Ryan White HIV/AIDS Program Services Report

Instruction Manual Supplement

This document provides additional information about the Ryan White HIV/AIDS Program Services Report. Please read this supplement in conjunction with the RSR Instruction Manual.

HIV/AIDS Bureau, Division of Science and Policy
Health Resources and Services Administration
U.S. Department of Health and Human Services

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Prepared by:
HIV/AIDS Bureau, Division of Science and Policy
Health Resources and Services Administration
U.S. Department of Health and Human Services

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Icons Used in this Document

The following icons are used throughout this document to alert you to specific areas of information.

TIP The Tip icon points out helpful information that may make your job easier.

WARNING The Warning icon highlights potential problems.

HELP The Help icon points out phone numbers, Web sites, and other resources where you can get help with a question or problem.

CHAPTER 1. RYAN WHITE SERVICES REPORT (RSR) GENERAL INFORMATION

Topics covered in this chapter:

- What is the Ryan White Services Report (RSR)?
  - — Grantee Report
  - — Service Provider Report
  - — Client Report
- Which report should I submit?
- RSR versus RDR
- Service data collected
- Deadlines

What is the Ryan White HIV/AIDS Program Services Report?

The Ryan White HIV/AIDS Program Services Report or Ryan White Services Report (RSR) is made up of the Grantee Report, the Service Provider Report, and the Client Report.

Grantee Report

Grantees access the Grantee Report online through the Health Resources and Services Administration (HRSA) Electronic Handbooks (EHBs) using a Web-based data entry system. Grantees provide basic information about their organization and the service providers they fund to deliver Ryan White services. In addition, grantees view, update, and verify a list of their service provider contracts that were active during the reporting period. If the information is available to the HIV/AIDS Bureau (HAB), selected items will be prepopulated in the Grantee Report. For each contract, grantees view a list of Ryan White HIV/AIDS Program services and check the boxes next to the services that their organization funded under that contract.

Service Provider Report

Service providers complete a Service Provider Report online through the RSR Web system. In addition to providing basic information about their organization, providers view a list of their service provider contracts that were active during the reporting period. For each of the contracts, they can view a list of Ryan White HIV/AIDS Program services and check the boxes next to the ones their organization delivered to Ryan White HIV/AIDS Program clients during the reporting period.

Client Report (Client-Level Data)

Service providers submit a Client Report through the RSR Web system by uploading an electronic file using a standard format. Each file contains one de-identified record for each Ryan White client. Each client record includes information on demographic status; HIV clinical information (if the client received medical services at the provider agency); Ryan White-funded HIV-care medical and support services received at the service provider; and the client's UCI, an encrypted, unique client identifier.

Which Report Do I Need to Submit?

All grantees are required to submit the Grantee Report. All service providers (including grantees that also provide services) are required to submit the Service Provider Report. Service providers that deliver outpatient/ambulatory medical care and/or case management (medical or non-medical) services are required to submit a Client Report.

If I do not provide outpatient/ambulatory medical care or case management (medical or non-medical), am I required to submit the RSR?

Yes. If you are a grantee of record, you are required to submit a Grantee Report for each of your Ryan White HIV/AIDS Program grants. If you are a service provider, you will complete a Service Provider Report. However, if for the first and second reporting periods (January–June 2009 and January–December 2009), you were not funded to provide outpatient/ambulatory medical care services and/or case management services (medical or non-medical), you are **not** required to submit a Client Report.

Eventually, all Ryan White HIV/AIDS Program service providers will be required to report client-level data, but for the first and second reporting periods (January–June 2009 and January–December 2009), only organizations receiving Ryan White HIV/AIDS Program funds to provide outpatient/ambulatory medical care services and/or case management services (medical or non-medical) are required to submit a Client Report (client-level data).

Ryan White Services Report (RSR) vs. Ryan White Data Report (RDR): Do I Need to Submit Both?

All Ryan White-funded agencies are required to submit both the RDR and certain components of the RSR in 2009.

In time the RSR will replace the RDR. However, until HAB states that Ryan White-funded agencies no longer need to complete an RDR, grantees and providers are required to complete both reports.

Service Data

Why are all three reports collecting service data?

- The Grantee Report collects information about the services the provider was funded to provide.
- The Service Provider Report captures services actually delivered on a contract-by-contract basis under each Ryan White HIV/AIDS Program Part.
- The Client Report captures the services received by each individual client. (Note: In order to reduce the burden of reporting on providers who receive funding from multiple Program Parts, agencies will not need to report which RWHAP Part funded the individual services received by clients.)

Requesting the services on all reports allows for cross-report verification. More importantly, collecting service data on all reports allows HAB to demonstrate Ryan White HIV/AIDS Program performance and to compile the data required to respond to Congressional inquiries.

Deadlines for the RSR

A listing of key reporting dates is available on the HAB Web site at http://www.hab.hrsa.gov/manage/cldtimeline.htm Make sure to visit the Web site at the beginning of each submission period to obtain up-to-date information regarding the reporting deadlines for the RSR.

CHAPTER 2. RSR TECHNICAL INFORMATION

Topics covered in this chapter:

- Software requirements
- Extensible Markup Language (XML) format
- Data collection systems
- Getting help with errors

What Kind of Computer Software Do I Need?

In order to complete the RSR, you will need access to the Internet. The Grantee and Service Provider Reports may be completed online or uploaded in the required XML format; the Client Report (client-level data set) must be uploaded in the required XML format.

WARNING **You may not upload the data in Excel, Access, or any another format; only in XML.**

Extensible Markup Language (XML)

Extensible Markup Language (XML) is a standard, simple, and widely adopted method of formatting text and data so that it can be exchanged across all of the different computer platforms, languages, and applications.

TIP **An XML schema is a document that defines the structure, contents, and semantics of an XML file.**

How do I correct the data uploaded in my XML file?

To correct your client-level data, you must first correct the source data in your data collection system and regenerate your client-level data XML file. Once you have your new XML file, log into your Provider Report, clear the client-level data previously uploaded by selecting the "clear clients" link in the left navigation menu, and import your new XML file.

Collecting Client-Level Data

Various systems are available for collecting client-level data, or the appropriate data can be extracted from custom data collection systems.

RSR-ready Data Collection Systems

If you use any of the proprietary, vendor-distributed systems listed below to collect data, you will be able to export your data to HAB in the required XML format. No special action will be required by you to develop this export capability. Your vendor will notify you when the system feature to export the client-level data file is available. HAB's Information Technology [IT] contractor is working with representatives from each of these systems to develop this capability as soon as possible.

- AIRS
- Aries
- CAREWare
- Casewatch Millennium
- CHAMPS
- eClincialWorks (RSR-ready in 2010)
- eCOMPAS
- LabTracker
- Provide Enterprise
- Sage (RSR-ready in 2010)

If you use or are aware of other vendor-distributed systems that are widely used in the field by Ryan White service providers but are not listed above, please contact the HRSA Call Center. The TA team has been in touch with several vendors used by numerous Ryan White Programs to inform them of the RSR reporting requirements.

Custom Data Collection Systems and Non-Supported Vendor Systems

If you use a "home-grown" or custom-built data collection system, you will need to extract the client-level data elements out of your system and into the proper XML format before you can upload it to the HAB server. You or someone familiar (or able to become familiar) with the structure of your database should use the XML schema provided by HAB to write a program that will extract data from your system and place it into the XML schema format.

HELP To obtain a copy of the XML schema, please contact the HRSA Call Center.

If your system uses a relational database such as SQL Server, Oracle, or Access to store your data, the most common way to convert the data would be to develop an application in a programming language such as C#, Visual Basic, or Java to extract the data from the database and write it to an XML text file that conforms to the published Client-Level Data XML Schema format. (Almost all programming languages today provide some support for managing XML files.)

In the event your organization does not have the programming expertise required to develop the client-level export, there are two tools available for generating the XML data file:

1) T-REX

HAB created the RSR Export Tool (T-REX) to help grantees and providers create the XML client-level data file. It is an MS Access database template that providers must populate with client-level data. The XML file is created directly from the populated Access database. You can populate the MS Access database by exporting the required data elements from your system into an Excel spreadsheet and then copying and pasting the data from the Excel spreadsheet into the T-REX Access tables.

HELP

To request the T-REX, send an e-mail to RSR.TA@sphereinstitute.org. A user manual will be provided as well.

2) PDI

The Provider Data Input (PDI) is a module that facilitates importing data from other systems into CAREWare for RSR submission. It is an MS Access database that must be populated with client-level data. A feature in CAREWare allows you to import the data from the MS Access database into CAREWare. Because CAREWare is RSR-ready, you can create the XML file from CAREWare.

HELP

The PDI is available at: http://hab.hrsa.gov/careware/ For more information about how and when to use the PDI, review the webcast *CAREWare and the PDI* (2009, July 21) at http://www.careacttarget.org/rsr.asp

Whether you store your data in a relational database or some other format, technical support will be available to you through the HAB Web site and from your Project Officer.

Paper-Based Data Collection Systems

If you currently do not use an electronic client-level data collection system, HAB has made available a version of CAREWare, CAREWare-Lite, which will create the required XML upload file. Users will need to manually enter their client data into CAREWare-Lite.

CAREWare-Lite is CAREWare with specific features turned on and only the minimum fields required to generate the RSR activated. Unlike CAREWare, it is designed to eliminate setup after installation so that data entry activities can begin immediately.

Help With Errors

What do I do if I receive an error stating that my XML upload was unsuccessful?

If you receive an error when attempting to upload an XML into the RSR, it could have occurred for many reasons. Please call the HRSA Call Center and inform the agent that you are receiving an error message. Also be prepared to send the file via e-mail to the HRSA Call Center, as they will probably request it. The HRSA Call Center will then try to troubleshoot what is causing the error.

What if I receive an unexpected error while using the RSR Web system?

If, at any point, you encounter an unexpected error, the first thing to do is close out the system and start over. Sometimes errors resolve themselves when you open a new browser window. Sometimes it also helps to clear your browsing history. However, if you still experience the same error, please call the HRSA Call Center. Tell the agent that you are working in the RSR report, provide a grant number or provider name, and explain the steps you were taking when you received the error.

CHAPTER 3. GRANTEE REPORT

Topics covered in this chapter:

- Who must submit Grantee Reports
- Accessing reports
- Reporting for multiple grants
- Updating information in the Grantee Report
- Adding providers
- Completing the contracts list
- Report certification
- ADAP Funding

Who Must Submit the Grantee Report?

Only grantees-of-record, or agencies that receive Ryan White funding directly from HRSA, are required to complete the Grantee Report. Agencies that are grantees-of-record and service providers under another Program Part are only required to complete a Grantee Report containing information on their grantee funding. For example, if an agency is a Part C grantee and a Part A provider, the agency will complete a Grantee Report containing only its Part C data.

Reporting Multiple Grants

I receive a Part A grant and a Part A MAI grant. Do I include contract information for both grants in the same Grantee Report?

No. You are required to complete one Grantee Report for each grant that your agency receives from HRSA. Part A grantees that also receive MAI funding will complete two grantee reports, one under their Part A grant numbers (H89HA#####) and the other under their Part A MAI grant numbers (H3MHA#####). The same is true for Part B grantees that receive MAI funding. They will complete one Grantee Report under their Part B grant numbers (X07HA#####) and a second Grantee Report under their Part B MAI grant numbers (G24HA#####).

Updating Information

How do I change the address information for my organization (Item 1) in my Grantee Report?

The grantee address information is pulled from the EHB organization profile. The Primary Authorizing Official (PAO) of your organization is the only individual who can update the organizational address in the EHB. To update the address information, the user logs out of RSR and has the PAO go to the EHB. Once in the EHB, the PAO clicks "View/update profile" under the heading "Manage organization profile" on the left-hand menu. After the PAO updates the information in the

How Do I Access My Grantee and/or Provider Reports as a Grantee?

Grantees access the RSR through the EHB using the follow steps:

1. Go to https://grants.hrsa.gov/webexternal
2. Put in your username and password, and click "login". Please note that your password is case-sensitive. If you cannot remember your username, please contact the HRSA Call Center. If you cannot remember your password, please contact the HRSA Call Center or click on the "forgot password" link, in which case the system will e-mail you a temporary password.
3. Click on "view portfolio" on the menu on the left.
4. Locate your Ryan White grant, and click "open grant handbook" on the right of the grant selection.
5. Click on "performance report" from the menu on the left.
6. Your RSR Interim report will appear. Click on "start report" if you have not yet certified your grantee report or "edit report" if you have already certified your grantee report. This will then bring you into the RSR Web system.
7. From there, please use the "Provider Report" and "Grantee Report" tabs in your inbox to access your reports.

EHB, it will populate the RSR. If you are unable to change the information after going through these steps, please contact the HRSA Call Center.

How do I change the contact information (Item 3) in my Grantee Report?

The contact information will be populated with the profile information of the person completing the Grantee Report. This information is pulled from his or her profile in the EHB. To revise this information, you should go back to the EHB and click "update profile" under the heading "Manage personal profile" from the left-hand menu. Once this information is updated in the EHB, it will populate the Grantee Report.

TIP If the Grantee Report is certified, the contact information will show the information of the person who certified the report.

Adding Providers

To add providers to your contracts list, click the "Add Provider Contract" link located beneath the table on the left side of the Contracts screen. This link will open a second browser window with a search form that can be used to locate a provider in the RSR provider directory.

If you are not successful in locating your provider, try expanding your search by using fewer search criteria (e.g., only search by registration code, Org ID, or a key word in the provider's name).

- **TIP** Try leaving the "State" field out of your search. You can remove this search criterion by picking "Select" in the "State" field.
- If the service provider you have contracted with is not listed in the RSR provider directory, e-mail the provider's name and address to Ryan White Data Support. Data Support will add your provider to the directory and e-mail its registration code to you.

Completing the Contracts List

Contracts listed in the Grantee Report should approximate the actual agreements you have in place with your providers. For the contract start and end dates, you should report the actual dates of the contract. Contract periods may begin before and/or extend beyond the reporting period dates. (The dates you see when you open your Grantee Report are prepopulated in the RSR System with the reporting period dates.) Also, if your contract runs through part of the reporting period (i.e., April to March contracts) you should add two contracts with that provider. Grantees should also report the actual value of the contracts they have with their providers. Grantees should not prorate or annualize the contract amounts for the reporting period.

Example: Grantee A has a contract with Health & Happiness Clinic to provide services to Ryan White clients. It writes contracts based on its organization's fiscal year (April 1 to March 31). In this case it will list two contracts with Health & Happiness Clinic on its Grantee Report, the first for April 1, 2008 to March 31, 2009 and the second for April 1, 2009 to March 31, 2010.

Provider (Contract Reference)	Start Date	End Date	Amount
Health & Happiness Clinic (FY2008)	04/01/2008	03/31/2009	$5000
Health & Happiness Clinic (FY2009)	04/01/2009	03/31/2010	$4250

Report Certification

There are two ways to determine whether your Grantee Report has been certified. If it has not been certified, it will bring you directly into your Grantee Report when you access the RSR through the EHB. The status of your report is listed at the top left, where it will state either "working" or "certified." You also may click on the "Grantee Report" tab in your inbox, and it will show "submitted" under the status column.

ADAP Funding

One of my providers receives ADAP funds only. Will this provider submit an RSR?

No. This provider is not required to submit an RSR. When a contract is created for a provider, at least one service must be specified. ADAP was not included in the services list. Grantees should exclude from their reports providers (and/or provider contracts) that are exclusively funded by ADAP.

One of my providers receives both ADAP funds and base funds in a single contract. Do I report the ADAP funds in the total contract amount?

No. In cases like this, it is okay for providers to subtract ADAP funds from the total contract amount and report only base funds for the contract amount.

Our organization contributes Part A EMA/TGA funds and/or Part B Base Funds for ADAP. Should I include a contract with the state (or its ADAP contractor) on my contract list?

No. Please do not include contracts with the state (or its ADAP contractor) on your contract list. The funding provided by your organization will be reported by the Part B grantee in its ADAP Quarterly Report.

CHAPTER 4. SERVICE PROVIDER REPORT

Topics covered in this chapter:

- Accessing reports
- Who must submit Service Provider Reports
- Is it possible to submit multiple provider reports?
- Validation warnings
- Provider report status
- Local AIDS Pharmaceutical Assistance
- HIV testing

How Do I Access My Provider Report?

Providers will log in to their Provider Reports by accessing *https://performance.hrsa.gov/hab*. Once you log in, click on the link "Go perform task" to create the Provider Report or access your Inbox and select your Provider Report to finish data entry. NOTE: Grantees that are also service providers will access their Provider Report through the EHB.

Is It Possible to Submit Multiple Provider Reports?

Do providers receiving funding from multiple Program Parts complete multiple Provider Reports?

No. Each service provider will submit only one Provider Report including data from all Program Parts under which the agency is funded.

Our organization is very large, receives funding from multiple Ryan White Program Parts, and provides services through several different departments. Each department acts as an independent entity and keeps separate client records. Combining the data into a single Provider and Client Report would be burdensome. Are there any alternatives to submitting a single Provider Report?

A single agency (or organization) that wishes to submit more than one Provider Report must first obtain permission from HAB and, if applicable, its grantee. HAB will allow a single agency to submit as if it is 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 multiple reports 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 to discuss the possibility of reporting as more than one service provider.

Who Must Submit Service Provider Reports?

Are providers with whom we do not have formal contracts required to submit data?

For the purpose of the RSR, "contracts" include formal contracts, memoranda of understanding, or other agreements. Data must be reported for all providers that receive Ryan White funding.

What about "small" providers that have a small number of clients or submit only vouchers or only serve clients on a fee-for-service basis or only get a small amount of funding? Are they required to submit provider and client data?

The grantee, at its discretion, may decide to exempt a provider from reporting its own data, but the grantee then assumes the responsibility of reporting the provider and client data for the exempt provider. See the instruction manual for reporting rules and guidelines for deciding if a grantee may exempt a provider from self-reporting.

Do second-level providers have to submit Provider Reports?

Yes, both first- and second- level providers need to complete Provider Reports. First-level providers will see the name of their grantee in their grantee contracts list (Item 8 of the Provider Report). Second-level providers will see the name of their grantee and the name of the Fiscal Intermediary provider through which it receives funding in their grantee contracts list. See the instruction manual for more information about the reporting rules and guidelines.

What if a provider receiving funding from multiple Program Parts is given an exemption from reporting by one grantee but not another?

If a service provider is required to submit an RSR by any of its grantees, then the service provider must submit according to HAB's established reporting requirements. The provider will submit one Provider Report and, if applicable, one Client Report including data from **all** Program Parts under which the provider is funded.

Validation Warnings

Although you may submit your Provider Report with validation warnings, it is strongly recommended that you attempt to resolve them before submitting. If the validation warnings cannot be resolved, then you should add a comment to explain why there are validation warnings in the Provider Report. To do this, click the "validate" link from the menu on the left. Once the Provider Report has been validated, select the "Add Warning Comment" link on the top right of the validation report.

Provider Report Status

There are three possible statuses for Provider Reports. A report in "working" status has not been submitted for grantee review or it has been submitted and the grantee returned it for provider changes. "Review" status indicates that not all grantees have accepted the report, but it has been submitted to the grantees for review. "Submitted" status indicates that all grantees have accepted the report.

HIV Testing

Should providers report people tested for HIV regardless of where the test occurred?

All counseling and testing services that were paid for with Ryan White funds must be reported, regardless of where the test occurred (e.g., a mobile testing unit).

Should providers report people tested for HIV regardless of who paid for the test?

If the provider utilizes Ryan White funding to provide counseling and testing services, it should report everyone who received the service, regardless of funding source.

How do we report indeterminate test results? Should newborn screenings be included in the HIV Counseling & Testing section?

Service providers should report all HIV tests administered by their agency if they receive Ryan White funding to provide counseling and testing services. However, agencies are not required to report indeterminate test results in this Section. The total number of indeterminate test results can be calculated based on the responses to other questions in this Section.

Local AIDS Pharmaceutical Assistance

Local AIDS Pharmaceutical Assistance (APA, not ADAP) programs are local pharmacy assistance programs implemented by Part A, B, or C. The Part B grantee consortium or Part A planning council contracts with one or more organizations to provide HIV/AIDS medications to clients. These organizations may or may not provide other services (e.g., primary care, case management) to the clients they serve through a Ryan White HIV/AIDS Program contract with their grantee or other funding sources.

Programs are considered a local APA if they provide HIV/AIDS medications to clients and meet all of the criteria listed below:

- Have a client enrollment process;
- Have uniform benefits for all enrolled clients;
- Have a record system for distributed medications; and
- Have a drug distribution system.

Programs are not local APAs if they dispense medications in one of the following situations:

- Medications are dispensed to a client as a result of or as a component of a primary medical visit;
- Medications are dispensed to a client on an emergency basis (an emergency basis is defined as a single occurrence of short duration); or
- Money or cash vouchers are given to a client to procure medications.

See part 2804 of the legislation for further information.

CHAPTER 5. CLIENT REPORT

Topics covered in this chapter:

- How to determine if a client must be included in the Client Report
- Which client-level information must be reported
- Reporting periods
- How to ensure data security
- Specific elements of the Client Report

Which Clients Are Included in the Client Report?

All clients that received a service paid for in whole or in part with Ryan White funds must be included in the Client Report. Please note that a service is not considered Ryan White-funded if it is delivered by program staff whose salary is paid for with Ryan White funds, but the service itself was not Ryan White-funded. Include staff whose salaries are paid for with Ryan White funds in the calculation of the Full-Time Equivalents (FTEs) reported in Item 10 of the Service Provider Report.

How do I determine if Ryan White funded a client's service?

You often may pay for a service or visit with multiple funding streams, such as Medicaid, Medicare, or private insurance along with Ryan White. When RW funding is one of the sources paying for a visit, report this visit. When only non-RW funds (e.g., Medicaid) pay for the visit, do not report it *even if the provider's salary is partially funded using RW funds*. Please see the chart below for further clarification.

Criteria				
Service is RWHAP-Funded	Yes	Yes	No	No
Salary is RWHAP-Funded	Yes	No	Yes	No
Reporting Requirement				
Report the service as delivered in Item 8 of the Provider Report	Yes	Yes	Yes	No
Include the individual's time in the FTE calculation for Item 10 of the Provider Report	Yes	No	Yes	No
Report that the client received a Ryan White-funded service in Items 16 – 45 of the Client Report	Yes	Yes	No	No

Anonymous Individuals

TIP

Providers should only count anonymous individuals in the HIV Counseling and Testing section of the Provider Report.

What Client-level Information Must I Report?

You must collect the applicable client-level data elements for each client who received services funded by the Ryan White HIV/AIDS Program during the reporting period. The data elements reported depend on the service(s) each client receives. To determine the client-level data elements that must be reported for each client, review the Required Client-level Data Elements for RWHAP Eligible Services chart in the Appendices of the RSR Instruction Manual available at *http://hab.hrsa.gov/manage/cld.htm* For further information you also may refer to the New Funded Scope Reporting Requirements Document available on the TARGET Center Web site at *http://www.careacttarget.org/rsr.asp*

HELP

Do I report the services my client receives from my agency only, or do I report all Ryan White-funded services that are part of my client's care plan?

When reporting for the *Core Services Data Elements* (Items 16–27) and/or the *Support Services Data Elements* (Items 17–45), each agency is responsible for reporting only the Ryan White services that the client received at its agency and were funded by Ryan White. HAB does not expect providers to report services received by clients at other agencies and/or services that were not funded by the Ryan White HIV/AIDS Program.

I provide Ryan White-funded outpatient/ambulatory medical care. When I report the clinical information data elements (#45–66) for my outpatient/ambulatory medical care clients, do I report only Ryan White-funded outpatient/ambulatory medical care services?

No. Outpatient/ambulatory medical care providers should report all of the Clinical Information Data Elements (Items 45–66) for each of their Ryan White HIV-positive or HIV-indeterminate clients who received outpatient/ambulatory medical care services, regardless of who paid for or delivered those clinical services.

I provide outpatient/ambulatory medical care and support services. Am I required to submit client-level data for clients who do not receive outpatient/ambulatory medical care?

Yes. Providers of outpatient/ambulatory medical care and case management services (medical or non-medical) are required to upload data on all clients who receive Ryan White HIV/AIDS Program-funded services.

I provide only support services but am ready to submit client-level data now. Can I submit a client-level data file with my Service Provider Report?

Absolutely! While support providers are not required to submit a Client Report for the first two reporting periods, you are welcome to upload a client-level data file with your Service Provider Report.

What happens if a client receives services at two or more agencies and data, such as demographic information or housing status, are reported differently by each agency?

It is possible that client information may change or may be entered incorrectly. When HAB does encounter conflicting data, it will use a set of preestablished rules to determine which data are likely to be most accurate.

What if we collect our client information at the first visit in the reporting period, rather than at the end?

It is not necessary to collect this information again at the end of the reporting period, although changes should be documented. Report the latest information on file for each client.

Reporting Periods

If complete information cannot be reported by the deadline, will I have the opportunity to submit amended information later?

Yes and no. Grantees will submit two Ryan White Services Reports for each reporting (calendar) year:

- An interim report for the period January 1 through June 30; and
- An annual report for the period January 1 through December 31.

Information that was not available when the first report—or interim report—was submitted may be included in the annual report. However, grantees and providers will not be able to amend data submitted in the annual report.

Important Data Elements of the Client Report

Unique Client ID

The Unique Client ID (UCI) is an 11-character alphanumeric code that distinguishes one Ryan White client from all others and is the same for the client across all provider settings. The UCI is derived from the first and third letters of a client's first and

Who is Responsible for Keeping Client Information Secure?

HAB is responsible for the data it requires grantees (or by proxy their providers) to report, but grantees are responsible for data security before the data are sent to HAB. HAB is allowing some flexibility in (1) how grantees and their providers consolidate their client data before the data are uploaded to HAB, and (2) which organization does the actual uploading. However, it is the grantee's responsibility to establish business agreements or protocols for sharing or transferring client data securely between themselves and their providers.

WARNING

Presumably most grantees already have agreements or protocols in place for secure data transfer, especially if they maintain secure electronic data networks with their providers. HAB encourages grantees that have not thought about or addressed this issue to take the following steps:

- Discuss with your legal counsel questions you may have regarding HIPAA, legal consent from clients to transmit encrypted client-level data to HAB, or Institutional Review Board review;
- Revise provider contracts to require client-level data collection and submission;
- Consider adding a contingency requirement to address provider client-level data submission.

last name, their date of birth (MM/DD/YY), and a code for gender (1=male 2=female 3=Transgender 9=Unknown). For example, for the client Julius Caesar born on March 15, 1980, the UCI would be JLCE0315801. A 12th character can be added if a provider needs to distinguish between two clients that may in fact have the same UCI. Providers will use a program, provided by HAB, to encrypt the UCI at their site, before sending the *encrypted* UCI as part of the Client Report to HAB. *Only* the *encrypted* UCI (eUCI) gets reported in the uploaded client data, not the unencrypted UCI. For more information concerning the eUCI, please refer to the eUCI document located on the TARGET Center Web site at *http://www.careacttarget.org/rsr.asp*

Date of First Service Visit

The date of first service visit is the date the client first received a service at your agency regardless of the reason. It may or may not be the client's first HIV-related visit or Ryan White HIV/AIDS Program-funded visit. The client's date of first service visit *does not* change.

> ***If a client has been out of care for several years, do we enter their re-enrollment date as the date of first service visit?***
>
> **No.** Report the date of the client's *first* service visit at the provider's agency or organization. The RSR currently does not account for the re-enrollment of clients that have been out of care for long periods of time, although agencies may want to enter re-enrollment dates in their own data collection systems. HAB does not expect providers to go to unreasonable lengths to locate the client's initial enrollment date in their files.
>
> ***Will a client that receives services at several provider agencies have multiple first service visit dates?***
>
> **Yes.** Each provider will report the date that the client first enrolled in services at its site.

Vital Enrollment Status

> ***What are the guidelines for determining if a client is lost to care?***
>
> Each individual agency must determine its own guidelines for classifying a client as "lost to care."
>
> ***Where do we report a client who is lost to care and whose vital status is unknown?***
>
> Clients who are lost to care should be reported as "Unknown."
>
> ***What if a client falls into more than one category (e.g., active and incarcerated)?***
>
> If the client received services during the reporting period and you expect the client to continue to receive services from

your program, report the client as "Active." If the client did not and/or will not continue in your agency's program, choose the category that explains why the client is no longer active.

Race and Ethnicity

What if a client claims an ethnicity (e.g., Latino) but does not indicate a race?

Race and ethnicity are reported separately. Each client should be asked to self-report his/her ethnicity and race; however, provision of these data is voluntary.

What if a client identifies as multiracial?

Choose all races that apply.

Geographic Unit Code

The geographic unit code is the initial three digits of a U.S. Postal Service ZIP code. For example, "200" is the geographic unit code for a client living in an area represented by the five-digit ZIP code "20001."

Why is my geographic unit code being reported as "000"?

The privacy of Ryan White HIV/AIDS Program clients is of the utmost importance to HAB. To ensure that Ryan White HIV/AIDS Program client data are protected, HAB has chosen to collect only the initial three digits of a U.S. Postal Service ZIP code. For clients who live in one of the low-population geographic units (i.e., 20,000 or fewer people) outlined in the latest release of the Privacy Rule, the RSR System will automatically replace the reported geographic unit code with "000."

The Final Modification of the HIPAA Privacy Rule, which utilized 2000 Census data, identifies 17 restricted ZIP codes: 036, 059, 063, 102, 203, 556, 692, 790, 821, 823, 830, 831, 878, 879, 884, 890, and 893.

HIV Status

What is the operational definition of AIDS?

HAB uses the current CDC surveillance case definition for acquired immunodeficiency syndrome for national reporting. For additional information, see:

http://www.cdc.gov/ncphi/disss/nndss/casedef/aids1993.htm

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4813a2.htm

http://www.cdc.gov/mmwr/preview/mmwrhtml/00032890.htm

How are HIV-exposed infants who received medical care services categorized for the RSR?

If the infant's status (HIV-positive or negative) is known, then the child should be reported in the appropriate category (HIV-positive or negative) in your data collection system. If their status is unknown, the child should be reported in the HIV-indeterminate category.

How do I report my affected clients?

There is no specific data element to identify affected clients. HAB will identify affected clients based on an evaluation of all the client records submitted by all Ryan White providers.

HIV Risk

What if a client has more than one risk factor for HIV?

Select all risk factors that apply.

Services

Do I have to collect and report every data item (element) in the Client Report?

No. The client-level data elements reported for each client depends upon the type of service(s) the client received. To determine the client-level data elements that must be reported for each client, review the Required Client-Level Data Elements for RWHAP Eligible Services matrix in the *RSR Instruction Manual*, available at *http://hab.hrsa.gov/manage/cld.htm*

Our agency provides support services and non-medical case management. If a client receives a support service only, am I required to report its demographic information because I am a non-medical case management provider?

Yes. All providers submitting client-level data are required to report basic demographic information—including year of birth, ethnicity, race, and gender information—for each of their Ryan White clients regardless of the service (support or core medical) the client received.

How is a visit different from a unit of service?

The difference between a unit of service and a visit depends upon how agencies are reimbursed. In some cases, a visit may consist of several units of service (e.g., an oral health visit may include multiple units of service—a dental exam, a cleaning, a filling, x-rays, and a fluoride treatment).

Why doesn't HAB request the number of visits for support services?

HAB recognizes that reporting support service data would place too much of a burden on providers.

Clinical Information: HIV Treatment

How do we report clients who are non-compliant with therapy?

Providers are only required to report whether a client was prescribed treatment, not whether the client complied with the prescribed therapy.

How do we report clients who are on HAART, but were not prescribed HAART during the reporting period?

"Prescribed HAART" means they were on the treatment regimen—*not* that they were written a prescription during the reporting period. If the client started HAART during a previous reporting period, report the client in the "Yes" category.

Clinical Information: Preventive Screenings

What if we do not know whether a new client has been screened since his or her HIV diagnosis date? Are we expected to get retrospective data on every client in medical care?

HAB understands that it may place an unreasonable burden on providers to determine whether certain clients were screened for a particular sexually transmitted infection since their diagnosis and advises providers to report whatever data may be reasonably obtained.

How do we report a client whose hepatitis B vaccination is in progress during the reporting period?

If the client's vaccination is in progress, answer "No" to Item 58, "Has the client completed the vaccine series for hepatitis B?"

CHAPTER 6. WHERE TO GET HELP

HELP If your questions are not answered in this document, contact the appropriate agencies below.

Project Officer

Your Project Officer should be your first point of contact for any issue related to RSR reporting. Project Officers can help with:

- Assisting grantees with submitting TA requests and submitting formal TA requests on behalf of grantees.
- Educating grantees about the RSR, including referring them to the appropriate sections of the Instruction Manual, instructing grantees/providers on which questions to answer, and helping grantees identify which report(s) the grantee/provider must submit.
- Addressing funding questions and requests for exemptions from data-reporting requirements.
- Helping grantees with issues related to noncompliant providers, missed deadlines, and missing data.
- Definitions of data elements and basic reporting requirements.

Ryan White HIV/AIDS Program Data Support (WRMA/CSR)

The Ryan White Data Support Team addresses content- and submission-related questions regarding data content, policy, and guidance. For example:

- “How do I set up my contract list?”
- “How do I interpret my providers’ Client-Level Data Summary Reports?”

- “I need help understanding the validation warnings in my report.”

For help with:

- Interpreting the RSR Instruction Manual;
- Policy questions related to the data reporting requirements;
- Validation questions that deal with incorrectly entered data; or
- Understanding grantee–provider contractual changes and the implications for data reporting.

Call 1-888-640-9356 (9 am-5:30 pm EST, M–F)

E-mail *rwdatasupport.wrma@csrincorporated.com*

HRSA Call Center (SAIC)

The HRSA Call Center addresses RSR system-related questions, such as:

- “How do I register for HRSA’s Electronic Handbooks (EHBs)?”
- “What if I receive an unexpected Web error?”
- “The RSR System is telling me that my XML upload failed. Can someone help me understand why?”

For help with:

- RSR System and Electronic Handbook (EHB) questions/issues/access problems;
- Validation questions related to the RSR Computer Application;
- XML upload problems;
- Bug/defect reporting; or
- Distribution of the XML schema and questions about SML file technical requirements.

Call 1-877-466-4772 or 1-877-GO4-HRSA (9 am-5:30 pm EST, M–F)

E-mail *CallCenter@HRSA.gov*

The TARGET Center (Sphere/Abt)

The TARGET Center addresses questions regarding data collection systems, such as:

- "Is my current data collection system capable of producing the data required for the RSR?"
- "My agency does not have programmers on staff. How will I create the eUCI?"
- "We collect data on ARV medications, but how do I capture these data for the RSR?"

For help with:

- Understanding, accessing, and installing the eUCI algorithm;
- Determining if grantee systems currently collect required data;
- Accessing resources to help grantees extract data from their systems for input into the compliant schema (including TA grants, etc.);
- Extracting data from grantee systems, if you do not know what to do and/or do not have the resources to do it;
- Understanding what a "schema" or "XML" is, and understanding data sources and/or data structure;
- Connecting to other grantees that use the same data system; or
- Supporting data analysis for quality control and grantee internal purposes, such as performance monitoring.

E-mail *RSR.TA@sphereinstitute.org*

Visit *careacttarget.org/rsr.asp* for a TA request form.