

Webcast 3: First Steps for Data Flow Questions from Chat

1) If a grantee has two providers on different CAREWare systems, is there a way to combine their RSR files so that they can be submitted together? Alternatively, is it acceptable to submit them individually?

Answer: The RSRs should be submitted separately.

2) If a grantee has subcontractors, how should those subcontractors report provider and client level data?

Answer: See the section “RSR Reporting Requirements for Service Providers” in the RSR Instruction Manual (version 1.3 or later).

3) If a grantee has an ambulatory/outpatient care provider funded solely to provide medication management through directly observed therapy (this often means daily use of the service), how should the provider report for item number 48 on the RSR which asks them to list every date on which the services was used?

Answer: If a RW provider uses their outpatient/ambulatory funds to fund a program that clients use daily or weekly over an extended period of time, such as directly observed medication management, the provider may, instead of listing every date of the service for data element #48, simply report the month and year and the day as "01" (i.e., MM/01/YYYY) for each month in which the client received the services. That way, if a client received services daily throughout the year, the provider only has to report 12 data fields to HAB, not 365.

Rationale: HAB and the provider still capture the data on the frequency and spacing of medical visits over time needed for some of the performance measures and HAB will not lose 'total number of visits' data because the provider will be still be reporting number of O/A visits, by quarter, in Item 16 of the Core Services data elements.

4) If I have an HIV-positive female client who has private health insurance that paid for a Pap smear do I have to report that PAP smear in her RSR Client Report ?

Answer: It depends. If this client received any outpatient/ambulatory health services paid for with Ryan White Program funding, the provider will report all of the clinical information (Items 44 - 66) for the client, regardless of who paid for or delivered those clinical services. If this client received services paid for by the Ryan White Program, but they did not include any outpatient/ambulatory health care services, the provider is not required to report any of the clinical information for the client.

5) Is the date of first service visit (element 1) referring to first HIV-based visit or first visit at the organization?

Answer: The first visit at the organization.

6) If Ryan White clients are referred out from a Ryan White provider to receive specialty care (e.g., dermatology or ophthalmology), is each specialty care provider required to complete an RSR no matter the dollar amount?

Answer: It depends on the business relationship between the RW provider and the specialty care provider. See the section “RSR Reporting Requirements for Service Providers” in the RSR Instruction Manual (version 1.3 or later).

7) Are health insurance assistance or continuation programs that provide co-pays or deductibles for office visits required to report all the services clients receive?

Answer: No. If health insurance premium and cost sharing assistance is the only RW-funded service a client receives, the provider would report for that client only a subset of the demographic data items

(year of birth, ethnicity, race, gender/transgender, and health insurance) and the Health Insurance Program service utilization item (item #17).

8) If residential (inpatient) substance abuse services are the only Ryan White Program-funded service at my agency, do I have to submit a RSR?

Answer: If residential (inpatient) substance abuse services are the only Ryan White Program-funded service at your agency then you do have to submit a RSR Service Provider Report except in 2009. 2009 is the first year of the RSR and you do not have to submit a RSR Client Report.

9) Do grantees and providers that receive funding under multiple Parts of the Ryan White HIV/AIDS Program have to report all client-level data, even if the data is collected and stored in a different database than CAREware?

Answer: Yes.

10) Are providers required to report all of the actual dates of outpatient/ambulatory care visits or just the number of dates?

Answer: Both. The number of O/A visits by quarter is reported in item #16 of the Core Services data items and the actual dates of all O/A visits is reported in item #48 of the Clinical Information data items.

11) Which staff types are considered approved staff types when reporting Ryan White funded diagnostic testing? Do I report diagnostic testing only if it is done by a physician, physician assistant, clinical nurse specialist, or nurse practitioner?

Answer: Report diagnostic testing as an O/A health services if it was done in an outpatient setting by a clinical care provider (a physician, physician assistant, clinical nurse specialist, or nurse practitioner) or by other staff in the outpatient setting as ordered by and under the supervision of a clinical care provider.

12) If a client changes his or her name (especially last name), will their unique client identifier (UCI) change?

Answer: Yes. If one of the data elements that makes up the UCI changes for a given client, the client's UCI will change. If a client's UCI changes between two reporting periods, HAB will not be able to link the client's records. Because the de-duplication of client records is a priority for HAB, HAB is creating a system for grantees and providers to submit information regarding changes in client data elements related to the UCI. HAB will provide more information on this system when it is developed. Until such a system is in place, HAB recognizes that this issue will arise, and providers are not required to make special arrangements to address this problem.

13) For the UCI, should providers collect only the client's legal name, or is a nickname acceptable, e.g., William vs. Bill?

Answer: Grantees and providers should collect the client's entire name as it normally appears on official documentation such as a driver's license or a social security card. This will promote reporting consistency across grantees and providers, thus decreasing the likelihood of a client having more than one UCI. See "Guidelines for collecting and recording client names" in the System Variables section of the RSR Instruction Manual.

14) If a patient with private insurance is provided medication education by a Ryan White funded provider as part of outpatient/ambulatory medical services, would the provider record the medication education portion of the services provided to the client as a Ryan White funded service?

Answer: If medication education is not a service covered by the client's private insurer, then Ryan White funds can be used to provide medication education. The provider would report the patient's demographic, service utilization (item 16 - outpatient/ambulatory health services), and clinical data (items 46-66).