

RSR Town Hall

Ryan White HIV/AIDS Program Services Report (RSR) HIV/AIDS Bureau May 15, 2024





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's Webinar is Presented by:



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Ellie Coombs

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I'm joined today by Brian McBee from RWHAP Data Support, the experts on RWHAP reporting requirements. Brian and I will provide feedback from recipients and providers on the challenges and issues, experienced during the RSR submission process.

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 the presentation slides right now which include all the resources mentioned in today's webinar.

At any time during the presentation, you'll be able to send us questions using the "Q&A" function on the settings bar on the bottom of the screen. All questions will be addressed at the end of the webinar in our live Q&A portion. During that time, you will also be able to ask questions live if you'd like to

unmute yourself and chat with us directly.

Now before we start, I'm going to answer one of the most commonly asked questions about the recording. The recording of today's webinar will be available on the TargetHIV website within one week of the webinar. The slides are already available for you to access on the TargetHIV website using the link that Isia just chatted out. Please note that these slides are not 508 compliant, but we will follow up with all registrants in about two weeks when the 508 compliant slides and written question and answer are posted.



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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.

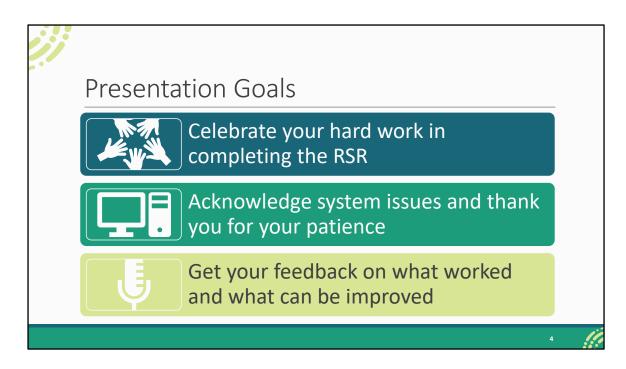
DSAS (Ryan White Data Support) is comprised of WRMA, CSR and Mission Analytics and is supported by HRSA of HHS as part of a contract totaling over \$7.2 Million.



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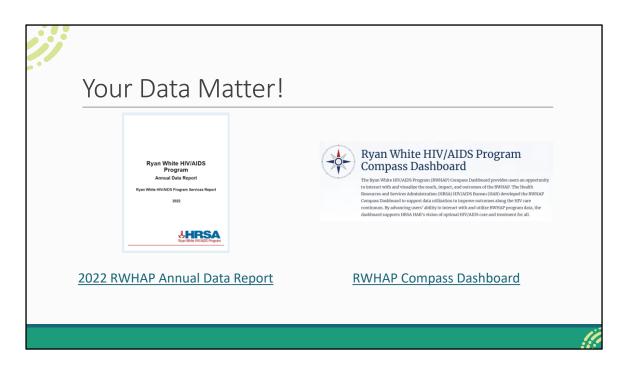
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Now I'd like to turn the webinar over to Brian.



Thank you, Ellie. And thank you to all you joining us on today's presentation. Before we begin, I'd like to review the goals for today's presentation.

**First, we want to celebrate your hard work in completing the RSR. ** Next, we'll review some of the system issues and challenges that affected the RSR submission this year. ** But finally, and most importantly, we'd like to get your feedback on what worked and what can be improved.



Let's start with a brief review of the importance of the RSR.

The RSR is a client-level data reporting requirement that monitors the characteristics of Ryan White HIV/AIDS Program recipients, providers, and clients served.

More than half of the people diagnosed with HIV in the United States receive services through the Ryan White HIV/AIDS Program. The program provides a comprehensive system of care and treatment that plays a key role in ending the HIV epidemic in the United States and works to support the national goals outlined in the HIV National Strategic Plan. The data collected through the RSR is reported to Congress to demonstrate the effectiveness of the RWHAP and to demonstrate the need for continued program funding.

In addition to congressional reporting, the RSR data you submit each year is used to create some helpful tools available on HRSA's RWHAP website including the RWHAP Annual Data Report and the RWHAP Compass Dashboard. The links to access these tools are included on the slide.

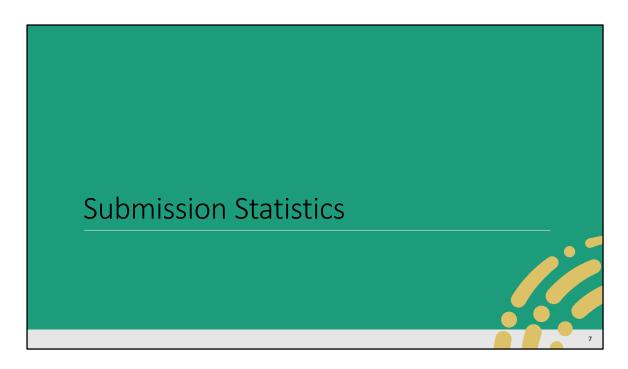
In case you are not familiar with the Compass Dashboard, the dashboard is a user-friendly, interactive data tool that allows users to visualize the reach, impact, and outcomes of the RWHAP. It includes national, state, and metro area level data. You can even look at client characteristic and outcomes including age, housing status, transmission category, and viral suppression.

It's important to remember that the data you submit have an impact on the ability to continue to provide valued services to your client population.



How was your experience with submitting your 2023 RSR?

- A. Our submission went smoothly with no issues.
- B. We had a few issues during our submission, but we were able to work through them.
- C. We encountered many issues submitting our RSR.



Let's take a look at the 2023 RSR submission statistics.

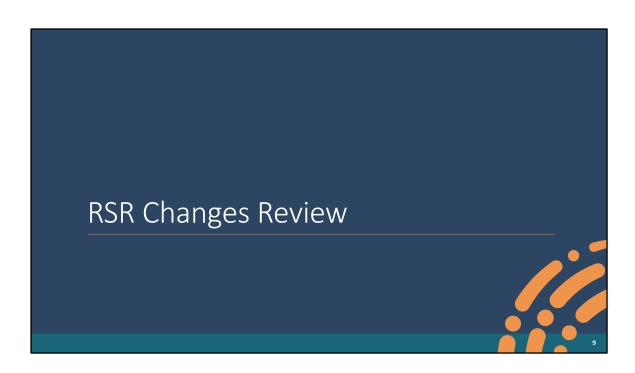
2023 RSR Submission Statistics

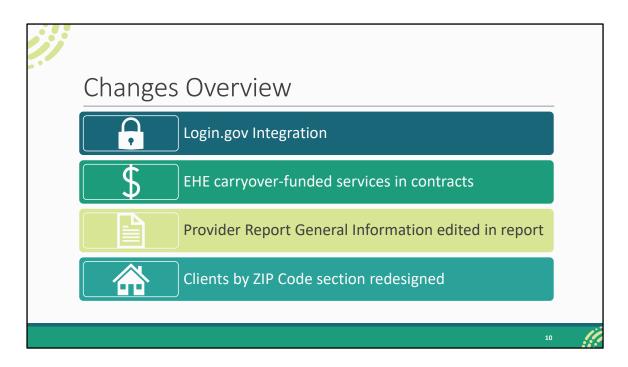
	2022 RSR Deadline March 27, 2023	2023 RSR Deadline March 25, 2024
Percentage of Recipient Reports submitted by the RSR deadline	97.9%	97.4%
Percentage of Provider Reports submitted by the RSR deadline	99.3%	99.3%

Congratulations to everyone on another successful submission. 97.4% of Recipient Reports were in "submitted" status by the RSR deadline of March 25th, which is a tiny decrease in the number of Recipient Reports submitted by last year's deadline which was 97.9%. The percentage of Provider Reports in "Submitted" status by the deadline held steady at 99.3%, the exact same as the prior year.

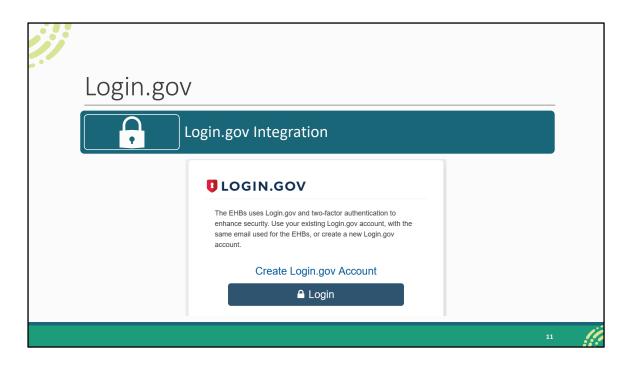
We're always working towards a 100 percent on-time submission rate. Therefore, it's encouraging to see a great number of recipients and providers submitting by

the deadline. We recognize and appreciate all of the effort and dedication you put into the RSR submission.

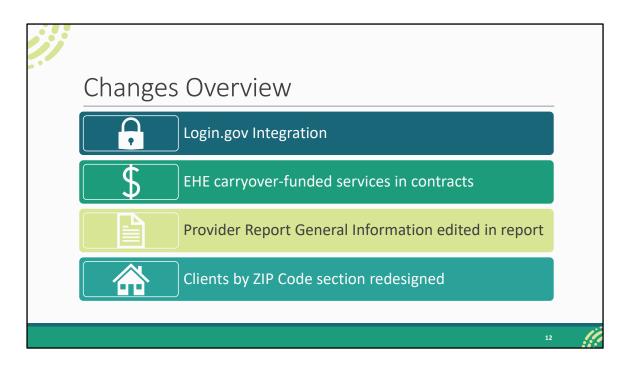




There were four main changes that went into effect for the 2023 RSR. We'll go over these a bit more in the upcoming slides. First, is Login.gov integration.



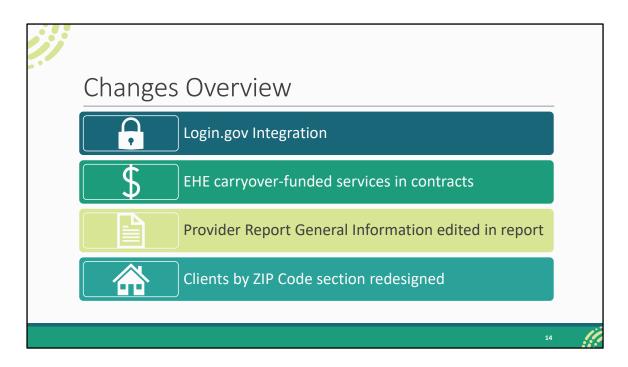
This change was implemented earlier in 2023 but this was the first RSR that required all users to login using Login.gov which added the additional feature of two-factor authentication as well. Users just needed to create a Login.gov account with the same email address as their EHBs account to access the system.



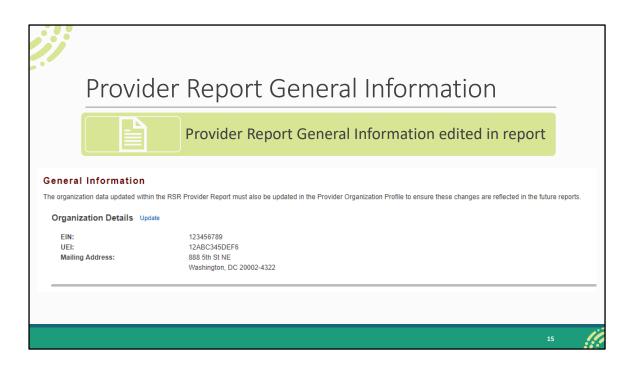
Next we had a much smaller change only affecting Ending the HIV Epidemic or EHE initiative recipients.

EHE Carryover	Serv	ices			
=======================================					_
EHE carr	yover-fur	nded servi	ices in contract	ts	
Service Name	EHE Funding	EHE Carryover Funding	Base	EHE Carryover Funding Amount	
■ Service Category: Core Medical Services					
Outpatient/Ambulatory Health Services		✓			
AIDS Pharmaceutical Assistance					
Oral Health Care					
Early Intervention Services (EIS)					
Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals					
Home Health Care					
					13

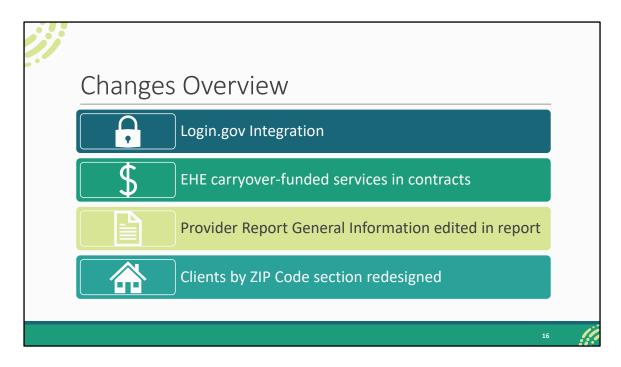
These recipients could now mark services funded with EHE initiative carryover funding in their contracts in the GCMS. Providers who were receiving EHE initiative carryover funding to provide services should have been reporting them in their data but now there is a reliable way to mark those services as funded by recipients in their contracts.



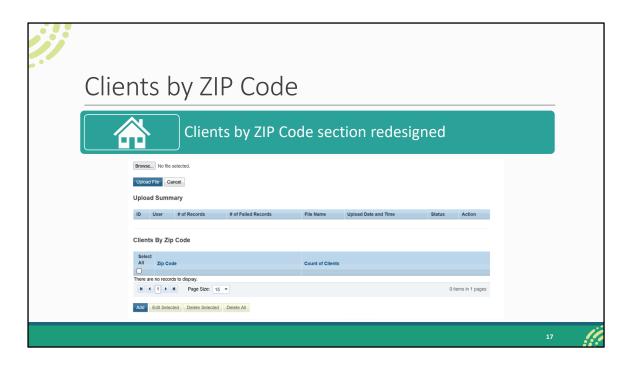
Moving on, we had a change to the General Information section of the Provider Report.



For the prior RSR, agencies should have been making updates to this first section of the RSR by updating their organization's Profile in the EHBs and synchronizing those changes with their report. That whole process went away though and once again, agencies could make any necessary updates directly to their report which would then update the separate Organization Profile.



And lastly, we had a redesigned Clients by ZIP Code section in the Provider Report.

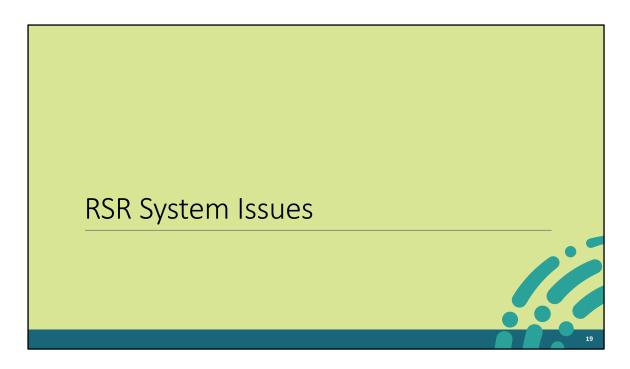


This section of the Provider Report received a makeover. There were no changes to the data or how they were reported. Gone were the myriad editable boxes on this page. Instead, there is an editable table and new validations on the page to clue agencies into issues with data they upload or enter directly into the system.



Did your agency experience challenges with any of the 2023 RSR changes? (Select all that apply.)

- A. Login.gov
- B. EHE carryover services in contracts
- C. Provider Report General Information
- D. Clients by ZIP Code
- E. No issues with any of the changes



Let's move on and talk about some of the system issues that popped up this year.



Recipient Report Status

- Recipient Reports should advance to "Submitted" status once all Provider Reports are submitted and accepted
- Some Recipient Reports stayed stuck in "Certified" status
- Data Support monitored for any stuck reports and the system team corrected all instances



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Again, like last year, the system has been having an issue with advancing Recipient Reports to "Submitted" status once all of the recipient's Provider Reports have been submitted and accepted. Instead, the Recipient Report would get stuck in "Certified" status making it appear incomplete. We at Data Support monitored for this issue throughout the reporting period and regularly escalated tickets to the system team so that they could correct the report status for any that would get stuck.



Service Delivery Sites Error

- System wide error that prevented agencies from making changes to the Service Delivery Sites
- Users would receive an error message after responding to address confirmation prompt
- Error corrected with system patch

HRSA Electronic Handbooks

Error Encountered

Object reference not set to an instance of an object

Reference Id: E20240206112831001573R000000

For help with EHBs contact the HRSA Help Desk by phone at 1-877-Go4-HRSA (1-877-464-4772) Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Time. Or use the HRSA Electronic Handbooks Contact Center help request form to submit your question online.

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Once the Provider Report opened, there was a widespread error related to the Service Delivery Sites. Users that attempted to make changes to the Service Delivery Sites section were met with an error message like the one shown here once they made a selection in the address confirmation prompt. It didn't matter which option was selected; any choice would cause the error meaning providers couldn't make changes to the Service Delivery Sites. This issue was escalated to the system team and a patch went through shortly after that fixed the issue.



System Outages

- Widespread outage where agencies were unable to access the RSR system
- System team corrected the issue and implemented a process to monitor for future outages

HRSA Electronic Handbooks

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could not execute query [select habuser0_userHasSeenWelcome as userHasS4_81_habuser0_acUserID as acUserID81_habuser0_globalLogin as globalLogin as globallog

Reference Id: E20240228101004000000R00000

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We also had a couple system-wide outages where most agencies would receive an error message trying to get to the RSR system. Each time it was escalated to the system team who corrected it. The system team also implemented a new procedure to check for future outages like this and resolve them as soon as they occur.



RSR Data Submission Challenges





Now I would like to pass the presentation to Ellie who will go over RSR Data Submission challenges.



No Changes, but Some System Issues

- No schema or client-level data element changes for this year
- Some issues in the Upload Completeness Report (UCR):
 - Vital Status: denominator not updated to include EHE clients
 - HIV Diagnosis Date and Linkage Date: denominators not correct
 - ❖ UCR dates not updated
- Issues will be corrected for next reporting period

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Thanks Brian.

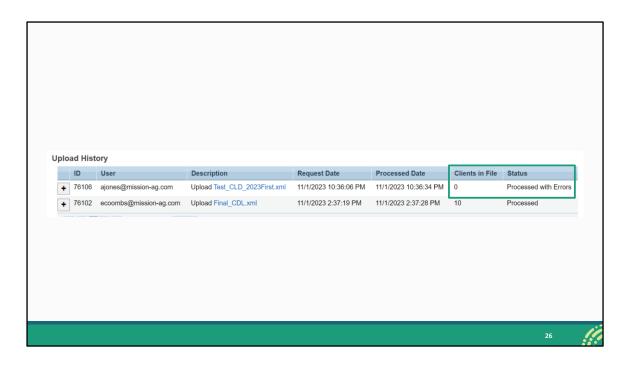
Overall this year went smoothly with client-level data reporting. There were no changes to the RSR schema or the data elements reported.

There were a few issues this year related to the Upload Completeness Report, which will be corrected for next year's RSR submission. First, Vital Status was not updated to include clients who received EHE Initiative services. Clients who only received that service category were not included in the denominator for the element in the UCR. Similarly, the logic for the denominators for HIV Diagnosis Date and Linkage Date were not correct.

Finally, some of the tables in the UCR were not updated to incorporate 2023 dates.

Date of first ambulatory care visit ever (Item 47)		2022		
Response Category	N N	2023 N %		
Before 2010	0	0.0%		
2010	0	0.0%		
2011	0	0.0%		
2012	0	0.0%		
2013	0	0.0%		
2014	0	0.0%		
2015	0	0.0%		
2016	0	0.0%		
2017	0	0.0%		
2018	0	0.0%		
2019	0	0.0%		
2020	0	0.0%		
2021	0	0.0%		
2022	2	100.0%		
Missing/Out of range	0	0.0%		

What you're seeing here is a screenshot from the UCR that the DISQ team took early in the reporting cycle. You'll notice that the last year in the table for date of first ambulatory care visit is 2022 – 2023 wasn't added to the table.



When dates don't have a place to land in the UCR, the system cannot process your file. You won't get a schema error, but your upload status will say "processed with errors" and the clients aren't added to your report.

Luckily we caught this before the RSR opened, so only early birds who were working in the Check Your XML before the submission opened were impacted.

There Were Many First-time Submitters

- Many staff were completing the RSR for the first time, primarily due to staffing changes
- Some providers were funded for direct services for the first time (mostly EHE-funded providers)
- If you're new:
 - Contact the **DISQ** team
 - · Watch our new user training
 - Review the new staff module
 - · Participate in our upcoming orientation calls

Introduction to the RSR

Introductory Video for the Ryan White HIV/AIDS Program Services Report

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Also, like last year, there was high staff turnover among RWHAP providers, meaning we had a lot of people submitting the RSR for the first time. There were also a few new providers, typically those that were newly funded by the EHE, who had to complete an RSR for the first time.

We spent a lot of time working with first-time submitters this year to get the reports in, which is exactly what we're here for! I'll come back to this later, but there are plenty of resources available to you in completing the RSR.

Clarifying the EHE Service Category

If the service <u>aligns</u> with PCN 16-02, report as the RWHAP service category

EHE funds: medical case management

Report as: medical case management

If the service <u>is not</u> <u>allowable per</u> PCN 16-02, report as EHE Services

EHE funds supported employment

Report as: EHE Services

Check out PCN 16-02 for service definitions and the related RSR in Focus

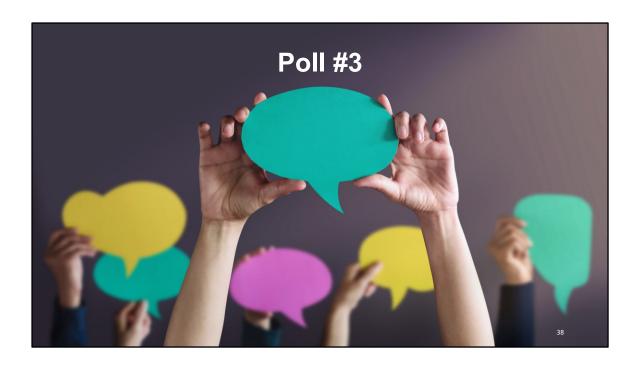
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Some EHE-funded agencies submitted the RSR for the first time. Or, if they had been previously funded by Ryan White, they started including their EHE clients and services in the RSR.

We got questions on the new EHE service category, so I'll quickly go over the requirement again.

- 1. If the service delivered aligns with a description in PCN 16-02, report as the RWHAP service category, even if EHE funds made that service available.
- 2. If the service delivered is not allowable under PCN 16-02, report as EHE services

The RSR Instruction Manual describes what data elements are required for clients who received the EHE service category.



I will now pass the presentation to Isia for the next poll question of today's webinar.

What type of challenges did your agency experience during the 2023 RSR? Please select all that apply.

- 1. System challenges such as accessing and navigating the HRSA EHBs
- 2. Reporting challenges such as difficulty understanding reporting requirements
- 3. Data submission challenges such as missing data and

exporting data

4. My agency did not experience any challenges

Great thank you Isia and for everyone who participated in the poll. (Contextualize response)

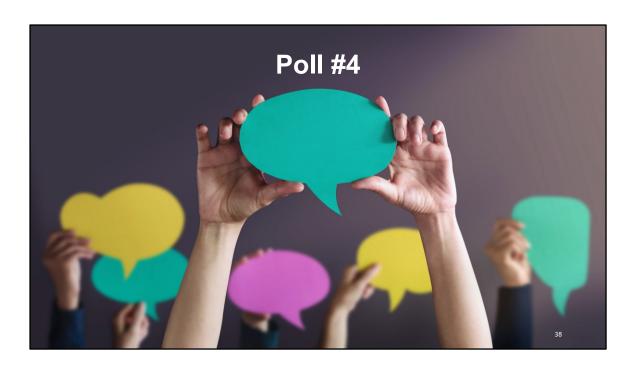


Reminders & TA Resources





Now let's discuss reminders & TA Resources.

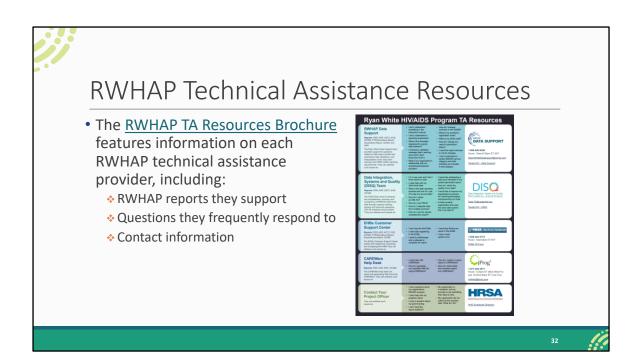


Which TA resources did you utilize during the 2023 RSR submission period?

- 1. 2023 RSR Manual
- 2. RSR webinars
- 3. Contacted a RWHAP TA provider (e.g., Data Support, DISQ)
- 4. Other TA materials on TargetHIV
- 5. Did not utilize any TA resources

Great thank you Isia and for everyone who participated

in the poll. (Contextualize response)



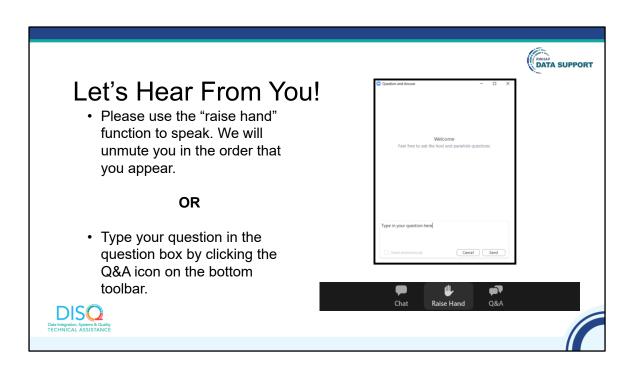
There are additional TA resources available to assist you in completing the RSR. The RWHAP TA Resources brochure outlines information about each technical assistance provider, including the reports they support, frequently asked questions they respond to, and their best contact information. You can find this resource on the TargetHIV website.

Most importantly, please don't forget that there is no wrong door for TA – if we can't assist you, we're happy to refer you to someone who can!



Finally, to connect with and find out more about HRSA, check out HRSA.gov.

I'd like to take a moment thank everyone for joining us on today's presentation and I will now turn it back over to AJ for the Q&A portion of the webinar.



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.