

The RSR System Part I: Completing the Grantee Report Answers to Chat Questions

Question (Pamela Bickley): If a baby born to an HIV-positive mother has tested HIV-negative 3 times, do they stay in CAREware?

This depends upon how your organization has setup and is using CAREWare.

For instance, if you use CAREWare only to track Ryan White clients in order to meet HAB's reporting requirements, you should not need to remove this client from your system since CAREWare will report clients based on their receipt of a Ryan White-funded service. In this case, while the infant *may* be included in this year's client-level data upload, he/she will not be included in future client level XML files since you will no longer be recording Ryan White-funded services for this client in CAREWare.

Question (Suzette Thedford): Will Part B sites submit a RSR for the Health Insurance Program (HIP) or ADAP this year and/or in the future?

For the first two reporting periods (January - June 2009 and January – December 2009), Part B sites that provided Health Premium and Cost Sharing Assistance Services will submit an RSR consisting of a Provider Report, and if the site also provided Ryan White-funded outpatient/ambulatory medical care services and/or case management services (medical or non-medical), a Client Report. The data elements reported per each client are determined by the specific RW-funded service(s) each client received at your agency. See the chart Required Client-Level Data Elements for RWHAP Eligible Services in Appendix A of the RSR Instruction Manual to determine the minimum client-level data elements that will be reported for a client based on the RW-funded service(s) he or she received.

Part B sites that provide ADAP services will not report these services in the RSR; ADAP services should be reported in the ADAP quarterly reports. Part B sites that provide only ADAP services are not required to submit an RSR.

Question (Carole Hohl): If we are a Part C grantee and a Part A provider, do we need to do a grantee report for Part A?

No. You will only complete a Grantee Report for Part C.

Question (Julie Drake): We are a HRSA Part C grantee. Additionally, we receive Part B funding from our State Department of Public Health. Who is responsible for filing Grantee, Provider and Client-level Reports?

You are responsible for completing a Grantee Report for Part C; the state is responsible for completing a Grantee Report for Part B. You will complete one Provider Report and one Client Report including information about both your Part C and Part B activities. Note: For the Client Report, you are not required to report services by funding stream.

Question (Becki Bishop): How EXACTLY do you add a second contract to a provider?

On the "Provider Funded by Your Grant" tab or the "Providers Funded through your Fiscal Intermediaries" tab in the Grantee Report:

1. Select the "Add Provider Contract" link which will open a provider search form.
2. Search for the provider in the RSR Provider Directory.
Note: Sometimes, less is more when searching for a provider in the RSR Provider Directory. You may have better results if your search uses only one search criterion.
3. When you locate the provider in the directory, select the "Add Provider" link to add the provider to your contract list.
4. Enter the contract information for the provider.

Question (Lucia Bustamante): If we have contract providers seeing pts in a clinic that is also contract provider, do we enter each as a separate provider?

That depends upon how the providers function. Assuming the following:

1. The “contract providers” are physicians, psychiatrists, nurses, and/or other health care professionals.
2. The “contract providers” are seeing the clinic’s regular clients (e.g an OB/GYN that comes into the clinic to provide services once a week.)
3. The “contract providers” are not keeping separate records (e.g. they are using the clinic’s system for tracking client visits and services)
4. The services received by the clients are Ryan White funded.

Given this scenario, you (the grantee) will submit a Provider Report showing that you provide “other fiscal services” because you contract with the health care professionals to provide services at the clinic’s location. You will report the health care professionals in Item 10 of your Provider Report by reporting their time in Full Time Equivalents (FTEs). The clinic will also complete a Provider Report and will upload client level data for the clients served by the health care professionals. The contract providers will not be required to submit their own Provider or Client Reports.

Question (Julie Drake): We have a contract with University Hospital to provide an infectious disease physician to our Part C program. The salary for this provider is paid quarterly. How should this be reported?...He does see patients we pay the university hospital who pays the doctor. Does anyone of them need to be reported on the provider list?

Assuming the physician sees clients at your location and does not keep separate client records for the patients he sees: You will submit this physician’s data in a Provider Report and Client Report under your agency’s name. Report the physician in Item 10, the number of paid staff in Full Time Equivalents (FTEs) funded by the Ryan White Program during the reporting period. The contract with the University Hospital does not need to be included on your provider contract list in your Grantee Report. The University Hospital will not submit its own Provider Report or Client Report.