

The RSR System Part III: Managing the RSR Deliverable Answers to Chat Questions

Question from Deborah Carter: If an agency receives funding from multiple Parts, i.e., as a Grantee and a Provider, will it be able to see all of its Grantees as shown in the RDR?

Response: Question 8 of the Provider Report displays all the active contracts the grantees report the provider had during the reporting period. The grantee's name(s) are listed for each contract, as well as the Program Part and grant number under which the provider is funded; the contract reference (if any) entered by the grantee; the contract start and end dates; and the funding amount indicated by the grantee. Since the information displayed is based on the information reported by the grantee in the Grantee Report, if a contract is missing or the information associated with a contract is incorrect, the provider will need to contact its grantee to have the information amended. The table also includes a link that opens the services window where providers can view the services selected as "funded" by the grantee for that contract.

Question from Michael Bryson: Do the reports provide the information that is necessary for us to complete the WICY?

Response: The data summary reports include information that you may find helpful in completing the Women, Infants, Children and Youth (WICY) Report. However, the information in the data summary reports should not be relied upon to assist you in meeting this reporting requirement. We strongly recommend that you closely review your internal processes and procedures to ensure that you are collecting the data required to fulfill this obligation.

Question from Deborah Carter: Are we reviewing aggregate or client level data when we review Provider Reports?

Response: The Provider Report collects basic information about both the service provider agency and the services it delivered under each of its Ryan White HIV/AIDS Program contracts during the reporting period. Prior to accepting the Provider Report, grantees should also review the provider's client level data summary report (if applicable). The client level data summary report is an aggregate report comprised from information submitted in the client-level data upload.

Question from Eric Moore: If generating a summary report across all providers, are the numbers that appear unduplicated across all those providers (i.e., two providers have a common client that only gets counted once in the summary)?

Response: Yes. The numbers are unduplicated across all of the providers. Client values are aggregated around their eUCI. NOTE: Some fields may have more than one value for a client, such as race. Totals for these multiple-select options may exceed the total client count.

Question from Cheryl Hamill: How does a provider upload its XML file for the one grantee organization to compile. We are one university with Part C and D grants. However, we have chosen to use CAREWare to separate our Part C and D programs within the university as providers even though both grant programs are internal. So do we need to do 2 Grantee Reports OR one Grantee Report for the university and 2 Provider Reports?

Response: Your agency should complete a separate Grantee Report for each RWHAP grant your agency receives from HRSA; in this case you will complete two Grantee Reports, one for your Part C grant and another for your Part D grant. All agencies that provide Ryan White-funded services, including grantees that also provide services (grantee-providers), must complete one Service Provider Report including data from all Program Parts under which the agency is funded. In addition, all providers who deliver outpatient ambulatory and/or case management (medical or non-medical) services must upload client level data. In the event a grantee wishes explore an alternative reporting option (e.g. a single agency that would like to report as more than one provider), the grantee should contact WRMA/CSR Data Support at (888) 640-9356 or ryanwhitedatasupport.wrma@csrincorporated.com for advice.

Question from Deborah Carter: We are the Grantee of Part C and Provider of Part A. If the city submits our Part A, will we have to also submit a Provider Report?

Response: All agencies that provide Ryan White-funded services, including grantees that also provide services (grantee-providers), must complete one Service Provider Report including data from all Program Parts under which the agency is funded. In addition, all providers who deliver outpatient ambulatory and/or case management (medical or non-medical) services must upload client level data.

So, if the city does not include your Part C data in your Provider and Client Reports, you will be required to revise your Provider Report as appropriate and upload any missing Part C client level data. If the data submitted by the city in your Provider Report and Client Report includes your Part C data, you will not be required to amend your Provider Report. However, you will still be responsible for reviewing/approving your Provider Report and Client Report in the EHBs. Alternatively, your agency can complete the Provider Report and upload a client-level data XML file that includes both your Part A and Part C program data. When you submit your Provider Report, it will automatically be routed to the Part A grantee for review and approval; once approved, your data will be submitted to HAB. — NOTE: You will not be required to review and approve your Provider Report a second time; your approval of the data is implied when you submit your report.

Question from Videsha Joshi: We are also the Grantee of Part C and Provider of Part A (mental health services); as such, when do we need to submit our data?

Response: HAB's initial deadline for the submission of all Provider Reports is September 1, 2009. Grantee's then have until 6:00 PM ET on September 15, 2009 to review and approve all of their Provider Reports. This is HAB's deadline. Grantees may choose to set an earlier deadline for their providers.

Remember, HAB's relationship is with the grantee. The activities of a grantee that funds a grantee-provider must not interfere with the relationship HAB has with that grantee-provider. It is HAB's primary concern that the data submitted by its grantees are accurate. If it will be impossible for you to submit a complete report by your grantee's deadline, we encourage you to request an alternate due date. If you and your grantee are unable to agree on a due date for your program, we recommend that you contact your Project Officers for assistance negotiating a modified submission date.

Question from Babette Hudson: My Part A [grantee] is requesting data now for our Treatment Adherence Program, but I am a Part C Grantee which data submission do I follow?

Response: Grantee-providers are encouraged to try and meet the submission deadlines established by their grantees. Likewise, grantees are encouraged to set reasonable deadlines for their providers who are also grantees. If it will be impossible for you, the grantee-provider, to submit a complete report by your grantee's deadline, we encourage you to request an alternate due date. If you and your grantee are unable to agree on a due date for your program, we recommend that you contact your Project Officers for assistance negotiating a modified submission date.

Question from Rebecca Bruyn: We are the Grantee and Provider for Part C and the Provider for Part B. Will we need to submit the Part C Provider Report before the Grantee for Part B can receive our Provider Report for Part B?

Response: All agencies that provide Ryan White-funded services, including grantees that also provide services (grantee-providers), must complete one Service Provider Report including data from all Program Parts under which the agency is funded. After you submit your Provider Report, it will automatically be routed to your Part B grantee for review and approval.— NOTE: You will not be required to review and approve your Provider Report a second time; your approval of the data is implied when you submit your report.

Question from Hal Shanis: I used the batch print archived RDRs and the zip file needed a password to open. Where do I find the password?

Response: The zip file itself does not require a password to open. If your system is requesting a password, we recommend that you contact your local IT support provider for assistance.

Question from Scywona Johnson: I am a grantee and a provider. What if none of my contracts are in the dropdown box? What do I refer to or who do I call?

Response: If you are referring to the selection box on the “providers funded through your fiscal intermediary” tab of the Grantee Report: only grantees that fund second level providers through a fiscal intermediary (administrative agency) are required to setup a contract list on the “providers funded through your fiscal intermediary” tab of the Grantee Report. The providers that you authorize to deliver fiscal intermediary services will appear in the selection box at the top of the “providers funded through your fiscal intermediary” tab.

If you require assistance adding a contract to your Grantee Report, please refer to “How to Complete the Grantee Report Contract Lists” section of the RSR Instruction Manual v1.4, pages 15 – 18. You can also obtain additional assistance with setting up your contract lists from WRMA/CSR Data Support at (888) 640-9356 or ryanwhitedatasupport.wrma@csrincorporated.com.

Question from Franny Lerner: How do we separate out Non-medical Case Management from Medical Case Management/Treatment Adherence?

Response: One primary difference is that Medical Case Management (MCM) services involve the coordination and follow-up of medical treatments and Non-Medical Case Management (NMCM) services do not. In addition, MCM includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Programs under contract with their grantees to only provide MCM services, should report all case management visits as MCM. Conversely, programs under contract to provide NMCM only, should report all case management visits as NMCM. In instances where a program is under contract with its grantee(s) to provide both MCM and NMCM, its reporting system must track each type of case management visit separately. Contact your grantee of record (or project officer) if you need help classifying the services your agency provides into their appropriate case management (medical or non-medical) service category.

Question from John Cunningham: A follow up on multiple client-level data submissions: Potentially we'll have three XML reports - one from Part A, Part B, and Part C. Are service counts additive? For example, if one client gets non-duplicated mental health services on our Part A XML export and our Part C XML, will the final total be the sum of the two?

Response: Yes. The service counts reported in XML imports are additive.

Question from Videsha Joshi: We are also the Grantee of Part C and Provider of Part A (mental health services); as such, when do we need to submit our data?

Response: Grantee-providers are encouraged to try and meet the submission deadlines established by their grantees. Likewise, grantees are encouraged to set reasonable deadlines for their providers who are also grantees. If it will be impossible for you to submit a complete report by your grantee's deadline, we encourage you to request an alternate due date. If you and your grantee are unable to agree on a due date for your program, we recommend that you contact your Project Officers for assistance negotiating a modified submission date.