

The RSR System Part II: Completing the Provider Report Answers to Chat Questions

Question from Cheryl Hamill

We are a university with 2 Ryan White grants, Part C and D. We have chosen to gather our client level data in two provider domains in CAREWare. If we are one grantee, is that one or 2 providers?

The university is considered a single provider and all provider agencies submit one Provider Report. However, if the programs operate as separate entities within the university, then the university *may* be permitted to submit two Provider Reports.

A single agency (or organization) that wishes to submit more than one Provider Report must first obtain permission from HAB. HAB will allow a single agency to submit as if it were more than one provider if the agency can provide evidence of a sufficient degree of independence between the programs it administers. For example:

- Each program has its own staff (medical and administrative) as well as its own management/organizational structure.
- Each program has established its own operating procedures.
- The programs have separate facilities (e.g. do not share office and/or clinic space).
- Each program has its own operating budget.
- The programs do not share supplies or other resources.
- The programs have completely separate systems (i.e., IT networks, EMR, accounting, etc.)

HAB will consider these and other factors, such as reporting burden, when determining if a single agency will be permitted to submit as if it is more than one service provider. Please note that there is no “magic” or set number of factors a provider must meet to influence HAB’s decision. Furthermore, no one factor stands alone in making the determination. Finally, factors relevant in one situation may not be pertinent in another.

Grantees are encouraged to contact Data Support at (888) 640-9356 to discuss the possibility of reporting as more than one service provider.

Question from Karen Robinson

Part B receives funds from Part A to pay for oral health care services. Are we considered a PROVIDER of health care services?

No. Part B is a provider of “other fiscal services” to Part A. Assuming (1) the oral health care services are being delivered by a separate agency on a fee-for-service basis, (2) the Part B grantee is not acting as a fiscal intermediary, and (3) the Part A grantee has given the agency delivering the oral health care services an exemption from reporting, Part A will be required to submit its own Provider Report including data from exempted oral health care services provider.

Question from Deborah Carter

Are providers accessing the RSR through the EHB system?

No. Grantees, including those that provide services, access the RSR through the EHBs at <https://grants.hrsa.gov/webExternal/Login.asp>. Providers (that are not also grantees) access the RSR System directly at <https://performance.hrsa.gov/hab/RegLoginApp/Admin/Login.aspx>.

Question from Misty Drake

Is the RSR handbook on HRSA's website?

There is a link to the HRSA Electronic Handbooks under the “Manage Your Ryan White Grant” heading on the HIV/AIDS Bureau website at <http://hab.hrsa.gov>. You can also access the EHBs website directly by visiting <https://grants.hrsa.gov/webExternal/Login.asp>.

Question from Leigh Tatum

This reporting period crosses grant years, when indicating number of FTE staff paid through Ryan White, what should we report if there is a difference in the number of RW funded staff in January and the number in June?

Remember, providers are asked to report the total number of paid staff in FTEs based on the reporting period not the contract period. For instructions on how to calculate FTEs for your agency, please refer to the RSR Instruction Manual (version 1.4, pages 26 – 27).

Question from Joyce Lukacsko

In the HIV Counseling section, do we report the preliminary positive rapid testing for patients who refuse or who do not do the confirmatory testing?

Yes.

Question from Andrea Ruggiero

Are the client records extracted from AIRS?

AIRS has developed the functionality to produce the Ryan White Service Report. For more information about AIRS, please visit the AIDS Institute Reporting System (AIRS) website at <http://www.airсны.org/>.

Question from Deborah Carter

Can we get a blank hard copy of the Provider report via the web?

The RSR is a web-based report. “Blank, hard copy” versions of the forms are not available. However, screenshots of the Provider Report can be obtained online at the TARGET Center Web site and are included in the RSR Instruction Manual.

Question from Alelia Munroe

How do you fix errors generated during the validation process?

That depends upon the errors received. The validation report will list the Question number(s) associated with the error in the second column of the report. The third column of the report provides details on the cause of the error. The information in the third column will explain why the error was triggered; this information should be useful and determining how to fix any problems in your report.

If you are unable to figure out how to resolve the errors in your report by evaluating the information in your report, please contact the HRSA Call Center at (877) 464-4772 or Data Support at (888) 640-9356 for assistance.

Question from Franny Lerner

Where can we get Version 1.4 of the Instruction Manual?

The manual can be obtained online from the HAB website at <http://www.hab.hrsa.gov/manage/CLD.htm> and from the TARGET Center website at <http://www.careacttarget.org/rsr.asp>.

Question from Jasmin O'Neale-Lewis

Similar to the first chat question, we are a university with Part C and Part D with a total of 4 providers, 3 independent versions of CareWare and 1 version of LabTracker. Clients will be registered and can potentially have demographic, service, laboratory data in all 4 systems. Some of the data may be complete in one system, but incomplete in another. It seems that importing 4 different XML files where only the first file's data is retained could create a situation with incomplete data.

If the providers are not part of the university, each will submit its own Provider Report. If the providers are actually departments or programs within the university, the university is the provider and will submit a single

Provider Report. As previously explained, however, grantees may request permission from HAB to submit as more than one provider agency.

Question from Joyce Lukaesko

Will the full year CLD overwrite the first half? If we mark Screened TBID as unknown but later find out the client did have a negative test at another site, will the correct data be reflected?

The data submitted for the interim RSR reporting period will be “archived” before it is cleared in preparation for the annual submission. In other words, when you upload your annual report, you will submit the data into an “empty” database. The data submitted for the interim report is considered preliminary and its use by HAB will be limited. The data submitted for the annual report will supersede the interim submission; the annual report data will be used by HAB to produce reports such as the Annual Ryan White Data & Evaluation Activities Congressional Report, the Annual Data Summary Report, the Ryan White HIV/AIDS Program Progress Reports, and the State Profiles.

Question from Ginger Barnett

Each provider will need to upload their own client level data and provider report even if the providers are under 1 grantee?

Again, every provider agency that delivers Ryan White funded services is required to submit one Provider Report containing information from all Program Parts under which the agency is funded. Agencies that deliver outpatient/ambulatory medical care and case management (medical or non-medical) services are required to upload client-level data. However, a grantee *may* exempt a provider from submitting its own Provider and Client Reports if the provider meets HAB’s exemption requirements. If a provider is given an exemption, slightly different reporting rules apply. Please carefully review the section, RSR Reporting Requirements for Service Providers, in the RSR Instruction Manual (v1.4, pg. 13 – 15) for more information.