



Data Reporting Requirements for EHE-funded Recipients and Providers

Ending the HIV Epidemic (EHE)

HIV/AIDS Bureau (HAB)

September 27, 2023



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

My name is Ellie Coombs. 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 funded by the Health Resources and Services Administration, HIV/AIDS Bureau.

Today's Webinar is Presented by:



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Today's Webinar is presented by Debbie Isenberg, also from the DISQ team. We support data collection, management and reporting for HAB, including several reports that we'll talk about in today's session. Today, Debbie is going to talk about reporting requirements for agencies who are funded under the Ending the HIV Epidemic, or EHE, initiative.

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 a document right now that includes the locations of all the resources mentioned in today's webinar.

At any time during the presentation, you'll be able to send us questions using the "Question" function on your settings on the bottom of the screen. You'll also be able to ask questions directly "live" at the end of the presentation. You can do so by clicking the "raise hand" button (on your settings) and my colleague Isia will conference you in.

Now before we start, I'm going to answer one of the most commonly asked questions about the slides. The recording of today's webinar will be available on the TargetHIV website within one week of the webinar; the slides and written question and answer are usually available within two weeks.

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

Today's Topics

Overview

Reporting Requirements for EHE Recipients

Reporting Requirements for EHE Providers

Common Areas of Confusion

Resources

Q&A

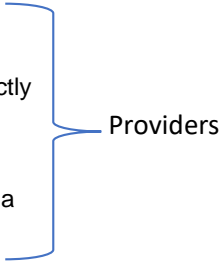
As Ellie mentioned, today's session will go over reporting requirements for agencies funded by the HRSA HIV/AIDS Bureau Ending the HIV Epidemic, or EHE, initiative. If you've been to one of our webinars before, this one is going to be a little different. Today, we're going to be talking at a high level about multiple reports that need to be completed, rather than focusing on a specific report as we do in most of these webinars. The goal is to leave here today with an understanding of what you'll need to do as an EHE funded recipient or provider and to know where to go for more specific guidance.

I'm going to start with a brief overview, and then we'll talk through what reports are required for EHE-funded recipients and providers.

I'll also highlight some common areas of confusion.

All of the reports I'm going to be talking about today have resources and webinars available on TargetHIV that walk you through the reporting requirements in detail. We'll also share links to some specific webinars that you'll want to review. We'll also have some time at the end to take any questions you may have.

Terminology

- Recipient
 - Receives RWHAP and/or EHE initiative funding directly from the HRSA HIV/AIDS Bureau (HAB)
 - Subrecipient
 - Legal entity (agency) that receives funds from a recipient and is accountable to the recipient for the use of the funds provided.
 - May provide direct client services or administrative services directly to a recipient.
 - Second Level Provider
 - An agency that receives RWHAP funds from a recipient through a fiscal intermediary service provider (subrecipient).
- 

Let's start with some terminology. The HRSA HIV/AIDS Bureau is the federal agency that awards the HRSA HAB EHE and RWHAP funding. They award the funding to Recipients.

Subrecipients receive funding from recipients. Sometimes they are funded to provide direct services and sometimes they are providing administrative services to a recipient. What does that mean? A good example is a lead agency or fiscal intermediary. Basically it means the recipient gives the agency the funding and they give the funding to providers.

Finally there are second level providers. Second level providers receive funding from the lead agency that I just mentioned. What I want to highlight here is that both subrecipients and second level providers are called providers. So when I use the term providers, I mean both groups.

Are you a recipient? Are you a provider? Are you a recipient who also funds itself to provide services? Let's go to the poll so that we can find out. There are actually two polls, so we'll go through them one at a time. Isia, can you launch the poll?



My agency is (select all that apply):

- An EHE funded recipient (metropolitan area or state)
- An EHE funded provider
- Neither of the above
- Other (please chat in)

Great thanks! Now the second poll asks what HRSA HAB funding you receive other than EHE funding. Specifically do you also receive Part A, B, B Supplemental, C or D funding? Isia, can you launch that poll?

Poll #2



In addition to EHE Initiative Funding, does your agency receive other RWHAP funding (Part A, B, B Supplemental, C or D)?

- Yes, we receive other RWHAP funding
- No, we only receive EHE funding
- I'm not sure

Focus of Today's Webinar

- What funded recipients need to complete
- What providers need to complete
- If you don't get EHE funding you're welcome to stick with us, but this won't apply to you
- Other resources go into more detail on specific reports

Thanks to everyone for completing the polls.

Today's webinar is for HRSA HAB EHE-funded recipient and providers.

For recipients we'll discuss the reports that you need to complete and we'll do the same for providers.

Now if you're not sure if you're EHE funded, feel free to submit a question in the Q & A feature and one of our team members can follow-up with you after the webinar so you know what reports you'll need to completed.

As I mentioned earlier, there are also other webinars that are specific to each of the reports I'm going to be talking about today. I'm not going to repeat what was in those other webinars, but just give you a high-level glimpse without getting into the nuance of each: at the end of today's session and in the resources document that Isia chatted out, you'll find links to these other resources. We're also happy to set up a TA call to talk to you more about your TA needs.

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Now that we've got a common understanding of who the webinar is for, we'll start by going through the reporting requirements for EHE recipients.

EHE funded recipients are responsible for:

EHE Triannual Report

GCMS

Completing
both Recipient
Reports

Supporting
Providers in
Completing Both
Provider Reports

Reviewing and
Approving Both
Provider
Reports

RSR Report

EHE recipients are responsible for the following: First, recipients enter contract information into the Grantee Contract Management System, or GCMS. As we'll talk through shortly, GCMS automatically fills in two Recipient Reports that recipients will need to review and complete: one for the EHE Triannual Report and one for the RWHAP Services Report, or RSR.

Once you've done your Recipient Reports, you'll assist providers in completing their own reports as needed and review and approve their submission.

What I want to underscore is that aside from the specific report and funding, the high-level process is the same!

We're going to take a little bit of a deeper dive into each of these activities on the next couple slides.

GCMS populates multiple reports and contains a record for each EHE contract

Funding Organization Information

The name and core grant number shown below are pre-populated from the HRSA Electronic Handbooks (EHBs). You must correct any errors in this data in the EHBs.

Recipient Name:	City Health Department
Federal Award Identification Number:	UT8HA00000 12345
Organization ID:	

So let's do a closer review of GCMS. GCMS is the central place where contracts are entered. It's kind of like the brain for all of the reporting.

GCMS populates multiple reports and contains a record for each EHE contract

Funding Organization Information

The name and core grant number shown below are pre-populated from the HRSA Electronic Handbooks (EHBs). You must correct any errors in this data in the EHBs.

Recipient Name:	City Health Department SFPD COUNTY OF SAN FRANCISCO
Federal Award Identification Number:	UT8HA00000 UT8HA33951 12345
Organization ID:	2

All EHE grants start in UT8HA

The EHBs were designed so by completing GCMS, you also complete information indirectly in other reports. I'll show you what I mean in a second.

All EHE grants start with UT8HA. If the same person at the recipient's office is completing GCMS for the EHE Initiative Funding and other RWHAP funding, be sure that you are using the correct grant when you are entering information in GCMS. It is autopoulated based on which grant deliverable you use to access GCMS.

Including basic info...

Contract Information

- 1. Start Date:
- 2. End Date:
- 3. Contract Reference:
- 4. Contract Execution: Select "Yes" if the contract has been signed and executed.
 - 1. No
 - 2. Yes
- 5. Is this agency serving as a consortium, fiscal intermediary provider, administrative agent, or lead agency under this contract?
 - 1. No
 - 2. Yes
- 6. Is this agency a subcontractor or second-level provider?
 - 1. No
 - 2. Yes

The GCMS also collects basic information about the contract...

And dollar amounts for services funded

Services

Select the core medical, essential support and EHE initiative services for this contract that are funded through EHE program. For each service category funded through EHE, enter a funding amount in the corresponding column. The award amount should reflect the current year and should not include carryover funds.

[Done updating services](#)

* Your changes will not be saved until you select the "Save" button on the contract details page.

Service Name	EHE Funding	Base
Service Category: Core Medical Services		
Outpatient/Ambulatory Health Services	<input type="checkbox"/>	<input type="text"/>
AIDS Pharmaceutical Assistance	<input type="checkbox"/>	<input type="text"/>
Oral Health Care	<input type="checkbox"/>	<input type="text"/>
Early Intervention Services (EIS)	<input type="checkbox"/>	<input type="text"/>

Service categories funded by the grant as well as the amount for each service category. Again, hopefully this looks familiar to you if you're a recipient.

GCMS Populates the EHE Triannual Recipient Report

Program Information

This item lists all of the agencies that had a contract with your organization during the reporting period. Verify the list is accurate. If a provider is missing, revise your list of contracts by selecting the "Search Contracts" link under the Manage Contracts heading in the left menu. If a provider listed will not submit a EHE Triannual Provider Report for the reporting period, select the checkbox in the Exempt column and enter a justification for the exemption in the text box that is displayed. NOTE: The exempt checkbox may only be selected if the organization's Provider Report is in "Not Started" or "Working" status.

Warning	Reg Code	Provider Name	Exempt	Exemption Justification
<input type="checkbox"/>	12345	CITY HEALTH DEPARTMENT	<input type="checkbox"/>	
<input type="checkbox"/>	56789	17th STREET FOOD BANK	<input type="checkbox"/>	

For help with EHBs contact the HRSA Help Desk by phone at 1-877-G04-HRSA (1-877-464-4772) Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Time. Or use the HRSA Electronic Handbooks Contact Center help request form to submit your question online. For questions regarding data content and/or reporting requirements, please contact Data Support at 1-888-640-9356 or email to RyanWhiteDataSupport@wrma.com

The contracts that you enter in GCMS populate the Recipient Reports. What you're seeing here is the EHE Triannual Recipient Report: you'll see that I have a list of the agencies funded under my grant listed here in the Program Information section.

And the RSR Recipient Report

The screenshot displays the 'RSR Recipient Report' interface. The left sidebar contains navigation options such as 'Inbox', 'Recipient Report', and 'Program Information'. The main content area shows details for 'UT8HA00000: CITY HEALTH DEPARTMENT' with fields for Report ID, Status, Due Date, Report Period, Last Modified Date, Access Mode, and UEI. A 'Program Information' section is highlighted with a red box, containing a table of agencies with contracts. Below the table are 'Cancel' and 'Save' buttons. A footer note provides contact information for HRSA Help Desk and Data Support.

Warning	Reg Code	Provider Name	Exempt	Exemption Justification
+	12345	CITY HEALTH DEPARTMENT	<input type="checkbox"/>	
+	56789	17th STREET FOOD BANK	<input type="checkbox"/>	

The exact same information is also used to populate the RSR Recipient Report, which you're seeing here. You'll notice that this page looks just like the last one.

Process and Content are basically the same!

- Information is prepopulated
- Verify that all providers are listed with correct services
- “Certify” the Recipient Report when done
- Review data submitted by providers
 - Accept report or;
 - Request changes



And that’s because these reports collect exactly the same information – they’re prepopulated from the same source and reflect which agencies are funded by your grant and for what services they are funded.

As a recipient, you’ll need to review this information to make sure that all of your providers are listed in the report, and that the funded services are correct.

Once you’ve reviewed to make sure all this information is accurate, you’ll certify the Recipient Report so your providers can work on their reports. Once they’re done, you also need to review their data and accept their report (or request changes, but we’ll assume for today that your provider’s data are all perfect).

Today's Topics

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Next, I'll talk through what needs to be completed by EHE funded providers.

EHE providers are responsible for:

- Completing the EHE Triannual Provider Report
- Completing the RSR Provider Report
- Collecting client-level data on clients served throughout the year



EHE providers complete the EHE Triannual Report and the RSR, though these reports are more detailed than the Recipient reports we reviewed in the previous section.

Providers are responsible for collecting client-level data on who they're serving throughout the year. I won't get into detail today, but there are many systems that providers use to manage their data, and the DISQ team provides TA throughout the year on this very topic.

The EHE Triannual Provider Report

- Is submitted three times a year
- Verify basic agency information
- Report an aggregate count of clients who:
 - Received services provided during the reporting period
 - Were prescribed or continued on ART during the period
- Aggregate counts differentiate new, returning and total clients

As the name implies, the EHE Triannual Provider Report is completed 3 times a year. In addition to verifying basic agency information, providers also report aggregate client counts in their report. This includes a count of all clients who received services as well as breakdowns by specific service categories such as outpatient ambulatory health services (or OAHS) during the reporting period.

Finally, these counts also differentiate clients who were new to the agency during the reporting period and those who received services previously.

Again, I'm not going to go into detail on this report, but my colleagues at Ryan White Data Support just hosted a fantastic webinar that walks through this report in detail.

The RSR Provider Report

- Is submitted once a year
- Verify agency and service information
- Upload an aggregate ZIP code file for clients receiving services in the reporting period
- Upload a client-level data for clients receiving services in the reporting period

EHE funded providers are also required to submit the RSR annually, which is the big data submission that's due at the end of March. The main difference with the RSR is that client-level data has to be reported. Because of that, it is the report that's often the most complex, and for which we tend to provide a lot of technical assistance. If you're new to the RSR, I'd strongly encourage you to attend the report-specific RSR webinars we'll be hosting this Fall and Spring 2024 to prepare you for the submission.

So I've talked about the reports but haven't said which clients should be included in the reports.

Which Clients Should Be Included in the Reports?

- Both reports use eligible scope reporting
 - Report all clients who are eligible and received a service for which your agency received EHE initiative or other RWHAP funding, regardless of payer
- It's the same for both reports. What differs is the time frame.
 - EHE is a 4 month period
 - RSR is a 12 month period

And now I will. Both reports use what's called "eligible scope" reporting. This means that clients should be included in the report if they meet two criteria: first, they are eligible and second that they received a service for which your agency received EHE Initiative or other RWHAP funding regardless of payer.

What I really want to ensure is clear is that the clients who should be included are the same for both reports! What is different is the time frame. EHE is a four month period, while the RSR is a 12-month period.

So I know that was a lot of information. Let's do a couple of polls to check on your knowledge about that. Isia, can you launch the poll?

Poll #3



A provider is funded by RWHAP Part A and HRSA HAB EHE Initiative for medical case management services. The provider should report all eligible clients who received medical case management in:

- No reports
- The RSR Provider Report
- The EHE Triannual Provider Report
- Both Provider Reports

The correct answer is both Provider Reports.

Great-let's go to the second poll.

Poll #4



A provider is funded by HRSA HAB EHE Initiative for medical case management services. The provider should report all eligible clients who received medical case management in:

- No reports
- The RSR Provider Report
- The EHE Triannual Provider Report
- Both Provider Reports

The correct answer again is both Provider Reports.

Data Quality

- Both reports used to demonstrate the impact of funded activities
- It's essential that the data accurately reflect the important work that you are doing
- Key strategy to determine if there are data quality issues
 - Compare the EHE Triannual Provider Report with the RSR Provider Report

So now that we've covered which reports have to be done and which clients should be reported, let's talk briefly about data quality.

Both the EHE Triannual Provider Report and the RSR Provider Report are used to demonstrate the impact of funded activities so it is essential that the data reported accurately reflect the important work that you're doing. Both recipients and providers share responsibility for reporting good quality data. Now I'm not going to go into detail about how to check the data quality because that is already covered in other webinars. However, I am going to share a strategy that can give you an idea if there are data quality issues in the reports. -comparing the EHE Triannual Provider Report and the RSR. This approach is based on reports that have already been submitted.

So you may wonder why bother reviewing reports that have already been submitted. Well, it can help you identify that there is a reporting issue and if you don't know if something is wrong, you can't fix future submission.

So you're probably wondering how you can compare the EHE Triannual Provider Report and the RSR Provider Report. One is aggregate, one is client-level. Well, remember when I told you it is the same client and services with a different time frame?

A quick way to review.....

Reporting Period	Modified Date	Status	Action	Clients	Action History
RSR 2022 Annual	03/15/23 12:37:41	Submitted		1335	

CITY HEALTH DEPARTMENT	
Report ID: 123456	Status: Submitted
Report Period: RSR 2022 Annual	Last Modified Date: 03/15/23 12:37:41
Access Mode: ReadOnly	Client Count (unique combination of provider and eUCI): 1335

Services	# of New Clients who received service(s) in the reporting period ¹ (A)	# of Clients who received service(s) in the reporting period and received at least one service during a previous reporting period of the current calendar year or during the previous calendar year ² (B)	Total # of Clients who received service(s) in the reporting period (C)
RWHAP/ Initiative Services			
1. Any RWHAP ³ or Initiative Service	10	10	20

2022 RSR=1,335

January 1 – April 30, 2022
EHE Triannual Provider Report
=20 clients

So here is how you can check. Start with the most recent RSR that a provider has submitted. Both recipients and providers can access past RSRs that have been submitted.

You can quickly see the number of total clients submitted in two ways. First, in the report inbox, the number of clients is displayed before you even open the report. The same number is displayed in the header of the report itself. In this example, there were 1,335 clients submitted in the 2022 RSR. Next, let's check out any of the EHE Triannual Provider Reports submitted for a reporting period in 2022. In this example, the report for the period of January 1 – April 30th, 2022 had a total of 20 clients reported that had received a service for which the agency received RWHAP or EHE Initiative Funding. So does this look correct? 20 clients for four months and more than 1000 clients for a year. Something seems wrong here.

Or More In Depth

Core Medical, Support and EHE Initiative Services Data

Service Visits (Items 16, 18-19, 21-27, 28-44, 75, 78)
 2022 Denominator: Clients with any service (N = 562)
 2021 Denominator: Clients with any service (N = 522)

CLD ID#	Response Category	2022			2021		
		N	%	Visits	N	%	Visits
16	Outpatient/Ambulatory Health Services	450	0.0%	1100	370	0.0%	925
18	Oral Health Care	0	0.0%	0	0	0.0%	0
19	Early Intervention Services (EIS)	0	0.0%	0	0	0.0%	0
21	Home Health Care	0	0.0%	0	0	0.0%	0
22	Home and Community-Based Health Services	0	0.0%	0	0	0.0%	0
23	Hospice	0	0.0%	0	0	0.0%	0
24	Mental Health Services	0	0.0%	0	0	0.0%	0

Services	# of New Clients who received service(s) in the reporting period ¹ (A)	# of Clients who received service(s) in the reporting period and received at least one service during a previous reporting period of the current calendar year or during the previous calendar year ² (B)	Total # of Clients who received service(s) in the reporting period (C)
RRHAP Initiative Services			
1. Any RRHAP ³ or Initiative Service	25	60	85
1a. Ending the HIV Epidemic Initiative Services ⁴			
1b. Outpatient/Ambulatory Health Services	5	35	40
1c. Medical Case Management, Including Treatment Adherence Services			
1d. Non-Medical Case Management Services			
1e. Mental Health Services	10	20	30
1f. Substance Abuse Outpatient Care			
1g. Substance Abuse Services (residential)			
1h. Housing			
Health Outcomes			
2. Prescribed ART in the reporting period			

The DISQ Team is happy to meet with you to review this information with you-just ask!

You can also review the reports in more detail. Specifically, you can compare the service categories reported. In this example I have the 2022 Upload Completeness Report RSR on the left hand side and the January 1-April 30, 2022 EHE Triannual Provider Report on the right.

First I compare total clients -562 clients in the RSR compared to 85 clients in the EHE Triannual Provider Report. That seems low. Next I check the OAHS services =450 clients in the RSR compared to 40 clients in the EHE Triannual Provider Report. Again, the EHE Triannual Provider Report seems too low. Then check mental health services and I know for sure there is a problem. The EHE Triannual Provider Report reflects 30 clients who receive mental health services while no clients were reported in the RSR. This is definitely incorrect. Now one quick note. While the RSR Upload Completeness Report includes all service categories (but I'm not showing them here, the EHE Triannual Provider Report does not list all service categories. All clients should be in row 1 and then the applicable service categories are reported in the other rows.

Now I know this review is more complicated. The DISQ Team can actually complete this review for you. For EHE recipients, we can review all of your providers or just a select few. If you're an EHE funded provider, we can review the submission with you just let us know.

Poll #5



How confident are you in the data you've submitted on these reports? (choose all that apply)

- I'm not sure/I haven't done the reports yet
- I'm confident in my data for the RSR
- I'm confident in my data for the EHE Triannual Report
- I'm not confident in my data in either report

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Now let's move on to some common areas of confusion. Now these will be in the other webinars but they bear repeating.

Common Areas of Confusion

- EHE Triannual Provider Report only includes eligible clients who received EHE initiative funded services
 - Only correct if the provider does not receive other RWHAP funding



Perhaps the most common one is which clients should be reported in the EHE Triannual Provider Report. Yes, I know it is called the EHE Triannual Provider Report, but it includes more than EHE funded services if your provider receives other RWHAP funding

Common Areas of Confusion

- Using the EHE Initiative Services category for all EHE initiative funded services
 - Service categories in [PCN 16-02](#) should be used if the service provided align with the definitions
 - Only use EHE Initiative Services category if they don't

Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds **Policy Clarification Notice (PCN) # 16-02 (Revised 10/22/18)** **Replaces Policy #10-02**

Scope of Coverage: Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWAP) Parts A, B, C, and D, and Part F where funding supports direct care and treatment services.

Purpose of PCN

This policy clarification notice (PCN) replaces the HRSA HIV/AIDS Bureau (HAB) PCN 10-02: Eligible Individuals & Allowable Uses of Funds. This PCN defines and provides program guidance for each of the Core Medical and Support Services named in table and defines individuals who are eligible to receive these HRSA RWAP services.

Background

The Office of Management and Budget (OMB) has consolidated, in 2 CFR Part 200, the uniform grants administrative requirements, cost principles, and audit requirements for all organization types (state and local governments, non-profit and educational institutions, and hospitals) receiving federal awards. These requirements, known as the "Uniform Guidelines," are applicable to recipients and subrecipients of federal funds. The OMB Uniform Guidance has been codified by the Department of Health and Human Services (HHS) in 45 CFR Part 75, [Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS](#).

Impact: HRSA RWAP grant and cooperative agreement recipients and subrecipients should be thoroughly familiar with 45 CFR Part 75. Recipients are required to monitor the activities of its subrecipient to ensure the subaward is used for authorized purposes in compliance with applicable statute, regulations, policies, program requirements and the terms and conditions of the award. (see 45 CFR 55.75.551-552).

45 CFR Part 75, [Subpart E—Cost Principles](#) must be used in determining allowable costs that may be charged to a HRSA RWAP award. Costs must be necessary and reasonable to carry out approved project activities, allocable to the funded project, and allowable under the Cost Principles, or otherwise authorized by the RWAP statute. The treatment of costs must be consistent with recipient or subrecipient policies and procedures that apply uniformly to both federally-financed and other non-federally funded activities.

HRSA HAB has developed program policies that incorporate both HHS regulations

HIV/AIDS BUREAU POLICY 16-02

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The next common area for confusion is service categories. Now there is a service category called EHE Initiative Services and the funding is called EHE Initiative funding. All EHE Initiative funded services should not be reported as EHE Initiative Services unless they don't fit the definitions in PCN 16-02.

Common Areas of Confusion

- Applying reporting requirements to eligibility requirements
 - Federal poverty level (FPL) percent is required for four service categories in the RSR:
 - Outpatient ambulatory health services (OAHS)
 - Medical case management (MCM)
 - Non-medical case management (CM) and;
 - EHE Initiative Services
 - This does not mean that FPL percent is required as part of eligibility determination if these services are EHE Initiative funded
 - Report data if available but there is no FPL eligibility criteria for EHE Initiative Services
 - Add a validation comment that explains why the data are missing.



A newer issue that we've heard about is recipients applying reporting requirements to eligibility requirements. What do I mean by that? Well for the RSR, the data elements that are required to be reported are based on the services that the client receives. There are four service categories that require federal poverty level percent – OAHS, MCM, CM and EHE initiative services. The confusion comes when recipients are using EHE Initiative funding for these four service categories. While you should report the data if you have it, you should not be including FPL percent as an eligibility requirement for EHE initiative services. FPL percent may be gathered at a later time for clients receiving EHE initiative funded services (say when their eligibility for RWHAP services is determined) and then providers can report it with the data.

HAB understands that there may be more missing FPL data if EHE Initiative funding is used for these four service categories. Just report what you have and when you have to write a validation comment, explain why the data are missing.

Common Areas of Confusion

- More than one RSR Provider Report and EHE Triannual Provider Report if funding is received from more than one recipient
 - One RSR Provider Report and one EHE Triannual Provider Report regardless of the number of EHE initiative and RWHAP recipients from which the provider receives funding

Funding		Reports	
EHE Initiative	RWHAP Parts A D	EHE Triannual Provider Report	RSR Provider Report
X		1	1
X	X - Part A and Part B	1	1
X - From 2 different EHE recipients		1	1

- However, your approach to completing the reports may differ.

Now on to the final areas of confusion. First, providers will only ever have to do one RSR Provider Report and one EHE Triannual Provider Report. It doesn't matter if they receive only EHE Initiative funding, EHE initiative and other RWHAP funding or EHE Initiative funding from more than one recipient. It's always the same.

However, your approach to completing the reports may differ. What do I mean?

Reviewing the RSR and EHE Triannual Provider Reports

- Provider receives HRSA HAB EHE initiative funding from one recipient and no RWHAP funding
 - Collaboration not needed
- Provider receives HRSA HAB EHE initiative funding and RWHAP funding
 - It's no different than how you would review a report for a multiply-funded provider
 - That's because the report includes all eligible clients who received services for which the agency received EHE Initiative or RWHAP funding

If a provider only receives HRSA HAB EHE funding from one recipient and no RWHAP funding, the review is pretty straightforward. That's because the recipient would be familiar with the data expected in the reports. However, if a provider receives HRSA HAB EHE Initiative Funding and also receives RWHAP funding, it is different. That's because the reports include more than just HRSA HAB EHE Initiative Funding. It may also include RWHAP funding from your organization (because Part A and B recipients also get EHE funding) or RWHAP funding from another organization. Remember the report includes all eligible clients who received services for which the agency received EHE Initiative or RWHAP funding. You may only be familiar with some of the information in the report. That means you may need to collaborate with your RWHAP counterpart in your organization to review the reports.

Creating the files for the RSR and EHE Triannual Provider Reports

- If all of the data is in one RSR-ready data system, you're all set!
- If your data are in more than one RSR-ready data system, it's not as straightforward
- Options for the EHE Triannual Provider Report
 - Run the counts from your primary data system
 - Contact DISQ if you're not sure or need help

Providers have a different challenge. Providers have to be sure that all of the data that is required (for both EHE Initiative and RWHAP funding) is included. Similar to recipients, if a provider only receives HRSA EHE Initiative funding from one recipient, it's likely that the required data is in one system so it is pretty straightforward to submit.

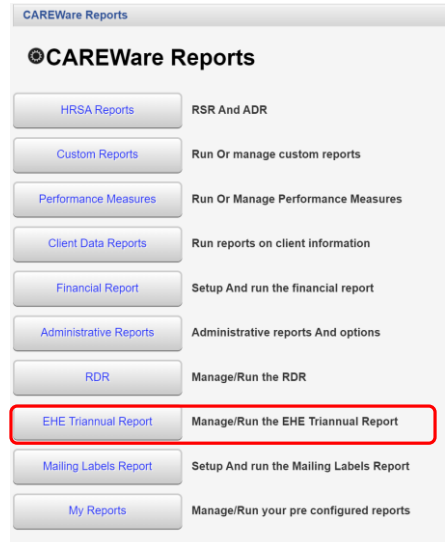
Where it gets more complicated is if providers also receive RWHAP funding or other HRSA HAB EHE Initiative funding. We know it is common that recipients require that their providers use a specific data system, so the likelihood is that if you receive funding from more than one recipient, you probably have data in more than one RSR-ready system.

For the RSR, you can upload more than one XML file so if you have data in more than one RSR-ready system, you can upload more than one file and the system will merge the data. However, you can't do that for the EHE Triannual Provider Report. You also can't just add the aggregate numbers together across the different data systems.

So what are your options? Well if you have all of your data in one system that isn't RSR-ready, you can run the data from that data system and enter the combined aggregate numbers in the report. You can also contact the DISQ team and we can talk through your processes and come up with a submission game plan with you.

Data System Reminder

- Many of the RSR-ready systems have created reports for the EHE Triannual Provider Report
- Report includes EHE initiative Funded and other RWHAP funded services
 - Use for reporting but not programmatic monitoring



One more note. Many of the RSR-ready systems have created reports for the EHE Triannual Provider Report Report includes EHE initiative Funded and other RWHAP funded services.

For those of you who are CAREWare users, there is a report in CAREWare that will create the data needed for the EHE Triannual Provider Report. It's important to remember that the report includes both eligible clients who received EHE Initiative or RHWAP-funded services. It's a great report for the EHE Triannual Provider Report, but it isn't a great report for recipients to use for monitoring their subrecipients' EHE funded activities.

Today's Topics

Overview

Reporting Requirements for EHE Recipients

Reporting Requirements for EHE Providers

Common Areas of Confusion

Resources

Q&A

Now let's review some resources.

Check out webinars for each report

Agency Type	Webinar	Focus	Date
Recipients	Completing the EHE Triannual Recipient Report	EHE	8/30/2023 (recording)
	How To Complete the Recipient Report Using GCMS	RSR	11/8/2023
Providers	Completing the EHE Triannual Provider Report	EHE	9/6/2023 (recording)
	Completing the RSR Provider Report	RSR	TBD (Spring 2024)

The links that you're seeing here on this slide are for past and upcoming webinars that you can review to walk through each of the reports I've talked about today. The first two are for recipients, and the last two are for providers. These webinars give you a detailed review of exactly how to do each of these.

Resources

- [2023 GCMS Instruction Manual](#)
- [2022 RSR Instruction Manual](#)
- [2023 EHE Triannual Report Instruction Manual](#)
- [EHE In Focus: Data Reporting Requirements for EHE-Funded Providers](#)
- [Sign up for the DISQ Listserv](#)

DISQ
Data Reporting Requirements for EHE-Funded Providers

In 2019, the Health Resources and Services Administration HIV/AIDS Bureau (HRSA HAB) awarded the first Ending the HIV Epidemic (EHE) Initiative funding through the Ryan White HIV/AIDS Program (RWHP). Some 39 metropolitan areas (RWHP Part A) and eight states (RWHP Part B) received EHE Initiative funds to implement strategies, interventions, approaches, and core medical and support services to reduce new HIV infections in the U.S. All recipients and providers that receive EHE Initiative funding are required to complete specific data reporting requirements.

Data Reporting Requirements for EHE-Funded Providers

There are three types of providers as shown in the graphic below: those that receive only RWHP Part A, B, C and/or D funding, those that receive only EHE Initiative funding, and those that receive both. Providers that receive only RWHP Part A-D funding only complete the RWHP Services Report (RSR); all other providers must complete two reports: the RSR and the EHE Triannual Provider Report.

If you receive the following funding:	You must complete the following reports:	
	RSR	EHE Triannual Provider Report
Only RWHP Part A, B, C, and/or D funding	✓	
Only EHE Initiative funding		✓
Both RWHP Part A, B, C, and/or D and EHE Initiative funding	✓	✓

EHE Triannual Provider Report

The EHE Triannual Provider Report is submitted **three times a year** by EHE Initiative-funded providers. Providers should report **aggregate data on clients with HIV that received a direct service during the reporting period**, regardless of payer or RWHP eligibility. On the EHE Triannual Provider Report, providers should include services for which they received funding from one or more of the following sources:

1. EHE Initiative funding (including carryover)
2. RWHP funding (Part A, B, C, and/or D)
3. RWHP-related funding (program income or governmental revenue)

* <https://www.hrsa.gov/about/program-information/awards/2019/white-to-end-the-epidemic>

This report is prepared by CAI and their partner, the Association of Public Health Agencies (APHA), in partnership with the Health Resources and Services Administration (HRSA). All content is solely the responsibility of the authors and does not represent the official views of the HRSA Bureau.

A project of CAI in partnership with ABT and Mission

There are also a lot of TA materials on TargetHIV. You can find this list on the handout that Isia chatted out at the beginning of the webinar. There’s an instruction manual for GCMS as well as for both the RSR and the EHE Triannual Report. We’ve also created an EHE in Focus document that outlines reporting requirements for EHE-funded providers. Finally, don’t forget to sign up for the DISQ listserv. We have both an RSR and EHE listserv you can join!

Now on to one more poll before we finish. Isia, will you please launch the poll?

Poll #6



Which of the following best describes your current TA needs for meeting reporting requirements for EHE recipients and providers?

- I'm good but thanks for asking
- I might need assistance but will let you know
- I definitely need assistance so please reach out

Technical Assistance Resources

- The DISQ Team:
 - Data.TA@caiglobal.org
 - [Sign up for the DISQ listserv](#)
 - [Submit a DISQ TA request](#)
- Ryan White HIV/AIDS Program Data Support:
 - RyanWhiteDataSupport@wrma.com
 - 888-640-9356
- EHBs Customer Support Center:
 - 877-464-4772
 - [Submit an EHBs TA Request](#)
- CAREWare Help Desk:
 - cwhelp@jprog.com
 - 877-294-3571
 - [Join the CAREWare listserv](#)

Before we finish up, I'd like to review the available technical assistance. The DISQ Team addresses questions for those needing significant assistance to meet data reporting requirements. DISQ also deals with data quality issues, as well as providing TA on TRAX and support in creating documentation.

Data Support addresses RSR-related content and submission questions. Topics include: Interpretation of the Instruction Manual and HAB's reporting requirements; Allowable responses to data elements; Policy questions related to the data reporting requirements; and Data-related validation questions.


The EHBs Customer Support Center addresses software-related questions. Topics include: Electronic Handbook (EHB navigation, registration, access and permissions and Performance Report submission statuses.

Finally, the CAREWare help desk is your best resource for any TA requests related to CAREWare. We encourage you to register for the listserv to join the conversation with other CAREWare users across the country. Most importantly, there is no wrong door for TA – if you're not sure who to contact, we're happy to refer you to where you need to go!

Connect with HRSA

To learn more about our agency,
visit

www.HRSA.gov

 Sign up for the HRSA eNews

FOLLOW US:    

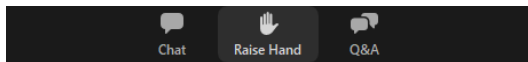
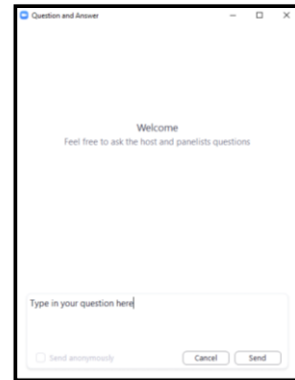
Finally, to connect with and find out more about HRSA, check out HRSA.gov.

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.



And now 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 webinar. We really appreciate your feedback, and use this information to plan future webinars. My 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” button on your control panel on the bottom of your screen. You can also ask questions directly “live.” You can do this by clicking the “raise hand” button, which is also on your control panel. If you raise your hand, we'll be able to allow you to unmute and ask your question. 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 via email to follow up. Sometimes we need to do some follow-up before providing you with a final answer, so stay tuned for the written Q&A as well for answers to all of your questions.