

Ending the HIV Epidemic (EHE) Triannual Report

2020 Instruction Manual

Release Date: 10/2/2020

Public Burden Statement: The purpose of this data collection system is to collect aggregate data on the number of new and existing clients, and clients who have been out of care treated with EHE initiative funding. HAB will use these data to show the impact of the increased funding on reducing new HIV infections, identifying new HIV infections, engaging clients in care and treatment. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0906-0051 and it is valid until 04/30/2023. This information collection is mandatory (through increased Authority under the Public Health Service Act, Section 311(c) (42 USC 243(c)) and title XXVI (42 U.S.C. §§ 300ff-11 et seq.). Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

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U.S. Department of Health and Human Services
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Rockville, MD 20857



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Background

The Ryan White HIV/AIDS Program (RWHAP), codified in title XXVI of the Public Health Service Act, supports direct health care and support services for over half a million people with HIV—approximately half of all people with diagnosed HIV in the United States. The RWHAP funds and coordinates with cities, states, and local community-based organizations to deliver efficient and effective HIV care, treatment, and support services for low-income people with HIV.

During the 2019 State of the Union address, the President announced the new ["Ending the HIV Epidemic: A Plan for America."](#) This is a 10-year initiative beginning in Fiscal Year (FY) 2020 to achieve the important goal of reducing new HIV infections to less than 3,000 per year by 2030. Reducing new infections to this level would essentially mean that HIV transmissions would be rare and meet the definition of ending the epidemic.

As part of this initiative, on February 26, 2020, the U.S. Department of Health and Human Services (HHS) awarded approximately \$63 million to 60 RWHAP recipients to link people with HIV who are either newly diagnosed, or are diagnosed but currently not in care, to essential HIV care and treatment and support services, as well as to provide workforce training and technical assistance.

To support federal requirements to monitor and report on funds distributed through the Ending the HIV Epidemic (EHE) initiative, the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) created a new data reporting module, the EHE Triannual Report. Service providers who receive EHE initiative funding will report aggregate information on the number of clients receiving specific services and the number of clients who were prescribed antiretroviral medications in the four-month reporting period. The information collected in the EHE Triannual Report will complement the annual information collected through the RWHAP Services Report (RSR) and other reporting mechanisms and support HRSA HAB in its ability to monitor EHE initiative activities and assess progress toward meeting national goals for ending the HIV epidemic.

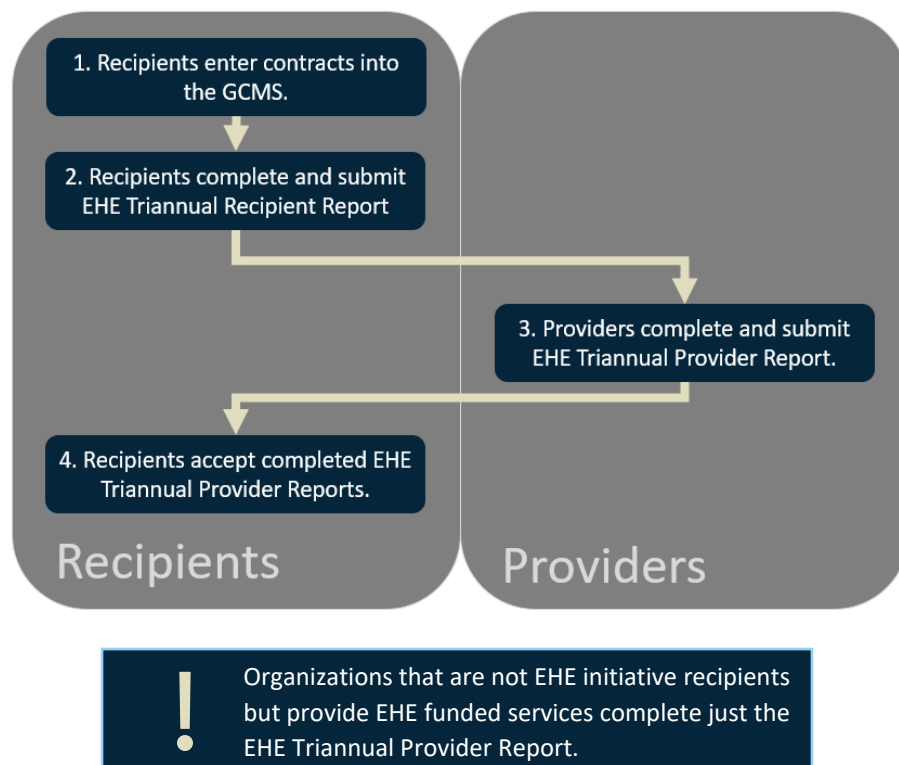
EHE Triannual Report Process Overview

The EHE Triannual Report is an aggregate data report submitted three times a year by EHE initiative recipients and providers of services. Organizations familiar with the RSR reporting process will find the EHE Triannual Report to follow a similar set of steps.

EHE initiative recipients will begin by entering contracts for their EHE funding into the Grantee Contract Management System (GCMS). These contracts will then populate in recipients' EHE Triannual Recipient Reports. The information in the EHE Triannual Recipient Report will then be used to generate an EHE Triannual Provider Report for each provider of services. Providers (including recipient-providers, subrecipients, and second-level providers) will submit their aggregate data in their EHE Triannual Provider Report. The EHE Triannual Provider Report must then be accepted by the recipient(s) before finally advancing to "Submitted" status.

For a visual representation of the EHE Triannual Report process, see Figure 1 below.

Figure 1. EHE Triannual Report Process



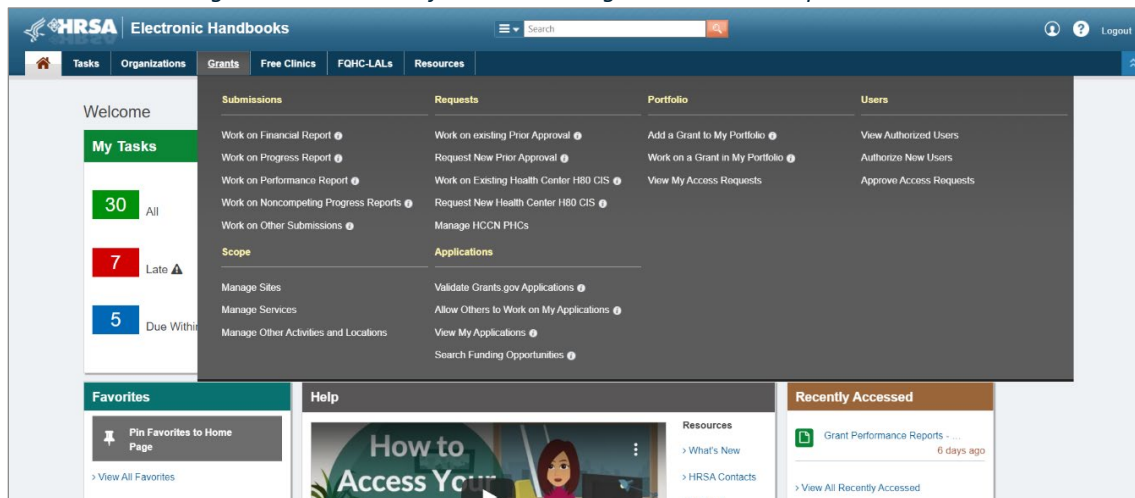
EHE Triannual Recipient Report

EHE-funded recipients will complete an EHE Triannual Recipient Report during each triannual reporting period. The EHE Triannual Recipient Report pulls contract information from the GCMS for the specified reporting period. To complete the EHE Triannual Recipient Report, recipients should add/review their contracts in the GCMS and review the list of funded subrecipients in their report for accuracy. Step-by-step instructions for completing the EHE Triannual Recipient Report begin below.

Step One: Accessing the EHE Triannual Report System

Start by logging into the [HRSA HAB Electronic Handbooks \(EHBs\)](#). Hover over the Grants tab at the top of the page and select “Work on Performance Report.”

Figure 2. Screenshot of EHBs Home Page with Grants Drop-Down Menu



If you need assistance logging into or navigating the EHBs, contact the EHBs Customer Support Center at 1-877-464-4772.

On the next page, the Submissions-All page (Figure 3 below), locate your most recent EHE Triannual Report submission. Select “Start” or “Edit” under the far-right Action column. The first time you access your report, the link will read “Start.” Once your report has been started the link will read “Edit.”

Figure 3. Screenshot of Submissions-All Page

| Export To Excel | | | | | | | | | | |
|------------------------------------|---------------------|--------------------------|------------|------------|-------------------------|------------|----------------|-------------|---------------------|--|
| Search Saved Searches | | | | | | | | | | |
| Page size: 15 Go | | | | | | | | | | |
| 28 items in 2 page(s) | | | | | | | | | | |
| Submission Name | Submission Type | Organization | Grant # | Tracking # | Reporting Period | Deadline | Submitted Date | Status | Options | |
| EHE Triannual Report Trimester 1 | Performance Reports | County Health Department | UT8HA00000 | | 03/01/2020 - 08/31/2020 | 10/15/2020 | | Not Started | Start | |
| RSR 2019 Annual Performance Report | Performance Reports | County Health Department | X07HA00004 | 12345 | 1/1/2019 - 12/31/2019 | 04/30/2020 | 04/12/2020 | Submitted | Performance Reports | |
| RSR 2018 Annual Performance Report | Performance Reports | County Health Department | H89HA00000 | 54321 | 1/1/2018 - 12/31/2018 | 03/25/2019 | 03/22/2019 | Submitted | Performance Reports | |

From there, you will be taken to the EHE Triannual Recipient Report Inbox (Figure 4 below). On this page, you can access the GCMS to add/manage your contracts as well as your EHE Triannual Recipient Report.

Figure 4. Screenshot of EHE Triannual Recipient Report Inbox

HRSA | Electronic Handbooks

Welcome | Recently Accessed | What's New | Guide Me | Monday 27th July 2020 02:26:40 P.M.

NAVIGATION

- Inbox**
 - EHE Triannual Recipient Report
 - EHE Triannual Provider Report
- Manage Contracts**
 - Search Contracts
- Search**
 - EHE Triannual Recipient Report
 - EHE Triannual Provider Report

EHE Triannual Recipient Report Inbox Your session will expire in: 29:34

| Report ID | Fund Source | Grant Number | Recipient Name | Reporting Period | Modified Date | Status | Action | Action History |
|-----------|-------------|--------------|--------------------------|-------------------------|---------------|-------------|--------|----------------|
| | EHE | UT8HA00000 | County Health Department | 03/01/2020 - 08/31/2020 | | Not Started | Create | History |

Page Size: 25 1 items in 1 pages

For help with EHBs contact the HRSA Help Desk by phone at 1-877-Go4-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

Logged in as: GranteeDataViewer, GranteeDataEditor, GranteeDataSubmitter, Provider
The HAB Web Applications also require Adobe Acrobat Reader 5 or higher installed on your PC. To download Adobe Acrobat Reader, click [here](#).

Step Two: Adding and/or Managing Contracts in the GCMS

To access the GCMS, click on “Search Contracts” under the Manage Contracts header in the Navigation Panel on the left side of the page. This will take you to the GCMS search page (Figure 5 below). Your grant number will be prepopulated in the grant number search field. Searching by just this field will pull up all contracts associated with your grant number. Alternatively, you can use any of the search fields listed such as Registration Code, Organization Name, and Start and End Dates to pare down your results.

Figure 5. Screenshot of GCMS Search Page

NAVIGATION

- Inbox**
 - EHE Triannual Recipient Report
 - EHE Triannual Provider Report
- Manage Contracts**
 - Search Contracts
- Search**
 - EHE Triannual Recipient Report
 - EHE Triannual Provider Report

Grantee Contract Management System Your session will expire in: 29:52

Grant Number: UT8HA00000

Org ID: (comma separated list)

Registration Code: (comma separated list)

Organization Name:

Funded Through:

Contract ID: (comma separated list)

Reference:

Range Start Date:

Range End Date:

Project Officer: All Project Officers

Reset Search

Click on “Search” on the bottom right of the page to perform a search once you have decided on your criteria. If this is your agency’s first submission, there will be no search results and you must add new contracts for your agency’s grant funding.

Adding Contracts to the GCMS

To add a new contract to the GCMS, you must perform a search first (using the instructions detailed in the previous section). After searching, look for and click on the “Add Contract” button located below the Search Results table (Figure 6 below).

Figure 6. Screenshot of GCMS Search with No Search Results

The screenshot shows the GCMS Search interface. At the top, there are input fields for "Range End Date" and "Project Officer:" (set to "All Project Officers"). Below these are "Reset" and "Search" buttons. The "Results" section features a table with columns: Id, Org ID, Organization Name, Reg Code, Reference, Start, End, Services, Funded Through, Funded Amount, Is Executed, and Action. Below the table, a message states: "There are no records that match the search criteria entered. Modify the search criteria and try again." At the bottom center is an "Add Contract" button.

This will take you to the Select Contractor page (Figure 7 below). Here you can search for the provider you are adding the contract with by registration code, organization name, and/or city and state. After entering your search criteria, select “Search.” Locate your provider in the search results, and select “Add” under the far-right Action column.

Figure 7. Screenshot of GCMS Select Contractor Search Results

The screenshot shows the "Select Contractor" page. At the top right, it says "Your session will expire in: 29:47". Below the header, it displays "Grant Number: UT8HA00000 Organization Name: County Health Department". There is a search bar with fields for "Reg Code" (12345), "Organization Name", "City", and "State", along with "Search" and "Clear Search" buttons. Below the search bar is a table with columns: Registration Code, Organization, City, State, Phone, EIN, and Action. The table contains one row with the following data: Registration Code 12345, Organization Health & Happiness Clinic, City Washington, State DC, Phone 1234567890, EIN 888888888, and Action Add. At the bottom, there is a footer with contact information for HRSA Help Desk and a note about Adobe Acrobat Reader.



If you need assistance locating a provider in the web system, contact Ryan White Data Support at 1-888-640-9356 or email RyanWhiteDataSupport@wrma.com.



If you need to add a new provider to the web system, contact Ryan White Data Support via email at RyanWhiteDataSupport@wrma.com. Include the provider’s organization name, address, and EIN in your email.

On the next page, the Contract Details page, you will see a number of fields containing information prepopulated from the web system. Scroll down to the “Contract Information” section. The following fields must be completed:

Contract Information

1. **Start Date:** Enter the start date of the contract by typing it into the text box or selecting the date from the calendar. To enter the contract start date, use the format “MM/DD/YYYY.”
2. **End Date:** Enter the end date of the contract by typing it into the text box or selecting the date from the calendar. To enter the contract end date, use the format “MM/DD/YYYY.”
3. **Contract Reference:** An optional field that recipients can use to distinguish between their various contracts. Enter any combination of letters, numbers, and/or special characters to make the contract easier to find.
4. **Contract Execution:** Select “Yes” if the contract has been signed and executed.
5. **Is this agency serving as a consortium, fiscal intermediary provider, administrative agent, or lead agency under this contract?** Select “Yes” or “No.” If you select “Yes,” choose the appropriate designation in question 5a that appears after you select “Yes.”
6. **Is this agency a subcontractor or second-level provider?** Select “Yes” or “No.” If you select “Yes,” choose the provider’s fiscal intermediary from the drop-down menu in question 6a that appears after you select “Yes.”

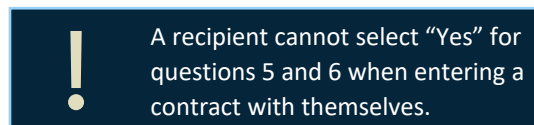


Figure 8. Screenshot of Contract Details Page - Contract Information

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

Service Information

7. **Does this agency provide direct client services?** Select “Yes” or “No.”
8. **If applicable, select the administrative and technical services that are funded for this contractor.** Select all that apply.

Figure 9. Screenshot of Contract Details Page - Service Information

Service Information

* 7. Does this agency provide direct client services?

1. ☐ No
2. ☐ Yes

8. If applicable, select the administrative and technical services that are funded for this contractor.

1. ☐ Planning or evaluation
2. ☐ Administrative or technical support
3. ☐ Fiscal intermediary support
4. ☐ Other fiscal services
5. ☐ Technical assistance
6. ☐ Capacity development
7. ☐ Quality management
8. ☐ Other

9. If applicable, indicate the core medical and essential support services that are funded for this contract by selecting the "Update Services" button.

9. **If applicable, indicate the core medical and essential support services that are funded for this contract by selecting the "Update Services" button.** Selecting the "Update Services" button will open a new table on the page. In this table (Figure 10 below), select the core medical, essential support, and EHE initiative services for this contract that are funded through the 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.

Figure 10. Screenshot of Contract Details Page - Update Services Table

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.

* 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 checked="" type="checkbox"/> | 1234 |
| AIDS Pharmaceutical Assistance (LPAP, CPAP) | <input type="checkbox"/> | |
| Oral Health Care | <input type="checkbox"/> | |
| Early Intervention Services (EIS) | <input type="checkbox"/> | |
| Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals | <input type="checkbox"/> | |
| Home Health Care | <input type="checkbox"/> | |
| Home and Community-Based Health Services | <input type="checkbox"/> | |
| Hospice | <input type="checkbox"/> | |

Please note the new EHE-specific service category at the bottom of this table, "Ending the HIV Epidemic Initiative Services" (see Figure 11). This new service category includes those services that are funded through EHE initiative funding but do not meet the definition of a RWHAP

service as outlined in [Policy Clarification Notice #16-02](#). EHE funding dedicated to services that meet the definition of one of the RWHAP core medical or support service categories should be listed under that specific service category.

Figure 11. Screenshot of Update Services Table with EHE Initiative Services

| | | |
|--|--------------------------|--|
| Linguistic Services | <input type="checkbox"/> | |
| Medical Transportation | <input type="checkbox"/> | |
| Outreach Services | <input type="checkbox"/> | |
| Psychosocial Support Services | <input type="checkbox"/> | |
| Referral for Health Care and Support Services | <input type="checkbox"/> | |
| Rehabilitation Services | <input type="checkbox"/> | |
| Respite Care | <input type="checkbox"/> | |
| Substance Abuse Services (residential) | <input type="checkbox"/> | |
| MAI Education | <input type="checkbox"/> | |
| MAI Outreach | <input type="checkbox"/> | |
| Other Professional Services | <input type="checkbox"/> | |
| Service Category: EHE Initiative Services | | |
| Ending the HIV Epidemic Initiative Services | <input type="checkbox"/> | |

Done updating services

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

Save

Once you have entered all services for the contract, select “Done updating services” to return to the Contract Details page.



The Ending the HIV Epidemic Initiative Services category should only be used for services that do not meet the definition of one of the RWHAP core medical or support service categories.

Once all required contract information has been entered, select “Save” on the bottom right of the page to save the contract.



To review the RWHAP core medical and support service category definitions, see [Policy Clarification Notice #16-02](#) available on the HAB website.

Reviewing and Editing Contracts in the GCMS

If contracts for your agency's EHE funding have already been added for a prior reporting period, you must review them for accuracy as part of your EHE Triannual Recipient Report submission. Use the instructions detailed earlier to perform a search in the GCMS. In the search results (Figure 12 below), identify the contract you are looking for. You can use the expand icon in the far-left column to view the list of services funded for the contract. To view the full Contract Details page, select "Edit/Remove" in the far-right Action column drop-down menu. Then select the "Go" button located in the same column.

Figure 12. Screenshot of GCMS Search Results

| Results | | | | | | | | | | | | |
|---------|--------|--------|---------------------------|----------|-----------|----------|-----------|----------|----------------|---------------|-------------|----------------------------------|
| | Id | Org ID | Organization Name | Reg Code | Reference | Start | End | Services | Funded Through | Funded Amount | Is Executed | Action |
| | 388240 | 1234 | Health & Happiness Clinic | 12345 | | 3/1/2020 | 2/28/2021 | 2 | | \$50,000.00 | Yes | <div>Edit/Re</div> <div>Go</div> |

EHE Funded Services: Other, Ending the HIV Epidemic Initiative Services
Project Officer: HAB Project Officer

[Add Contract](#)

This will take you to the contract details page. Use the instructions in the [Contract Information](#) and [Service Information](#) sections to review and make changes as necessary. Once you have finished editing the contract, select "Save" on the bottom right of the page.



Q: Where do I input services that I provide as the recipient?
 A: Recipients should enter a contract with their own agency for the services they provide.



For further instructions on the GCMS, see the [GCMS Manual](#) on the TargetHIV website.

Step Three: Accessing and Completing the EHE Triannual Recipient Report

If proceeding from Step Two, select "EHE Triannual Recipient Report" under the Inbox header on the Navigation Panel on the left side of the screen to access the EHE Triannual Recipient Report Inbox. Alternatively, use the instructions in [Accessing the EHE Triannual Report System](#) to navigate to the EHE Triannual Recipient Report Inbox from the EHBs.

Once you have accessed your report inbox (Figure 13 below), select the envelope icon under the Action column to open your report.

Figure 13. Screenshot of EHE Triannual Recipient Report Inbox



Electronic Handbooks

Home

Tasks

Organizations

Grants

Free Clinics

FQHC-LALs

Resources

Welcome

Recently Accessed

What's New

Guide Me

Monday 27th July 2020 02:26:40 P.M.

NAVIGATION

Inbox

EHE Triannual Recipient Report

EHE Triannual Provider Report

Manage Contracts

EHE Triannual Recipient Report Inbox

Your session will expire in: 29:34

| Report ID | Fund Source | Grant Number | Recipient Name | Reporting Period | Modified Date | Status | Action | Action History |
|-----------|-------------|--------------|--------------------------|-------------------------|---------------|-------------|--|---|
| | EHE | UT8HA00000 | County Health Department | 03/01/2020 - 08/31/2020 | | Not Started |  Create |  History |

⏪

⏩

1

⏪

⏩

Page Size: 25

1 Items in 1 pages

EHE Triannual Recipient Report: General Information

Upon opening your report, you will be taken to the first section, General Information (Figure 14 below). This page will include multiple fields prepopulated from the web system including your organization's address, EIN, and DUNS number as well as the contact information of the person responsible for completing the report. Review all fields for accuracy and make updates as needed. Once finished, select "Save" on the bottom right of the page.

Figure 14. Screenshot of EHE Triannual Recipient Report - General Information

NAVIGATION

Inbox

EHE Triannual Recipient Report

EHE Triannual Provider Report

EHE Recipient Report

Navigation

General Information

Program Information

EHE Recipient Report

Actions

Validate

Certify

Request Decertification

Print

EHE Recipient Report - Reports

Action History

Manage Contracts

Search Contracts

Search

EHE Triannual Recipient Report

EHE Triannual Provider Report

Comments

Add Comments

View Comments

EHE Triannual Recipient Report

Your session will expire in: 29:53

UT8HA00000 : County Health Department

Report ID: 11111

Status: Working

Due Date: 10/15/2020 6:00:00 PM

Report Period: 3/1/2020 - 8/31/2020

Last Modified Date: 7/21/2020 12:47:21 PM

Last Modified By: Charles.Cheese@countygov.gov

Access Mode: ReadWrite

DUNS: 888888888

General Information

The data shown below are pre-populated from the HRSA Electronic Handbooks (EHBs). Please verify that the information shown below is accurate. A field with an asterisk * before it is a required field. Note: Updating the information in the EHE Triannual Recipient Report does not update your information in the EHBs. You must revise your agency's information in the EHBs as well.

1. Official Mailing Address:

* a. Street:

123 Sesame Street

* b. City:

Washington

* c. State:

DC

* d. Zip Code:

20001 - 0401

2. Organization Identification:

* a. EIN:

888888888

* b. DUNS:

888888888

3. Contact information of person responsible for this submission:

* a. Name:

Charles Cheese

* b. Title:

Program Director

* c. Phone:

(123) 456 - 7890

Extension:

d. Fax:

(000) 000 - 0000

* e. Email:

Charles.Cheese@countygov.gov

Cancel

Save

12

EHE Triannual Recipient Report: Program Information

To access the next section of the report, Program Information, select “Program Information” under the EHE Recipient Report Navigation header in the Navigation Panel on the left side of the screen. The Program Information section (Figure 15 below) lists all the agencies that had a contract with the recipient during the reporting period.

Figure 15. Screenshot of EHE Triannual Recipient Report - Program Information

EHE Triannual Recipient Report Your session will expire in: 29:56

▼ UT8HA00000 : County Health Department

Report ID: 11111 Status: Working Due Date: 10/15/2020 6:00:00 PM
 Report Period: 3/1/2020 - 8/31/2020 Last Modified Date: 7/21/2020 12:47:21 PM Last Modified By: Charles.Cheese@countygov.gov
 Access Mode: ReadWrite DUNS: 888888888

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 | Health & Happiness Clinic | <input type="checkbox"/> | |

This information is populated from the GCMS and recipients should review the list for accuracy. If any of the listed information is incorrect, the changes will have to be made to the contracts in the GCMS. If you make any changes to your contracts after your Recipient Report has been started, you must synchronize the changes with your report so that they populate correctly.

Use the information in the [Adding and/or Managing Contracts in the GCMS](#) section of the manual to make your necessary revisions. When you navigate back to the Program Information section of the report, you will see a yellow Warning banner at the top of the page (Figure 16 below).

Figure 16. Screenshot of Synchronization Warning Banner

EHE Triannual Recipient Report Your session will expire in: 29:47

Warning:

The program information displayed below does not match the program information in the Grantee Contract Management system (GCMS). Click the provider name listed in blue font below or select the icon in the "Warning" column below to review the updates for each provider and, if correct, synchronize the information. To synchronize program information across all providers, click the "Synchronize All" button.

[Health & Happiness Clinic \(Modified\)](#)

▼ UT8HA00000 : County Health Department

Report ID: 11111 Status: Working Due Date: 10/15/2020 6:00:00 PM
 Report Period: 3/1/2020 - 8/31/2020 Last Modified Date: 7/21/2020 12:47:21 PM Last Modified By: Charles.Cheese@countygov.gov
 Access Mode: ReadWrite DUNS: 888888888

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 | Health & Happiness Clinic | <input type="checkbox"/> | |

Select the “Synchronize All” button to synchronize all contract changes at once or select the blue link(s) in the banner to synchronize contracts individually. On the next page, you can review the changes you made to your contracts and then select the “Synchronize” button to add all contract changes to the report.

Step Four: Validating Your EHE Triannual Recipient Report

Once you have reviewed and completed both the General Information and Program Information sections, the next step is to validate your report. The validation process checks your report against HRSA HAB's system requirements. To start the validation process, select "Validate" in the Navigation Panel on the left side of the screen. The system will display a message letting you know that the validation is processing (Figure 17 below). After a few minutes, refresh the page by selecting the "Validate" link again in the Navigation Panel or by refreshing the page using your web browser.

If your report has no validation messages to address, you will see a congratulations message and can advance to the next step. Otherwise, you will see a table of your validation results once the validation process has completed.

Figure 17. Screenshot of EHE Recipient Report Validation Processing Page

NAVIGATION << EHE Triannual Recipient Report Your session will expire in: 29:57

▼ UT8HA00000 : County Health Department

| | | |
|-------------------------------------|---|--|
| Report ID: 11111 | Status: Working | Due Date: 10/15/2020 6:00:00 PM |
| Report Period: 3/1/2020 - 8/31/2020 | Last Modified Date: 7/21/2020 12:47:21 PM | Last Modified By: Charles.Cheese@countygov.gov |
| Access Mode: ReadWrite | DUNS: 888888888 | |

Your validation request has been scheduled. It may take several minutes to generate the report.

NOTE: You must refresh this page to display your results.

For help with EHBs contact the HRSA Help Desk by phone at 1-877-Go4-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

Logged in as: GranteeDataViewer, GranteeDataEditor, GranteeDataSubmitter, Provider
The HAB Web Applications also require Adobe Acrobat Reader 5 or higher installed on your PC. To download Adobe Acrobat Reader, click

Validation messages are sorted into three categories: errors, warnings, and alerts. Errors must be corrected before you can submit your report. Resolve the error(s) and then revalidate your report. Agencies should try to correct warnings when applicable but if you are unable to then you must add a comment in order to submit. To add a comment to a warning, select "Add Comment" under the Actions column to the right of the warning validation message. A new window will appear for you to enter your comment. When finished, select "Save" at the bottom of the text box. The comment does not change the information in your report. The last validation type, alerts, you should try to resolve whenever possible. But if you are unable to, you can submit your report with an alert.

Once you have addressed your validation results, you can advance to the next step, certifying your report.

Step Five: Certifying Your EHE Triannual Recipient Report

To certify your EHE Triannual Recipient Report, select “Certify” in the Navigation Panel on the left side of the screen. On the next page (Figure 18 below), enter a comment in the text box with any meaningful feedback you have about the submission process. Underneath the comment box, select the checkbox to indicate that the data submitted are accurate and complete. Once finished, select the “Certify Report” button at the bottom of the page.

Figure 18. Screenshot of EHE Recipient Report - Certify Report Page

NAVIGATION << EHE Triannual Recipient Report - Certify Report Your session will expire in: 29:53

Inbox >

- EHE Triannual Recipient Report
- EHE Triannual Provider Report

EHE Recipient Report Navigation >

- General Information
- Program Information

EHE Recipient Report Actions >

- Validate
- Certify**
- Request Decertification
- Print

EHE Recipient Report - Reports >

- Action History
- Manage Contracts
- Search Contracts
- Search

UT8HA00000 : County Health Department

Report ID: 11111 Status: Working Due Date: 10/15/2020 6:00:00 PM

Report Period: 3/1/2020 - 8/31/2020 Last Modified Date: 7/21/2020 12:47:21 PM Last Modified By: Charles.Cheese@countygov.gov

Access Mode: ReadWrite DUNS: 888888888

A field with an asterisk * before it is a required field.

Please enter comments regarding your certification.

* Comments

Design Preview

Characters remaining: 3000

☐ I certify that the data in this report is accurate and complete. I understand that reporting accurate and complete data is a condition of this grant award and is subject to federal audit.

Certify Report

Step Six: Accept Providers’ Reports (After Submission of EHE Triannual Provider Report)

When your subrecipient(s) have submitted their EHE Triannual Provider Report(s), you must review and accept them. Navigate to the Provider Report inbox by selecting “EHE Triannual Provider Report” under the Inbox header in the Navigation Panel on the left side of the screen. Each report must be opened and accepted separately. Select the envelope icon under the Action column to open the report you wish to review and accept.

Review the selected report and, when ready, select “Accept” in the Navigation Panel on the left side of the screen to accept the report. Alternatively, if you need to return the report for corrections, select “Return for Changes” in the Navigation Panel. As a note, your EHE Triannual Recipient Report will not advance to “Submitted” status until all of your providers’ reports have been accepted.



If you need assistance completing your EHE Triannual Recipient Report or reviewing/accepting your providers’ reports, contact Ryan White Data Support at 1-888-640-9356 or email RyanWhiteDataSupport@wrma.com.

EHE Triannual Provider Report

Each organization that receives EHE funding to provide services must complete an EHE Triannual Provider Report each reporting period. This includes organizations that are recipient-providers as well as subrecipients and second-level providers. The EHE Triannual Provider Report is submitted three times a year and includes aggregate data on the number of clients receiving certain service categories as well as the number of clients prescribed Antiretroviral Treatment (ART). Step-by-step instructions for completing the EHE Triannual Provider Report begin below.

Step One: Accessing the EHE Triannual Report System

The steps to access the EHE Triannual Report vary based on your organization.

EHE Recipients

Organizations that are EHE recipients can use the steps detailed in the [Accessing the EHE Triannual Report System](#) section to navigate to the EHE Recipient Report inbox (Figure 19 below). From there, select “EHE Triannual Provider Report” under the Inbox header in the Navigation Panel on the left side of the screen to access the EHE Provider Report Inbox.

Figure 19. Screenshot of EHE Triannual Recipient Report Inbox

The screenshot shows the HRSA Electronic Handbooks interface. The top navigation bar includes 'Tasks', 'Organizations', 'Grants', 'Free Clinics', 'FQHC-LALs', and 'Resources'. The left sidebar shows 'Inbox' with 'EHE Triannual Recipient Report' and 'EHE Triannual Provider Report' options. The main content area is titled 'EHE Triannual Recipient Report Inbox' and shows a table with the following data:

| Report ID | Fund Source | Grant Number | Recipient Name | Reporting Period | Modified Date | Status | Action | Action History |
|-----------|-------------|--------------|--------------------------|-------------------------|---------------|-------------|--------|----------------|
| | EHE | UT8HA00000 | County Health Department | 03/01/2020 - 08/31/2020 | | Not Started | Create | History |

At the bottom, it indicates 'Page Size: 25' and '1 items in 1 pages'.

Once in the EHE Provider Report Inbox (Figure 20 below), locate your EHE Provider Report and select the envelope icon under the Action column to open your report. The first time you access your report, the link will read “Create” and once your report has been created the link will instead read “Open.”

Figure 20. Screenshot of EHE Provider Report Inbox

The screenshot shows the HRSA Electronic Handbooks interface. The top navigation bar includes 'Tasks', 'Organizations', 'Grants', 'Free Clinics', 'FQHC-LALs', and 'Resources'. The left sidebar shows 'Inbox' with 'EHE Triannual Recipient Report' and 'EHE Triannual Provider Report' options. The main content area is titled 'EHE Triannual Provider Report Inbox' and shows a table with the following data:

| Report ID | Provider Name | Reg Code | Reporting Period | Modified Date | Status | Action | Action History |
|-----------|---------------------------|----------|-------------------------|---------------|-------------|--------|----------------|
| | Health & Happiness Clinic | 12345 | 03/01/2020 - 08/31/2020 | | Not Started | Create | History |

At the bottom, it indicates 'Page Size: 25' and '1 items in 1 pages'.

EHE Subrecipients and Second-Level Providers

Organizations that do not receive EHE initiative funding or any other RWHAP grant directly from HRSA HAB but are instead a subrecipient or second-level provider through an EHE recipient must use the HAB Web Application to access the EHE Triannual Report system. If you already have a user account, enter your username and password on the [HAB Web Application Log In page](#) (Figure 21 below), select “HAB RSR Web Application” under the application drop-down menu, and click the “Log In” button. If you do not have an account, you can use the Registration Form located under the password field to create your user account.

Figure 21. Screenshot of HAB Web Application Log In Page

HRSA HIV/AIDS Bureau

Welcome to the HAB ADR, AETC, PTR and RSR Web Application

Username:

Password: [I forgot my username/password](#)

If you do not have an account, please use the [Registration Form](#).

Select Application: HAB RSR Web Application

Ryan White HIV/AIDS Recipients cannot access the HAB Web Application system through this login page. If you are a recipient you must access the HAB Web Application through HRSA's Electronic Handbooks (EHBs).

If you are a provider who receives funding from a Ryan White HIV/AIDS recipient, you may use this web system to enter, validate and submit your Ryan White HIV/AIDS Report (RSR), AIDS Drug Assistance Report (ADR), Program Terms Report (PTR), and AIDS Education and Training Centers (AETC) Report. To access the system, enter your **username** and **password** in the text boxes above, then click '**Log In**'. If you forgot your password, or need help logging in, call the HRSA Contact Center at **1-877-Go4-HRSA (1-877-464-4772)**.

If you are a provider but do not have a username and password, you must register to create one. You will need your **registration code**. If you wish to register but do not have a registration code, contact your recipient. For more information, contact the Ryan White HIV/AIDS Data Support Line at **1-888-640-9356**.



If you need assistance logging in through the HAB Web Application or creating your user account, contact Ryan White Data Support at 1-888-640-9356 or email RyanWhiteDataSupport@wrma.com.

Once you have logged in, you'll be taken to the RSR Provider Report Inbox (see Figure 22). Look at the bottom of the Navigation Panel on the left side screen and select “EHE Triannual Inbox” under the Emerging Initiatives header.

Figure 22. Screenshot of RSR Provider Report Inbox

NAVIGATION

- Inbox
 - Recipient Report
 - Provider Report**
 - Check your XML
- Manage Contracts
 - Search Contracts
- Search
 - Recipient Reports
 - Provider Reports
 - Check your XML Reports
- Administration
 - Print Requests
- References
 - Merge Rules
 - Validation Rules
- Performance Measures
 - HIVQM Inbox
- Emerging Initiatives
 - CDR Inbox
 - EHE Triannual Inbox

RSR Provider Report Inbox Your session will expire in: 26:54

| Row Number | Select | Report ID | Provider Name | Reg Code | Reporting Period | Modified Date | Status | Action | Clients | Action History |
|------------------------|--------|-----------|---------------|----------|------------------|---------------|--------|--------|---------|----------------|
| No records to display. | | | | | | | | | | |

Page Size: 25 0 items in 1 pages

[Remove from Favorites](#)

For help with EHBs contact the HRSA Help Desk by phone at 1-877-Go4-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

Logged in as: Provider
The HAB Web Applications also require Adobe Acrobat Reader 5 or higher installed on your PC. To download Adobe Acrobat Reader, click [here](#)

Once you are in the EHE Provider Report Inbox (Figure 23 below), locate your report and select the envelope icon under the Action column to open your report. The first time you access your report, the link will read “Create” and once your report has been started the link will instead read “Open.”

Figure 23. Screenshot of EHE Provider Report Inbox

HRSA Electronic Handbooks Support Logout

Welcome Recently Accessed What's New Guide Me Monday 27th July 2020 02:54:42 P.M.

NAVIGATION

- Inbox
 - EHE Triannual Recipient Report
 - EHE Triannual Provider Report**
- Manage Contracts

EHE Triannual Provider Report Inbox Your session will expire in: 29:49

| Report ID | Provider Name | Reg Code | Reporting Period | Modified Date | Status | Action | Action History |
|-----------|---------------------------|----------|-------------------------|---------------|-------------|--------|----------------|
| | Health & Happiness Clinic | 12345 | 03/01/2020 - 08/31/2020 | | Not Started | | |

Page Size: 25 1 items in 1 pages

Step Two: Completing the EHE Triannual Provider Report

EHE Triannual Provider Report: General Information

Once you have opened your report, you will be taken to the first section, General Information (see Figure 24). This section contains details about your organization as well as the organization contacts. Review all fields and make any necessary updates.

Organization Details

Under Organization Details, you will find your agency's EIN, DUNS number, and mailing address. This information is prepopulated from the web system. Verify the fields are correct and if you need to make any changes, select the “Update” link to the right of the Organization Details header.

Organization Contacts

The organization contacts are prepopulated from previous RSR/EHE Provider Report submissions. Review the contact information and be sure to update it accordingly as this information is used for outreach purposes by HRSA HAB's technical assistance providers.

To edit or remove any of the listed contacts, select "Edit" or "Delete" under the Actions column to the right. If you need to add a new contact, select the "Add Contact" button below the table of contacts.

Provider Profile Information

This section is also prepopulated from previous RSR/EHE Provider Report submissions. Review all fields and if there are any necessary changes select the "Update" link to the right of the Provider Profile Information header. If you need further information on these fields and their definitions, refer to pages 20-21 of the [RSR Manual](#) available on the TargetHIV website.

Figure 24. Screenshot of EHE Triannual Provider Report - General Information

NAVIGATION

Inbox

EHE Triannual Recipient Report

EHE Triannual Provider Report

EHE Provider Report

Navigation

General Information

Triannual Report

EHE Provider Report

Actions

Validate

Submit

Submit / Accept

Un-Submit

Print

Return for Changes

EHE Provider Report -

Reports

Action History

Manage Contracts

Search Contracts

Search

EHE Triannual Recipient Report

EHE Triannual Provider Report

Comments

Add Comments

View Comments

EHE Triannual Provider Report

Your session will expire in: 29:31

Health & Happiness Clinic

Report ID: 22222

Status: Working

Due Date: 10/15/2020 6:00:00 PM

Report Period: 3/1/2020 - 8/31/2020

Last Modified Date: 7/27/2020 2:52:54 PM

Last Modified By: Perry.Scope@clinic.org

Access Mode: ReadWrite

General Information

Organization Details

Update

EIN: 987654321

DUNS: 777777777

Mailing Address: 221b Baker Street
Washington, DC 20001

Organization Contacts

| Name | Title | Phone Number | Email | FAX | Is Primary POC | Actions |
|-------------|--------------------------------------|-------------------------|--|----------------|----------------|---|
| Perry Scope | Executive Director | (123) 456-7890 Ext. 295 | Perry.Scope@clinic.org | (987) 654-3210 | Yes | Edit Delete |
| Anne Chovey | Program Coordinator-Community Health | (123) 456-7890 Ext. 240 | Anne.Chovey@clinic.org | (987) 654-3210 | Yes | Edit Delete |

Add Contact

Provider Profile Information

Update

Provider Type:

Other community-based service organization (CBO)

Section 330 Funding Received:

No

Type of ownership:

Private, nonprofit

Faith-based Organization:

No

Part of a real time electronic data network:

No

EHE Triannual Provider Report: Triannual Report

To navigate to the next section of the report, select “Triannual Report” under the EHE Provider Report Navigation header on the Navigation Panel on the left side of the screen. In the Triannual Report section (see Figure 25), enter your aggregate data directly into the table on the screen. The table should only include information for HIV-positive clients who received at least one service during the reporting period.

Additional details on the table sections follow below.



A value must be entered for every field. If there are no data to be reported for a field, enter a zero.

RWHAP/Initiative Services

In this section, enter a value for the number of clients who received the service category specified in each row during the reporting period. Each service is split into three columns that each pertain to a different client population:

- **# of new clients who received service(s) in the reporting period (A):** In this column, report any RWHAP client who has never received services from the service provider in the past (prior to the current reporting period).
- **# 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 (B):** In this column, report any RWHAP client who received a service from the service provider in either a previous reporting period during the calendar year (if applicable), received a service during the previous calendar year, or both.
- **Total # of clients who received service(s) in the reporting period (C):** In this column, report all RWHAP clients who received a service from the service provider during the reporting period.



For every row, the value in Column C, Total # of clients, must be greater than or equal to the values reported in Columns A and B. The value in Column C does not need to equal the sum of Columns A and B.



Q: How should I report a client served during the reporting period that was previously seen two years ago?

A: This client does not qualify as a new client (Column A) or an existing client (Column B) since they have been seen previously but not in the current or prior calendar year. Therefore, only report this client in Column C, the total number of clients served.



Q: My clinic is part of a larger organization. How should we determine whether or not a client is new?

A: For the EHE Triannual Report, a client is new if they are new to care at the provider of HIV services. Therefore, if a client has never received services previously from your clinic, the provider of HIV services, they would be considered new.

Not all RWHAP service categories are listed individually in the RWHAP/Initiative Services table section. The included services are:

- 1. Any RWHAP or Initiative Service
- 1a. Ending the HIV Epidemic Initiative Services
- 1b. Outpatient/Ambulatory Health Services
- 1c. Medical Case Management, including Treatment Adherence Services
- 1d. Non-medical Case Management Services
- 1e. Mental Health Services
- 1f. Substance Abuse Outpatient Care
- 1g. Substance Abuse Services (residential)
- 1h. Housing

For each service category, report the number of HIV-positive clients that received the service during the reporting period, regardless of payor or RWHAP-eligibility. In Row 1. Any RWHAP or Initiative Service, report all HIV-positive clients that were served during the reporting with any RWHAP or EHE initiative service category that your organization was funded to provide with either EHE, RWHAP, RWHAP-related, or CARES Act funding.

As a note, Row 1a. Ending the HIV Epidemic Initiative Services is a new service category in the system that includes those services that are funded through EHE initiative funding but do not meet the definition of a RWHAP service as outlined in [Policy Clarification Notice #16-02](#). Services provided with EHE funding that do meet the definition of a RWHAP service category should be reported under that specific service category and not the EHE Initiative Services category. For example, if your organization uses EHE funding to provide Medical Case Management, those services should be reported under the Medical Case Management category and not the EHE Initiative Services category.

While only providers of EHE-funded services must complete the EHE Triannual Provider Report, these providers should report on services funded through either EHE initiative funding, RWHAP funding, RWHAP-related funding (including program income or pharmaceutical rebates), or CARES Act funding. If your organization does not use any of those funding sources to provide one of the services listed in this section, then you do not need to report client counts for it.



For each column, the values reported in rows 1a through 1h must be less than or equal to the value reported in Row 1. Any RWHAP or Initiative Service.



For definitions of RWHAP core medical and support service categories, see [PCN 16-02](#), available on the HRSA HAB website.



Q: Where do I report service categories that I provide that aren't specifically listed in the Triannual Report table (e.g. Medical Transportation or Food Bank/Home-Delivered Meals)?
A: RWHAP service categories funded through EHE, RWHAP, RWHAP-related, or CARES Act funding that are not listed in a specific row (e.g. Medical Transportation) should be reported under Row 1. Any RWHAP or Initiative Service.



Q: Where do I report household members who received a service through CARES Act funding?
A: Only report HIV-positive clients who received a service during the reporting period in your EHE Triannual Report data. Household members who are HIV-negative but received a funded service should not be included in your data.

Health Outcomes

The Health Outcomes section of the table contains a single row, Prescribed ART in the reporting period. In this row, report the number of RWHAP clients in each column that were prescribed or continued on ART during the reporting period. Only report on ART prescription for clients who received Outpatient/Ambulatory Health Services (OAHS) during the reporting period.

Clients should be sorted into the three columns as specified in the previous section of the manual, i.e. new clients, clients who received a service during a previous reporting period in the current or prior calendar year, and total clients.



For each column, the value reported in Row 2. Prescribed ART in the reporting period, must be less than or equal to the value reported in Row 1. Any RWHAP or Initiative Service.

Once you have entered a value for each field of the table, select “Save” at the bottom right of the screen.



If you need assistance extracting your data from your EHR or data management system or mapping your data to the required data elements, contact the DISQ Team at Data.TA@caiglobal.org.

Figure 25. Screenshot of EHE Triannual Provider Report - Triannual Report

NAVIGATION

Inbox

EHE Triannual Recipient Report

EHE Triannual Provider Report

EHE Provider Report Navigation

General Information

Triannual Report

EHE Provider Report Actions

Validate

Submit

Submit / Accept

Un-Submit

Print

Return for Changes

EHE Provider Report - Reports

Action History

Manage Contracts

Search Contracts

Search

EHE Triannual Recipient Report

EHE Triannual Provider Report

Comments

Add Comments

View Comments

EHE Triannual Provider Report

Your session will expire in: 29:43

Health & Happiness Clinic

Report ID: 22222

Status: Working

Due Date: 10/15/2020 6:00:00 PM

Report Period: 3/1/2020 - 8/31/2020

Last Modified Date: 7/27/2020 2:52:54 PM

Last Modified By: Perry.Scope@website.org

Access Mode: ReadWrite

Triannual Report

Public Burden Statement: OMB Control Number (0906-0051) Valid Until 04/30/2023

The table below should only include information for clients who received at least 1 service in the previous reporting period. Fill in the data for all fields. If there are no data to be reported for a field, fill in with a zero.

| 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 | | | |
| 1a. Ending the HIV Epidemic Initiative Services ⁴ | | | |
| 1b. Outpatient/Ambulatory Health Services | | | |
| 1c. Medical Case Management, including Treatment Adherence Services | | | |
| 1d. Non-Medical Case Management Services | | | |
| 1e. Mental Health Services | | | |
| 1f. Substance Abuse Outpatient Care | | | |
| 1g. Substance Abuse Services (residential) | | | |
| 1h. Housing | | | |
| Health Outcomes | | | |
| 2. Prescribed ART in the reporting period | | | |

¹ Any RWHAP client who has never received services from the service provider in the past.

² Any RWHAP client who received a service from the service provider in either a previous reporting period during the current calendar year(if applicable) or received a service during the previous calendar year, or both.

³ Refer to PCN 16-02 for information on service category definitions.

⁴ Initiative Services include those services that are funding through Initiative funding but do not meet the definition of a RWHAP service, as outlined in PCN 16-02.

Cancel

Save

Step Three: Validating Your EHE Triannual Provider Report

Once you have reviewed and completed both the General Information and Triannual Report sections, the next step is to validate your report. The validation process checks your report against HRSA HAB's system requirements. To start the validation process, select "Validate" in the Navigation Panel on the left side of the screen. The system will display a message letting you know that the validation is processing (Figure 26 below). After a few minutes, refresh the page by selecting the "Validate" link again in the Navigation Panel or by refreshing the page using your web browser.

Figure 26. Screenshot of EHE Provider Report Validation Processing Page

NAVIGATION << EHE Triannual Provider Report Your session will expire in: 29:56

Inbox

- EHE Triannual Recipient Report
- EHE Triannual Provider Report

EHE Provider Report

Navigation

- General Information
- Triannual Report

EHE Provider Report

Actions

- Validate**
- Submit
- Submit / Accept

Health & Happiness Clinic

| | | |
|-------------------------------------|--|--|
| Report ID: 22222 | Status: Working | Due Date: 10/15/2020 6:00:00 PM |
| Report Period: 3/1/2020 - 8/31/2020 | Last Modified Date: 7/27/2020 2:52:54 PM | Last Modified By: Perry.Scope@clinic.org |
| Access Mode: ReadWrite | | |

Your validation request has been scheduled. It may take several minutes to generate the report.

NOTE: You must refresh this page to display your results.

For help with EHBs contact the HRSA Help Desk by phone at 1-877-Go4-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

If your report has no validation messages to address, you will see a congratulations message and can advance to the next step. Otherwise, you will see a table of your validation results once the validation process has completed.

Validation messages are sorted into three categories: errors, warnings, and alerts. Errors must be corrected before you can submit your report. Resolve the error(s) and then revalidate your report. Agencies should try to correct warnings when applicable but if you are unable to then you must add a comment in order to submit. To add a comment to a warning, select "Add Comment" under the Actions column to the right of the warning validation message. A new window will appear for you to enter your comment. When finished, select "Save" at the bottom of the text box. The comment does not change the information in your report. The last validation type, alerts, you should try to resolve whenever possible. But if you are unable to, you can submit your report with an alert.

Once you have addressed your validation results, you can advance to the next step of the report, submitting.

Step Four: Submitting Your EHE Triannual Provider Report

To submit your EHE Triannual Provider Report, select “Submit” in the Navigation Panel on the left side of the screen. On the next page (Figure 27 below), enter a comment in the text box with any meaningful feedback you have about the submission process. Underneath the comment box, select the checkbox to indicate that the data submitted are accurate and complete. Once finished, select the “Submit Report” button at the bottom of the page.

Figure 27. Screenshot of EHE Provider Report Submit Report Page

NAVIGATION << EHE Triannual Provider Report - Submit Report Your session will expire in: 29:56

▼ Health & Happiness Clinic

Report ID: 22222 Status: Working Due Date: 10/15/2020 6:00:00 PM
 Report Period: 3/1/2020 - 8/31/2020 Last Modified Date: 7/27/2020 2:52:54 PM Last Modified By: Perry.Scope@clinic.org
 Access Mode: ReadWrite

A field with an asterisk * before it is a required field.

Please enter comments regarding your submission.

* Comments

(Rich text editor toolbar with buttons for Bold, Italic, Underline, Font color, Background color, Bulleted list, Numbered list, Indent, Outdent, Link, Unlink, etc.)

(Large text area for comments)

Design Preview

Characters remaining: 3000

☐ I certify that the data in this report is accurate and complete. I understand that reporting accurate and complete data is a condition of this grant award and is subject to federal audit.

Submit Report



If you need assistance completing your EHE Triannual Provider Report, contact Ryan White Data Support at 1-888-640-9356 or email RyanWhiteDataSupport@wrma.com.