

Question from Judy Nielsen

Will client level data be required for clients in our Part B Health Insurance Continuation Program who receive assistance with health insurance premium payment?

Answer: A provider whose only RW-funded service is HIP is not required to complete a Client Report in the first year of RSR reporting. In the following years, the agency would complete a Client Report.

A provider whose RW-funded services include outpatient/ambulatory medical care and/or case management services (medical or non-medical) is required to complete a Client Report starting in 2009, the first year of reporting, and also in following years.

If a provider is required to complete a Client Report and that provider served clients whose only RW-funded service was HIP, the provider would be required to report for such clients only data for selected demographic data elements (year of birth, ethnicity, race, gender, transgender subgroup, and health insurance status) and if the client received HIP during the applicable quarters of the reporting period.

Question from Darla Metcalfe

If a Part A, C, or D grantee exempts an organization from reporting but I do not (Part B grantee), what happens since they submit only 1 RSR? In regards to exempting a service provider I am talking about 2nd line provider(s) under either or both parts.

Answer: The provider would need to report the client level records to you for all Ryan White Funded services they provide to the clients they serve.

Question from Joanne Valentino

Will I as a Part B grantee be able to verify that all provider submissions have been loaded to your website much like the March 2009 year end reporting?

Answer: Yes.

Question from Christine Olson

We are a fee for service state. All services are fee for service except for case management services. Will we the Grantee submit the RSR data except case managers?

Answer: You may do that if you wish. Fee-for-service providers may be exempted, but are not required to be exempted.