RSR UCR Bootcamp - Written Q & A Summary

February 21, 2024

#	Questions	Answers
1.	If we have already submitted the RSR this year, how do we access the UCR report?	The UCR (Upload Completeness Report) lives in the RSR Provider Report. Even if you have already submitted your RSR, you can access it through the Provider Report the same way you did before you submitted it.
2.	Is there an explanation for the acronyms used during the webinar?	Here are the most frequently used acronyms throughout this presentation: • UCR = Upload Completeness Report • OAHS = Outpatient Ambulatory Health Services • MCM = Medical Case Management • CM = Nonmedical Case Management • EHE = Ending the HIV Epidemic
3.	We have about 10 - 15% of patients who are RWHAP eligible and certified, and they transition into our program to start care but move out of our service area before getting an OAHS. Should these patients be deleted from CAREWare prior to uploading to the RSR Web System?	You should report clients in the RSR if they are RWHAP eligible and they received a service within a RWHAP funded category. If you are funding to provide case management and they received case management services, then you would report them in the RSR even if they did not receive OAHS. RSR-Ready Systems such as CAREWare are set up so they can identify which clients to export or not, so you should not need to go in and manually delete those clients.
4.	For health insurance, we are asked to report all statuses during the reporting period. If a client was only in the RWHAP and had no other coverage in the reporting period, should we indicate RWHAP "Other" or "Not Insured"?	It would be considered not insured. The RWHAP is not a health insurance program. If a client is not insured, and their care is covered by the RWHAP, you just report not insured.
5.	Can you explain what CD4 counts are?	CD4 counts refer to results from a lab test that measures the number of CD4 cells in your blood. It's used to check the immune system function in people with HIV. CD4 and viral load labs are important to monitor the clinical progression of HIV. Please note that clinical data elements are only required for OAHS clients.
6.	If you upload two XML files that both have the same patient but with different reported FPLs, how is this reconciled in the RSR?	The RSR Merge Rules resource on the TargetHIV website is a helpful resource to review when uploading more than one file. It tells you when data are overwritten and when they are appended. For income or Federal Poverty Level (FPL), the lesser value in the two files is going to overwrite the larger value.

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7.	Why does my 2023 UCR not show the 2022 data as a comparison? Will this feature be available in future years?	It is possible that your organization did not report this data last year. The UCR compares the current year's data to the previous year when available. It is also possible that you are generating the UCR from the Check Your XML feature. Check Your XML does not have access to your previous reports, so does not include a comparison. Please note that there are 11 data elements for which the prior year reporting is not reflected in the UCR tables. These data elements have N/A for the 2022 RSR because their denominator changed slightly. EHE Initiative Services was added to the denominator for the data elements outlined below: • Poverty Level Percent (Item 9) • Housing Status (Item 10) • Housing Status Collected Date (Item 11) • HIV/AIDS Status (Item 12) • HIV Risk Factor (Item 14) • HIV Diagnosis Year (Item 72) • Health Coverage (Item 15) • New Client (Item 76) • Client Received Service Previous Year (Item 77) The denominator logic was changed for the following data element: • OAHS Linkage Date (Item 74) A new row was added to viral load counts: • Viral Load Counts (Item 50)
8.	Do we have to upload the RSR from CAREWare and E2 in the EHBs or only the RSR from CAREWare?	Many providers use multiple systems to collect their client-level data. In some instances, CAREWare may be a requirement of your state agency, and maybe E2 may be the requirement of your county agency. If these two systems have different clients and different services, then you should generate an XML file from both of those systems and upload both of those files to the EHBs. HRSA HAB will merge the data based on eUCIs. You can create a UCR for the consolidated merged data using the lefthand navigation pane in the EHBs. Additionally, you

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		can create a UCR for each file. You can do this by going into the "Upload Client-level Data File" screen and clicking on the plus sign by each file. Please reach out to the [DISQ Team](#) if you need any assistance generating your UCR.
9.	Who do we contact if we have made patients ineligible in CAREWare based on poverty level but they still appear in our RSR?	You will need to update the eligibility date in CAREWare to indicate that the client is no longer eligible. Please note that if the client was eligible for at least part of the reporting period, they should be reported in the RSR. We encourage you to reach out to the [CAREWare Help Desk](#) if you need further assistance with this.
10.	Can you explain the difference between the Upload Completeness Report and the Data Completeness report?	For individual providers we recommend using the UCR because it will show you the missing data and a breakdown of the other responses. The Data Completeenss report shows the percent of required clients with missing data. This is helpful for recipients that want to look at data completeness across all their providers because they can generate the report by provider or by data.