

Creating the RSR Client-Level Data File

Ryan White HIV/AIDS Program Services Report (RSR)

HIV/AIDS Bureau

January 24, 2024



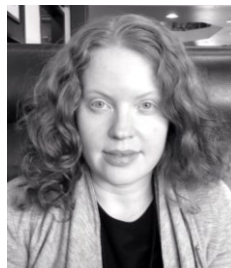
Welcome to today's Webinar. Thank you so much for joining us today!

My name is Margaret Vaaler. I'm a member of the DISQ Team, one of several groups engaged by the HIV/AIDS Bureau or HAB to provide training and technical assistance to recipients and providers for the Ryan White HIV/AIDS Program Services Report or RSR.

Today's Webinar is Presented by:



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Today's Webinar is presented by Hunter Robertson from the DISQ Team. Hunter will be walking you through strategies for creating the RSR client-level data file. This is intended for folks who are doing the RSR for the first time as well as a refresher for those who have done it before.

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 the settings bar on the bottom of the screen. All questions will be addressed at the end of the webinar in our live Q&A portion. During that time, you will also be able to ask questions live if you'd like to unmute yourself and chat with us directly.

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

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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.

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Agenda

Overview of Requirements

RSR-Ready Systems

Your Own Export Function

TRAX

Questions

Thanks, Margaret! Welcome everyone. Today's presentation is about creating the RSR client-level data file. I'll start the presentation with a brief overview of what's required in the client-level data XML file. I'll then discuss the three strategies available to create the XML: an RSR-Ready System, TRAX, and developing your own export function. Finally, we'll take your questions in the live Q&A portion at the end of the webinar.

RSR Client-Level Data File

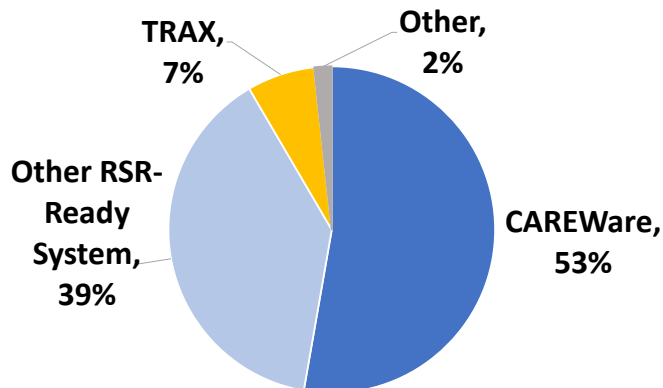
- Providers must report client-level data for all eligible clients who received a service for which the provider received RWHAP, RWHAP-related, or EHE initiative funding
 - Demographic information
 - Services the client received
 - Clinical information
- Must be uploaded in specific XML format
- Check out DISQ's training module, "[Introduction to the RSR](#)" if you are new or need a refresher.

For the RSR Client-level data file, providers must report de-identified client-level demographic, service, and clinical data for services which the provider received RWHAP, RWHAP-related, or EHE initiative funding.

You must also upload these data in a specific XML format. Much of what we will discuss today is about how your agency gets the file into the XML format.

If you or members of your team are new, check out DISQ's interactive module to orient staff new to the Ryan White HIV/AIDS Program (RWHAP) and/or the Ryan White HIV/AIDS Program Services Report (RSR). It will provide an overview of data management strategies, RSR reporting requirements, and steps for submission.

Systems Used to Create the Client-level Data XML File in 2022



As I mentioned, there are three main strategies for creating your client-level data file. The first is to use an RSR-Ready System. These are data management systems that create the XML file for you. As you can see on this pie chart, most provider files created in 2022 were created with one of these systems. CAREWare is the most used RSR-Ready System.

About 2% of files were created by providers that developed their own file generation functions and 7% of files in 2022 were created by TRAX. This was about the same as what we saw with the 2021 RSR.

Poll #1



Before I talk about each of these strategies in more depth, I wanted to check in with everyone on the call about how your agency creates the RSR client-level data file. Isia, can you please launch the poll?

Which of the following best describes your agency's strategy to create the client-level data file?

- CAREWare
- Another RSR-Ready System
- TRAX
- Own export function
- Multiple
- I'm not sure



RSR-Ready Systems

Now, let's talk more about RSR-Ready Systems.

RSR-Ready Systems

System	Sponsored by				EHR
	HRSA HAB	Part A Recipient	Part B Recipient	Independent	
AIRS			•		
ARIES			•		
Azara				•	
CAREWare	•				
Casewatch Millennium		•			
CHAMP		•			
COHEART			•		
CPCDMS		•			
eClinical Works				•	•
eCOMPAS				•	
Epic				•	•
eSHARE		•			
NextGen				•	•
Provide Enterprise				•	
SCOUT			•		
Take Charge Texas			•		

[RSR-Ready System Vendor Information on TargetHIV](#)

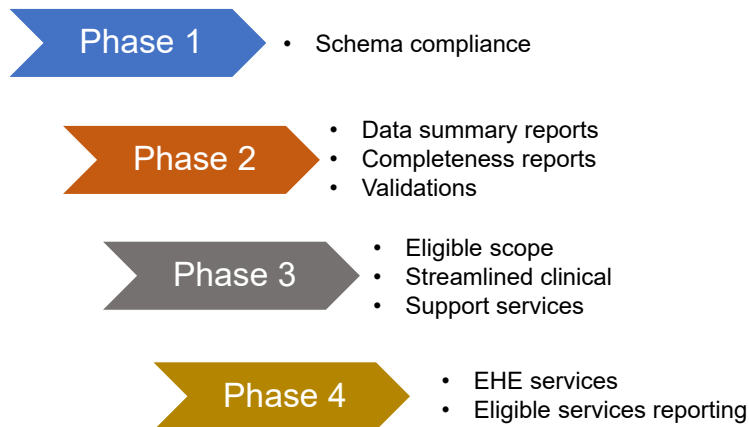
The graphic on the screen lists all the systems that are RSR-Ready. This information can be found on TargetHIV. If you use one of these systems, the process for creating the RSR should be relatively straightforward, with minimal or one-time only data mapping and manipulation. RSR-Ready Systems are great because the logic for clients, services, and demographics are already built into the system. This table also shows who sponsored the creation of each system.

HAB provides CAREWare free of charge. As you can see, many of these software systems were developed by Part A or B recipients to manage their provider contracts.

Other RSR-Ready Systems are products of independent software vendors that offer their services for a fee. Most are HIV care management systems and just three are full electronic health records or EHRs. EHRs are often customizable, so getting one to become RSR-Ready is a challenge because it's difficult to create a single report for all users that would include the right data.

If your agency has changed data systems or if you are new to the RSR, please let us know by putting a message in the chat. We'd like to reach out to you after the webinar.

What Does it Mean to Be “RSR-Ready”?



In order to be RSR-Ready, systems must be able to create files that continue to be compliant with the XML schema, meaning they are in the correct structure.

As the RSR has matured, we have worked with the systems to build internal data quality reports to mirror those available in the RSR Web System so providers can check their data throughout the year.

With the 2014 change in schema and the onset of eligible scope reporting for 2015, HAB created a more extensive testing process that involved both schema compliance and data validity.

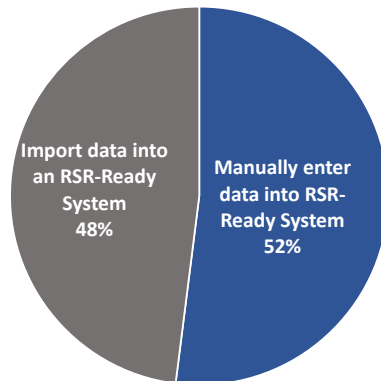
In recent years, we have continued to work with systems, so they are aware of the reporting requirements and can adjust. Most recently, we’ve been providing guidance on how to incorporate services funded through program income or pharmaceutical rebates, known as Eligible Services Reporting, and funding received through the Ending the HIV Epidemic or EHE initiative.

EHR and RSR-Ready Systems Users

- Many of you use an electronic health record (EHR) or another data system and an RSR-Ready System
- Data across systems are shared through
 - Manual data entry
 - Electronic imports

Most RSR-Ready System users also use an electronic health record (EHR) or another data system. The EHR or other system is really the source system where providers document and coordinate care. They move data into the RSR-Ready System through manual entry or electronic imports.

Most Providers Manually Enter Data



The data in the pie chart comes from the most recent Needs Assessment DISQ conducted with providers. As has been the case for the last few years, manual data entry continues to be the most common method for moving data from an EHR into a second system, as represented by the blue area.

However, the share of providers doing manual entry has declined somewhat over time. Some of the providers indicated the reasons that they enter data manually is because they don't have the capacity to build an electronic import, they feel that manual entry leads to more accurate and complete data, or simply don't have enough clients to warrant the import. All of these are important and valid considerations. It's important to choose a path that works for your agency and that best helps you to present the most accurate picture of the great work you do.

Electronic Imports

- Could help you save time and have more accurate and complete data
- They take time and resources to set up properly
- Must be monitored carefully
- If you don't maintain your imports, your data can be inaccurate!
- Spot checking your data can also be helpful
- Contact DISQ for help with CAREWare or other RSR-Ready Systems

Setting up an electronic import could save time and improve data completeness. However, they take time and resources to set-up properly.

Additionally, import processes must be monitored carefully and updated to reflect new service and medication codes. If you don't maintain your imports, data can become inaccurate.

One strategy a provider implemented was to have a member of their clinical team check the medication list annually so its up to date with the latest medications. Another strategy is to spot check your imports to compare what's in your EHR and what is in the RSR system and make sure there aren't discrepancies.

If you are interested in exploring if an import would be right for your agency, contact the DISQ team or your vendor.

Find the Svstems on the TargetHIV

System name and build number	RSR-Ready System Version #	Providers in 2022	Contact	Info on the RSR	2023 Version Release Timeline
	AIRS (9.0.44)	48	Ron Massaroni 212-417-4469	RSR Data Quality Reports	November 2023
	ARIES CA (Version 8.0.0.0 (R45))	127	CA ARIES Help Desk	Contact the CA ARIES Help Desk	January 2024
	Azara	--	Todd Schlesinger	Contact System Representative	October 2023

[RSR-Ready Data Systems Webpage Link](#)

Earlier, I showed a table with a list of all the available RSR-Ready Systems. The link on the page will take you to TargetHIV where this information is found. This information might be helpful if you want more information about your current system or if your agency is thinking about selecting a new system. TargetHIV will give the name of the system, the number of providers that used it for the last year's RSR, contact information for the system vendor, information on using the system for the RSR, and the timeline for releasing the new version to complete the RSR.

Make Sure You... (RSR-Ready System)

- Use the latest build: [RSR-Ready Data Systems Webpage Link](#)
- Enter all required data: [RSR Instruction Manual](#)
- Run the available data quality reports after creating your file
- Check the validation report and the Upload Completeness report
- Obtain or develop a crosswalk that maps data system fields to RSR data elements

If you use an RSR-Ready System, there are a few things that will help you feel more comfortable with your data and what you're reporting to HAB. First, make sure you are using the latest build of the system. You can check that on the RSR-Ready Data Systems page we just spoke about or reaching out to your vendor directly.

Second, make sure you are entering all required data – a few slides ago we looked Appendix A in the RSR Instruction Manual which lists all of the required client-level data elements for RWHAP Services.

Third, run the available data quality reports in the system – these reports can help you assess the quality of data before its time to submit the RSR. If your system does not have them, you can use the validation report and the Upload Completeness report to check the quality of your data before submission.

Finally, make sure you have a crosswalk that maps your system data elements to RSR data elements so you can know where to input and correct your data.

Example Crosswalk (CAREWare)

Field ID	Field Name	Coding	Location in CAREWare
SV4	Unique client ID (eUCI)-Encrypted	Encrypted using hash function	Auto-calculated by CAREWare from first and last name, date of birth, and gender of each client
4	Client's year of birth	YYYY	Demographic tab from the Date of Birth of Client
5	What is the client's ethnicity?	Hispanic/Latino Non-Hispanic/Latino	Demographics tab
68	Hispanic Subgroups (Select one or more)	<ul style="list-style-type: none"> • Mexican, Mexican American, Chicano/a • Puerto Rican • Cuban • Other Hispanic, Latino/a or Spanish origin 	Demographics tab Activated if Hispanic ethnicity is true.

RSR data element

Where it lives in CAREWare

As you can see, the crosswalk will identify the responses that are required for the RSR client-level data, as well as where that information is housed in the system. These crosswalks will help you become familiar with where your RSR data is coming from.

If you use a system other than CAREWare, contact your vendor to receive your system's crosswalk.

Create an RSR Crosswalk

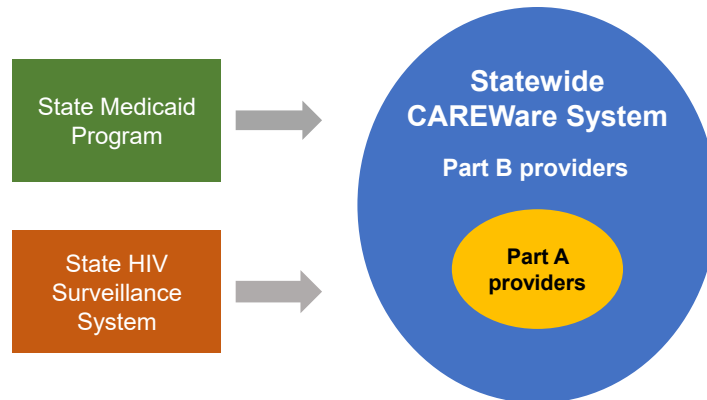
Ryan White Services Report (RSR) Crosswalk

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 6. Deceased 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 2. Non-Hispanic/Latino(a), or Spanish origin			
68	Hispanic Subgroup	If Ethnicity = Hispanic/Latino(a),	1. Mexican, Mexican American, Chicano/a			

[Ryan White Services Report \(RSR\) Crosswalk](#)

Here is an example that you can download from the TargetHIV website. This version template has fields you would complete to match your set-up.

Using an RSR-Ready System: Best Practice



Before we move on to our next topic, I want to present a common scenario for an RSR-Ready System user. In this example, there is a statewide networked CAREWare system that links all Part B and Part A providers. The system is also linked to Surveillance and Medicaid data, so providers see a complete client record with all the client's service and clinical data regardless of where the care was received. This is a great use of the RSR system because you can integrate data from multiple sources.

Using an RSR-Ready System: Best Practices

- Data entry:
 - Larger providers import data from their EHRs with recipient support
 - Smaller providers manually enter data
- Recipient monitors data quality monthly
- Recipient gives provider feedback on data quality well before the submission period
- Providers generate and upload their own XML files

In this example, some medical providers worked with the state to develop imports into CAREWare from their EHRs. Other providers that don't have the capacity to maintain those imports do manual data entry. Some providers importing from their EHRs and others not doing so makes sense because the agencies have different numbers of clients, infrastructure for data entry or setting up and maintaining data imports and different EHRs.

The Part B recipient monitors data quality on a monthly basis, letting providers know what data elements are missing. This is a best practice because feedback is provided regularly and is integrated into normal operations. Checking data quality monthly or every other month will likely make corrections less cumbersome than if you are only checking data quality when the RSR is due.

Providers are still responsible for creating the client-level data from CAREWare and uploading it to the RSR Web System. This is HAB's preferred approach because it helps providers take ownership of the quality of their data.



Your Own Export Function

Some providers build their own export function, which is our second strategy.

Your Own XML Export Function

- Requires the most programming expertise
- [Follow the XML schema](#)
- [Use the eUCI Application](#)



This is the most resource-intensive option for creating your XML and requires the most expertise. Typically, it's the Part A and B recipients that adopt this approach.

For creating your own XML export function, make sure you follow the requirements defined by the XML schema and use the eUCI Application, which creates and encrypts the UCI from data elements in your system. You can download the resources on this slide from TargetHIV.

Check Your XML

- Feature in the RSR Web System that allows you to check:
 - Your file for schema compliance
 - The quality of your data
- Same as the upload except:
 - NOT tied to Recipient or Provider Reports
 - Does not include all validations
 - You still need to upload into the Provider Report
 - Data are deleted after 30 days



You can check that your file is compliant with the system schema any time of the year with a feature called Check your XML.

The Check Your XML feature has two main purposes: first, it allows you to check that your file is compliant with the system schema meaning is your file in the right format. Once your file passes the schema checks, the other purpose of Check Your XML is to check the quality of your data before prime time RSR season. The Check Your XML feature includes the same client-level reports that are in the Provider Report – namely, the Validation and the Upload Completeness Reports – but there are a few critical differences. The Check Your XML is NOT tied to the RSR Recipient or Provider Reports, so it does not include validations that cross-reference between these reports and your client-level data. For example, the Check Your XML can tell you if you uploaded clients with Outpatient/Ambulatory Health Services (OAHS) with missing viral load data, but it cannot tell if your agency was funded for OAHS. Also, data uploaded into the Check Your XML are deleted after 30 days. This means that uploading into Check Your XML is not the same thing as completing the RSR Provider Report and you will still need to upload data into the RSR Provider Report.



TRAX

The third strategy to generate your client-level data file is TRAX.

TRAX

- HAB-sponsored tool that converts structured data into the XML file
- Why use TRAX?
 - You don't have an RSR ready system
 - You don't want to take on the task of creating your own XML file
 - You use an EHR or another data system that is not RSR-Ready
 - You supplement your RSR-Ready file with data not in that system

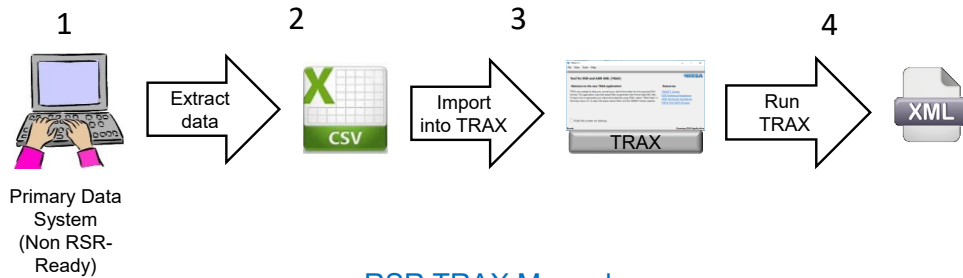
TRAX is a free tool developed by HAB. TRAX accepts data into a structured format, a .CSV file, and converts it to the XML file.

There are a few reasons why you might use TRAX:

You might not have an RSR ready-system and you don't want to take on the task of creating your own XML file .

You also might use TRAX because you have an EHR or another data system that is not RSR-Ready. Another reason is that you might have clients and services funded by one Part of your funding in a centralized RSR-ready system but need to create a supplemental file for clients and services funded by another Part.

TRAX Process



[RSR TRAX Manual](#)

Here is a simplified version of the TRAX process. First, data is entered into your non-RSR ready primary data system as usual. When you are ready to create the XML file, you extract the RSR client-level data from that system. Then you will format those data into twelve .CSV files. In step 3, you import these files into TRAX. Finally, in Step 4, you run TRAX to generate the XML file.

Most TRAX users extract data from primary data system, like an EHR, although some small providers collect data in Excel or Access and convert the data into the .CSVs.

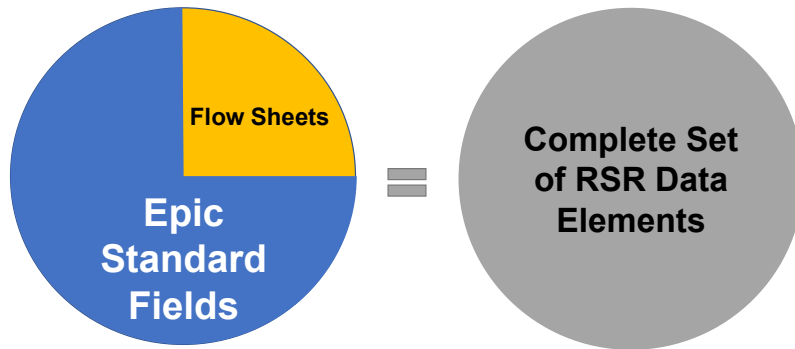
TRAX is an easy to install, self-updating application. As I said before, this diagram is simplified. The link on the screen will take you to the download package and manual on TargetHIV. The hardest part by far is getting data out of your system and into those 12 .CSV files, which is the second step.

Make Sure You... (TRAX Process)

- Get your IT staff on board **as soon as possible**
- Have all required fields within your system
 - Map current fields to RSR data elements
 - Create new fields
- Check out our recent [TRAX webinar](#)

If this is your first submission using TRAX, there are things you should be doing to get ready. One of the most important things you can do is to get your IT staff on board as soon as possible. Your IT folks will do the work of getting the data out of your EHR and formatted correctly. This work will involve mapping data elements you are already collecting to those in the RSR. It's possible that you aren't collecting all the RSR data elements. If that's the case, then you'll need to add the fields into your data collection process. My colleagues recently did a webinar about TRAX, so check out the recording at the link on the screen. That webinar also had a live demo of the system.

Using TRAX: Best Practice from the Field



Here's an example from the field. A medical provider uses Epic as their EHR. Because the EHR does not capture all required data elements, the provider's IT staff created flow sheets which help to create a complete set of RSR data elements. Even if they aren't called "flowsheets" Other data systems likely have customizations to create fields for collecting these data elements.

Using TRAX: Best Practice from the Field

- Clinicians must be trained and monitored on correct use of flow sheets
- Data monitored monthly to check for missing items
- Reports identify missing data elements

Clinicians must be trained and monitored on how to use the flow sheets to ensure the data can be extracted.

Monitoring data regularly and making corrections as needed will take care of issues before they turn into large problems.

Providers can write data quality reports within their EHR or other data system to identify clients with missing or inaccurate data.

You Can Use Multiple Strategies

RSR CLD Import Merging Rules



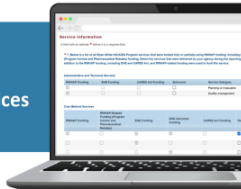
Data Element	Merge Rules for this Data Element
Gender (Item 7)	<ul style="list-style-type: none">• Merge by method: If the value reported for a client in the new file does not match the value saved in the client's record, the system will not add the new response. A value of "incongruent" will be saved for the client. To clear the incongruent value all of the client-level data must be cleared from the Provider Report and new XML files must be uploaded.
Income – Percent of Federal Poverty Level (Item 9)	<ul style="list-style-type: none">• Merge by method:<ul style="list-style-type: none">○ Keep the lesser value
Housing Status (Item 10)	<ul style="list-style-type: none">• Merge by Priority:<ul style="list-style-type: none">○ Unstable (1)○ Temporary (2)○ Stable/permanent (3)
Housing Status Collected Date (Item 11)	<ul style="list-style-type: none">• Merge by method:<ul style="list-style-type: none">○ Keep the latest Housing Status Collected Date.

You can also submit multiple files, such as the one generated from your RSR-Ready System and one from your other, non RSR-Ready system. You can use TRAX to create the file from the non RSR-Ready System.

Once you've uploaded the files to HAB, HAB will merge client records in these files based on the eUCI. If this is your approach, make sure to check out the merge rules on TARGET. You'll want to know when and why data are overwritten or appended. For example, if a file has different values for the Federal Poverty Level, the system will merge by keeping the lesser value.

Key Documents

Ryan White
HIV/AIDS
Program Services
Report (RSR)



Instruction Manual 2023
Release Date: October 20, 2023

[RSR Instruction Manual](#)

Ryan White Services Report (RSR)
Web Application

Data Dictionary and XML Schema Implementation Guide
Version 3.9
August 27, 2020

Submitted by
HRSA
Health Resources and Services Administration
Office of Information Technology
5600 Fishers Lane
Rockville, MD 20857

[RSR Data Dictionary](#)

We've discussed the options to create your XML file, let's take a closer look at what an XML is and the process for uploading your data.

These 2 key documents will guide you in completing your RSR and getting your client-level data ready for upload. On the left is the RSR Instruction Manual, which gives detailed information about the reporting requirements and RSR data elements. The 2023 RSR Instruction Manual was recently uploaded to TargetHIV, so be sure to visit and download it if you have not done so already.

On the right is the RSR Data Dictionary and Schema Implementation Guide, which provides the assigned codes for the data elements and response options. Together, these documents demonstrate how to complete your report.

Key Documents cont.

52: Client prescribed ART

XML Variable Name:
PrescribedArtID

Required for HIV-positive clients with service visits in the following categories:
Outpatient/Ambulatory Health Services

Description:
ART is antiretroviral therapy, the daily use of a combination of HIV medicines to treat HIV. Report "Yes" if the client began or was continuing on ART during the reporting period. Report "No" if the client was not prescribed ART during the reporting period.

- Yes
- No

For additional information about ART, see [ART Clinical Information](#).

3.6.5 PrescribedArtID

Field	Description
Reference ID	52
Element Name	PrescribedArtID
Parent Element	ClientReport
Definition	Value indicating whether the client was prescribed ART at any time during this reporting period.
Required	OA
Occurrence	0-1 per required client
Allowed Values	1 = Yes 8 = No The allowed values below for PrescribedArtID have been removed: 3 = No, not ready (as determined by clinician) 4 = No, client refused 5 = No, intolerance, side-effect, toxicity 6 = No, ART payment assistance unavailable 7 = No, other reason
Schema	<PrescribedArtID>1</ PrescribedArtID>

[RSR Instruction Manual](#)

[RSR Data Dictionary](#)

Here is an example of the kind of guidance you can find in each document. The Instruction Manual is written to help program administrators and staff understand conceptually what is expected in the RSR, while the Data Dictionary provides technical staff with guidance to ensure that data are properly formatted and submitted according to the published schema specifications. If you have an RSR ready system, you might not need to use the Data Dictionary.

Policy Clarification Notice (PCN) #16-02

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 (RWHAP) 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 statute and defines individuals who are eligible to receive these HRSA RWHAP 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

[Policy Notices on HRSA.gov](http://www.hrsa.gov/policy-notices)

Another resource is the Policy Clarification Notice (PCN) #16-02 “Eligible Individuals and Allowable Uses of Funds” where RWHAP core medical and support service categories are listed and explained. You can find all the PCNs, including 16-02, on HRSA.gov. The link on the slide will take you there.

DISQ

Using Your Electronic Health Record (EHR) to Capture and Report RSR Data

Most Ryan White HIV/AIDS Program providers use electronic health record (EHR) systems to capture client demographic, health and service data. However, these systems don't always have features that make creating the Ryan White Services Report (RSR) easy. This memo has tips for making the most out of your EHR data for RSR reporting. Tips are related to three major steps.

Step 1: Collect RSR data in your EHR
Your EHR system should capture all required data elements

Step 2: Get data out of your EHR
You'll need to move EHR data to RSR data for extraction

Step 3: Move your data into a function that reports the RSR
Create a compliant file by importing your data into TRAX or an RSR-Ready System

Step 1: Collect RSR Data in Your EHR
The required RSR data elements must live within your EHR if you want to use the system for RSR reporting.

Challenge: This is not always the case. EHRs may not capture key support services, HIV-specific forces (e.g., risk factor) and clinical markers, or demographic characteristics that may be important social determinants of health. These data elements are not only essential for you to manage client health, but also required for the RSR.

Solution:

- Use the [RSR Instruction Manual](#), [Data Dictionary](#) and EHR screenshots or technical guidance to identify how your system captures RSR data. Create a data element [crosswalk](#) that maps your EHR data elements to the RSR data elements and responses.

Ryan White Services Report (RSR) Crosswalk

RSR		Your System	
ID	Variable	Value	Notes
		Demographics	
2	Vital Status	1:2 Alive 6: Deceased 7: Unknown	

This resource was prepared by CAI and their partners ABR Associates and Mission Analytics under Cooperative Agreement #494800018 from the Health Resources and Services Administration's HIV/AIDS RyanW. It contains and solely the responsibility of the authors and does not necessarily represent the official views of the HIV/AIDS Bureau.

A project of **CAI** in partnership with **ABR** and **Mission Analytics**

RSR In Focus on EHR Data

[Using Your Electronic Health Record \(EHR\) to Capture and Report RSR Data](#)

Additionally, the TARGETHIV website has short cheat sheets called “RSR in Focus,” which highlight different aspects of reporting. The In Focus on the screen is about using your EHR for capturing and reporting data for the RSR.

Uploading Your Data

- Data must be uploaded to the Provider Report and not the Check Your XML test system
- Providers of core medical or support services must upload a properly formatted client-level data XML file to their Provider Report
- It is HAB's preference that data are merged locally whenever possible but if you are not able to, then you may upload more than one file and the system will merge them based on the [RSR Merge Rules](#)



Agencies who provide core medical or support services must have client-level data included as part of their Provider Report submission.

You should use Check Your XML before the Provider Report opens. Check Your XML is a test system where you can check your data quality PRIOR to the opening of the RSR Provider Report. Data uploaded into the Check Your XML are automatically deleted and are not submitted to HAB.

Beginning Monday, February 5th, the RSR Provider Report system will be open, so you should upload your data into your Provider Report. At that point, you no longer need to use the Check Your XML system to check your file schema. We'll talk a bit about the Upload Completeness Report (UCR) in a few slides. The UCR is available in the Provider Report.

There are also instances where providers may have multiple files to upload. In that instance, the system will merge them based on the RSR Merge Rules. Please use the links provided on this slide for more information on the RSR Merge Rules.

Uploading Your File

- Completing the Provider Report: [Register](#) now for January 31 webinar!
- Schema errors
 - Help you identify problems with your XML
 - Must be resolved before you can upload
- Validation messages
 - Help you correct data that you have uploaded

For detailed instructions on how to upload your client-level data file, there is a webinar next week on January 31st on how to complete the RSR Provider Report. That webinar walks you step-by-step through completing the report, including the process for uploading your data file.

While we hope the RSR process is relatively painless, it is not uncommon to experience some hurdles in uploading your XML file and ensuring your data are accurate. The RSR system has built-in checks to help you. One type are schema checks, which make sure that the XML tags correspond to the requirements outlined in the Data Dictionary. These messages can be daunting at first, but once you're familiar with the language of the XML files, the messages will guide you to fix any issues you have in your file. If you see a schema message that you're unsure of, please contact the DISQ Team. We are happy to assist you in getting your file ready for upload, and we use your feedback to improve the system messages so that they best meet your needs.

Reviewing Your Data

2022 Annual RSR Upload Completeness Report

Organization Name: Health and Happiness Clinic

Organization Data: Health and Happiness Clinic

Summary Data

Population	2022		2021	
	N	%	N	%
Total clients submitted	150	100.0%	148	100.0%
Clients with at least one service of any kind	150	100.0%	148	100.0%
Clients with at least one Core Medical Service	150	100.0%	148	100.0%
Clients with at least one OAHS, MCM, CM, or Housing Service	150	100.0%	148	100.0%
HIV-positive clients with at least one OAHS Service	142	94.7%	140	94.6%

- Providers are strongly encouraged to review their data using the Upload Completeness Report (UCR)
- The UCR shows a full breakdown of your RSR data including number of clients and percentages for all response options
- The UCR will also display the breakdown of the prior year's data
- For further guidance, attend the upcoming [Reviewing Your Data at Upload: Tools in the RSR Web System](#) webinar and the [RSR UCR Bootcamp](#) webinar.

I want to take a quick moment to also highlight the Upload Completeness Report which is accessed through a link in the left-hand Navigation panel in the Provider Report. Providers are strongly encouraged to review this report in the system to help check their data quality.

One of the many nice features of the UCR is that it will show you the previous year's data in addition to the current year to help you compare your data across years and look for consistency.

I recommend checking out these upcoming webinars linked both on this slide and at the end of the webinar.

RSR System Opens Soon!

- Important dates:
 - **February 5:** RSR Recipient Report due date and the RSR Provider Report opens
 - **March 4:** Target date for submission of Provider Reports
 - **March 18:** Last day for recipients to return RSR Provider Reports and client-level data files to providers for changes or corrections
 - **March 25, 6:00pm ET:** Final RSR deadline!
- [Webinar series](#)

Hopefully, you feel more confident in selecting a method of preparing your data and preparing your data for upload. The RSR Recipient Report is due on February 5th, which is the same day the RSR Provider Report opens. So Providers, you'll soon be able to get into your report and upload your data.

HAB strongly encourages you to upload your client-level data and submit your Provider Report no later than March 4, 2024, to allow you and your recipients plenty of time to review your data prior before the deadline. March 18th is the last day for recipients to return RSR Provider Reports and client-level data files to providers for changes or corrections. The final deadline for the RSR is March 25, 2024. All reports must be in 'Submitted' status by 6pm ET on the 25th or they will be marked late by the system.

As I've mentioned throughout today's webinar, there is a full webinar series that we and our TA colleagues are hosting throughout the submission cycle, which will equip you with all the tools you need for a successful RSR submission. The link on the screen will take you to the schedule of webinars where you can register for future presentations or watch our previous broadcasts, download slides, and review Q&A's.

RWHAP Technical Assistance Resources

The [RWHAP TA Resources Brochure](#) features information on each RWHAP technical assistance provider, including:

- RWHAP reports they support
- Questions they frequently respond to
- Contact information

Ryan White HIV/AIDS Program TA Resources		
RWHAP Data Support Reports: RSR, ADR, AETC, EHE, HIVCAL, PIR/Acculturation Report, Expenditure Report, GCMS, and CDR The Ryan White Data Support team provides support for questions related to data report content and submission date validation, and integration of the instruction manuals and HRSA HIV reporting requirements. They can address such issues as:	<ul style="list-style-type: none"> I don't understand something in the instruction manual. I can't understand a reporting requirement. What is the allowable response for a given data element? I received a validation message (and I'm not sure how to fix it). What is my organization's relationship with our required (sub-reporting) provider? How do I manage contacts in the GCMS? What is my provider's registration code? What is my GUID code? How do I change my report's submission value? I need the report returned to me for changes. I don't understand a certain RWHAP service category and what activities are included in that category. 	 1-888-640-9356 Hours: 10am-6:30pm ET, M-F RyanWhiteDataSupport@rwma.com TargetHIV.org/DataSupport
Data Integration, Systems and Quality (DISQ) Team Reports: RSR, ADR, AETC, EHE, HIVCAL The DISQ Team aims to enhance the completeness, accuracy and consistency of RWHAP client-level data through capacity building, training and technical assistance (TA) to recipients and providers. They can address such issues as:	<ul style="list-style-type: none"> I'm a new user and I don't know where to start. I need help with my client-level data. What is the data reporting schema and how do I use it to report my data about an RHC site? How do I create an RHC site? How do I use TRACT? How do I integrate data from multiple sources? How do I use the upload completeness report? I need help addressing a data issue identified in my system-generated report. How do I check the quality of our data? I would like to improve my organization's process for collecting/managing/consolidating our data. Is there another organization that uses the same data system that I can talk to? 	 Data Integration, Systems & Quality TECHNICAL ASSISTANCE Data.TA@arglobal.org TargetHIV.org/DISQ
EHBs Customer Support Center Reports: RSR, ADR, AETC, EHE, HIVCAL, PIR/Acculturation Report, Expenditure Report, GCMS The EHBs Customer Support Center assists with registering, accessing, and managing the EHBs. They can address such issues as:	<ul style="list-style-type: none"> I can't log into the EHBs. I need help registering in the EHBs. I need to add/change who is allowed to complete the report. I need help finding my report in the EHBs. I have a web system error. 	 1-888-464-4772 Hours: 10am-6pm ET M-F EHBs.TA.Fam
CAREWare Help Desk Reports: RSR, ADR, EHE, HIVCAL The CAREWare help desk can assist with generating XML files from CAREWare. They can address such issues as:	<ul style="list-style-type: none"> I need help with CAREWare. How do I generate my complete XML file using CAREWare? How do I create a custom report in CAREWare? How do I import data from another system into CAREWare? 	 1-877-394-2871 Hours: 12:5pm ET (Mon-Fri) and 10:30-4:30pm ET (Tue-Thu) careware@rwma.com
Contact Your Project Officer They can address such issues as:	<ul style="list-style-type: none"> I have questions about my organization's RWHAP program. I need help with my progress report. I have a question about my grant funding. I can't find the report deadline. My organization is a recipient, and my provider is not submitting their data on time. My organization did not collect all the required data. What do I do? 	 HRSA Health Resources & Services Administration HRSA.EmploymentDirectory

While this can feel like a lot to do, there are several resources available to help you. Check out the [RWHAP TA Resources Brochure](#), which features information on each RWHAP technical assistance provider, including:

- RWHAP reports they support
- Questions they frequently respond to
- Contact information

You can find this resource on the TargetHIV website.

Most importantly, please don't forget that there is no wrong door for TA – if we can't assist you, we're happy to refer you to someone who can!



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visit

www.HRSA.gov



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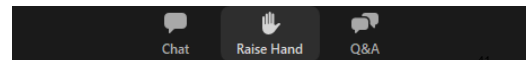
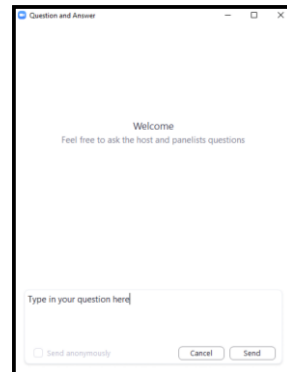
Finally, to connect with and find out more about HRSA, check out HRSA.gov.

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.



Before we go to the Q&A portion, 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 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 your questions.