Preparing for the RSR: A Yearlong Activity

The Ryan White HIV/AIDS Program Services Report (RSR) is one of many activities for which recipients are responsible. While the actual reporting is completed over a four-month period, recipients should integrate activities to prepare for the RSR year-round. This document outlines key activities and best practices in preparing for the RSR and using data throughout the year. More resources, including the RSR Instruction Manual, can be found on TargetHIV.

Grantee Contract Management System (GCMS)

Recipients initially enter contracts as part of the Program Terms Report (PTR)/Allocations Report that reflect how the grant funds have been allocated. These contracts may change between the time they are initially entered and the RSR for many reasons, including funding a new recipient or changing the funded services in an existing contract. In addition, allocations are entered only for federal grant funding and do not reflect additional services funded by pharmaceutical rebates or program income. These additional services must be added in GCMS to meet the requirements of Eligible Services Reporting for the RSR. For more information about how to add contracts to GCMS, review the GCMS manual.

Best Practices
- ☑ Update GCMS when a provider contract is added or changed
- ☑ Add Rebate/Program Income funding information at the time that you finalize contract decisions locally
- ☑ Ensure services in GCMS align with the data system that you use for the RSR

Recipient Plan

Recipients are required to ensure that the RSR, including their Recipient Report(s) and Provider Reports by funded providers, is completed. Recipients should develop a plan for the submission, which at a minimum includes (1) identifying staff at the agency who are responsible for completing the RSR, (2) establishing internal deadlines, and (3) developing a plan to support providers in completing the RSR. To better understand key activities for recipients in completing the RSR, review RSR Recipient Roles and Responsibilities.

Best Practices
- ☑ Formalize RSR requirements as part of job responsibilities
- ☑ Ensure all staff have access to the Electronic Handbooks (EHBs) who need it
- ☑ Provide needed training on RSR completion throughout the year
- ☑ Onboard new staff immediately and review the previous year's submissions

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Provider Plan

Recipients should also develop a Provider Plan. The Provider Plan outlines expectations for providers in completing and submitting the RSR, ensuring they understand reporting requirements related to their funded services, and determining what application they will use to create their client-level data file. To better understand key activities for recipients in completing the RSR, review the RSR Provider Roles and Responsibilities.

Best Practices

- ☑ Integrate data entry/reporting requirements into contracts with providers
- ☑ Distribute clear written expectations before the Provider Report opening
- ☑ Be sure providers know what services they are funded to deliver and the associated reporting requirements
- ☑ Encourage your providers to attend TA events like national webinars
- ☑ Develop a local training plan specific to your providers if needed
- ☑ Create a local timeline for deadlines such as (1) completing local data entry/import, (2) uploading data to the RSR Web System, and (3) submitting Provider Reports for recipient review. Deadlines can be earlier than stated in the RSR Timeline but not later.

Data Quality

Data quality means two things: they accurate: Are providers' data complete (meaning no required data is missing), and do the data make sense (are they accurate)? Missing data is easy to identify but ensuring accurate data may require programmatic context. Establishing a routine data review with clear criteria will help you identify data quality issues early, allowing you plenty of time to correct issues and give needed guidance or training.

Best Practices

- ☑ Establish local data quality standards. These should align at a minimum with HRSA HAB standards of no more than 10% missing data for any required RSR data element, but setting higher goals is encouraged.
- ☑ Provide internal staff training about accurate data. This would directly align with both funded services and any contract expectations that were established (e.g., number of clients served).
- ☑ Monitor data quality routinely, and no less than twice per year.
- ☑ Give feedback to your providers throughout the year.
- ☑ Review the Upload Completeness Report and Validation Report in the RSR Check Your XML with your providers prior to the opening of the Provider Report.

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Client-Level Data System

Recipients use many different data systems to collect client-level data throughout the year for the RSR, including RSR-Ready Systems and electronic health records (EHRs). The system you use must collect the required information such as demographics, funded services, eligibility information, and clinical data so that high quality data can be submitted in your client-level data XML file. Updating the system when there are reporting changes and ensuring that the data system setup/contracts align with funded providers and services are critical steps in reaching this goal.

Best Practices

- ☑ Align data system updates to setup/contracts to actual funding/contract updates
- ☑ Integrate reporting requirement changes as soon as possible after HAB release
- ☑ Determine your approach for generating the client-level data XML file prior to the reporting period
- ☑ Develop clear expectations/instructions for your providers to import or enter data
- ☑ If your data system has data quality reports, use them throughout the year to monitor data quality

Need help implementing best practices and key activities?
Contact the DISQ Team at data.ta@caiglobal.org

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