Preparing for 2023 RSR Reporting: Updates and Best Practices

Ryan White HIV/AIDS Program Services Report (RSR)

HIV/AIDS Bureau

October 11, 2023

Welcome to today's Webinar. Thank you so much for joining us today!
My name is Ellie Coombs. I'm a member of the DISQ Team, one of several groups engaged by HAB to provide training and technical assistance to recipients and providers for the Ryan White HIV/AIDS Program Services Report or RSR.

Today, Brian will talk through RSR reporting changes. This webinar assumes some knowledge of the RSR. If you're a beginner and aren't familiar with some of the concepts in today's webinar, don't worry. You can catch up by attending our other webinars or get clarification during the Q/A period.

Throughout the presentation, we will reference some resources that we think are important. To help you keep track of these and make sure you have access to them immediately, my colleague Isia is going to chat out the link to a document right now that includes the locations of all the resources mentioned in today's webinar.

At any time during the presentation, you'll be able to send us questions using the "Question" function on your settings on the bottom of the screen. You'll also be able to ask questions directly "live" at the end of the presentation. You can do so by clicking the "raise hand" button (on your settings) and my colleague Isia will conference you in.

Now before we start, I'm going to answer one of the most commonly asked questions about the slides. The recording of today's webinar will be available on the TargetHIV website within one week of the webinar; the slides and written question and answer are usually available within two weeks.

Disclaimer

Today's webinar is supported by the following organizations and the contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, the Health Resources and Services Administration (HRSA), the U.S. Department of Health and Human Services (HHS), or the U.S. government.

<table>
<tr>
<td>The DISQ Team is comprised of CAI, Abt Associates, and Mission Analytics and is supported by HRSA of HHS as part of a cooperative agreement totaling over $4 Million.</td>
<td>DSAS (Ryan White Data Support) is comprised of WRMA, CSR and Mission Analytics and is supported by HRSA of HHS as part of a contract totaling over $7.2 Million.</td>
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Data Integration, Systems & Quality
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Now I'd like to turn the webinar over to Brian.

Webinar Objectives

After viewing this presentation, participants will:

Understand all changes made for the 2023 RSR

Recognize common issues/errors made during submission of the Recipient and Provider Reports

Understand how to correct the identified common issues/errors

Thanks, Ellie. For today's presentation, we're going to be covering a couple different topics on the changes for the 2023 RSR and best practices. After today's presentation, participants will understand all the changes that have been made for the 2023 RSR. Thankfully, there is not much to go over in terms of changes so we're also going to spend some time talking about best practices. Participants will be able to recognize certain common errors/issues that we're going to review and know how to correct them. These are all things that we at Data Support identified last year as common problems. We'll go through all that before closing out our presentation by looking at the submission timeline and additional TA resources available to assist you.

2023 RSR Instruction Manual

- Available soon on the TargetHIV website
- Sign up for the DISQ listserv to receive notification when the manual is released

Ryan White
HIV/AIDS
Program Services
Report (RSR)

2023 Instruction Manual

Before we begin, I do want to point out the 2023 RSR Instruction Manual which will be available soon on the TargetHIV website. The manual is the best step-by-step resource for completing the RSR and contains most all of the instructions that we're going to be going over today.

It's not available quite yet but will be shortly. To be notified when the final manual is released, sign up for the DISQ listserv.

Changes to 2023 RSR Reporting
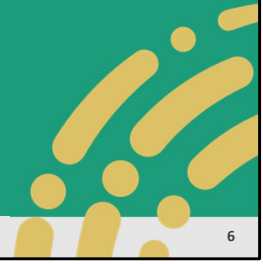
Let's go ahead and kick off our presentation by taking a look at the changes for 2023 RSR reporting.

There are no schema changes for the 2023 RSR!
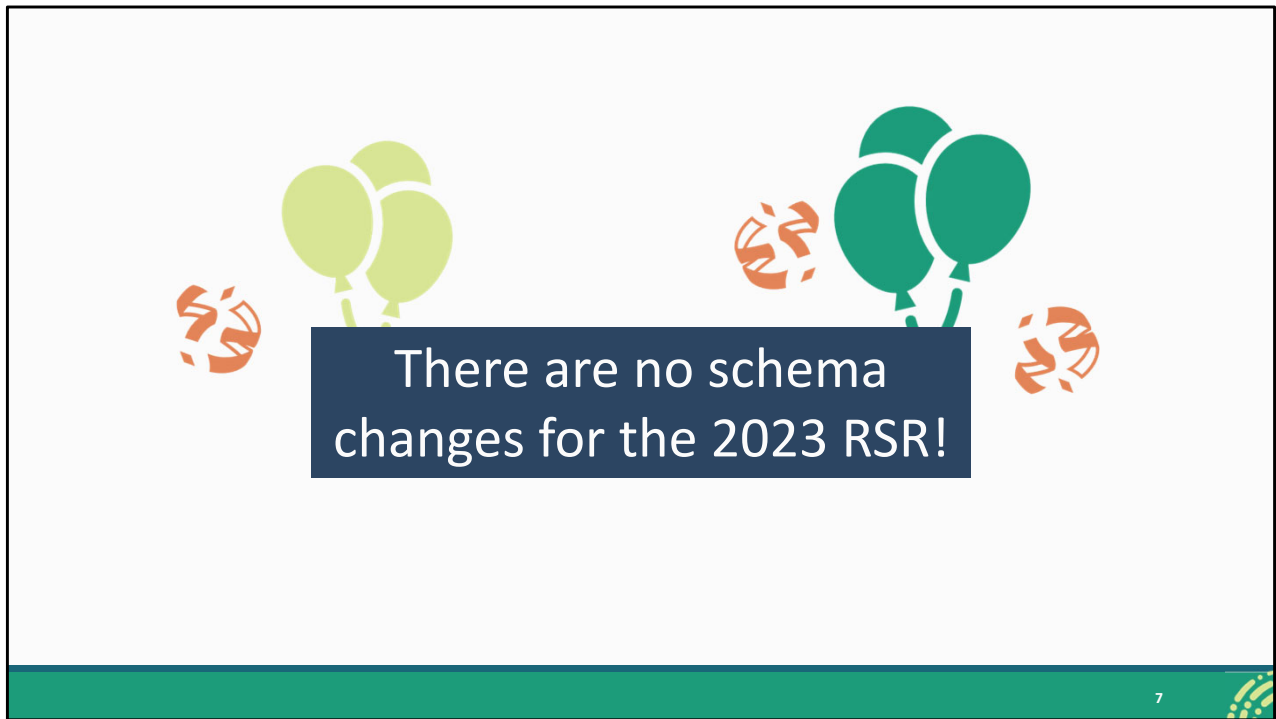
First, I want to note that there are no schema changes or updates to the client-level data for the 2023 RSR. As usual though, just make sure your data system is up-to-date before you are ready to submit.

Login.gov Integration

The EHBs uses Login.gov and two-factor authentication to enhance security. Use your existing Login.gov account, with the same email used for the EHBs, or create a new Login.gov account.

Create Login.gov Account
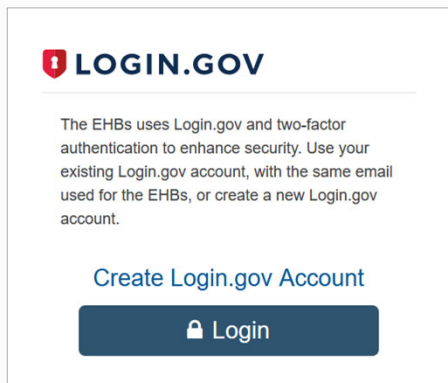
🔒 Login

- The HRSA Electronic Handbooks (EHBs) now utilizes Login.gov for all applicant/grantee and service provider user accounts

- To login, users must have a Login.gov account using the same email address as their HRSA EHBs account

- For assistance with your Login.gov account, contact the Login.gov Help Center

Moving on to the changes, as of May 2023, the HRSA EHBs now uses Login.gov and two-factor authentication for all applicant/grantee and service provider user accounts in order to enhance the EHBs security. If you are a returning user, you should have received multiple emails about this change earlier this year prompting you to create a Login.gov account.

Make sure that your Login.gov account utilizes the same email address as your EHBs account. Otherwise, you won't be able to login. If you have not gotten your Login.gov account set up yet, I highly recommend doing that as soon as this webinar is over. Don't wait until you're ready to submit your RSR in case you run into issues logging in.

If you are a new user, you'll start by creating your Login.gov account and once that's done, you'll be carried over to the EHBs to create your EHBs account. If you need any help with your Login.gov account, please contact the Login.gov Help Center.

HRSA EHBs Login Process

So, very briefly we're going to review what the EHBs login process looks like now with Login.gov integration.

HRSA EHBs Login Process: Step 1

- 1. Navigate to grants.hrsa.gov and select the appropriate login portal (applicant/grantee or service provider)

Starting off at grants.hrsa.gov, you'll select the appropriate login portal for your agency, either the applicant/grantee one if your agency is a recipient or service provider is your agency is a provider only.

HRSA EHBs Login Process: Step 2

- 2. Select the "Login" button

Next, you'll select the "Login" button.

Then you'll login using your Login.gov email address and password. Again, the email address you use for Login.gov needs to be the same as the one you use for the EHBs.

HRSA EHBs Login Process: Step 4

- 4. Enter your authentication code received from your account's chosen method of two-factor authentication

You'll then be prompted for your authentication code which will come from whichever form of two-factor authentication you selected when setting up your Login.gov account, such as a text message or an authentication app.

HRSA EHBs Login Process: Step 5

- 5. If your EHBs account is active and your profile is up to date, you will be taken to the EHBs home page
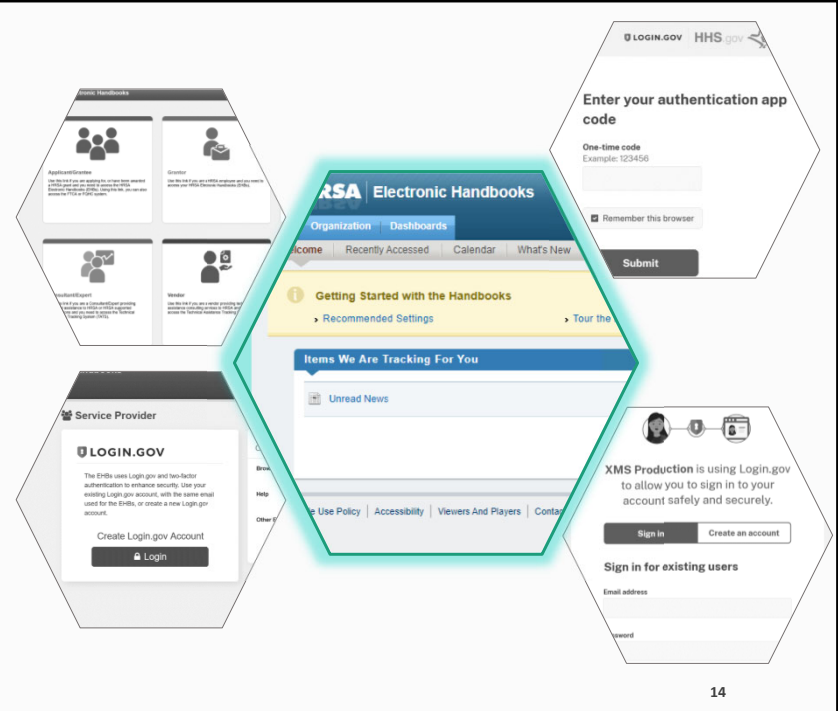
Once you've done that, as long as your EHBs account is active and your profile is up to date, you'll be taken to the EHBs home page for your agency.

Service Information

A field with an asterisk ★ before it is a required field.

★ 7. Below is a list of all Ryan White HIV/AIDS Program services that were funded fully or partially using RWHAP funding, including EHE and CARES Act, and RWHAP-related (Program Income and Pharmaceutical Rebates) funding. Select the services that were delivered by your agency during the reporting period even if other funding streams in addition to the RWHAP funding, including EHE and CARES Act, and RWHAP-related funding were used to fund the service.

Administrative and Technical Services

RWHAP Funding	EHE Funding	CARES Act Funding	Delivered	Service Category
No records to display				

Core Medical Services

RWHAP Funding	RWHAP-Related Funding (Program Income and Pharmaceutical Rebates)	EHE Funding	EHE Initiative Carryover Funding	CARES Act Funding	Delivered	Service Category
☐	☐	☐	☑	☐	☑	Outpatient/Ambulatory Health Services

EHE Initiative Carryover Funding

- EHE initiative recipients can now mark services as funded with EHE initiative carryover funding in their contracts in the Grantee Contract Management System (GCMS)

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We also have a change this year specifically affecting EHE initiative recipients. You can now mark services as funded with EHE initiative carryover funding in your contracts in the GCMS. We heard from a number of that you were funding whole services or providers solely with EHE initiative carryover, so this functionality was added to more easily mark those services in your contracts.

As a reminder, you are required to report on services funded with EHE initiative carryover funding on the RSR. So, for example, if you give a provider just EHE initiative carryover funding to provide Medical Case Management, they should complete an RSR Provider Report and submit client-level data for all HIV-positive clients that received Medical Case Management.

With this change you'll also notice a spot for EHE initiative carryover funded services in the Service Information section of the Provider Report.

New Validation Warnings

CHECK NO. 239: WARNING	CHECK NO. 240: WARNING
• [Count of Clients] clients with viral load counts under the viral suppression threshold (viral load count < 200) reported and were not prescribed ART	• [Count of Clients] newly diagnosed clients with an HIV Diagnosis Year within the reporting period and HIV Linkage date is not reported or outside the reporting period

RSR Data Validations

There are a number of validation messages that have seen some updates for this year. Mostly small language changes or updates to correct the validation logic. But we also have two new validation warnings that I want to highlight here. The first one, check no. 239, is for clients who are virally suppressed but are not prescribed ART. If you have been on one of DISQ's data quality webinars before, you've probably heard about this common data issue where clients are virally suppressed based on their viral load test results, but the provider has not indicated that they are prescribed ART. So, this is a new warning for that issue.

We also have an additional new warning for the client-level data. This is for newly diagnosed clients where the diagnosis year is in the reporting period, but the provider did not report the linkage date, or the linkage date is not in the reporting period.

As a reminder, both of these are warnings. For validation warnings, we always recommend correcting them whenever possible but if for whatever reason you are unable to, you can still submit by providing a comment for each one you receive explaining your agency's situation or data as they relate to the warning message.

And if you want to see all the changes to 2023 RSR data validations you can check out

the data validation resource document on the TargetHIV website which will be available on TargetHIV at the link here soon.

Also just want to note, like last year, we do not have any schema changes for this year. So, not updates to worry about there.

RSR Common Misconceptions and Best Practices

Let's move on to the next part of our presentation and we're going to be discussing some of the common mistakes we've seen recipients and providers make and how to correct them.

Misconceptions and Best Practices Overview

HRSA EHBs Accounts
- EHBs Account Types
- Recipient Account Access and Permissions

RSR Recipient Report
- Provider Exemptions
- Fiscal Intermediary GCMS Contract Setup

RSR Provider Report And Client-level Data
- Updating General Information
- Missing Data Based on Funding Source
- Client-level Data for Testing Services
- Missing Service Data

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These are all the things we're going to be covering, starting with EHBs accounts including the different account types and recipient account access and permissions. Then we'll move on to the Recipient Report and discuss exemptions and GCMS contract setup for fiscal intermediaries. And then we'll end by looking at the Provider Report and client-level data including how to update the General Information section of the report and then reviewing three different data issues for missing data related to funding source and missing data for services including testing services data.

But first, let's launch a quick poll question to see what your experience was like last year submitting the RSR.

How was your experience in submitting the RSR last year?
- We did not have any issues.
- We ran into a few problems.
- We had a lot of difficulty.
- This year will be my first RSR.

RSR Comment Review

- Each year Data Support reviews all comments entered by recipients and providers into the RSR system

- For the 2022 RSR, Data Support reviewed over 7,500 validation comments, 5,800 workflow comments, and 500 exemption comments
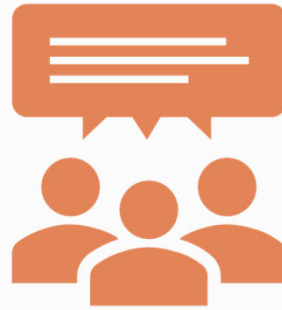
The contents of this part of the presentation are informed by two different sources: Data Support's TA activities, the questions and issues we heard from you last RSR season, but also from our comment review process. All the comments that you all enter into the RSR system each year are reviewed by us at Data Support. Last year we reviewed almost 14,000 total comments including those you enter for validation warnings, workflow comments (those you enter when submitting, accepting, or un-submitting a report), and exemption comments (those that are entered explaining the justification for a Provider Report exemption).

With that mind, let's move on.

HRSA EHBs Accounts

- EHBS ACCOUNT TYPES
- RECIPIENT ACCOUNT ACCESS AND PERMISSIONS

So, let's start by talking about EHBs accounts specifically how you select the correct account type and how your access to RSR works if you have a recipient account.

We're first going to talk about EHBs account types. This is aimed at all of you new users out there, when you're creating a new account for the EHBs you really need to be certain that you're using the correct login portal. There are two different ones to talk about, there's the applicant/grantee portal and the service provider portal. Applicant/grantee accounts are for users of organizations who are recipients, agencies that receive a RWHAP or EHE award directly from HRSA HAB. You'll create an account here in the applicant/grantee portal and then link your account to your agency's grant.

For everyone else, you'll use the service provider portal. This is for provider only organizations. You provide services using RWHAP, EHE, or RWHAP-related funding but you are not the direct recipient of a RWHAP or EHE award directly from HRSA HAB. For you all, you'll create your account and link it to your organization using the GUID code which is a system generated ID that you can get by contacting us at Data Support.

We see this issue each year where users sign up for the wrong account type and it needs to be detangled. Recipients, don't have your subrecipients create an applicant/grantee account and give them access to your grant. They do not need to

do that. Only users from your agency should have access to your grant. With Login.gov integration, this gets even a little messier to sort out than previous years so please if you are creating a new user account be certain that you are creating it in the correct portal and if you have any doubts or questions, please contact us at Data Support.

Recipient Access and Permissions

- Ability to edit and submit the RSR is tied to a user's grant level privileges in the EHBs

- Three privileges of note for working on the RSR:
  - ❖ View
  - ❖ Create/edit
  - ❖ Submit

- Requests for grant access are sent to the grant project director in the EHBs for approval

Overview of HRSA's EHBs for Grant Recipients

Also related to EHBs accounts, we often get a lot of questions regarding access and permissions. Now for service provider accounts, you don't have this issue. Simply tie your service provider user account to your organization and you'll be able to access the RSR without issue. For applicant/grantee accounts, you have a bit more of a process. Your level of access to your agency's RSR is linked to your account's grant level privileges. Now these privileges are tied to each grant individually so if you have more than one grant you need access to both of them individually to access the RSR for all of them.

There are three privileges that give you access to the RSR, view (the ability to access and look at your agency's RSR), create/edit (the ability to start and make changes to the RSR), and submit (the ability to complete that last step of submitting your report). If your account is not set up with the appropriate access for the RSR, you can always request that these privileges be added to your user account. Requests go to the person listed as the project director for the grant and they can go in and make adjustments to your grant level privileges as needed.

If you have any questions about any part of this process, you can always reach out to the EHBs Customer Support Center. We're not going to go too deep into the process

for this because we actually already have a really great resource, the upcoming HRSA EHBs webinar, that dives into this stuff in depth which I've linked on this slide.

RSR Recipient Report

- PROVIDER EXEMPTIONS
- FISCAL INTERMEDIARY GCMS CONTRACT SETUP

Moving on to the Recipient Report, we're going to talk about provider exemptions (when to and when to not exempt a provider) and how to setup contracts for fiscal intermediaries and second-level providers in the GCMS.

Recipients may exempt providers from completing a separate Provider Report if they meet one or more of the following criteria:
- They submit only vouchers or invoices for payment
- They do not see clients on a regular and sustained basis
- They offer services to clients on a "fee-for-service" basis
- They provide only laboratory services to clients
- They received less than $10,000 in funding during the reporting period
- They see a small number (1–25) of RWHAP clients
- They did not provide services during the reporting period
- They are no longer funded by the recipient
- They are no longer in business

RSR Exemption Criteria

Another area we still see a lot of confusion about is provider exemptions. When recipients are completing their Recipient Report, they have the opportunity to mark their providers as exempt. And in order to do that, the provider must meet one or more of these criteria such as they see less than 25 clients or they're no longer in business. We're not going to go through all of these, but you can find this list in the RSR Manual.

Other Exemption Criteria

- Recipients may not exempt themselves
- Providers that are also a recipient may not be exempted
- Providers that are both a subrecipient and second-level provider may not be exempted

There are additional criteria an agency must meet in order to be exempt. Recipients cannot exempt themselves or another recipient-provider (such as a Part A or B funding a Part C recipient-provider). Also, agencies that are both subrecipients and second-level providers are not eligible for an exemption.

Don't worry if you don't have all these criteria down. This is all in the RSR Manual. The point I'm trying to make here is that exemptions are rare. And even when an agency is eligible for an exemption it doesn't always make sense.

Provider Exemptions

- Exempting a provider makes it easier to submit their Provider Report without data
- The provider's data must still be collected and reported on the RSR

RSR Provider Report

▼ Provider

Report ID: 123456   Status: Submitted (Exempt)

Report Period: RSR 2022 Annual   Last Modified Date: 2/27/2023 1:28:13 PM

Access Mode: ReadOnly   Client Count (unique combination of provider and eUCI): 2

Now, what an exemption does is it makes it easier for the recipient to submit that provider's Provider Report without data. This doesn't mean that data are not required for that provider. It means the data will be reported somewhere else. Recipients must ensure that exempted providers' data are still reported to HRSA HAB. So, they do need some system for collecting these data from their providers.

So, exemptions really make the most sense when a provider meets one or more of the exemption criteria and their data are not easily submitted on their own. If you already have that provider's data all separated out, therereally is no point to an exemption. Their report can be completed without issue by themselves or you as the recipient can complete it for them and put their data in their own report.

There should never be an instance where there are data in an exempted provider's report. Remember an exemption is you essentially signaling to HAB and to the system don't look for that provider's data in their own report, we're going to upload them elsewhere. So, this screenshot is an example of something we see every year. You'll see the status that this Provider Report was submitted, and they were marked as exempt. But if you look in the client count, there are client-level data in this report. There are only two clients, so it seemed that this provider was definitely eligible for

an exemption (since they saw less than 25 clients) but this provider's data are separated and uploaded into their report. This provider should not have been marked as exempt.

Exemption Decision Tree

Should I exempt the provider?

Is the provider eligible for an exemption?

→ **Yes** → Are the provider's data separated?
→ **No** → Do not exempt the provider and submit their data in their Provider Report

Are the provider's data separated?
→ **Yes** → Do not exempt the provider and submit their data in their Provider Report
→ **No** → Exempt the provider and submit their data in a non-exempt Provider Report

When you're deciding to exempt a provider or not first ask yourself is this provider eligible for an exemption. Are they a recipient themselves? Did they meet one or more of those exemption criteria? If not, then you don't mark the provider as exempt. But if they do, then you have an additional question to ask yourself. Are their data separated? Do you have this provider's data on its own or is it mixed with say your own data or the data of other exempt providers? If yes, the data are on their own, then there is no reason to exempt the provider. Simply proceed as usual with their Provider Report completed by either the provider or you as their recipient. But if their data are not separated easily, then you can exempt them and submit their data in a non-exempt Provider Report. There are instructions for all of these scenarios in the RSR Manual but if you have any questions and are wondering what makes the most sense for you or your providers, please reach out to us at Data Support.

Recipient-Subrecipient Relationship

We're now going to talk about the GCMS just a little bit and contract setup involving fiscal intermediaries. This is another area we get a lot of questions about at Data Support. So, here we have the most basic funding relationship setup. HRSA HAB provides a grant to the recipient and the recipient then sends some of its funding to a provider to provide services. In this case, that provider is a subrecipient since they're getting their funding directly from the recipient.
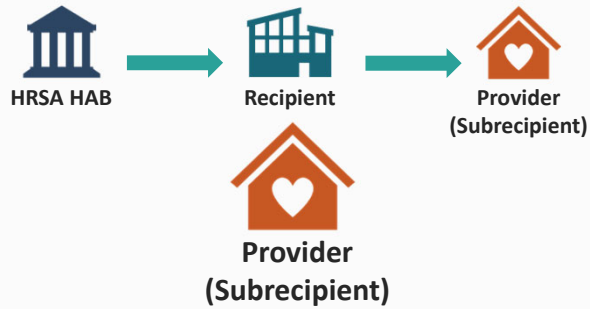
We're going to take a look at the contract that the recipient will set up for the provider in the GCMS. The two questions that relate to funding relationships are 5 and 6. Now in this case, this provider is not serving as a fiscal intermediary or a second-level provider for this recipient so the answers to questions 5 and 6 should both be no.

Recipient and Second-level Provider Relationship
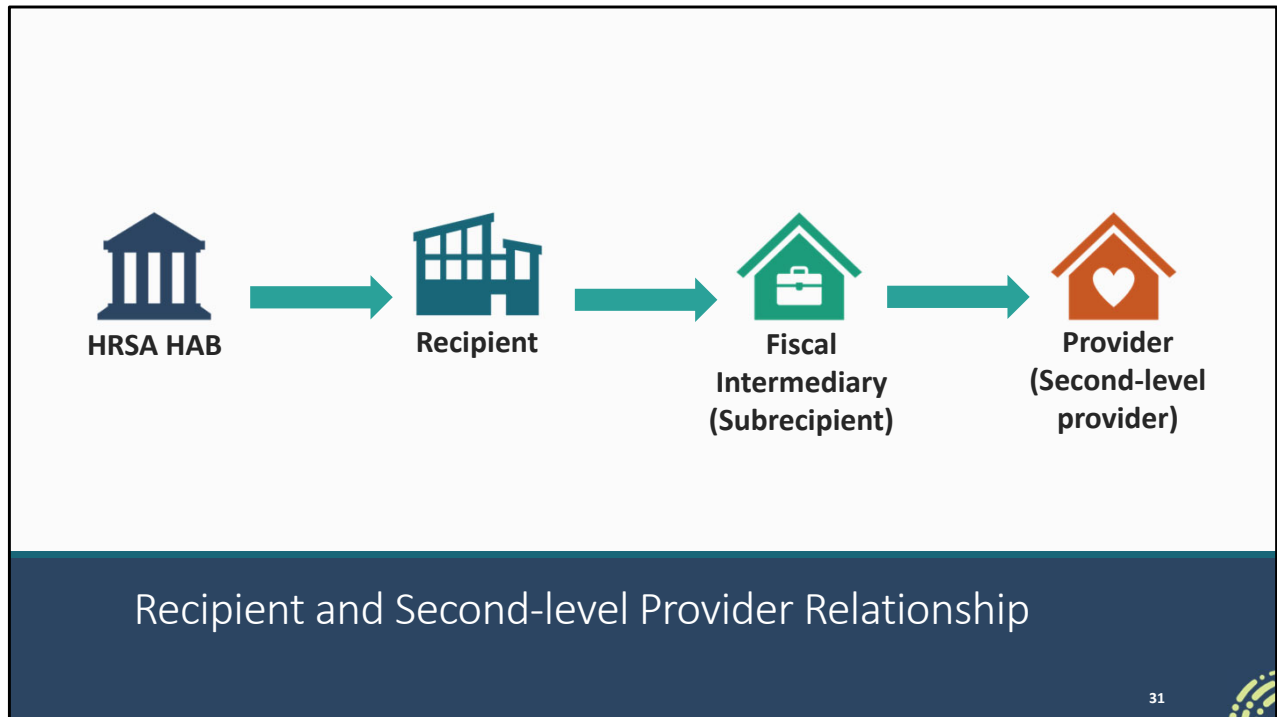
Let's change up this setup now. What if instead of giving the funding directly to the provider, instead that recipient uses a fiscal intermediary to manage their funding?

So, now the recipient receives their grant from HRSA HAB, passes some of that funding to a fiscal intermediary, who then sends the funding along to the provider. In this case, the fiscal intermediary is a subrecipient since they get funding directly from the recipient and the provider is a second-level provider since they get funding from a recipient through a fiscal intermediary.

Fiscal Intermediary/Second-level Provider Contracts

Looking at how these contracts would be set up again looking at those key funding relationship questions, 5 and 6, for the fiscal intermediary, we would select yes for question 5 and no for question 6 since they are a fiscal intermediary for this contract. In the dropdown menu that appears as question 5a, we would then select the type of fiscal intermediary this agency is. You can find definitions for each of these terms in the RSR Manual.

In the contract of our service provider, we would select no for question 5 and yes for question 6. Since this provider gets its funding through that fiscal intermediary, they are a second-level provider. For the purposes of the GCMS a subcontractor is a second-level provider. Don't get tripped up on the wording of that question. In the dropdown menu that appears for question 6a, it's going to show the contracts of any agency where yes is selected for question 5, essentially the contracts of all fiscal intermediaries for your grant. You'll select the appropriate fiscal intermediary contract (pay attention to those contract period dates to make sure you're selecting the contract from the correct year) and save your contract.

RSR Provider Report and Client-level Data

- UPDATING GENERAL INFORMATION
- MISSING DATA BASED ON FUNDING SOURCE
- CLIENT-LEVEL DATA FOR TESTING SERVICES
- MISSING SERVICE DATA

Let's go to our last section on the Provider Report and client-level data where we're going to talk about how to update the General Information section of the Provider Report and a few data issues related to missing data for services.

Updating General Information

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We're going to move onto the Provider Report now with arguably the most common TA issue we received calls for last year at Data Support, the General Information section. If you'll recall, last year there was a new process put in place for updating these fields in General Information. We're going to go over that in a sec. But I'm going to walk through what happened last year that caused so many headaches. So here we are in a 2022 RSR Provider Report. Now let's say we want to make a change to our Organization Contacts. But this same issue would happen if we needed to make an update to the Organization Details at the top here or the Provider Profile Information below. We want to change the title for this contact. Currently it's Program Director but we want to change it to CEO. What many did last year was select this Edit link to start.

Edit Contact Page

And on the next page we would scroll down and then edit the title before selecting "Save."

General Information Synchronization

Now back in General Information we would see the title is updated correctly here but then there's this synchronization banner at the top of the page. If we select the synchronize button, . . .

Synchronize Page

And then on the next page, select the "Synchronize button."

Synchronization Complete

It'll take us back to the General Information section. But you'll notice the change we made to this contact's title is now gone.

Editing the Organization Profile

- Organization Details, Organization Contacts, and Provider Profile Information should be edited in the Organization Profile

- Provider only organizations can access the Organization Profile at any time throughout the year

- Recipients needing to make changes to these fields for themselves or their providers must contact RWHAP Data Support for assistance

And that's because all three of those sections should be updated in the Organization Profile that was added last year. Agencies that are providers only and use that Service Provider login portal can access the Organization Profile at any time throughout the year in the EHBs. But if you're a recipient and you need to make updates for yourself or one of your providers you need to contact us at Data Support.

I'm going to detail in a sec how the system actually works and why what we just went over happens. But I also want to note we saw many agencies make changes in their report, ignore the synchronization and submit. In that case, the updates you made were submitted with your RSR, so the correct information is getting to HAB, but it is not technically saved in the EHBs. So, when you go to work on the Provider Report for 2023, that Provider Report is going to pull those fields from the EHBs and won't have the updates.

Synchronization Example, Part 1
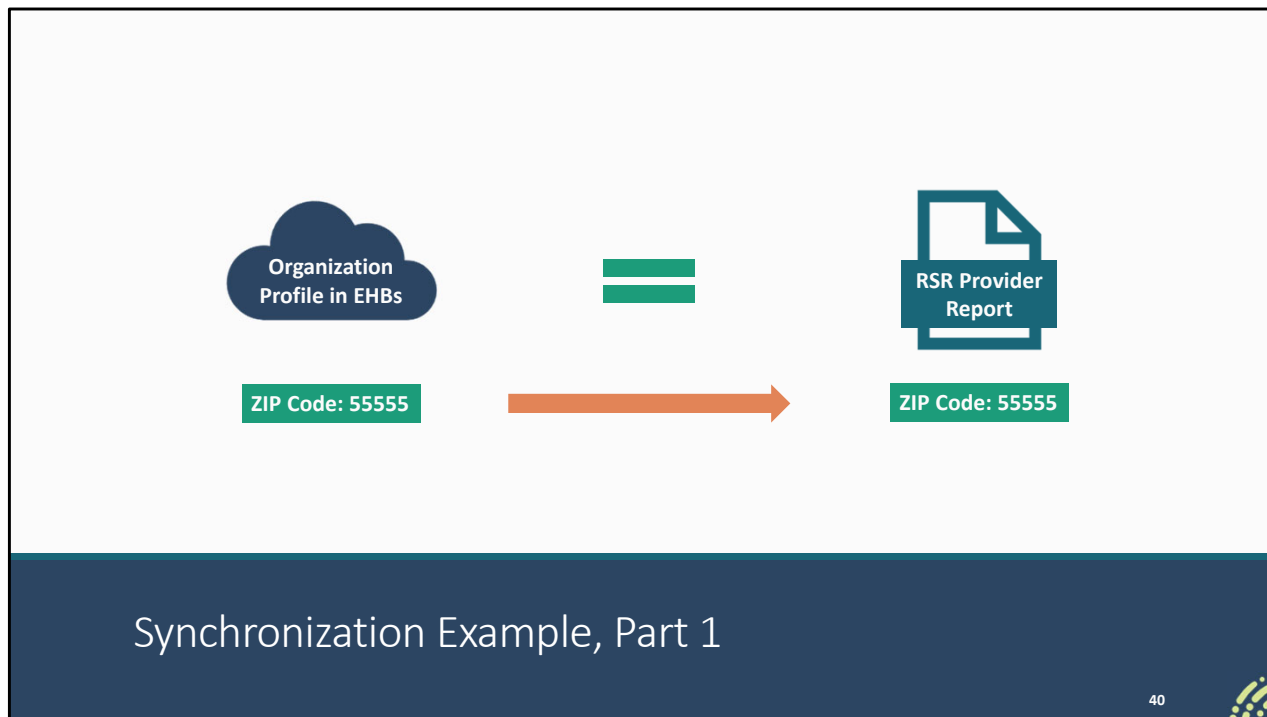
I'll show you how this works. The synchronization banner shows up whenever what is in the Organization Profile doesn't match what's in the Provider Report. And the Organization Profile is always going to take precedence.

Here we have the Organization Profile on the left and our Provider Report on the right. So, let's say in the EHBs our agency's ZIP Code is 55555. When we go to start the Provider Report it's going to look in the Organization Profile in the EHBs, grab the address from there, and pull it into the Provider Report so that the address in both places matches up.

Synchronization Example, Part 2

But let's say our agency moved and we need to update the address with an entirely new ZIP Code. If we edit that in our report, it's not going to match what is in the Organization Profile, and we're going to get that synchronization warning banner. And then if we proceed to synchronize from there, we're prompting the Provider Report to go back into the Organization Profile to grab the address and put it in our report. At that point, things match up and the synchronization banner disappears. Remember the synchronization banner shows up when things don't match, and the synchronization process is rectifying that with the Organization Profile taking precedence.

Synchronization Example, Part 3

If instead we made the edit to our Organization Profile, again things won't match up and we're going to get that synchronization banner again. If we synchronize now, the same thing is going to happen where it grabs the address from the Organization Profile and puts it in our report. But now since we made the change to the profile instead of directly to our report our update is in the report and there is no synchronization banner. Moving forward, because we have made the update this way, this change will also be reflected in our future RSRs.

Organization Profile Location

Provider only organizations, you can access the Provider Profile at any time by logging into the EHBs. We're here on the Organization Home page, the step right before you get to the RSR system. If you need a refresher on getting to this point, make sure to check out the RSR Manual. Over here on the left side of the screen, you'll see this link titled "Profile." That's the Organization Profile where you can edit the Organization Details, Contacts, and Provider Profile Information.

And recipients please contact us at Data Support for assistance making changes to these fields for yourself or recipients. Unfortunately, at this point, there is not a way for you all to do this yourselves but if you contact us at Data Support, we can make any updates for you and make sure that they stick in the system, so you don't have to keep making these updates each year.

Missing Data Based on Funding Source

- Multiple providers entered comments for missing service data stating:
  - ❖ Services were provided with program income/pharmaceutical rebates
  - ❖ Services were funded under a different RWHAP program part
- Each provider submits a single Provider Report
- Providers must report data on all services provided with RWHAP, RWHAP-related, or EHE initiative funding

Let's keep moving and now we're to talk about a couple different data reporting requirements. These are things that we identified during comment review where people may not be reporting their client-level data correctly.

We'll start with missing service data based on the funding source. We noted a number of providers that received validation messages for missing data on certain services and in their comments explaining why they mentioned data were missing because they were provided with program income or pharmaceutical rebate dollars, or the services were provided under another RWHAP program part such as say a RWHAP Part C agency saying they didn't report data for a service because it was funded by the state's Part B dollars instead of their own Part C funding.

Those comments are not really ideal reasons for those data to be missing. Each provider must submit a single Provider Report and in that single Provider Report you report on all of your services funded with RWHAP, RWHAP-related (including program income or pharmaceutical rebates), or EHE initiative funding. Remember you're reporting all eligible clients that received a service you were funded to provide with any of those funding sources.

If you have any questions about this requirement, please reach out to us at Data Support.

Client-level Data for Testing

- Multiple providers were missing client-level data for HIV testing services (e.g., Early Intervention Services)

- Providers stated that data were reported in HC&T section of Provider Report or were not required

- Testing data are reported in the HC&T section but also must be included as part of client-level data

We also noted some issues with providers reporting data for HIV counseling and testing services. We noted multiple providers missing data for these services (such as Early Intervention Services or Outreach Services) and providers responded to these validation messages by stating that either client-level data were not required for testing services or that the data were reported in the HC&T section of the Provider Report.

So, while that is true that if you're funding testing services, you do report aggregate testing numbers in the HC&T section of the Provider Report, you are still required to report on all eligible clients who tested positive for HIV as part of your client-level data. You do not need to report client-level data for anyone that tested negative.

HIV Testing Data Example
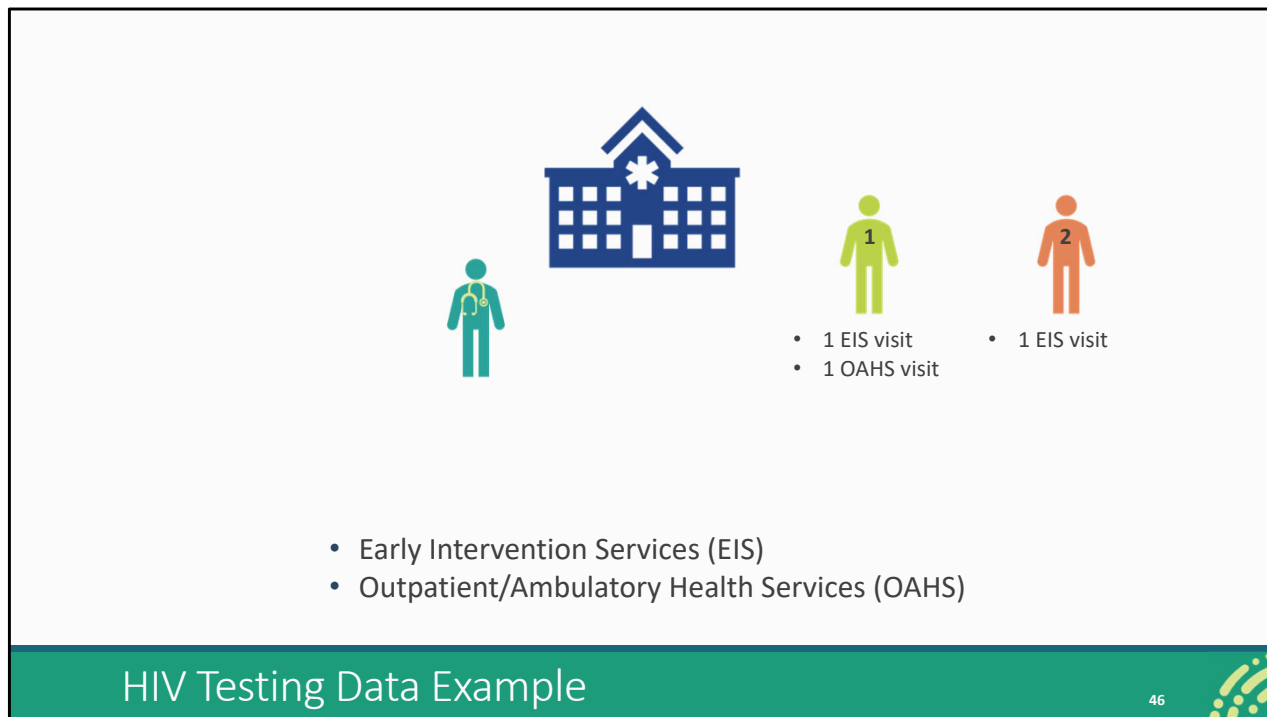
Looking at a quick very simple example, let's say we have a provider, and they receive funding to provide Early Intervention Services and Outpatient/Ambulatory Health Services.

A client comes in and gets tested receiving EIS. That client tests positive and is then referred to our doctor and the client has an OAHS visit. This client would have an EIS visit for the day they were tested and referred to care and an OAHS visit for the day that they saw our doctor.

The next client comes in and is tested for HIV which again would be an EIS visit. They test negative though and are not referred for HIV services.

HIV Counseling and Testing Service Information

Report the number of individuals who received counseling and testing during the reporting period. A field with an asterisk ★ before it is a required field.

★ 8. Did your organization use Ryan White HIV/AIDS Program funds to provide HIV Counseling and Testing services during the reporting period?
○ Yes (selected)
○ No

9. Number of individuals tested for HIV: `2`

10. Of those tested (#9 above), number who tested NEGATIVE: `1`

11. Of those tested (#9 above), number who tested POSITIVE: `1`

12. Of those who tested POSITIVE (#11 above), number referred to HIV medical care: `1`

1 EIS visit
1 OAHS visit

```
<ClientReportServiceVisits>
    <ServiceVisit>
        <ServiceID>8</ServiceID>
        <Visits>1</Visits>
    </ServiceVisit>
    </ServiceVisit>
        <ServiceID>11</ServiceID>
        <Visits>1</Visits>
    <ServiceVisit>
<ClientReportServiceVisits>
```

HIV Testing Data Reporting Example   47

We'll start in our HC&T section of the Provider Report. Straightforward, we tested two clients, one negative, one positive, and one referred to medical care.

But we also need to report EIS in our client-level data for that one client. Remember this client had an EIS and an OAHS visit. This will look familiar to any of you all that have taken a look at the data dictionary or really gotten into the weeds on a client-level data file, but we would need to report the service visits for both services. 1 visit for service ID 8 which is OAHS. And then also 1 visit for service ID 11, which is EIS.

If your data system maybe isn't set up to be collecting data on your testing services or maybe you just need assistance setting up a process for collecting those data, you can always reach out to the DISQ Team for assistance.

Reporting Service Categories

- Some providers received validation messages for missing service data
- These providers responded stating:
  - ❖ The services were reported under a different service category
  - ❖ Funding was reallocated to a different service category
- All funded services must be listed in the Service Information section of the Provider Report
- Services should be reported under the service category whose definition they match

And one last data issue I want to discuss again has to do with service data. We noted a number of providers that responded to validation messages for missing service data by stating that the data were actually reported under a different service category (for instance, a provider stating they reported data for Housing services under Medical Case Management) or that data were missing because the funding was reallocated to a different service category.

All of your agency's funded services need to be listed in the Service Information section of the Provider Report. Whether that means adding them to your own contracts if you're a recipient and the services are provided with your own grant or having your recipient add them to their contracts for funding, they give to you. And services need to be reported under the service category whose definition they match. So, that example I gave of housing and case management, if they were providing Housing and just didn't have it set up to record the services under Housing in their data system, they are not reporting correctly. Housing services need to be reported under the Housing service category. That goes for every service category.

The services I provide best match the PCN#16-02 definition of:

Medical Case Management

My recipient listed my agency as funded for:

Medical Case Management

I collect and will report the services as:

Medical Case Management

✓ **We are reporting correctly**

Services Reporting Example, Part 1

Let's take a look at an example. We've got three different places to note here. What service category definition do our services match up? What services does my recipient say they fund me for? And then which service category are we using to collect and report our data? All of these three need to match up in order to be reporting correctly.

So, let's say we're providing services that match up with the definition of Medical Case Management. Our recipient says they fund us for it as well and we are collecting and will be reporting the data under the same category as well. This all matches up so we can confidently say in this instance that we are reporting correctly.

The services I provide best match the PCN#16-02 definition of:

Medical Case Management Psychosocial Support

My recipient listed my agency as funded for:

Medical Case Management Psychosocial Support

I collect and will report the services as:

Medical Case Management

We are misrepresenting our services

Services Reporting Example, Part 2

Refreshing and looking at a different example, let's say that we are providing two different services: Medical Case Management and then we're also running a support group which would match with Psychosocial Support. Our recipient is on the same page as us and lists us as funded for both of those services. But there's something wrong with our data system and we don't have it set up to record data for our support group under Psychosocial Support. Instead, we're just reporting all of those clients under Medical Case Management.

In this case, our recipient is correct and listing us for the right services but what we are reporting isn't matching up. Therefore, we are not reporting correctly and are misrepresenting the services that we provide. This is an instance where it would be a great idea to contact the DISQ Team for assistance getting your data system set up to be collecting data on all of your funded services.

The services I provide best match the PCN#16-02 definition of:

Housing

My recipient listed my agency as funded for:

Food Bank/Home Delivered Meals

I collect and will report the services as:

Housing

❌ **Our data will be filtered out**

Services Reporting Example, Part 3

And one last example here, let's say we're providing Housing. Now our recipient was originally funding us for Food Bank and that's what they put in their Recipient Report but maybe we had some other non-RWHAP funding to cover that category or no clients we're going to need it, so we reallocated the funding to Housing. We're collecting the data and marking it down under Housing as well.

In this case, we're reporting our data correctly, matching it with the actual service we're providing but our recipient doesn't have our services down correctly in their contracts in the GCMS. Because of that, this service looks like it is not a RWHAP-funded service and our data for this service are going to be filtered out of HAB's larger RWHAP data analysis.

We want you all to get the credit you deserve for the great work you do. Part of that is making sure that all of your funded services are in your Provider Report. It's okay to have extra data for services that are not RWHAP-funded, and you can respond to any validation messages as necessary. What you don't want is for your actual RWHAP-funded services to look like they're extraneous data which is what would be happening in this situation.

Submission Timeline and TA Resources

We're going to close out our presentation now with a look at the submission timeline as well as additional TA resources available to assist you.

RSR Submission Timeline

Date	Recipients	Providers
TBD	Check Your XML and TRAX Open	
Monday, December 4, 2023	Recipient Report Start Date	--
Monday, February 5, 2024	Recipient Report Due Date	Provider Report Start Date
Monday, March 4, 2024	--	Provider Report Target Date
Monday, March 18, 2024	Return for Changes Deadline	--
Monday, March 25, 2024	All RSRs must be in "Submitted" status by 6pm ET	

Here is the RSR submission timeline. The Recipient Report opens on December 4, 2023, and is due February 5, 2024. The Provider Report opens the same day as the Recipient Report due date, February 5, 2024, and is due on March 26, 2024.

RSR Webinar Series

Date	Webinar Title
October 18, 2023	Overview of HRSA's Electronic Handbooks for Grant Recipients
November 1, 2023	RSR Check Your XML Feature
November 8, 2023	How to Complete the RSR Recipient Report Using the GCMS
November 29, 2023	RSR TRAX
December 6, 2023	Moving Beyond Data Completeness: Ensuring RSR Data Reflect Services Provided

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Here's a look at the upcoming RSR webinar series. You can register for any of these presentations using the links here. Also, to note, there will be a few additional RSR webinars in the spring such as our usual Completing the Provider Report presentation so be on the lookout for those webinar dates as well when they are officially scheduled.

Additional TA Resources

TargetHIV Website
- 2023 RSR Instruction Manual
- RSR Data Dictionary and XML Schema Implementation Guide
- DISQ ListServ

HRSA HAB Website
- Policy notices, instructions, and HAB information
- PCN #16-02

The TargetHIV website is the best place to find all of our TA materials such as the 2023 RSR Instruction Manual and the RSR data dictionary. You can also join the DISQ listserv to be informed about all things RSR. And then the HRSA HAB website is the place to go for policy notices and HAB information. PCN #16-02 can be found on that website which is the list of definitions for all core medical and support services.

TA Resource	Type of TA
Ryan White Data Support 888-640-9356 | RyanWhiteDataSupport@wrma.com	• RSR-related content and submission questions • Interpretation of the RSR Instruction Manual and HAB's reporting requirements • Instructions for completing the RSR Recipient and Provider Reports • Data validation questions
The Data Integration, Systems, & Quality (DISQ) Team Data.TA@caiglobal.org Sign up for the DISQ listserv Submit a DISQ TA Request	• Data reporting requirements • Extracting data from systems and reporting it using the required XML schema • TRAX and the encrypted Unique Client Identifier (eUCI) Application • Data quality issues
Electronic Handbooks (EHBs) Customer Support Center 877-464-4772 Submit an EHBs TA Request	• RSR software-related questions; • EHBs navigation • EHBs registration, access, and permissions
CAREWare Help Desk 877-294-3571 | cwhelp@jprog.com Join the CAREWare listserv	• How to generate the XML file from CAREWare correctly • How to view a sample client summary file • Creating custom reports
Login.gov Help Center 844-875-6446 Submit a help ticket	• Login.gov account registration and management

TA Contact Information

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And here are the additional TA providers should you need further assistance. I'm with RWHAP Data Support and we address RSR-related content and submission questions. If you need help understanding the RSR Manual or HAB's reporting requirements, instructions for completing the RSR or your contracts in the GCMS or have data validation questions we are the best resource.

The DISQ Team assists those needing help with their data so extracting it and putting it into the proper XML schema or any issues with data quality. DISQ also provides TA for TRAX and the eUCI applications.

The EHBs Customer Support Center is the place to go if you need assistance with your EHBs account such as EHBs navigation or access and permissions.

For all of you CAREWare users out there, you can always contact the CAREWare Help Desk for assistance utilizing CAREWare.

And then we also have the Login.gov Help Center. If you need any help setting up or managing your Login.gov account to be able to access the EHBs and the RSR you can always give them a call.
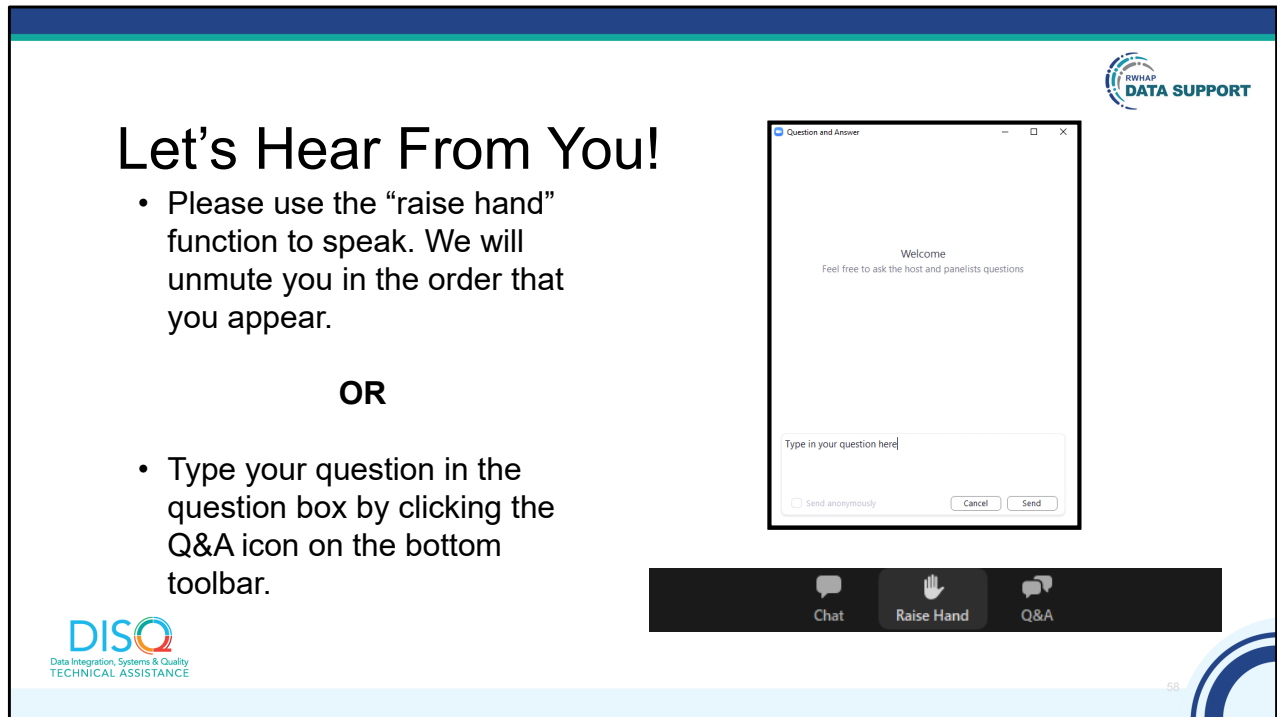
Finally, to connect with and find out more about HRSA, check out HRSA.gov.

Let's Hear From You!

- Please use the "raise hand" function to speak. We will unmute you in the order that you appear.

OR

- Type your question in the question box by clicking the Q&A icon on the bottom toolbar.

And now to your questions – but first, I would like to remind you that a brief evaluation will appear on your screen as you exit, to help us understand how we did and what other information you would have liked included on this webinar. We really appreciate your feedback, and use this information to plan future webinars. My colleague Isia is going to put a link out in the chat feature if you would prefer to access the evaluation right now. We'll also send a final reminder via email shortly after the webinar.

As a reminder, you can send us questions using the "Q&A" button on your control panel on the bottom of your screen. You can also ask questions directly "live." You can do this by clicking the "raise hand" button, which is also on your control panel. If you raise your hand, we'll be able to allow you to unmute and ask your question. We hope you consider asking questions "live" because we really like hearing voices other than our own.

We do want to get all of your questions answered, and we do not usually run over an hour. If you have submitted your question in the question box and we cannot respond to your question today, we will contact you via email to follow up. Sometimes we need to do some follow-up before providing you with a final answer, so stay tuned for

the written Q&A as well for answers to all of your questions.