

Reminder: The only grantees required to report RSR client-level records for the RSR reporting year 2009 are those that provide Ryan White funded outpatient ambulatory care, medical case management and/or non-medical case management.

DCBP Network: Answers to Webcast Chat Questions

1) Question from Eric Moore

Now that HRSA has received OMB approval, when will the forms and manuals be finalized? In order to best prepare our providers, we really need the final versions of the forms as soon as possible.

Answer: The current version of the RSR Instruction Manual (Version 1.3) and the other data element support materials located on the RSR web page provide accurate and correct information regarding the data elements approved by OMB.

2) Question from Jacqueline Muther

A written definition of 1st level and 2nd level providers should be included. Also, are agencies that do not provide primary care and/or case management exempt?

Answer: A service organization that has a contract with Ryan White HIV/AIDS Program grantees is considered a 1st line (the word "level" was used in the question) provider (1stLP). A 2nd line provider (2ndLP) is an agency that provides services under an agreement with a 1st line Provider.

A service organization may be exempt from completing its own provider report and client record data at the grantee's discretion, if any of the following apply to the service organization:

- it submits only vouchers or invoices for payment (e.g. a taxicab company that provides transportation services only);
- it does not see clients on a regular and sustained basis (e.g. see clients on an urgent basis only);
- it offers services to clients on a "fee-for-service" basis;
- it received less than \$10,000 in RWHAP funding during the reporting period; and/or
- it sees a small number (1-25 patients) of Ryan White Program clients.

3) Question from Maggie Janes

For Part D Networks, can the grantee submit 1 compiled provider report xml for the network (for ex: we have 5 clinical sites and data are entered, compiled and reported in one database for our Part D network). This has been the guidance for Part D in the past with the RDR and we have received conflicting information about what we can do with the RSR reporting

Answer: Provider organizations may only be exempted from supplying their own provider report and client record data if they meet one of exemptions as described above. If these are satellite sites of the same provider organization (same entity) it is considered one provider. If each of the 5 clinical sites are separate entities, then the individual provider reporting and exemption rules apply as described.

4) Question from Dena Dickinson

We provide some funding to the local HIV Testing site. Most of their testing is Anonymous. Are we expected to provide CLD for those services?

Answer: You are not expected to provide client level data for anonymous services.

5) Question from Brian Berte

I have a FL Provider (Prov A) who passes funds (Fiduciary Intermediary) to another one of my FL Providers (Provider B). Provider B is also a Grantee for Part B. Who captures and reports on the clients served by the funds received from Provider A?

Answer:

Provider B is a service provider that is also a grantee. As a grantee-provider it must complete a single Provider Report and if it provided outpatient/ambulatory medical care and/or case management services, it must submit a Client Report that includes a client-level record for each client that received a Ryan White-funded service. Each client record must include all Ryan White services received from that provider, i.e., they are not to be split into separate records by Part-funding. RSR client-record reporting is at the Ryan White HIV/AIDS Program level, not at the Part level.

6) Question from Andre Hernandez

How is the eUCI regulated across providers and grantees to avoid duplicates?

The eUCI is created using an algorithm that protects the client's identity. The eUCI was designed and constructed to balance the uniqueness and permanence of client information. A major finding of the research conducted as part of the eUCI development was the tradeoff between false positives and false negatives. In other words, the UCIs that tended to be more unique were also less permanent.

Despite the eUCI's strengths, there will still be some level of false negatives and false positives in the RSR database. More than half of errors will stem from false positives; the rest from false negatives.

URN: Total Error Rate = 8.8%

– False Negative Rate = 3.8%

– False Positive Rate = 5.0%

HRSA/HAB acknowledges that the system will not be perfect, but staff believe that any duplication within the RSR System will be better than the current duplication rate. For more information see the full eUCI web cast at : <http://www.careacttarget.org/library/media/datacollection/UCIandYou.pdf>

7) Question from Mario Rodriguez

Do title 4 main and title 4 adolescent 5 submit one report or separate reports?

Answer: Part D and Part D Youth submit one Provider Report and one set of client record data.

8) Question from Steven Styron

I have the XML schema and can view the data structures, but I [have] specific technical questions about how to populate those data structures so that they will meet your desired specifications. Who can I contact for this kind of help - my project officer?

Answer: Keeping your Project Officer informed of the issues you are dealing with to implement the RSR is always a good idea. You can speak directly to a representative at SAIC (contractor developing and coordinating XML uploads) at: MICHAEL.J.DOLS@saic.com.

9) Question from Kim Tong

We are an agency using AIRS and got grantee part-A, B & C. What [do] we have to prepare from now beside the data collection to support RSR? Or we just have to wait AIRS new version that will be released soon to support RSR?

Answer: It would be a good idea for you to be in communication with whichever agency or organization coordinators your use of AIRS for data reporting and ask them to orient you to the RSR-related system changes and procedures.

10) Question from Jose Paredes

If our program contracts with Casewatch, will the contractor (Casewatch) be responsible for putting together the XML files?

Answer: Casewatch is one of the vendors working with HAB to adapt their system to be compatible with RSR data collection and reporting requirements. You can check vendor RSR-status updates and contact information at:

http://www.careacttarget.org/library/Vendor_Status_and_Contact_Information.pdf.

11) Question from Andre Hernandez

My center is both a grantee and provider for Part C, Part D and Part D youth. An agent at the RW help line informed me we would need to submit separate provider reports for each of these grants. This contradicts what you just explained in a previous question. Please let me know when this is clarified.

Answer: All service providers required to submit a Service Provider Report may submit their data manually using the online form or may upload an XML Provider Report into the RSR system. The report includes information from all program Parts under which an agency is funded. More information is available in the RSR Instruction Manual: http://careacttarget.org/library/RSR_Instruction_Manual_v1-4.pdf