



# Moving Beyond Data Completeness: Ensuring RSR Data Reflect Services Being Provided

Ryan White HIV/AIDS Program Services Report (RSR)

HIV/AIDS Bureau

December 6, 2023



Welcome to today's webinar. Thank you so much for joining us today!

My name is Ruchi Mehta . 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 Services Report, or RSR.

## Today's Webinar is Presented by:



Hunter Robertson  
[Data.TA@caiglobal.org](mailto:Data.TA@caiglobal.org)



Ruchi Mehta  
[Data.TA@caiglobal.org](mailto:Data.TA@caiglobal.org)



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 your settings bar at the bottom of the screen. We will address all questions at the end of the presentation in our live Q&A portion. During that time, you'll also be able to ask questions directly "live" by clicking the "raise hand" button (on your settings) and my colleague Isia will conference you in. You'll see that the "Chat" function is also open for this webinar, but to keep our questions organized we ask that you only use the "Chat" function for a few specific questions that Hunter is going to ask for you to chat in your responses on.

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 our final, 508 compliant version, but we will follow up with all registrants in about two weeks when the finalized 508 compliant slides and written question and answer document are posted.

## Disclaimer

Today's webinar is supported by the following organizations and the contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, the Health Resources and Services Administration (HRSA), the U.S. Department of Health and Human Services (HHS), or the U.S. government.

The DISQ Team is composed 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 composed of WRMA, CSR and Mission Analytics and is supported by HRSA of HHS as part of a contract totaling over \$7.2 Million.

Today's webinar is supported by the organizations shown on the slide, and the contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by the Health Resources and Services Administration, the U.S. Department of Health and Human Services, or the U.S. Government.

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

## Outline

**Importance of Data Quality**

**Outreach and Common Issues**

**Data Quality Solutions**

**Best Practices**

**Questions**

Thanks for the introduction Ruchi, and thanks to all of you for joining us today for this webinar.

As Ruchi noted, today's webinar is about data quality. (CLICK) I'll start with reviewing the importance of data quality. The quality of your data does not just mean if data are complete. We're also reviewing what was reported as we want to be sure that the data you submitted reflect your program activities. (CLICK) Then, I'll talk about some common data quality issues we've encountered through our outreach activities. (CLICK) We'll then discuss some data quality solutions to address the challenges as well as (CLICK) common best practices (CLICK) As always, we will close by taking your questions. Remember to use the "Question" function on your settings on the bottom of the screen. Let's go ahead and get started!

## RSR Data Count!

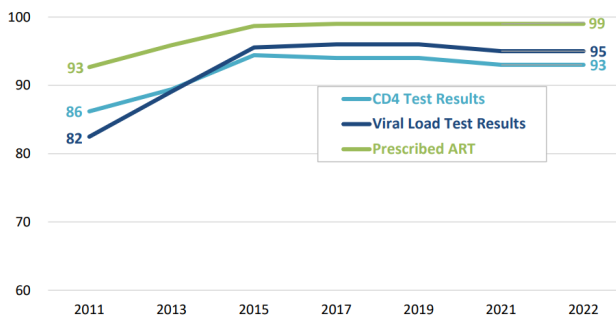
- RSR data are used to publicly report information about the Ryan White HIV/AIDS Program
  - [Ryan White HIV/AIDS Program Compass Dashboard](#)
  - [HAB Data Reports and Slide Decks](#)
    - [HAB You Heard webinar on December 13 – first look at the 2022 data!](#)
- RSR data should accurately reflect your program activities!

Let's start off by discussing why data quality is so important. Many of you have heard this before but it is important to restate. The RSR data are used to publicly represent the Ryan White HIV/AIDS program. You should think of your RSR data as a snapshot that can be used to represent your program to HRSA, advocates, legislators, clients, and any interested party. Some examples are the Ryan White Compass Dashboard and the HAB Data Reports and slide decks.

Next week, on December 13, the HAB You Heard webinar will provide a first look at brand new 2022 Ryan White HIV/AIDS Program (RWHAP) data, which was released on World AIDS Day, and will include a deep dive into HIV health outcomes among clients served by the RWHAP. You can register through the link on the slide. Data help to tell the story of the good work that you do serving people with HIV. If your RSR data are not accurate, the story won't be either. There are two aspects of data quality that I'm going to focus on today: data completeness and data accuracy. Let's start with data completeness.



## Completeness Rates for Clinical Information



For those clients receiving outpatient ambulatory health services or OAHS, prescribed ART, CD4 and viral loads are also required to be reported. Clinical data completeness in the 2022 RSR was very high and remained the same from 2021. You can also see the improvements over time.

## 2022 Demographic Data Completeness



Data Completeness Rates in the RSR have been high in the last several years and the 2022 RSR was no exception. There was a slight increase in health coverage completeness (1%), but otherwise the completeness stayed about the same from the prior RSR.



## Data Completeness



Complete data are important and mean that you've reported the required data elements, but data quality doesn't stop at data completeness.

## Data Accuracy



That's because even if data are complete, it doesn't necessarily mean that they accurately reflect the care that you are providing. So rather than seeing this, people see this (click).

From <http://brexgolf.com/blur-your-eyes-like-an-artist/>

## Complete Data May Not Be Accurate

|                |     | Virally Suppressed | Virally Suppressed |
|----------------|-----|--------------------|--------------------|
|                |     | Yes                | No                 |
| Prescribed ART | Yes | 80%                | 6%                 |
| Prescribed ART | No  | 10%                | 4%                 |

Let's review a common example that shows complete but inaccurate data-clients who are reported as virally suppressed but are not reported as being on antiretroviral therapy (or ART).

In this matrix, you see (CLICK) the share of clients on ART who are suppressed (80%), (CLICK) on ART who are not suppressed (6%), (3) not on ART and not suppressed (4%), and finally, (CLICK) clients who are not on ART who are virally suppressed (10%).

## You Can't Assess Quality of Care with Incorrect Data

|                |     | Virally Suppressed | Virally Suppressed |
|----------------|-----|--------------------|--------------------|
|                |     | Yes                | No                 |
| Prescribed ART | Yes | 80%                | 6%                 |
| Prescribed ART | No  | 10%                | 4%                 |

- 14% of clients not on ART; over half are virally suppressed
- Misrepresents your programs

This just doesn't look right. (CLICK) In your RSR, 14% of your clients are not on ART but (CLICK) most of those not on ART are virally suppressed. If you dig deeper, you'll probably find that these clients have been prescribed ART but maybe there was some medication mapping or data entry issue, so they weren't reported correctly.

The data are complete but didn't accurately reflect the services that were provided. Additionally, the 4% not on ART and not virally suppressed represent a program quality issue. You cannot properly assess program quality with poor data quality.

The reason that we conduct RSR outreach each year is to help you address these data quality issues.

## Poll #1



Before I talked about what we learned from outreach, I wanted to check in with everyone on the call about your RSR data quality from your last submission. Isia, can you please launch the poll?

Which of the following best describes your agency's most recent RSR submission?

- Data were not complete
- Data were complete but were not accurate
- Data were complete, accurate, and don't need improvements
- I didn't do the 2022 RSR submission
- I'm not sure

## Outline

**Importance of Data Quality**

**Outreach and Common Issues**

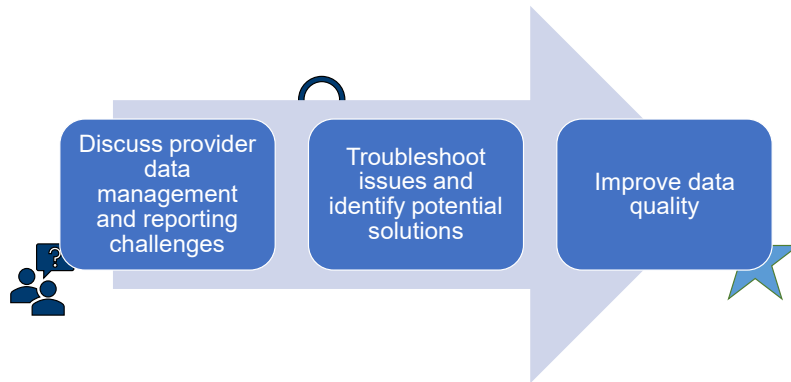
**Data Quality Solutions**

**Best Practices**

**Questions**

Thanks, Isia. No matter how you describe your agencies most recent RSR submission, we believe there will be information on today's webinar that you will find useful when thinking about data completeness and quality. (CLICK) Let's move on to DISQ's Outreach from this fall and common issues.

## DISQ Outreach



I mentioned earlier that the DISQ team works with recipients and providers to improve RSR data quality. Part of this work includes annual targeted outreach. We typically discuss data management and reporting challenges, troubleshoot issues and identify potential solution so your programs data quality can improve in the next reporting season. Outreach addresses both missing and inaccurate data.

## Round 1 Outreach

- Missing at least 10% of data on one or more of six key data elements:
  - Federal poverty level
  - Health insurance status
  - HIV risk factor
  - Housing status
  - Viral Load
  - Prescribed antiretroviral therapy (ART)
- Email to recipient(s) of providers with missing data
- 183 recipients were contacted



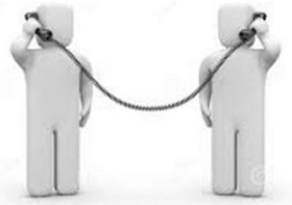
We completed two rounds of outreach this past fall. In the first round, we contacted recipients that had funded providers with more than 10% missing data for six key data elements: federal poverty level, health insurance status, HIV risk factor, housing status, viral load and prescribed antiretroviral therapy.

Recipients are asked to contact their funded providers and follow up with us via email on the problem and solution. This year, we contacted 183 recipients which was more than the previous year's 153 with the same criteria.



## Round 2 Outreach

- Criteria
  - Large number of clients that were not on ART, but were virally suppressed
  - Large number of clients with missing data or No reported for ART prescription
  - High number of visits per client for OAHS, MCM, or NMCM
  - Difference between the total clients in the client-level data file and the ZIP code file
  - Large number of clients missing viral load, housing, poverty level, and/or syphilis screening
- 51 providers contacted, 27 phone calls, 5 emails
- Most issues were data quality, not quality of care



For our second round of outreach, we contacted providers directly and scheduled calls if they met one or more of the following criteria:

- Large number of clients that were not on ART, but were virally suppressed
- Large number of clients with missing data or had No reported for ART prescription
- High numbers of visits per client for Outpatient Ambulatory Health Services, Medical Case Management or Non-Medical Case Management compared to other providers
- Significant difference between the total clients in the client-level data file and the ZIP code file.
- Large number of clients missing viral load, housing, poverty level, and/or syphilis screening

HAB adjusted the criteria for outreach this year to include criteria not previously included, like differences in total clients in the CLD and ZIP codes, higher numbers of visits per client, and syphilis screening.

## Data Collection/Entry Issues

- Data not entered in the RSR-Ready System
- Data not collected
- Staff turnover
  - Lack of understanding of reporting requirements
  - Impacts data entry and collection



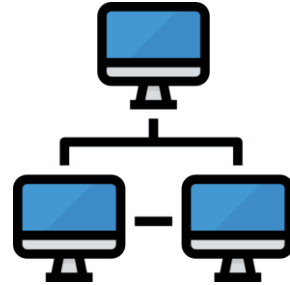
One of the first things that can cause the data to not reflect actual program activities, is if there are issues with data collection or entry. A common issue we heard was that required data was not being collected or was not being entered.

A couple of providers cited staffing challenges. When there are vacancies, other folks might get pulled into coverage but may not be fully trained or are covering multiple vacancies and they don't have the time or capacity to dedicate to every task, including data entry. When staffing shortages happen, some providers may even feel they have to prioritize entering some data over others into their RSR system. One provider mentioned this and felt like the missing RSR information was in their primary data system, but they didn't have the staff time to enter it into their RSR system. While this is understandable, these types of situations and choices create inaccurate representations to HRSA, legislators, and the community about your program. Another provider indicated that staff did not understand reporting requirements and that can compound the issue.

If you attend a lot of our webinars, you may notice that we often ask how much experience you have in the RSR. While there are always new people, in last few years the numbers seem higher than they have been before. If you are new and need some support, please put a comment in the chat and we'll reach out after the webinar.

## Data System Changes

- Data system changes impacted several providers
- Switching data systems can cause challenges
- Changes in recipient required data systems impact all providers
- Providers also may change their electronic health record (EHR) which magnify the impact of any changes at the recipient level



I'd like to ask all of you to let us know in the chat if you are switching data systems. We ask because we'd like to reach out to you and provide extra support and make HAB aware of data quality concerns. Changing data systems is a reality for many of us and it can play a role in data quality. Changes can happen with the recipient required data system or at the provider level. For example, which EHR your program uses may be determined by the larger organization you are a part of. If your site switches EHRs or if you are using a new RSR-system, you might experience challenges during the transition which can result in missing data.

## Data Import Issues

- Data imports not updated
- Data imports experiencing other issues
  - Data system bugs
  - Data system transitions impacting imports



Data imports not working as intended can also caused data to not accurately reflect your program. We heard from a couple of providers that their imports had not been updated. This meant that data collected in their primary system did not make it into the RSR system. Additionally, one provider felt that that there was a data system bug that caused import problems. There were also some providers that had import issues since they changed data systems which leads to our next common issue.

## Reporting ZIP Codes

- Clients reported in the Clients by ZIP Code section are the same clients who should be reported in the provider's client-level data file
- Issue with reporting ZIP Codes in CAREWare affected a couple of providers

Let's move on to our next common issue: ZIP codes. This was a new criteria for Outreach this year. The issue here is that you need to ensure that the clients reported in the Clients by ZIP Code section of Provider Report are the same clients who should be reported in the provider's client-level data file. In other words, eligible clients who received at least one service during the reporting period that the provider was funded to provide with RWHAP, RWHAP-related, or EHE initiative funding, regardless of payor. Many of the providers that we reached out to for ZIP code issues were using CAREWare and had some problems reporting them. We'll talk more about solutions in a bit.

## Reporting Service Visits

- We reached out if providers had higher than expected number of visits per client for OAHS, MCM, or NMCM
- Higher averages can accurately reflect programs, or they could indicate a data issue
- Use the UCR to compare years to see if there are unexpected changes

The next common issue is reporting service visits. One of the criteria for outreach this year was if a provider averaged a higher number of visits per client for either Outpatient Ambulatory Health Services (OAHS), Medical Case Management or Non-Medical Case Management when compared to other providers. It's important to keep an eye on the numbers of visits showing up in your data. You want to make sure that the number of visits per client is accurate for your program. If they are not, there may be issues you should address. This is a place where the Upload Completeness Report (UCR) can be valuable because you can compare across years to check for unexpected changes.

## Providers Weren't Sure What Caused the Issue

- More prevalent than in previous years
- Appears that providers are not using the UCR
- It's important to use both the UCR and Validation Reports

For our last common issue, some providers we spoke with in Outreach were just not sure what caused their data quality issue. This seems to be the case more often than in previous years. It's always possible there can be a one-time issue. However, several providers this year seemed to not be using the UCR and were only reviewing the validation report because addressing the validations allowed them to submit their RSR. While the validation report is a great tool you should be using, the Upload Completeness Report provides you a different view of your data and includes the previous years data so you can compare. We will talk a bit more about the UCR later in the presentation but make sure you are using both the Validation and Upload Completeness Reports.



Before I move on to solutions for these data quality issues, I would like to launch another poll.

Which of the issues we just reviewed is your agency trying to address? (check all that apply)

- Data collection/entry issues
- Data import issues
- Data system changes
- Reporting zip codes
- Reporting service visits
- Other issues (please put in the Q & A)
- We don't have any data quality issues



## Outline

**Importance of Data Quality**

**Outreach and Common Issues**

**Data Quality Solutions**

**Best Practices**

**Questions**

(CLICK) Now, let's get to some data quality solutions.

## Improve Data Collection/Entry

- Train staff regarding data entry
- Have written instructions
- Develop and review forms to help capture required data
- Document your RSR approach
- Review RSR roles and responsibilities
  - [RSR Recipient Roles and Responsibilities](#)
  - [RSR Provider Roles and Responsibilities](#)
- Continuous monitoring of data to identify data entry issues as they occur

There are several approaches to help improve data collection and entry. First, be sure that staff have the training that they need. While there are a lot of resources out there for training staff, you need to make sure training is specific to your systems!

In addition to training, make sure you have written instructions or resources staff can use.

Agencies also reported developing forms to help capture required data. It's equally important to review forms to make sure they are updated as requirements or processes change over time.

We also recommend that you document your RSR approach. This is important, particularly when there are staffing changes.

Be sure that you know what your role and responsibilities are. We've created two different documents—one for recipients and one for providers.

You should also start monitoring data over time if you do not already do so. If you only review data for the RSR, it can be very hard to fix any data quality issues because you have limited time. However, if you're checking your data more frequently (say quarterly), it is much more feasible to address data quality issues. It also ensures that the data that you are using throughout the year for purposes other than the RSR (say for targeting outreach) are accurate and reflect your program activities.

## Imports Must Be Maintained



- Imports should be updated
- Spot check imports
- Manual chart review can help
- Make maintenance a regular part of your workflow!

If you are using an EHR, it might make sense to consider importing into an RSR-ready system. While it does take time and resources to initially set up, it might improve data quality and completeness. However, if you are going to go through the work to set up an import, please make sure you also build in time and resources to maintain those imports. During outreach, we spoke a provider that did some analysis after we reached out and determined that their import file was not updated to account for new medications. This led to data not getting imported and clients appearing in the RSR as if they were not on ART when they were in their home system. A great solution here that the provider is implementing is to build in a step to their RSR workflow where the medications list is reviewed on a regular basis and updated. They plan on requesting the list of medications from their IT folks and having it reviewed by members of the clinical team to make sure its up to date.

Along those same lines, spot checking those imports can also help. If the team responsible for extracts and imports isn't devoted to Ryan White, they may not know what might be wrong. Anyone who understands the RSR system can spot-check and the team closest to the clients and their data will recognize if something doesn't seem right. Additionally, sometimes manual chart review and entry is the only way to ensure complete data. For example, if medications are run from "medication orders" by prescribers/clinicians on the team, you will miss any medications that are prescribed by another provider. More frequently, some labs send their data via fax and don't "live" in the EHR in the same place.

## Reporting ZIP Codes

- Make sure you only upload 1 ZIP code for the RSR
- Use the client's most recent home ZIP code
- The service location ZIP code should be used as a proxy if the client does not have a ZIP code or if it is unknown
- CAREWare minimum build for the 2023 RSR includes a ZIP code report

Let's move on to ZIP Codes. First, remember that you should only upload one ZIP Code file for the RSR. During Outreach, we spoke with a provider that used multiple systems and uploaded 2 ZIP Code files into the RSR when only 1 was allowed. The provider didn't realize that the first file was deleted and that the ZIP codes were inaccurate when compared to the client level data file. They are going consolidate their ZIP codes going forward to fix this issue. If you have multiple files and want help with this, DISQ can help – just let us know.

The RSR Manual provides clear guidance on ZIP Codes, including that you should use the client's most recent home ZIP Code, so if a client moves during the year, make sure to use the more recent ZIP.

If a client does not have a ZIP Code or if the ZIP Code is unknown, you should use the ZIP code for your service location as the proxy.

Earlier in the presentation we talked about some CAREWare users having problems reporting ZIP Codes for the 2022 RSR. The great news is that CAREWare minimum build for the 2023 RSR includes a ZIP code report that will fix this issue.

## Make Sure Service Visit Counts Are Accurate

- Most providers during Outreach felt the high numbers were accurate for their program
- Remember to report 1 visit per day, per service category
- Contact attempts are not visits
- If you have questions, reach out to Ryan White Data Support

As I mentioned earlier, we reached out to providers if they had a higher number of visits per client for either Outpatient Ambulatory Health Services (OAHS), Medical Case Management or Non-Medical Case Management compared to other providers. The great news is that for most providers, those higher averages were accurate and reflected their programs. One provider we contacted during Outreach had a higher-than-expected number of visits per client for Medical Case Management. This provider ensures that clients are taking their medications through observation in the field and the higher number was accurate. Another provider reviewed case notes and found that multiple case managers were working with hard-to-reach clients and met with them frequently.

Most RSR-read systems already do this but, in case you are new to the RSR, only one visit per service category may be reported each day for the RSR — even if the client receives more than one service in a particular category during the day.

Also, remember that the client needs to be in-person or virtual to count as a visit. For example, calling a client and leaving a message or sending a letter to a client does not count as visit. However, doing an assessment over the phone or in person would count. If you have any questions on reporting service visits, including what counts as a visit, contact Ryan White Data Support. Their contact information is on our Resources slide later in the presentation.

## Outline

**Importance of Data Quality**

**Outreach and Common Issues**

**Data Quality Solutions**

**Best Practices**

**Questions**

Now, let's get to some best practices to help you make sure your data are accurate and complete.

## Eligible Services Reporting

- When determining whether to report a client, providers should consider two questions:
  - Did the client receive at least one service during the reporting period that my organization was funded to provide with RWHAP funding, RWHAP-related funding, and/or EHE initiative funding?
  - Is this client eligible to receive funded services?
- If the answer is Yes to both, report clients on the 2023 RSR
- Eligibility criteria is determined at the recipient level and must be met
- If a client isn't eligible or didn't finish the process, their data should not be in the client-level data

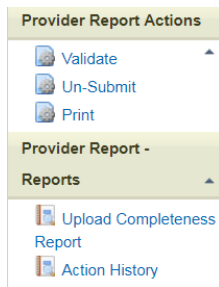
Our first best practice is to make sure you complete Eligible Services Reporting as part of the RSR, which is requirement. Under the Eligible Services reporting requirement, providers must report data for every eligible client that received a service that the provider was funded to provide with either RWHAP, RWHAP-related, or EHE initiative funding.

The RSR Manual provides guidance that, when determining whether to report a client, providers should consider two questions:

1. Did this client receive at least one service during the reporting period that my organization was funded to provide with RWHAP funding, RWHAP-related funding, and/or EHE initiative funding (regardless of final payor)?
2. Is this client eligible to receive funded services?

If the answer is “yes” to both questions, then the client should be reported on the 2023 RSR. Eligibility criteria is determined at the recipient level and must be met. Remember that if a client isn't eligible or didn't finish the process, their data should not be in the client-level data

## Review 2022 RSR Data



Prescribed Antiretroviral Medications (Item 52)

| Response Category           | 2022 |       | 2021 |       |
|-----------------------------|------|-------|------|-------|
|                             | N    | %     | N    | %     |
| Yes                         | 1202 | 87.2% | 1114 | 88.6% |
| No                          | 127  | 9.2%  | 144  | 11.4% |
| <i>Missing/Out of range</i> | 50   | 3.6%  | 0    | 0.0%  |

Do these numbers make sense?

[DISQ RSR Upload Completeness Report \(UCR\) Module](#)

We say this a lot on our webinars but its true. You must review your data to make sure its accurate. One place to start is to review last year's submission to see where you had data quality issues. First in your Upload Completeness Report (CLICK) look at the last row in most of the tables for missing/out of range data. You'll also want to review your data to be sure that they make sense. Remember that you can access the system at any time of the year and print your Provider Report as well as your Upload Completeness Report for your client-level data. Recipients also have access to these same reports. Remember that the UCR now has two years of data which can help you detect possible issues.

In this example, the 2022 RSR had 50 clients missing prescribed ART. Even though the missing/out of range is only 3.6% of the data, (CLICK) do these numbers make sense? Having that many clients not on ART is highly unusual. Additionally, there were no clients missing this information in 2021.

I can't say it enough that the UCR is one of the best tools you have available to you to help you review your data. The link on the slide is for a video module all about using the UCR. You can use it to learn more about how to access the UCR, read and interpret the UCR tables, identify issues in your data using the UCR and what to do if you identify a data quality issue. If you have questions about the UCR, reach out to the DISQ Team! Also, early in the new year, DISQ will have a UCR Bootcamp webinar which will go in-depth on the UCR. We hope to see you there!



## Check Your 2023 Data Now

- Use Upload Completeness and Validation reports in your data system to review your data quality
- Make sure to use both reports!
- Use the Check Your XML feature
  - Generate your XML, upload the file and generate your Validation and Upload Completeness Report(s)
  - View the [Check Your XML feature webinar](#) recording to learn more

Another best practice is to start checking your 2023 RSR data now! There are a few ways to do this. Some RSR-ready systems have reports built into the data system to review your data before upload. For example, in CAREWare, you can use the Client Viewer (similar to the Upload Completeness Report) and the Validation Reports. If you aren't sure what's available, check with your system vendor.

It's important that you use both the Upload Completeness and Validation reports. As I mentioned earlier, some providers are not using the Upload Completeness Report and are missing data quality issues that can be seen through a review of the UCR.

You can also use the Check Your XML feature which is already open! You can upload your data and run the Validation and Upload Completeness Reports to check the quality of your data.

If you need a refresher, we just had a webinar a few weeks ago about Check Your XML that featured a demo.

Remember that the Check Your XML feature is not the actual reporting submission. Think of it as a practice site but it can help you get a heads up on data quality.

# Get the Latest Version of Your System

## RSR-Ready System Status

October 2023

| RSR-Ready System Version #                          | Providers in 2022 | Contact  | Information on the RSR                         | 2023 Version Release Timeline |
|---|-------------------|--|--|-------------------------------|
| <a href="#">AIRS</a><br>(9.0.44)                    | 48                | <a href="#">Ronald Massaroni</a><br>212-417-4469 | <a href="#">RSR Data Quality Reports</a>       | November 2023                 |
| <a href="#">ARIES CA</a><br>(Version 8.0.0.0 (R45)) | 127               | <a href="#">CA ARIES Help Desk</a>               | Contact the CA <a href="#">ARIES Help Desk</a> | January 2024                  |
| <a href="#">Azara</a>                               | --                | <a href="#">Todd Schlesinger</a>                 | Contact system representative                  | October 2023                  |
| <a href="#">CAREWare</a>                            | 826               | <a href="#">CAREWare Help Desk</a>               | <a href="#">RSR Data Quality Reports</a>       | November 30, 2023             |

[RSR-Ready System Vendor Information](#)

Also, make sure you have the right version of your system. We get lots of TA requests because the provider is simply using an older version. TargetHIV has been recently updated with the latest build numbers. Also a reminder that if you use CAREWare, the minimum required build was just announced by HAB but you also need to be sure that you update your medication lists.

## Make Sure Data are Entered in the Right Place

- Confirm with EHR or RSR-Ready System vendor that data are entered in the right place
  - Review [Location of RSR Client-Level Data Elements](#) to know where to enter data in CAREWare

| Data elements required if client receives Outpatient Ambulatory Health Services, Medical Case Management, Non-Medical Case Management or EHE Initiative services except where noted. |  |  |  |
|--|--|--|--|
| Field ID   | Field Name   | Coding   | Location in CAREWare   |
| 15   | Client's health coverage (includes all health coverage reported during the reporting period) | <ul style="list-style-type: none"> <li>• Private – Employer</li> <li>• Private–Individual</li> <li>• Medicare</li> <li>• Medicaid, CHIP or other public plan</li> <li>• Veteran's Administration, TRICARE, or other Military health care</li> <li>• Indian Health Insurance</li> <li>• Other Plan</li> <li>• No Insurance/uninsured</li> </ul> | <p><b>Annual Review &gt;Insurance Assessments</b></p> <p>Select the Primary Insurance from the drop down list and check all insurance coverage that apply</p> <p>Value will only be exported if it falls within the current reporting period; otherwise no value will be reported</p> <p><b>Also required for clients that receive any core medical services</b></p> |

You also want to be sure that you are entering data in the right place so that it is included in the RSR. What do I mean about entering data in the right place? Perhaps there is more than one place in your data system to enter prescribed ART. You need to know in which place to enter the data so that it correctly populates in the RSR XML.

Again, you can confirm this with your EHR or RSR-Ready vendor. Once you confirm this, be sure that staff are trained and know where to enter the data. For CAREWare users, there is a great tool called the **Location of RSR Client-level Data Elements in CAREWare**.

## Make Sure Data are Entered in the Right Place

- Map RSR data for entry between data systems
  - Use [RSR crosswalk](#) available on TargetHIV

| Ryan White Services Report (RSR) Crosswalk |              |  |   |          |       |       |
|--|--------------|--|---|----------|-------|-------|
| RSR  |              |  | Your System   |          |       |       |
| ID   | Variable     | Definition   | Value   | Variable | Value | Notes |
| Demographics                               |              |  |   |          |       |       |
| 2  | Vital Status | The client's vital enrollment status at the end of the reporting period.                         | 12. Alive<br>6. Deceased<br>7. Unknown  |          |       |       |
| 4  | Birth Year   | Client's year of birth. This value should be on or before all service date years for the client. | yyyy  |          |       |       |
| 5  | Ethnicity    | Client's ethnicity.  | 1. Hispanic/Latino/a, or Spanish origin<br>2. Non-Hispanic/Latino(a), or Spanish origin |          |       |       |

We really encourage that if you don't already have a crosswalk between your non-RSR and your RSR-ready data system that you develop it. This not only ensures that data are entered in the right place, but also provides documentation that is useful if there is staff turnover.

## Strategies to Improve Completeness

- Leverage data entered into the centralized data system by other providers to the extent feasible
- Work with the recipient to learn more

CAREWare Reports > HRSA Reports > RSR Settings

Edit Edit Filter Run Help Back

### RSR Settings

Year: 2022

|                                    |                                     |   |
|------------------------------------|-------------------------------------|---|
| <b>Cross Provider ART:</b>         | <input checked="" type="checkbox"/> | Shared From: Default, Johns AIDS Services, +2 more... |
| <b>Cross Provider Eligibility:</b> | <input checked="" type="checkbox"/> | Shared From: Kevin's Clinic, Default, +2 more...      |
| <b>Cross Provider Labs:</b>        | <input checked="" type="checkbox"/> | Shared From: Default, Johns AIDS Services, +2 more... |

Check to see if the RSR-data system that you use provides an opportunity to leverage data entered by other users. For example, for CAREWare users on a centralized network, you might be able to leverage cross provider data sharing if that has been set up. If so, be sure to check off (1) Cross-Provider ART (2) Cross Provider Eligibility, and (3) Cross-Provider Labs when you run the RSR. Reach out your recipient or agency hosting your data system if you have any questions about datasharing and reporting.

## Strategies to Improve Completeness

- Understand how data system creates data for RSR to streamline data entry
  - In CAREWare, you only need to enter the start date and accompanying information for a medication regimen.
  - Check with your own system for how this data element is captured.

The screenshot shows a web-based form for entering medication data. The breadcrumb trail at the top reads: "Find Client > Search Results > View Details > Client Medications > All (Start, Stop, Change) > All (Start, Stop, Change)". Below this, there are "Save" and "Back" buttons. The main heading is "All (Start, Stop, Change)". The form fields include: "Start Date" (12/06/2022), "Medication Name" (Itrivada), "HRSA Code" (d05352 - emtricitabine-tenofovir), "Units" (empty), "Form" (empty), "Strength" (mg), "Frequency" (empty), "Med ICD10" (empty), "Indication" (ART), "OI" (empty), "Comment" (empty), and "Instructions" (empty). Each field has a small blue information icon to its right.

It's also important to know how the data system that you use creates RSR data so that you can streamline data entry. Here's another CAREWare example. If a client is routinely on a medication, you don't need to enter every dispense. Enter the medication and the start date (first dispense) and then don't enter a stop date unless the medication is changed. As long as you don't have a stop date AND the start date is before or during the reporting period, prescribed ART will continue to be included in the RSR XML. CAREWare users can refer to the CAREWare quick start guides on TargetHIV.

For non-CAREWare users, check with your own system to better understand how this data element is captured.

[CAREWare 6 Quick Start Guides | TargetHIV](#)

## Collaborate with Other Recipients

- Providers upload files with all RWHAP data, regardless of the Part that funded the service
- HRSA HAB assesses completeness for all data submitted
- Please work with your subrecipients' other recipients to promote data completeness across all Parts

For those recipients on the call today, we also want to take this opportunity to remind you that for multiply funded providers, it is important to coordinate on the RSR submission. Data in the RSR is not Part specific. Multiply-funded providers complete one Provider Report and upload all their data to the report. Sometimes to address a data quality issue, recipients need to coordinate to best understand the cause of the issue and how to support the provider in resolving it.

## Familiarize Yourself with Reporting Requirements

- [RSR Instruction Manual](#)
- [Policy Clarification Notice \(PCN\) 16-02](#)
- [RSR in Focus: Understanding the Policy Clarification Notice \(PCN\) 16-02](#)
- [Preparing for 2023 RSR Reporting: Updates and Best Practices](#)

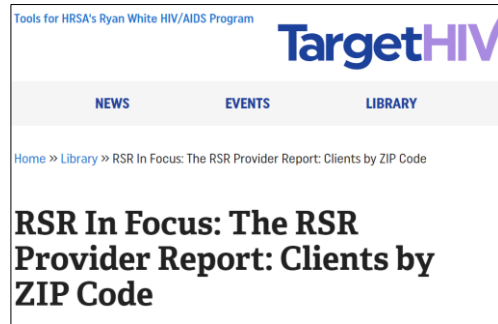
A good routine is to always be sure that you're familiar with the reporting requirements. Some good resources to review are the RSR Instruction Manual and PCN 16-02. The 2023 RSR Manual is now available on TargetHIV. Also, remember that service categories are not in the RSR Manual, so you'll need to review PCN 16-02 to ensure that you are reporting services correctly. There is also a RSR In Focus on understanding PCN 16-02 which will be helpful.

Each year we also have a webinar on preparing for the upcoming reports and we just held the Preparing for 2023 RSR Reporting webinar a few weeks ago. Remember that all our past webinars are archived on TargetHIV, so if you missed one you can always view the recording.



## New RSR In Focus!

- [RSR In Focus: The RSR Provider Report: Clients by ZIP Code](#)
  - Guidance on the ZIP Code requirement and strategies for creating the report.



While familiarizing yourself with the reporting requirements, I want to highlight that DISQ recently released a new RSR in Focus document on TargetHIV that covers Clients by ZIP Code. This In Focus provides guidance on the ZIP Code requirement and strategies for creating the report.

## Poll #3



Its time for our final poll. Isia, can you please launch the poll?

Which statement best describes your agency's technical assistance needs?

- Our data quality is already good so I don't need TA
- I need to improve data quality but already have the tools I need
- I need to improve data quality and need additional help
- I'm not sure

## TA Contact Information

| TA Resource   | Type of TA   |
|---|--|
| Ryan White Data Support<br>888-640-9356  <br><a href="mailto:RyanWhiteDataSupport@wrma.com">RyanWhiteDataSupport@wrma.com</a>   | <ul style="list-style-type: none"> <li>• RSR-related content and submission questions</li> <li>• Interpretation of the RSR Instruction Manual and HAB's reporting requirements</li> <li>• Instructions for completing the RSR Recipient and Provider Reports</li> <li>• Data validation questions</li> </ul> |
| The Data Integration, Systems, & Quality (DISQ) Team<br><a href="mailto:Data.TA@caiglobal.org">Data.TA@caiglobal.org</a><br><a href="#">Sign up for the DISQ listserv</a><br><a href="#">Submit a DISQ TA Request</a> | <ul style="list-style-type: none"> <li>• Data reporting requirements</li> <li>• Extracting data from systems and reporting it using the required XML schema</li> <li>• TRAX and the encrypted Unique Client Identifier (eUCI) Application</li> <li>• Data quality issues</li> </ul>                          |
| Electronic Handbooks (EHBs) Customer Support Center<br>877-464-4772<br><a href="#">Submit an EHBs TA Request</a>  | <ul style="list-style-type: none"> <li>• RSR software-related questions;</li> <li>• EHBs navigation</li> <li>• EHBs registration, access, and permissions</li> </ul>   |
| CAREWare Help Desk<br>877-294-3571   <a href="mailto:cwhelp@jprog.com">cwhelp@jprog.com</a><br><a href="#">Join the CAREWare listserv</a>   | <ul style="list-style-type: none"> <li>• How to generate the XML file from CAREWare correctly</li> <li>• How to view a sample client summary file</li> <li>• Creating custom reports</li> </ul>  |
| Login.gov Help Center<br>844-875-6446<br><a href="#">Submit a help ticket</a>   | <ul style="list-style-type: none"> <li>• Login.gov account registration and management</li> </ul>  |

I know this can feel like a lot but know that there are technical assistance resources available to assist you during the RSR Submission.

The Ryan White Data Support team addresses RSR-related content, submission questions, interpretation of the RSR Instruction Manual and HAB's Reporting Requirements. They also assist with instructions for completing the RSR Recipient and Provider Reports, and data validation questions.

The DISQ Team addresses questions for those needing assistance in extracting data from their systems and reporting the data using the required XML schema; they also offer TA on the TRAX Application, data reporting requirements, and data quality issues.

The EHBs Customer Support Center provides assistance with the EHBs, including RSR software-related questions, EHBs navigation, registration, access and permissions.

For our CAREWare users, the CAREWare Help Desk will be your best resource. The CAREWare help desk can assist you with generating XML files from CAREWare and also help create custom reports. I would encourage all CAREWare users to sign up for the listserv.

Finally, we also have the Login.gov Help Center. If you need any help setting up or managing your Login.gov account to be able to access the EHBs and the RSR you can always give them a call.



## Connect with HRSA

To learn more about our agency,  
visit

[www.HRSA.gov](http://www.HRSA.gov)



Sign up for the HRSA eNews

FOLLOW US:    

Finally, to connect with and find out more about HRSA, check out HRSA.gov and on their social media.

## Outline

**Importance of Data Quality**

**Outreach and Common Issues**

**Data Quality Solutions**

**Best Practices**

**Questions**

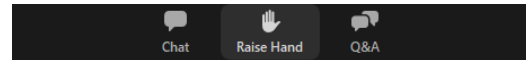
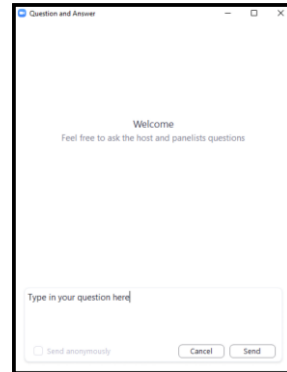
(CLICK) Now I'll pass the presentation to Ruchi for our Q&A portion.

## Let's Hear From You!

- Please use the “raise hand” function to speak. We will unmute you in the order that you appear.

**OR**

- Type your question in the question box by clicking the Q&A icon on the bottom toolbar.



Thank you so much Hunter. And now we'll get 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 webcast. We appreciate your feedback very much, and use this information to plan future webcasts. My DISQ 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” function on your control panel on the bottom of your Zoom screen. You can also ask questions directly “live” by clicking the raise hand button which is also on your control panel. If you are using a headset with a microphone, Isia will conference you in; or, you can click the telephone button and you will see a dial in number and code. 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 to follow up. We often need to explore your question in order to give you the most appropriate answer.