Preparing for 2023 RSR Reporting: Updates and Best Practices

Written Q & A Summary

October 11, 2023

#	Questions	Answers
1.	Is "OAHS Link Date" the same as the "First OAHS Date"? Also, if a client has received primary care prior to their diagnosis at a health center, what should we put as the First OAHS Date?	These are two separate data elements. The "First OAHS Date" is a clinical data element required for any clients who are HIV positive and have an outpatient ambulatory health service (OAHS) visit in the reporting period. It is the date of the client's first HIV OAHS visit with the provider. The "OAHS Link Date" is required for clients who were diagnosed within the reporting period, and it refers to the first OAHS medical care visit after their diagnosis. For newly diagnosed clients, the "First OAHS Date" and "OAHS Link Date" should be the same.
2.	If we are the direct recipient and we do not have subrecipients, do we select "NO" to the consortium question?	If you're a recipient entering your own contract in the Grantee Contract Management System (GCMS), you are always going to select "No" for questions #5 and #6. Regarding question #5, you would select "Yes" if you have a separate organization functioning as a consortium for you, and that organization is providing funding to a second level provider.
3.	Is the 2023 RSR Instruction Manual available already? If not, when can we expect it to be released?	The 2023 Ryan White HIV/AIDS Program Services Report (RSR) Instruction Manual is available now for you to access on the TargetHIV website.
4.	Is there a list of acceptable reasons for missing data in the RSR Instruction Manual?	There isn't a list of acceptable reasons for missing data in the <u>RSR Instruction Manual</u> . We understand that there are various reasons for having missing data, such as clients choosing not to self-report their race, or clients not coming in for labs causing missing testing data. There are opportunities to address validation warnings in the RSR Validation Report by providing a comment outlining why your agency may have missing data for specific data elements. We encourage you to reach out to the <u>DISQ Team</u> if you need any assistance determining what data your agency can complete and what data are actually missing. If you need assistance entering a validation comment, contact <u>RWHAP Data Support</u> .
5.	If we fund services with PGI and not RWHAP funding, should we report on those?	Providers should report client-level data for all eligible clients that received a service for which their agency received RWHAP, RWHAP-related (including program income or pharmaceutical

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		rebates), or EHE initiative funding to provide, regardless of final payor.
		For example, if you are funding OAHS through RWHAP Part A funding but an eligible client receives an adequate OAHS service funded by Medicaid, you would still report that service in the RSR.
6	Can we access prior RSR submissions (e.g., to see how prior site users who are no longer with a program described actions in the RSR), and if so, how?	Yes, you can access past RSR report deliverables in the <u>RSR Web System</u> . The previous years' data submissions will be archived, but you can view and download PDF and Excel versions of the Provider Report and the Upload Completeness Report (UCR). Please reach out to <u>RWHAP Data Support</u> if you need assistance accessing any of your prior submissions.
7.	Can incarcerated enrollment status affect how those clients are reported on the RSR?	Enrollment status, where "Incarcerated" would be chosen, doesn't impact RSR reporting because only the client's vital status is included. If this is an eligible client receiving services from your agency that you're funded to provide, they would be reported in your client data the same way as any other client.
8.	During a site visit we were informed that the only criteria for EHE clients is that they are HIV positive. We do not collect the same data for EHE clients as Part A clients. Does this mean we will have missing data for EHE clients?	EHE eligibility is broader than RWHAP eligibility. EHE reporting guidance is that you report on all HIV positive clients that receive any EHE initiative funded services, regardless of factors such as income, for example. For this reason, we encourage you to do your best to collect data on all the HIV positive clients who are receiving any EHE initiative funded services.
9.	If a secondary provider receives funds from both a fiscal intermediary and direct recipient, which type of submission do they choose?	Second level providers that receive funds from a fiscal intermediary and from a recipient would submit a single Provider Report in which they would include all client level data for the services that they are funded to provide through any of their funding sources. Please note that the number of funding sources does not matter, you would put them all into a single Provider Report.
		We strongly urge recipients to ensure that they set up their contracts correctly so that they accurately reflect their funding relationships.

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		Please reach out to <u>RWHAP Data Support</u> if you need any help with this.
10.	What does UCR stand for?	The UCR stands for Upload Completeness Report. You can learn more about the UCR by reading this <u>RSR In Focus: How to Use the RSR</u> <u>Upload Completeness Report</u> . There is also a self-paced <u>UCR Training Module</u> on the <u>TargetHIV website</u> that outlines how to access and interpret the UCR in order to identify issues in your data and improve the quality of your data submission.