

2020 RSR Validation Report All System Validation Messages

Revised: October 22, 2020

NOTES:

- Provider Report Validation Messages
 - Validation Check 6 has an updated language.
 - The conditions that trigger Validation Checks 29, 30, 33, 34 have been revised.
- Client Report Validation Messages
 - Validation Checks 232, 233 were added.
 - Validation Check 38 has an updated language.
 - The condition that triggers Validation Checks 38, 185 have been revised.

Validations are highlighted in yellow if they were added, been promoted from “alert” to a “warning”, or the conditions that trigger the validation were revised.

Recipient Report Validations

Section 1: General Information

| Check # | Question # | Message | Level |
|---------|------------|--|-------|
| 187 | Q#7 | At least one provider must be specified. | Error |
| 188 | Q#1b | City is required. | Error |
| 191 | Q#7 | Each provider organization must be funded to provide at least one service. | Error |
| 193 | Q#3e | E-mail is required. | Error |
| 194 | Q#8 | Recipients cannot exempt all of their providers from submitting a Provider Report. At least one provider must be required to submit a Provider Report. | Error |
| 195 | Q#4 | Q#4 Minority AIDS Initiative Funds Percentage. If your organization received a Minority AIDS Initiative designation, you must specify the most recent percentage designation for the reporting period. | Error |
| 196 | Q#4 | Q#4 Minority AIDS Initiative Funds. A response is required for Q#4, organization received a Minority AIDS Initiative designation for the reporting period. | Error |
| 197 | Q#3a | Name is required. | Error |

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| Check # | Question # | Message | Level |
|---------|------------|--------------------------|-------|
| 198 | Q#3c | Phone is required. | Error |
| 199 | Q#1c | State is required. | Error |
| 200 | Q#1a | Street is required. | Error |
| 201 | Q#3b | Title is required. | Error |
| 202 | Q#1d | Zip Code is required. | Error |
| 217 | Q#2a | EIN is required. | Error |
| 218 | Q#2b | DUNS number is required. | Error |

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Sub-recipient (Provider) Report Validations

Section 1: General Information

| Check # | Question # | Message | Level |
|---------|------------|--|---------|
| 2 | | Provider Profile Information: A response is required for Faith-based Organization. | Error |
| 3 | | Provider Profile Information: A response is required for Provider Type. | Error |
| 4 | | Provider Profile Information: A response is required for Section 330 Funding Received. | Error |
| 5 | | Provider Profile Information: A response is required for Type of Ownership. | Error |
| 215 | | Provider Profile Information: A response is required for the real time electronic data network question. | Error |
| 6 | | Service Delivery Sites: At least one service delivery site must be specified if your agency reports that it delivers any Ryan White HIV/AIDS Program funded client service in Q#7. | Warning |
| 9 | | Organization Details: Official Mailing Address is required. Address includes the street, city, state, and Zip Code. | Error |
| 219 | | Organization Details: A response is required for EIN. | Warning |
| 220 | | Organization Details: A response is required for DUNS number. | Warning |
| 211 | | Service Delivery Sites: The [Service Delivery Site Name] Service Delivery Site has an incomplete address. Please include the street, city, state and Zip Code. | Warning |
| 212 | | Service Delivery Sites: The [Service Delivery Site Name] Service Delivery Site is missing or has an incomplete phone number. Please correct. | Warning |

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Section 2: Program Information

| Check # | Question # | Message | Level |
|---------|------------|---|-------|
| 21 | Q#2 | A response is required in Q#2, clinical quality management status. | Error |
| 22 | Q#1d | E-mail is required. | Error |
| 23 | Q#1a | Name is required. | Error |
| 26 | Q#1c | Phone is required. | Error |
| 27 | Q#3 | You must acknowledge that the funding sources shown in Q#3 are correct. | Error |
| 28 | Q#1b | Title is required. | Error |

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Section 3: Service Information

| Check # | Question # | Message | Level |
|---------|------------|--|---------|
| 29 | Q#7 | No Client records were uploaded. At least one client record must be included in your uploaded file if the provider was funded for any Ryan White HIV/AIDS Program funded client service. | Warning |
| 30 | Q#7 | You must report that you delivered at least one service during the reporting period. | Warning |
| 32 | Q#7 | [Service Category Name] services delivered but not uploaded. [Service Category Name] services were reported as delivered, your client-level data do NOT include data on this service type. Either you have not uploaded a client-level data file, OR the file you have uploaded DOES NOT include data on this service type. If you have not uploaded your client-level data, please select the "Import Client-level Data" link in the left menu to upload your XML file. If you have uploaded a file that does not include data on this service category, please check your data. If you did not deliver the service, it should not be selected in Q#7. If you did deliver the service, data on this service category should be present in your client-level data file. | Warning |
| 33 | Q#7 | [Service Category Name] services funded but not delivered. [Service Category Name] services were reported as funded by a recipient, but that service is not specified as delivered in Q#7. | Warning |
| 34 | Q#7 | [Service Category Name] service uploaded but not delivered. [Service Category Name] services were reported in the client-level data XML file(s) that was uploaded, but this service is not specified as delivered in Q#7. If you delivered [Service Category Name] services as indicated in the uploaded file, please select this service in Q#7. | Warning |

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Section 4: HIV Counseling and Testing Information

| Check # | Question # | Validation Message | Level |
|---------|-----------------|---|-------|
| 11 | Q#12, Q#9 | The value reported in Q#12 (HIV Positive and referred to HIV medical care) must be greater than or equal to zero, and less than or equal to the value entered in Q#9 (Total Tests). | Error |
| 12 | Q#10, Q#9 | The value entered in Q#10 (Negative Tests) must be greater than or equal to zero AND must be less than or equal to the value entered in Q#9 (Total Tests). | Error |
| 17 | Q#11, Q#9 | The value entered in Q#11 (Positive Tests) must be greater than or equal to zero AND must be less than or equal to the value entered in Q#9 (Total Tests). | Error |
| 18 | Q#8 | A response must be entered for Q#8, HIV Counseling and Testing services were provided during the reporting period. | Error |
| 20 | Q#10, Q#11, Q#9 | The sum of the values entered in Q#11 (Positive Tests) and Q#10 (Negative Tests) must be less than or equal to the value entered in Q#9 (Total Tests). | Error |
| 35 | Q#8, Q#9 | If "yes" is reported for Q#8 (HIV Counseling and Testing services were provided during the reporting period), a response must be entered for Q#9, Number of clients tested for HIV (Total Tests). | Error |
| 36 | Q#8, Q#10 | If "yes" is reported for Q#8 (HIV Counseling and Testing services were provided during the reporting period), a response must be entered for Q#10, Number of clients who tested Negative for HIV (Negative Tests). | Error |
| 204 | Q#8, Q#11 | If "yes" is reported for Q#8 (HIV Counseling and Testing services were provided during the reporting period), a response must be entered for Q#11, Number of clients tested Positive for HIV (Positive Tests). | Error |
| 206 | Q#8, Q#12 | If "yes" is reported for Q#8 (HIV Counseling and Testing services were provided during the reporting period), a response must be entered for Q#12, Number of clients tested Positive for HIV and were referred to HIV medical care (HIV Positive and referred to HIV medical care). | Error |
| 207 | Q#11, Q#12 | The value reported in Q#12 (HIV Positive and referred to HIV medical care) must be greater than or equal to zero, and less than or equal to the value entered in Q#11 (Positive Tests). | Error |

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Section 5: Clients by ZIP Code

| Check # | Validation Message | Level |
|---------|--|---------|
| 213 | The count of clients receiving eligible services in each zip code must be greater than zero. | Warning |
| 214 | The total number of clients reported in your CLD ([Count of Clients]) differs from the sum of clients reported by ZIP Code ([Count of Clients]). | Alert |

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Client Report Validations

Note: Data Element numbers have been added for convenient referencing between this document and the RSR Instruction Manual.

Demographics

| Check # | Variable | Data Element(s) | Message | Level |
|---------|--------------------|-----------------|---|---------|
| 39 | Birth Year | 4 | [Count of Clients] Clients whose year of birth is after the report year. | Error |
| 40 | Birth Year | 4 and 47 | [Count of Clients] Clients whose year of birth is after the year of first HIV Outpatient/Ambulatory Service | Error |
| 41 | Sex at Birth | 71 | [Count of Clients] Clients with an "Incongruent" response for Sex at Birth in multiple client-level data XML files. | Alert |
| 42 | Gender | 7 | [Count of Clients] Clients with an "Incongruent" response for Gender in multiple client-level data XML files. | Alert |
| 66 | HIV/AIDS Status | 12 and 14 | [Count of Clients] Clients with HIV/AIDS Status of Indeterminate missing Risk Factor of Perinatal transmission. | Warning |
| 70 | HIV Diagnosis Year | 72 | [Count of Clients] Clients with HIV Diagnosis Year after the reporting period. | Alert |
| 72 | Gender | 7 and 64 | [Count of Clients] Male clients or clients with unknown gender with pregnancy status equal to YES | Warning |
| 221 | Birth Year | 4 | [Count of Clients] Clients are missing Birth Year. | Error |
| 84 | Birth Year | 4 | [Count of Clients] Clients age 89 years or older. | Alert |
| 85 | Birth Year | 4 and 72 | [Count of Clients] Clients whose year of birth is after the year of HIV Diagnosis | Alert |

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| Check # | Variable | Data Element(s) | Message | Level |
|---------|---------------------------------------|-----------------|--|---------|
| 86 | Birth Year | 4 and 49 | [Count of Clients] Clients whose year of birth is after the year of CD4 Tests | Alert |
| 88 | Birth Year | 4 and 48 | [Count of Clients] Clients whose year of birth is after the year of Outpatient/Ambulatory Health Service Dates. | Alert |
| 89 | Birth Year | 4 and 50 | [Count of Clients] Clients whose year of birth is after Viral Load Test Dates. | Alert |
| 96 | Poverty Level | 9 | [Count of Clients] Clients missing Poverty Level. | Warning |
| 97 | Housing Status | 10 | [Count of Clients] Clients missing Housing Status. | Warning |
| 216 | Housing Status Collected Date | 11 | [Count of Clients] Clients missing Housing Status Collected Date. | Warning |
| 99 | Medical Insurance | 15 | [Count of Clients] Clients missing Medical Insurance. | Warning |
| 100 | HIV/AIDS Status | 12 and 4 | [Count of Clients] Clients whose HIV/AIDS status is Indeterminate and are over 2 years of age. | Warning |
| 232 | New Client | 76 | [Count of Clients] Clients are missing a response to capture if they are new to the service provider. | Warning |
| 233 | Client Received Service Previous Year | 77 | [Count of Clients] Clients are missing the response to capture if the client received at least one service in the previous year. | Warning |

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Services

| Check # | Variable | Data Element(s) | Message | Level |
|---------|---------------------|-------------------------|--|---------|
| 38 | Services | 16 – 45, 75 and 78 | Clients missing Core Medical, Support or EHE Initiative Services. | Warning |
| 170 | OAHS Service Visits | 16 and 48 | [Count of Clients] Clients have more Outpatient/Ambulatory Health Services visits reported than Outpatient/Ambulatory Health Service Visit dates . | Alert |
| 184 | Service visits | 16 – 45, 75 and 78 | "[Count of Clients] Clients have greater than 365 [Service Category] visits. | Alert |
| 185 | Service Visits | 16, 18–19, 21–27 and 78 | [Count of Clients] Clients with [Core Medical or EHE Initiative Service Category Name] who are HIV negative. | Warning |

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Clinical Information

| Check # | Variable | Data Element(s) | Message | Level |
|---------|---------------------------|-----------------|--|-------|
| 37 | OAHS Service Dates | 48 | [Count of Clients] Clients with Outpatient/Ambulatory Health Service Dates before the reporting period. | Error |
| 44 | First HIV OAHS Visit Date | 47 | [Count of Clients] Clients whose First HIV Outpatient/Ambulatory Health service visit is after the reporting period. | Error |
| 45 | First HIV OAHS Visit Date | 47 | [Count of Clients] Clients whose First HIV Outpatient/Ambulatory Health Service Visit is after Outpatient/Ambulatory Health Service Dates. | Error |
| 48 | OAHS Service Dates | 48 | [Count of Clients] Clients with Outpatient/Ambulatory Health Service Dates after the Reporting Period. | Error |
| 49 | CD4 Test Dates | 49 | [Count of Clients] Clients with CD4 Test Dates after the reporting period. | Error |
| 50 | Viral Load Test Dates | 50 | [Count of Clients] Clients with Viral Load Test Dates after the reporting period. | Error |
| 67 | CD4 Test Dates | 49 | [Count of Clients] Clients reported with CD4 Test Dates before the reporting period. | Error |
| 68 | Viral Load Test Dates | 50 | [Count of Clients] Clients with Viral Load Test Dates before the reporting period. | Error |

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| Check # | Variable | Data Element(s) | Message | Level |
|---------|---------------------------|-----------------|---|---------|
| 209 | Viral Load Test Results | 50, 12, and 16 | [Count of Clients] Clients have a viral load test that is out of range (over 10,000,000). | Warning |
| 210 | Viral Load Test Results | 50, 12, and 16 | [Count of Clients] Clients with a Viral Load Test result who are HIV Negative. | Warning |
| 110 | OAHS Service Dates | 48 and 12 | [Count of Clients] HIV negative clients with Outpatient/Ambulatory Health Service Dates. | Warning |
| 118 | First HIV OAHS Visit Date | 47 and 48 | [Count of Clients] Clients with a First HIV Outpatient/Ambulatory Health Service Visit Date and no Outpatient/Ambulatory Health Service Visits. | Warning |
| 127 | OAHS Service Dates | 48, 12, and 16 | [Count of Clients] Clients have Outpatient/Ambulatory Health Service dates and no Outpatient/Ambulatory Health Service visits . | Warning |
| 147 | OAHS Service Dates | 48, 12, and 16 | [Count of Clients] Clients missing Outpatient/Ambulatory Health Service Dates. | Warning |
| 151 | Prescribed ART | 52, 12, and 16 | [Count of Clients] Clients missing a response to Prescribed ART. | Warning |
| 161 | CD4 count test results | 49, 12, and 16 | [Count of Clients] Clients missing CD4 count test results | Warning |

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| Check # | Variable | Data Element(s) | Message | Level |
|---------|-------------------------|-----------------|---|---------|
| 168 | Viral Load Test results | 50, 12, and 16 | [Count of Clients] Clients missing viral load test results | Warning |
| 208 | CD4 count test results | 49, 12, and 16 | [Count of Clients] Clients have a CD4 count that is out of range (over 3,000). | Warning |
| 222 | CD4 count test results | 49, 12, and 16 | [Count of Clients] Clients have two or more CD4 counts on the same date with a discrepancy in the values. | Warning |
| 223 | Viral Load Test results | 50, 12, and 16 | [Count of Clients] Clients have two or more viral load test counts on the same date with a significant discrepancy in the values. | Warning |

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HIV Counseling and Testing

| Check # | Variable | Data Element(s) | Message | Level |
|---------|------------------------|-----------------|--|---------|
| 171 | HIV Positive Test Date | 73 | [Count of Clients] Clients with an HIV Positive Test Date after the reporting period. | Warning |
| 172 | Birth Year | 4 and 73 | [Count of Clients] Clients whose year of birth is after their HIV Positive Test Date. | Warning |
| 173 | HIV Positive Test Date | 73 and 12 | [Count of Clients] Clients with an HIV Positive Test Date who are HIV Negative | Warning |
| 174 | Birth Year | 4 and 74 | [Count of Clients] Clients whose year of birth is after the Outpatient/Ambulatory Health Service Linkage Date. | Warning |
| 175 | OAHS Linkage Date | 74 | [Count of Clients] Clients whose Outpatient/Ambulatory Health Service Linkage Date is after the reporting period. | Warning |
| 176 | OAHS Linkage Date | 74 and 12 | [Count of Clients] Clients with an Outpatient/Ambulatory Health Service Linkage Date who are HIV Negative. | Warning |
| 177 | OAHS Linkage Date | 74 and 73 | [Count of Clients] Clients whose Outpatient/Ambulatory Health Service Linkage Date is before their HIV Positive Test Date. | Warning |