report funds received from the insurer?

When an RWHAP ADAP purchases medication through 340B or sub-340B drug purchase price (direct purchase model) for insured clients, the RWHAP ADAP bills the insurer for the dispensed medications. The difference between the insurance payment and the 340B or sub-340B drug purchase price is program income (not an insurance reimbursement). If the ADAP uses the program income for ADAP services, it should be reported as f. *Manufacturer Rebates and Program Income Reinvested in ADAP.*

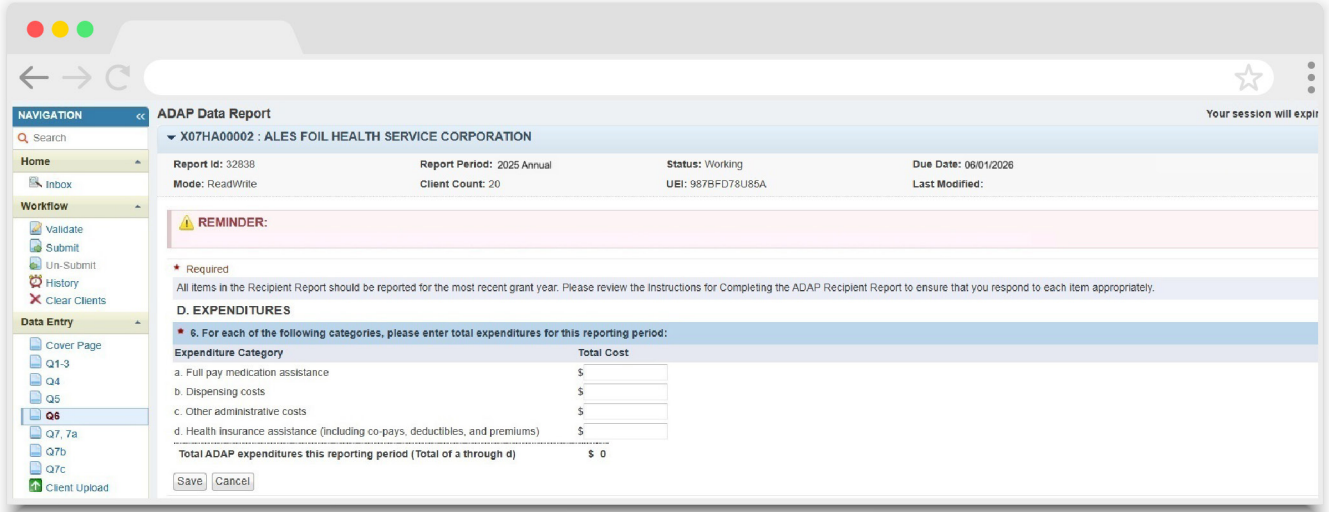
Funding Sources: To Report or Not Report in the ADR?

Funding Source	Reporting Guidance
RWHAP Part B base funding	RWHAP Part B base funding is **not reported,** as these numbers are already reported elsewhere (Program Terms Report).
Part B Supplemental funding	Part B Supplemental funding is **not reported,** as these numbers are already reported elsewhere (Program Terms Report).
RWHAP ADAP base funding	RWHAP ADAP base funding is **not reported** since these awards can only be used for RWHAP ADAP and HRSA HAB already knows the amount you were awarded.
RWHAP ADAP Emergency Relief Funds	RWHAP ADAP Emergency Relief Funds are **not reported** since these awards can only be used for RWHAP ADAP and HRSA HAB already knows the amount you were awarded.
RWHAP ADAP Flexibility Policy	RWHAP ADAP Flexibility Policy is **not reported** in the ADR.
State matches for RWHAP ADAP	All state funds (whether they are used to meet your match requirement) **are reported in "e. State general fund contributions."**
Rebates and Program Income	Only rebates and program income you invested back in the RWHAP ADAP **are reported in "f. Manufacturer Rebates and Program Income Reinvested in the RWHAP ADAP."**

Funding Source	Reporting Guidance
No funding sources received during the reporting period	It is possible for an RWHAP ADAP to not receive funding from any of the funding sources listed in Question 5 during the reporting period. If that is the case, the RWHAP ADAP should enter 0 for each funding source.

D. Expenditures

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



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

    a. *Full pay medication assistance*—Medication expenses for all drugs paid in full by RWHAP ADAP. If RWHAP ADAP only partially paid for a drug, report it below as health care coverage assistance in d. Health insurance assistance.

    b. *Dispensing costs*—Pharmacy expenses or fees to dispense and/or distribute medications to clients, including costs to mail medications to a client.

c. *Other administrative costs*—All other fees (excluding dispensing costs) paid by RWHAP ADAP that are related to purchasing and distributing medication and purchasing health care coverage, such as third-party insurance administrative fees, pharmacy fees, administrative shipping costs to central or other pharmacies, and other bulk order fees. Do not include RWHAP ADAP general administrative costs (e.g., staffing costs) here.

d. *Health care coverage assistance*—Any health care coverage assistance, including premiums and medication co-insurance, co-payments, and deductibles.

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

How to Report Costs and Negotiated Fees

Services	How to Report in the ADR
Dispensing fees	Dispensing Costs
Cost to ship medication directly to clients	Dispensing Costs
Claims processing fees	Other Administrative Costs
Formulary management fees	Other Administrative Costs
Health insurance premium processing fees	Other Administrative Costs
Medication wholesaler's costs to ship medication to central or other pharmacies	Other Administrative Costs
Dental premiums processing fees	Not allowable; do not report
Office visit co-pays processing fees	Not generally allowable with the exception of office visits for ARV injectables; do not report

E. Medication Formulary

7. **Does your RWHAP ADAP have an open formulary, inclusive of all FDA-approved medications?** An RWHAP ADAP with an open formulary will cover all FDA-approved drugs with some limited exceptions.
    - Yes
    - No

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

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

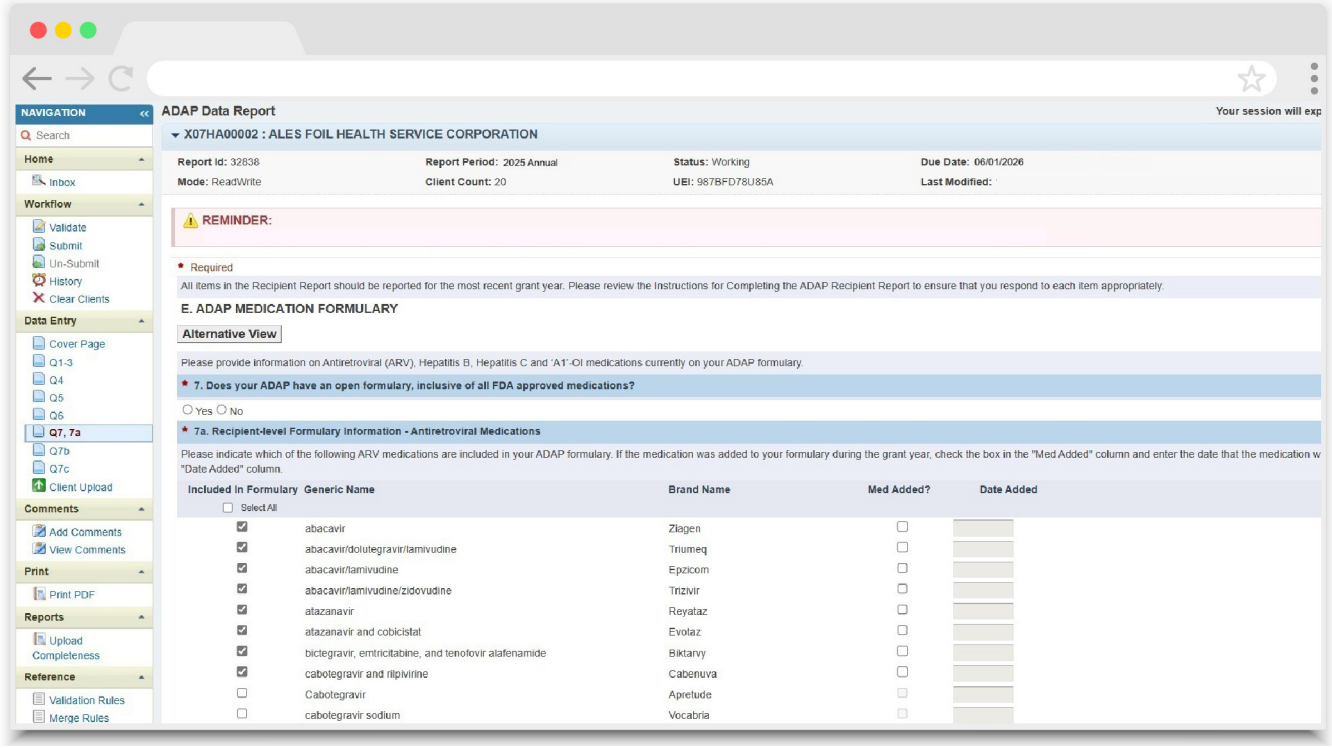
    If the medication was added to the formulary during the reporting period, check the box in the Med Added column and enter the date it was added in the Date Added column.

If a medication was added to the formulary before the current reporting period but is not reflected in your ADR formulary list, check the box in the Med Added column to include it as part of your formulary. You do not need to enter a date in the Date Added column.

Our ADAP covers ARV injectables and the associated office visit. How should we report these expenses?

ARV injectables are allowable expenses under ADAP, including the office visit. Report the medication expenses as Medication Assistance in the Client Report. Office visits are not reported in the ADR.

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



This is the end of the Recipient Report.

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

Submitting Your Recipient Report

The Recipient Report is submitted with the Client Report. See "The Client Report" for more information and follow the submission process for the Recipient Report and Client Report as described in Submitting Your Report on page 56.

The Client Report

RWHAP ADAPs should report client-level data in the Client Report for all clients enrolled during the calendar year reporting period January 1, 2025, to December 31, 2025. The Client Report is a collection of RWHAP ADAP client records that you must submit in one or more properly formatted XML files. Within the Client Report:

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

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

Submitting Client-level Data

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

To learn how to upload the client-level data XML file, see Uploading the XML Client File on page 54.

If you have an ADR-ready system

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

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

If you do not have an ADR-ready system

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

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

Client-level Data Elements

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

Element ID: Each data element has been assigned a value for referencing between this document and the ADR XML Schema Implementation Guide.

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

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

Required for clients: Most data elements are required for all clients. ADAPs should strive to submit all required data. However, there are instances when data elements are only required for new or existing clients, when clients received medication and/or health care coverage services, or as a follow-up to a previous question. See Appendix A: Required Client-level Data Elements for a visual table of required data.

The reference in the schema document is specific to reporting requirements, not schema requirements (meaning that if data are missing for most data elements, the XML file can still be uploaded).

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

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

Table 1: ADR Client-level Data Elements

Element ID	Data Element Name
System Variables	
2	Encrypted Unique Client Identifier
Client Demographics	
4	Client's self-reported ethnicity
68	Client report Hispanic subgroup
6	Client's self-reported race
69	Client report Asian subgroup
70	Client report Native Hawaiian/Pacific Islander subgroup
71	Client's sex at birth
9	Client's year of birth
10	Client's HIV/AIDS status
11	Client's percent of the federal poverty level
13	Client's health care coverage
Enrollment and Certification	
14	New client
15	Date completed application was received
16	Date completed application was approved
18	Client enrollment status
19	Reason(s) for disenrollment
Health Coverage Services	
20	Receipt of health care coverage services
67	Type of health care coverage assistance received
21	Amount paid for premiums
22	Months coverage of premiums paid

Element ID	Data Element Name
23	Amount paid for medication co-pays and deductible
Medication Assistance Services	
25	Receipt of medication services
26	Medication(s) dispensed
27	Medication dispensed date
28	Day(s) supply of medication
29	Amount paid for medication
Clinical Information	
32	CD4 count date
33	CD4 count value
34	Viral load date
35	Viral load count

System Variables

Encrypted Unique Client Identifier: ID 2

XML Variable Name:
ClientUci

Required for:
All clients enrolled at any time during the reporting period.

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

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

Guidelines for Collecting and Recording Client Names

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

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

Client Demographics

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

Reporting Client Race and Ethnicity

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

The standards have five categories for data on race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. There are two categories for data on ethnicity: Hispanic or Latino and Not Hispanic or Latino. Identification of ethnic and racial subgroups is required for the categories of Hispanic/Latino, Asian, and Native Hawaiian/Pacific Islander.

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

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

Client's self-reported ethnicity: ID 4

XML Variable Name:
EthnicityId

Required for:
All clients enrolled at any time during the reporting period.

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

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

Client report Hispanic subgroup: ID 68

XML Variable Name:
AdrClientReportHispanicSubgroup

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

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

These are the response category options:

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

Client's self-reported race: ID 6

Variable Name:
RaceId

Required for:
All clients enrolled at any time during the reporting period.

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

These are the response category options:

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

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

Client report Asian subgroup: ID 69

XML Variable Name:
AdrClientReportAsianSubgroup

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

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

These are the response category options:

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

Client report Native Hawaiian/Pacific Islander subgroup: ID 70

XML Variable Name:
AdrClientReportNhpiSubGroup

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

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

These are the response category options:

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

Client's sex at birth: ID 71

XML Variable Name:
SexAtBirthId

Required for:
All clients enrolled at any time during the reporting period.

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

- Male
- Female
- Unknown

Client's year of birth: ID 9

XML Variable Name:
BirthYear

Required for:
All clients enrolled at any time during the reporting period.

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

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

Client's HIV/AIDS status: ID 10

XML Variable Name:
HivAidsStatusId

Required for:
All clients enrolled at any time during the reporting period.

Description:
The client's HIV status at the end of the reporting period. These are the response category options:

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

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

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

Client's percent of the federal poverty level: ID 11

XML Variable Name:
PovertyLevelPercent

Required for:
All clients enrolled at any time during the reporting period.

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

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

There are two slightly different versions of the federal poverty measure — the poverty thresholds (updated annually by the U.S. Bureau of the Census) and the poverty guidelines (updated annually by HHS). If your RWHAP ADAP already uses one of these measures, use that to report this data item. Otherwise, HRSA HAB recommends and prefers that your RWHAP ADAP use the HHS poverty guidelines to collect and report federal poverty level. For more information on poverty measures, see the 2025 HHS Poverty Guidelines.

Client's health care coverage: ID 13

XML Variable Name:
MedicalInsuranceId

Required for:
All clients enrolled at any time during the reporting period.

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

These are the response category options:

- *Private—Employer* is private health insurance (i.e., Blue Cross Blue Shield, Kaiser Permanente, and Aetna) obtained through an employer.
- *Private—Individual* is private health insurance (i.e., Blue Cross Blue Shield, Kaiser Permanente, and Aetna) paid by the client and/or RWHAP funds.
- *Medicare Part A/B* is a public health insurance program for people ages 65 and older, people under age 65 with certain disabilities, and people with end-stage renal disease (permanent kidney failure treated with dialysis or a transplant) or amyotrophic lateral sclerosis (also known as Lou Gehrig's disease). Medicare Part A (hospital insurance) covers inpatient care in hospitals, skilled nursing facility care, nursing home care, hospice care, and home health services. Medicare Part B (medical insurance) covers medically necessary services from health care providers, outpatient care, home health care, durable medical equipment/supplies, and preventive services.

- *Medicare Part C* is an alternative to private health insurance for Medicare beneficiaries. Also known as Medicare Advantage, it is a type of health plan from a private company that a Medicare-eligible person can choose to cover most of their Medicare Part A and Medicare Part B benefits instead of Original Medicare (i.e., benefits under individual Medicare Part A plus Medicare Part B). It usually also includes drug coverage (Medicare Part D).
- *Medicare Part D* is a standalone prescription drug coverage insurance.
- *Medicaid, Children's Health Insurance Program (CHIP), or other public plan*. Medicaid is funded jointly by states and the federal government and provides health care coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. The program is administered by states, according to federal requirements. CHIP provides federal matching funds to states to provide health care coverage to children in families with incomes too high to qualify for Medicaid, but who can't afford private coverage. Other public plan is any federal or state-funded third-party coverage or health plan (excluding state-run high-risk insurance, which is reported separately).
- *Veterans Administration (VA), Tricare, or other military health care*. VA is health care coverage for eligible veterans. Tricare and other military health care are health care programs for uniformed service members, retirees, and their families.
- *Indian Health Services* provides health services to American Indians and Alaska Natives.
- *Other Plan* means client has an insurance type other than those listed above. An example would be a company that chooses to "self-insure" and pay the medical expenses of its employees directly as they are incurred rather than purchasing health insurance for its employees to use.
- *No insurance/uninsured* means the client did not have health insurance or third-party coverage at some time during the reporting period.
- *High Risk Insurance* is a state-run, state-subsidized high-risk insurance pool program offered in some states. They provide coverage for people who may have been denied coverage or are otherwise unable to obtain individual health insurance. High-risk insurance pool plans may also offer coverage consistent with a certain eligibility provision of HIPAA (i.e., for people who lost group health plan coverage), supplemental coverage for Medicare beneficiaries with a disability under the age of 65 in states where they do not have access to Medigap, or those who meet other eligibility requirements.

- *Association Plan* is a group health plan that allows multiple smaller employers to join to access health insurance savings that is typically associated with large employer medical coverage.

Examples of Health Care Coverage Scenarios

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

For further clarification on when to use the "Other plan" response option, see ADR in Focus: Reporting "Other Plan" for Client's Health Care Coverage in the ADR.

How do I report Medigap as a type of health care coverage?

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

Can I use ADAP funds to pay for dental insurance?

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

Common Issues for Reporting RWHAP ADAP Services

Common Issues	Reporting Guidance
Medication was dispensed to the client, but there was no cost to the client (and therefore no cost to the RWHAP ADAP).	Do not report medication services if there is no cost to the RWHAP ADAP.
Medication is dispensed to the client and the cost is paid for by the RWHAP ADAP but is retroactively reimbursed by Medicaid or insurance.	RWHAP ADAP services that are retroactively reimbursed (i.e., through back billing) should be reported as services that were provided based on the initial claim paid. RWHAP ADAPs are not required to go back into their data system and delete services for which they back billed Medicaid and received reimbursement. The reimbursements should be reported in the Funding section of the ADR Recipient Report.
Pharmacy prepares a client's medication and submits a claim for the dispensed medication. Client does not pick up medication and the pharmacy reverses the claim.	RWHAP ADAPs should not report services that were reversed and will need to reconcile these data before reporting.
RWHAP ADAP purchases medication at the 340B or sub-340B purchase price for an insured client and subsequently bills the insurer. The insurer payment to the RWHAP ADAP for the previously dispensed medication exceeds the direct purchase cost paid by the RWHAP ADAP.	Do not report medication co-payment, co-insurance, and/or deductible for the client as there was no cost to the program. The difference between the insurance payment and the 340B or sub-340B drug purchase price is program income. If program income is reinvested into the RWHAP ADAP, it should be reported in the Funding section ADR Recipient Report.
Medication cost was less than $1 and due to rounding rules, the cost was reported in the ADR as $0.	If the cost is less than $1 but greater than $0, round the cost to $1 for the purposes of reporting. This will ensure that the service is reported.
Health insurance premium is paid but the RWHAP ADAP client becomes ineligible before the effective period of insurance. The premium payment is reversed.	This is another example of a reversal and RWHAP ADAPs should not report the premium payment and will need to reconcile these data before reporting.

Enrollment and Certification

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

New client: 14

Element Name:
NewEnrollment

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

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

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

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

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

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

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

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

Date completed application was received: ID 15

XML Variable Name:
ApplicationReceivedDate

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

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

Example: If a new client's RWHAP ADAP completed application was received July 2, 2025, report **07/02/2025**.

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

Date completed application was approved: ID 16

XML Variable Name:
ApplicationApprovalDate

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

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

Example: If a new client's *RWHAP ADAP application* was approved July 2, 2025, report **07/02/2025**.

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

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

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

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

Report dates under **Date Completed Application Received (ID 15)** and **Date Application Approved (ID 16).** For ID 18 Enrollment Status, report "Enrolled services not requested."

Client enrollment status: ID 18

XML Variable Name:
EnrollmentStatusAtEndofYearID

Required for:
All clients enrolled at any time during the reporting period.

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

These are the response category options:

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

Reason(s) for disenrollment: ID 19

XML Variable Name:
DisenrollmentReasonId

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

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

These are the response category options:

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

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

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

RWHAP ADAP Services

RWHAP ADAP services are health care coverage assistance and medication assistance services provided to enrolled clients in the RWHAP ADAP. Report all RWHAP ADAP services that a client received during the reporting period, regardless of funding source, in these sections. Additional definitions for RWHAP ADAP services are in What Are RWHAP ADAP Services? on page 6.

If a client did not receive any health care coverage assistance or medication assistance services, report in ID 18 Enrollment Status, *"Enrolled, services not requested."*

Health Care Coverage Services

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

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

Receipt of health care coverage services: ID 20

XML Variable Name:
InsuranceAssistanceReceivedFlag

Required for:
Clients enrolled at any time during the reporting period.

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

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

- *Report "Yes" if the client did receive health care coverage assistance during the reporting period*
- *Report "No" if the client did NOT receive health care coverage assistance during the reporting period*

Type of health care coverage assistance received: ID 67

XML Variable Name:
InsuranceAssistanceTypeID

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

Description:
This data element captures the types of health care coverage assistance that the client received during the reporting period. (Choose all that apply.)

These are the response category options:

- *Full or partial premium payment* is when the RWHAP ADAP pays for any portion of the client's health insurance premium, up to and including 100 percent of the premium.
- *Medication co-pay/deductible including Medicare Part D co-insurance, co- payment, or donut hole coverage* is when the RWHAP ADAP pays the share of medication costs for clients who have health care coverage. The client's portion may represent the entire cost of a drug when the client has not yet met their deductible.

Amount paid for premiums: ID 21

XML Variable Name:
InsurancePremiumAmount

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

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

Months coverage of premiums paid: ID 22

XML Variable Name:
InsurancePremiumMonthCount

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

Description:
Indicate the total number of months of coverage for which the RWHAP ADAP paid the health insurance premiums in ID 21. Include every month, even if they fall outside the reporting period. RWHAP ADAPs should not prorate the months of coverage based on the portion of the premium paid (i.e., partial premiums).

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

Amount paid for medication co-pays and deductible: ID 23

XML Variable Name:
MedicationCopayOrDeductibleAmount

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

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

Example: If the amount paid for medication co-payments and deductibles was $0.35, report **1.00**.

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

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

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

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

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

Medication Assistance Services

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

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

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

Receipt of medication services: ID 25

XML Variable Name:
MedicationsDispensedFlag

Required for:
All clients enrolled at any time during the reporting period.

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

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

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

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

Medication(s) dispensed: ID 26

XML Variable Name:
MedicationID

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

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

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

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

For more information on how to report medications using NDC codes, contact the DISQ Team at Data.TA@caiglobal.org.

Medication dispensed date: ID 27

XML Variable Name:
MedicationStartDate

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

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

Example: If the client's *medication* was dispensed July 2, 2025, report **07/02/2025**.

Day(s) supply of medication: ID 28

XML Variable Name:
MedicationDays

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

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

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

For medications that don't include days' supply, such as vaccinations, report one day. If you have additional questions, contact the DISQ Team at Data.TA@caiglobal.org.

Amount paid for medication: ID 29

XML Variable Name:
MedicationCost

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

Description:

Report the cost of each RWHAP ADAP-funded medication (*$1 to $100,000*) listed in Item 26 that was dispensed to the client during the reporting period. The cost should be before rebates and should not include dispensing or administrative fees. Include the costs paid for each dispensed medication, even if the medication days' supply extends beyond the reporting period. Do not include dollar signs, commas, or cents. **Only round numbers can be reported in your XML file. If a client's total medication amounts to less than 50 cents, it should be rounded to $1.** See the example below.

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

Example of Medication Data

ClientId	MedicationId	MedicationStartDate	MedicationDays	MedicationCost
1	11822-0544-01	11/05/2025	90	1948
1	43063-0609-30	11/14/2025	15	2598
2	50242-2040-62	10/5/2025	30	100
2	60575-4112-51	10/5/2025	60	1

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

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

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

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

Clinical Information

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

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

CD4 count date: ID 32

XML Variable Name:
Cd4TestDate

Required for:
All clients enrolled at any time during the reporting period.

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

CD4 count value: ID 33

XML Variable Name:
Cd4TestCount

Required for:
All clients enrolled at any time during the reporting period.

Description:
Report the value(s) (*between 0 and 5,000* cells/mm3) of all CD4 count tests administered to the client during the reporting period.

Viral load date: ID 34

XML Variable Name:
ViralLoadTestDate

Required for:
All clients enrolled at any time during the reporting period.

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

Viral load count: ID 35

XML Variable Name:
ViralLoadTestCount

Required for:
All clients enrolled at any time during the reporting period.

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

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

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

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

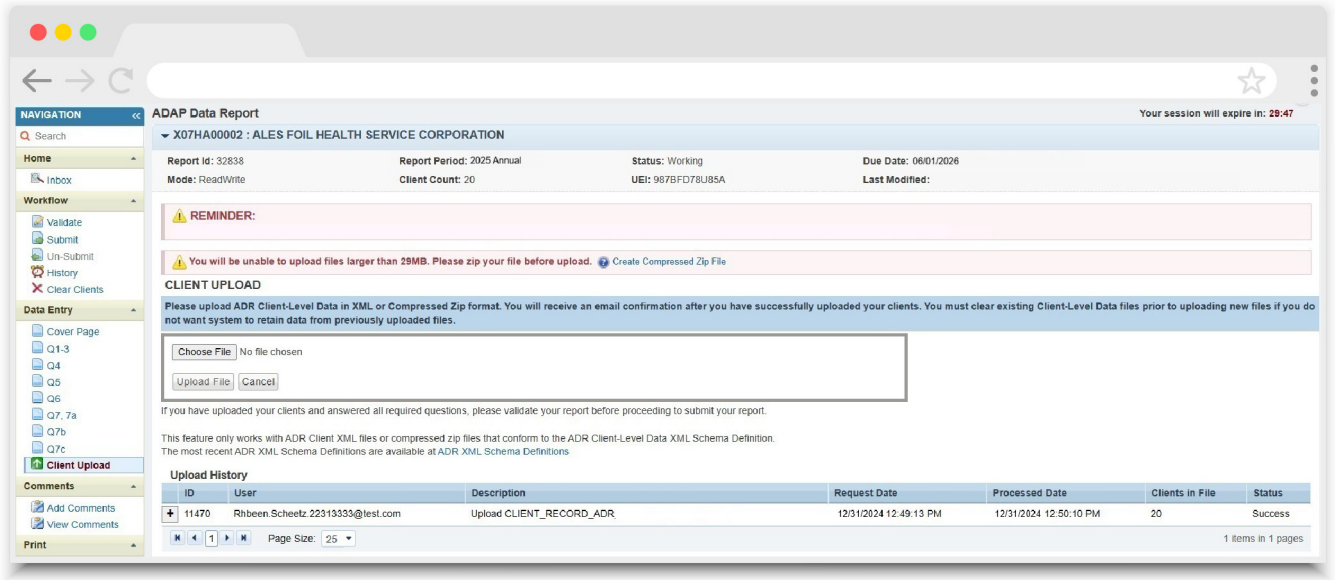
This is the end of the Client Report.

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

Uploading the XML Client File

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

Figure 12. Client Data File Upload



Ensuring Data Quality

After you have uploaded your client-level data, you are ready to check and make sure that your data are correct and complete. This section will describe the tools in the EHBs that help you to ensure that you are submitting high-quality data.

Reviewing Your Client Report

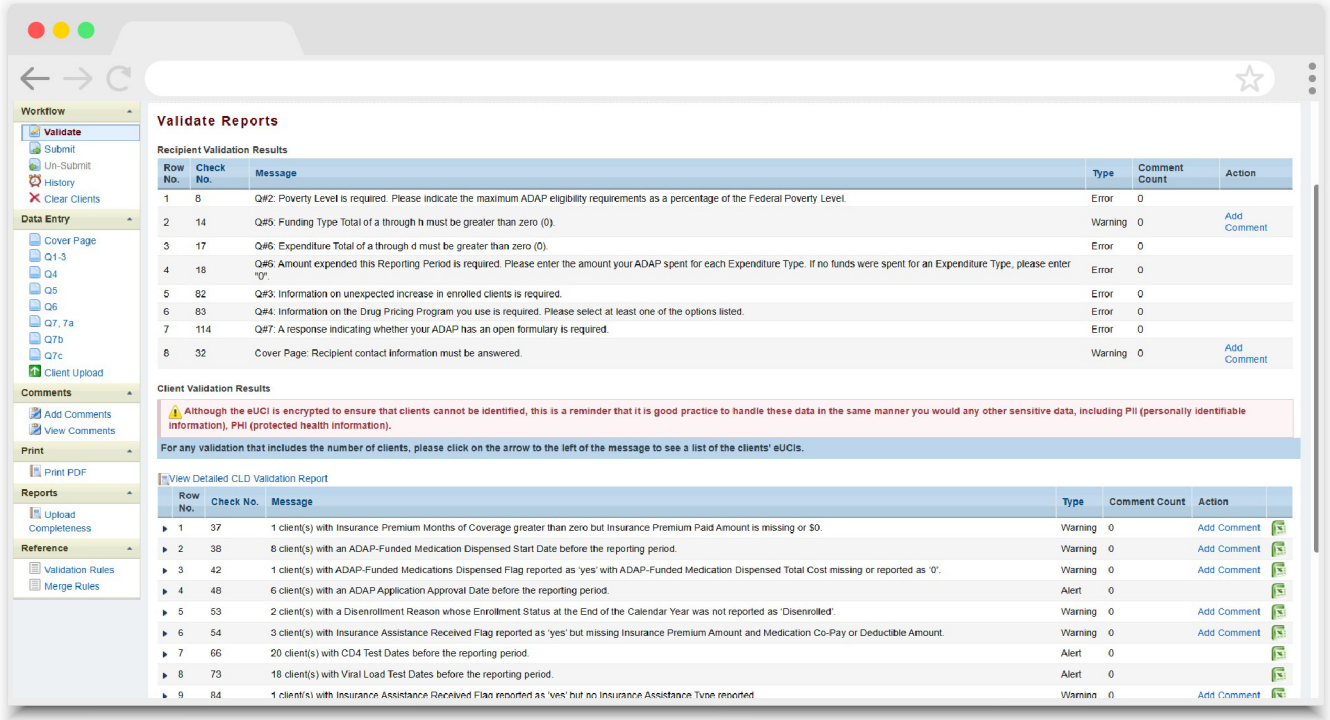
Generate and review the client-level Data Upload Completeness Report (UCR) before you submit your ADR to ensure quality data. You will receive an error message when submitting your report and you have not reviewed your UCR. To run this report, click **Upload Completeness** in the Reports section of the ADR Navigation menu on the left side of the ADR web page. The UCR will display your uploaded data by data element so you can review your data quality and identify both missing and inaccurate data. Also see ADR in Focus: How to Use the ADR Upload Completeness Report (UCR).

Report Validation

After completing the ADR Recipient Report and uploading the client-level data XML file, your data must pass a series of validation checks. See the full list of the 2025 ADR Validations. To validate your report, click **Validate** under the Workflow section of the ADR Navigation menu. The validation process checks to make sure that your data are complete and correct based on the validations document. The validation process does not include all data elements, so be sure to also review the Upload Completeness Report. If your report has some potential data issues, you will receive errors, warnings, or alerts:

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

Figure 13. Validation Process

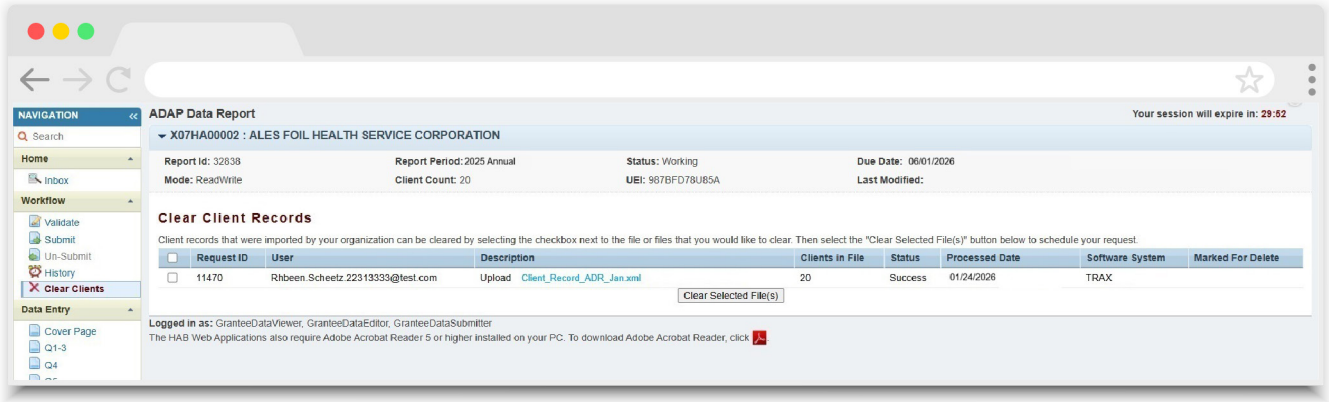


Uploading a New or Corrected Client Report

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

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

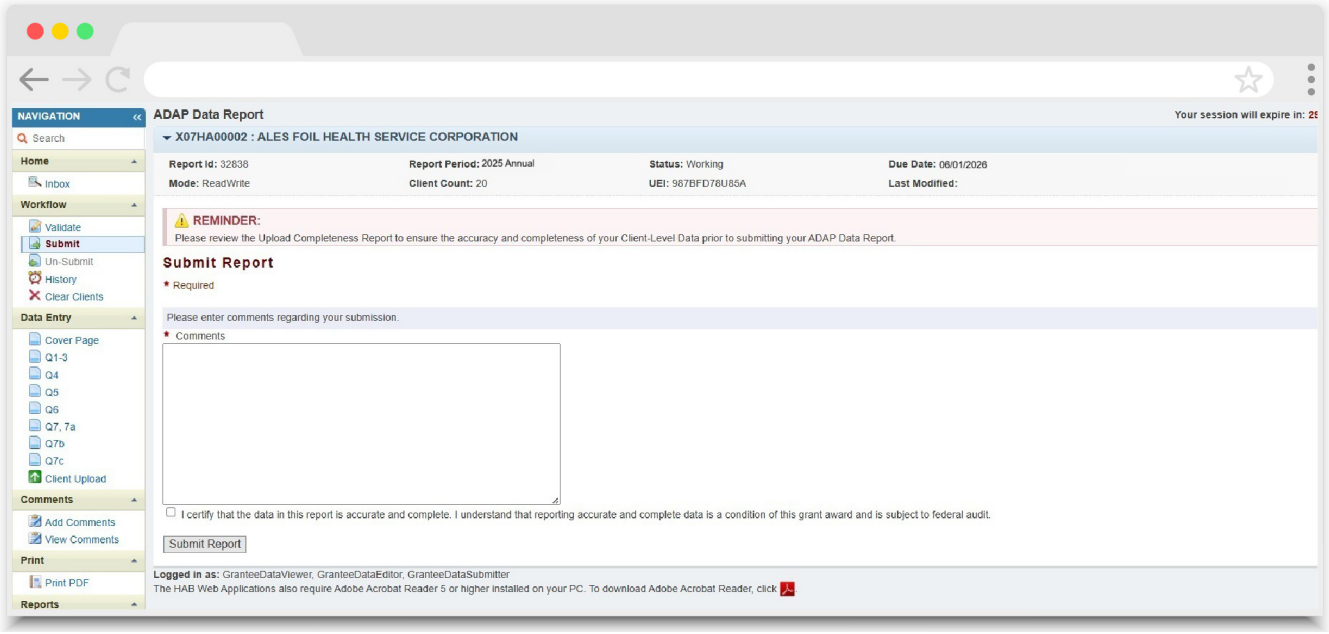
Figure 14. Clear Client File



Submitting Your Report

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

Figure 15. Submit Your Report



Appendix A: Required Client-level Data Elements

● = Report this data element.

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

Id #	Client-level Data Elements	All Clients	New	Type of Client		Type of Service	
				Existing	Disenrolled	Health Care Coverage	Medication
Enrollment and Certification							
14	New client	●					
15	Date completed application was received		●				
16	Date completed application was approved		●				
18	Client enrollment status	●					
19	Reason(s) for disenrollment				●		
Health Coverage Services							
20	Receipt of health care coverage services	●					
67	Type of health care coverage assistance received					●	
21	Amount paid for premiums					●	
22	Months coverage of premiums paid					●	
23	Amount paid for medication co-payments and deductible					●	
Medication Assistance Services							
25	Receipt of medication services	●					
26	Medication(s) dispensed						●
27	Medication dispensed date						●
28	Day(s) supply of medication						●
29	Amount paid for medication						●
Clinical Information							
32	CD4 count dates	●					
33	CD4 test counts	●					
34	Viral load dates	●					
35	Viral load test counts	●					

Appendix B: Glossary

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

Term	Definition
CD4 or CD4+ cells	Also known as helper T-cells, these cells are responsible for coordinating much of the immune response. HIV's preferred targets are cells that have a docking molecule called cluster designation 4 (CD4) on their surfaces. Cells with this molecule are known as CD4-positive (CD4+) cells. Destruction of CD4+ lymphocytes is the major cause of the immunodeficiency observed in AIDS and decreasing CD4 levels appear to be the best indicator for developing opportunistic infections.
CD4 cell count	The number of T-helper lymphocytes per cubic millimeter of blood. The CD4 count is a good predictor of immunity. As the CD4 cell count decreases, the risk of developing opportunistic infections increases. The normal range for CD4 cell counts is 500 to 1,500 per cubic millimeter of blood.
Co-insurance	A form of medical cost sharing in a health care coverage plan that requires a covered person to pay a percentage of medical expenses.
Co-payment	A fee charged to an individual per prescription.
Deductible	An annual fixed dollar amount that a covered person pays before the health care coverage starts to reimburse or make payments for covered medical services.
Dispensing fees	The cost to pharmacies to dispense drugs that is then transferred as a fee to the buyer.
Dispensing of pharmaceuticals	The provision of prescription drugs to prolong life or prevent health deterioration.
Direct purchase	A prescription drug purchasing model in which state RWHAP ADAPs purchase drugs directly from a manufacturer or wholesaler at the 340B pricing schedule. RWHAP ADAPs then distribute the drugs using a centralized state system or through their own pharmacies.
Drug formulary/ open formulary	List of pharmaceutical drugs that are covered by the RWHAP ADAP. An open formulary will cover all FDA-approved drugs with some limited exceptions.
Drug pricing cost strategies	See 340B, direct purchase, and prime vendor.
Electronic Handbooks (EHBs)	The HRSA Electronic Handbooks for Applicants/Recipients (EHBs). A web-based grants administration system.
Eligibility criteria	The standards set by a state RWHAP ADAP, in accordance with PCN 21-02, to determine who receives access to RWHAP ADAP services. Eligibility includes financial, medical, and residency criteria. Financial eligibility is usually determined as a percentage of the federal poverty level (FPL) (e.g., 400 percent FPL). Medical eligibility must include a positive HIV diagnosis. Eligibility criteria vary among RWHAP ADAPs.
Epidemic	A disease that occurs clearly in excess of normal expectation and spreads rapidly through a demographic segment of the human population. Epidemic diseases can transmit from person to person or from a contaminated source such as food or water.
Federal poverty level	A measure of income issued every year by the Department of Health and Human Services (HHS). Federal poverty levels are used to determine your eligibility for certain public programs and benefits.
Fiscal year	The RWHAP Part B federal grant year of April 1–March 31.

Term	Definition
Fixed co-payment	A set dollar amount charged to all clients as their share cost when they fill a prescription.
HRSA	Health Resources and Services Administration. The HHS agency is responsible for directing national health programs that improve the nation's health by ensuring access to comprehensive and quality health care for all. HRSA works to improve and extend life for people with HIV, provide primary health care to medically underserved people, serve women and children through state programs, and train a health workforce that is motivated to work in underserved communities. HRSA is also responsible for administering the RWHAP.
Medicaid/ medically needy program	The option to have a medically needy program allows states to extend Medicaid eligibility to additional qualified persons who may have too much income to qualify under the mandatory or optional categorically needy groups. This option allows them to spend down to Medicaid eligibility by incurring medical and/or remedial care expenses to offset their excess income, thereby reducing it to a level below the maximum allowed by that state's Medicaid plan.
Monetary cap	A limit on the amount of money to be spent on one service or client per month or per year.
Other negotiated rebates	Discounts negotiated between RWHAP ADAP officials and drug companies on the price of medications.
Pharmacy Network/Rebate Model	A prescription drug purchasing model in which RWHAP ADAPs reimburse a broad network of retail pharmacies for costs associated with filling prescriptions for eligible clients. RWHAP ADAPs then submit rebate claims to the manufacturer at the 340B pricing schedule.
Premium	The amount paid for health insurance by an individual and/or plan sponsor such as an employer.
Prime vendor	A voluntary program of 340B-covered entities in which the prime vendor handles price negotiation and drug distribution responsibilities for members. As the prime vendor has the potential to control a large volume of pharmaceuticals, it can negotiate favorable prices and develop a national distribution system that would not be possible for covered entities to obtain individually
Program Income	Gross income earned by an ADAP that is directly generated by a supported activity or earned as a result of the federal award during the period of performance.
Rebate	A return of a part of a payment from pharmaceutical manufacturers when RWHAP ADAPs purchase medications at a price higher than the 340B price.
Recipient of record	The official RWHAP recipient that receives funding directly from the federal government (HRSA).
Retroactive or back-billing	Billing for services previously rendered rather than at the time of delivery, especially when a coverage source changes.

Term	Definition
RWHAP Part B	The RWHAP part that authorizes the distribution of federal funds to states and territories to improve the quality, availability, and organization of health care and support services for people with HIV and their families. RWHAP emphasizes that such care and support are part of a continuum of care in which the needs of people with HIV and their families are coordinated.
Ryan White HIV/AIDS Program (RWHAP) Legislation	Ryan White HIV/AIDS Treatment Extension Act of 2009. The federal legislation created to address the health care and service needs of people with HIV and their families in the United States and its territories. The Ryan White HIV/AIDS Program was enacted in 1990 (Pub. L. 101—381), reauthorized in 1996 as the Ryan White CARE Act Amendments of 1996, reauthorized in 2000 as the Ryan White CARE Act Amendments of 2000, and reauthorized in 2006 as the Ryan White HIV/AIDS Treatment Modernization Act of 2006. The most recent reauthorization was in 2009, as the Ryan White HIV/AIDS Treatment Extension Act of 2009.
340B Drug Pricing Program	Administered by the Office of Pharmacy Affairs, the 340B Drug Pricing Program provides federally designated entities (including RWHAP ADAPs and other RWHAP recipients) with access to discounted medications. As a condition for participation in Medicaid, drug manufacturers must sign a pharmaceutical pricing agreement with the HHS Secretary that the price charged for covered outpatient drugs will not exceed the statutory ceiling price (the average manufacturers' price reduced by the Medicaid rebate percentage).
XML	Extensible Markup Language. A standard, simple, and widely adopted method of formatting text and data so it can be exchanged across all the different computer platforms, languages, and applications.

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