

Prepping for RSR Submission - Written Q & A Summary

January 17, 2024

#	Questions	Answers
1.	Providers may not have ordered CD4 labs during 2023 for clients that maintained viral suppression. Should we expect to run into any issues reporting these clients?	No, this is a common occurrence and is an understandable reason to have missing data. If you get a validation message about missing CD4 count, please indicate that the client was virally suppressed and therefore the clinician did not order the CD4 count lab.
2.	For the Marlina example in the presentation, what would the answer be if the funding source for the service provided was Program Income?	If the mental health services from the example were funded by program income, then Marlina would be reported in the RWHAP Services Report (RSR). For a service to be reported in the RSR, the service category must be funded by RWHAP Parts A-D, RWHAP EHE funding, and RWHAP-related funding, which includes pharmaceutical rebates and program income.
3.	Should we count RWHAP eligible patients that receive case management from another organization but come to our organization for Primary care (EIS)?	You only report the services that your organization directly provides. Therefore, if your organization is funded by RWHAP for outpatient ambulatory health services (OAHS), then you would report clients who receive that service in the RSR. The agency that provides case management to your clients would report those services in the RSR. The HRSA HIV/AIDS Bureau (HAB) merges client records across providers through the encrypted unique client identifier (eUCI) . HAB can determine whether a client visited one provider for OAHS and another provider for case management, and then merge those records to create a comprehensive record. In some cases, one organization may report on behalf of another organization (e.g., if the organization serves few clients through a fee for service arrangement).
4.	What comment should I write to address patients who do not have a CD4 count or viral load due to not showing up to medical appointments or refusing to get their labs done during the reporting year?	You can include an explanation in the validation comment that the client was lost to follow up or was delayed in getting their labs. The DISQ Team or Data Support may follow up with you if we see this explanation for a very large share of your clients.
5.	Regarding the common platforms used to collect and assemble RSR data, do these systems automatically screen clients for inclusion/exclusion in the RSR submission?	Yes. For a system to be considered RSR-Ready , it should have a way to filter out non-eligible clients for the RSR. The logistics of how each system does this varies. Please reach out to the DISQ Team if you have a question about your specific system.

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6.	Is there a timeline available for RSR due dates ?	Yes. You can review the RSR Submission Timeline on the TargetHIV website .
7.	What is the minimum required CAREWare build to complete the 2023 RSR?	Build 214 is the minimum required build. jProg has released build 222 for those who need to submit EHE Triannual reports. If you haven't upgraded yet and need the EHE Triannual reports, please install build 222 or later. If you haven't done so already, please sign up for the CAREWare and DISQ listservs for upcoming build release announcements.
8.	If you have a RWHAP eligible client and the organization receives both RWHAP funding and SAMHSA funding for mental health, but SAMHSA covers the mental health appointments for that client, why would we still include that client in the RSR?	A provider that receives RWHAP or RWHAP-related funding for mental health reports clients who received mental health services covered by SAMHSA. As part of the eligible scope reporting requirement, all services within a funded category are reported regardless of who paid for the service.
9.	Are there tutorials available in CAREWare to help us find anomalies in our data?	You can build custom reports to check your data quality in CAREWare. Check out jProg's Custom Reports for Data Quality resource page for more information. We also encourage you to reach out to the CAREWare Help Desk or post your questions directly on the CAREWare listserv in case other users have created similar reports that could match your agency's needs.
10.	I received an error for a client's age but I am not sure what I'm supposed to do or the reason for the error?	If you report a client who is 90 years old or older, you will receive an alert (not an error). Alerts are flags for you to double check your data for a potential data quality issue. If you check your data and confirm that the client is 90 or older, you can ignore the alert.
11.	We receive Part B and Part C funding. I must submit the RSR to the state for Part B and upload and submit to HRSA for Part C. Do I have to submit the same report twice?	There are three components of the RSR: the Recipient Report, the Provider Report, and the Client-level Data (CLD) file. You submit one Recipient Report for each grant that you receive directly from HRSA HAB. In the example provided, you're going to do one Recipient Report for your Part C grant. You submit one Provider Report regardless of how many funding streams you receive. This Provider Report will cover all the services and information related to both Part C and Part B. Providers sometimes upload more than one CLD file which then gets merged in the RSR Web System.

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12.	Should a patient be reported in the RSR if they had consistent OAHS visits in previous years, but did not have an OAHS visit in the reporting year even though they were in contact with the provider and received ART refills?	You should only report clients that received a service that you're funded to provide through RWHAP Parts A-D, RWHAP EHE funding, or RWHAP-related funding (which includes pharmaceutical rebates and program income). If they received the ART prescription refills and that is a service you are funded to provide under one of these listed funding streams, then you would include the client in reporting, otherwise you would not.
13.	When reviewing missing elements in the RSR such as Vital Status in the Completeness Rates table what is meant by Vital Status? I have tried to review the clients that have an "unknown" value reported but I am not sure how to reconcile this.	We encourage you to do your best to determine what the client's vital status is. The "unknown" response option should be limited to clients' statuses that you are really not sure of. You would report whatever their last known status was at the end of the reporting period.
14.	For demographic reporting in the RSR, we have patients who identify as female and they are male to female clients. Which datapoint should be designated in the RSR?	The reporting options for gender are: male, female, transgender male to female, transgender female to male, transgender other, and unknown. The transgender other response option captures a lot of gender options, such as gender non-conforming or non-binary. Please note that this data element is based on self-report, so please report the client based on how they identify. In this case you would report the client as female. Please review the RSR Instruction Manual for additional information.
15.	Should we include labs and screenings other than CD4 Count and Viral Load? If so, where do we find the required labs?	The only other screening reported in the RSR is whether the client received a syphilis screen during the reporting period. Please refer to the RSR Instruction Manual for additional information.
16.	We have a large population of Latin American patients and for race they usually report other. What can we do about this if it's self-reported?	HRSA HAB expects that race is entered based on clients' self-report. It's not based on the provider's observations. If a client opts to report "other" or opts not to report it at all, then it'll just be missing. This is an acceptable reason to have missing data.
17.	Please define Error, Warning and Alert again.	When reviewing validation check messages, errors indicate issues that must be fixed and re-uploaded. Warnings indicate that you should go back and look at your data to see if any edits should be made. If no edits are made, you need to provide a comment in the RSR Web System to explain your data. Alerts do not require a response, but we encourage you to go back to

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		<p>your original data to make sure that it is accurate.</p> <p>The RSR In Focus on RSR Data Validations goes over this in more detail.</p>
18.	If we are funded for case management (CM) services and medical services and have been trying to retain patients in care, but they have not been seen for a medical visit during 2023 and, therefore, we don't have CD4 or Viral Load counts. Should we still report the patients in the RSR for the CM services even if they don't have CD4 or vial load counts?	If a provider agency is funded by RWHAP or RWHAP-related funding for case management, then the provider should report clients with case management in the RSR (if the client is also eligible for RWHAP). There is no requirement to report CD4 and viral load counts for clients who receive case management.
19.	In reference to slide 24, where you talk about new client data for EHE and diagnosis year for new clients. If our system was set up to pull that data when it was required for everyone, is it going to be a problem if we submit that information again?	No. You're not required to submit the data, but it is not a problem if you do.