**2023 EHE Data Validations**

Revised Date: 25 September 2023

**Notes:**

**EHE Triannual Provider Report Validation Report Checks**

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| --- | --- | --- | --- | --- |
| **Check #** | **Section**  **(if applicable)** | **Field Name** | **Validation Message** | **Level** |
| 226 | Provider Profile | All fields of Provider Profile Section | Provider Profile Information: All required fields must be answered. | Error |
| 227 | Organization Details | All fields of Organization Details Section | Organization Details: All required fields must be answered. | Error |
| 228 | Organization Contacts | All fields of Organization Contacts Section | Organization Contacts: All required fields must be answered. | Error |
| 229 | Organization Details | EIN | Organization Details: A response is required for EIN. | Warning |
| 230 | Organization Details | UEI | A response is required for UEI number. | Warning |
| 231 | Table | All fields | All required fields in the Triannual Report must be answered. | Error |

**Provider Report General Information Page-level Validations**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Check #** | **Section**  **(if applicable)** | **Field Name** | **Validation Message** | **Level** |
| NA | Organization Details | Organization Name, Address, City, State, Zip | You are missing one or more responses to required fields in the Organization Details section. | Error |
| NA | Organization Contacts | First Name, Last Name, Telephone, Title, Email Address | You are missing one or more responses to required fields in the Organization Contacts section. | Error |
| NA | Provider Profile | Provider Type | Error: Provider Type: 'Other' selected, but no description in the other field. | Error |
| NA | Provider Profile | Type of Ownership | Error: Type of ownership: 'Other' selected, but no description in the other field. | Error |
| NA | RSR Provider Profile | Is your organization a part of a real time electronic data network? | Error: A response is required for the real time electronic data network question. | Error |

**Provider Report Triannual Report Section Page-level Validations**

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| --- | --- | --- | --- | --- |
| **Check #** | **Section**  **(if applicable)** | **Field Name** | **Validation Message** | **Level** |
| NA | NA | Total # of Clients who received service(s) in the reporting period (c),  # of Clients who received service(s) in the reporting period and received at least one service during a previous reporting period of the current calendar year or during the previous calendar year (b) | The number of clients reported in column B must be less than or equal to column C for the following row(s):\* | Error |
| NA | NA | Total # of Clients who received service(s) in the reporting period (c),  # of New Clients who received service(s) in the reporting period (a) | The number of clients reported in column A must be less than or equal to column C for the following row(s):\* | Error |
| NA | NA | # of New Clients who received service(s) in the reporting period in  Any RWHAP or Initiative Services (Row #1)  and any other services (Row #1a, 1b, …..) | Column A: The number of clients reported in each of the following row(s) must be less than or equal to the number of clients who received Any RWHAP of Initiative Service (row 1):\* | Error |
| NA | NA | # of Clients who received service(s) in the reporting period and received at least one service during a previous reporting period of the current calendar year or during the previous calendar year,  Any RWHAP or Initiative Services (Row #1)  and any other services (Row #1a, 1b, …..) | Column B: The number of clients reported in each of the following row(s) must be less than or equal to the number of clients who received Any RWHAP of Initiative Service (row 1):\* | Error |
| NA | NA | Total # of Clients who received service(s) in the reporting period,  Any RWHAP or Initiative Services (Row #1)  and any other services (Row #1a, 1b, …..) | Column C: The number of clients reported in each of the following row(s) must be less than or equal to the number of clients who received Any RWHAP of Initiative Service (row 1):\* | Error |
| NA | NA | Any field in the form. | The number of clients must be populated for all services. If a service is not provided to any clients, then the number of clients must be reported as a zero. | Error |
| NA | NA | # of Clients who received service(s) in the reporting period and received at least one service during a previous reporting period of the current calendar year or during the previous calendar year2  (B) Total # of Clients who received service(s) in the reporting period  (C) | “The number of clients who received services in a previous reporting period in Column B is equal to Zero, but the total number of clients in column C is greater than Zero.” Please double check that your numbers are correct. | Warning |
| NA | NA | # of New Clients who received service(s) in the reporting period1  (A) # of Clients who received service(s) in the reporting period and received at least one service during a previous reporting period of the current calendar year or during the previous calendar year2  (B) Total # of Clients who received service(s) in the reporting period  (C) | “For columns A, B, and C, the number of clients reported for “Prescribed ART in the Reporting Period” must be less than or equal to the number of clients receiving “Any RWHAP or Initiative Services” in the same column.” | Error |
| NA | NA | Total # of Clients who received service(s) in the reporting period,  Any RWHAP or Initiative Services (Row #1)  and any other services (Row #1a, 1b,1c, 1d, 1e, 1f, 1g, 1h) | C – (A+ B) for all sub rows must be less than or equal to C – (A+B) for the first row “Any RWHAP3 or Initiative Service” | Error |
| NA | NA | Total # of Clients who received service(s) in the reporting period, Prescribed ART in the Reporting Period (Row#2) | C – (A+B) for "Health Outcomes: Prescribed ART in the reporting period" must be less than or equal to C – (A+B) for the first row "1. Any RWHAP3 or Initiative Service”: 2 | Error |

**\*** For each of these validations, a list of row(s) in the data entered that violate the validation will be listed.