# How to Use the RSR Upload Completeness Report (UCR)

What is the Upload Completeness Report (UCR)?

The UCR is a report available in the Ryan White HIV/AIDS Program Services Report (RSR) Web System. Once a provider uploads a client-level data XML file, the UCR displays the uploaded data by data element, so you can review your data quality. The UCR allows you to identify both missing data and data that may be incorrect.

> The UCR helps you review your uploaded data to make sure your data accurately reflect your program.

Where can I find my UCR?
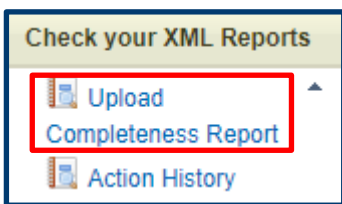
Providers and any recipient(s) that fund them can access the UCR through the Electronic Handbooks (EHBs). If you are checking data prior to the reporting period, you can also access the UCR through the Check Your XML Feature (as shown to the left). Once within an individual Provider Report, the UCR can be accessed by clicking "Upload Completeness Report" in the navigation menu on the left side of the screen.

The screenshot below illustrates how recipients can access individual Provider Reports:

If you are a provider with more than one client-level data file and want to view the UCR for a single file, select "Import CLD" and expand each file's details. You will then be able to view the UCR or Validation Report for an individual file. This is illustrated in the screenshot below.

What should I look for?

The UCR presents aggregated responses for each RSR data element. For each data element, the response options are listed along with the number of values uploaded, the percentage of responses for each option, and the percentage of missing data.

The UCR only includes required data. Since some data elements are only required for clients who receive specific services, each table header includes the number of clients for which the data element is required (the denominator). The UCR has five sections. Below, we present a sample table for each section, along with important questions to help guide your data review.

Section 1. Summary Data

The Summary Data table is the first table in the UCR. It includes the total number of clients uploaded in your client-level data file and the number and percent of clients with each type of major service category.

Population	N	%	Questions to Consider
Total clients submitted	125	100.0%	• Do the total client numbers look correct?
Clients with at least one service of any kind	125	100.0%	
Clients with at least one Core Medical Service	70	56.0%	
Clients with at least one OAHS*, MCM**, CM***, or Housing Service	105	84.0%	• Do the numbers and percentages reflect the services your agency provides?
HIV-positive clients with at least one OAHS Service	50	40.0%	

*OAHS = Outpatient Ambulatory Health Service**MCM = Medical Case Management
***CM = Non-medical Case Management

Section 2. Client Demographic Data

The demographic section has a table for each demographic data element, listing the number and percentage of clients in each response category.

Sex at Birth (Item 71)
Denominator: Clients with any service (n = 125)

Population	N	%	Questions to Consider
Male	87	69.6%	• Do the numbers and percentages look correct?
Female	38	30.4%	
Incongruent	0	0.0%	• Are there any incongruent values?
Missing/Out of range	0	0.0%	• Do you have any missing data?

Section 3. Core Medical, Support, and EHE Services Data

This section includes a table for core medical services and a table for support services and Ending the HIV Epidemic (EHE) services. For support and EHE services, the table presents all service types, and the number and percentage of clients with at least one visit of that type. The table also indicates the number of total visits in each service category for the provider.

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Service Visits (Items 16, 18-19, 21-27, 28-44, 75, 78)

Denominator: Clients with any service (n = 125)

CLD ID#	Response Category	N	%	Visits	Questions to Consider
16	Outpatient/Ambulatory Health Services	50	40.0%	132	• Does your agency receive RWHAP funding for all services which show client and visit counts (shaded rows)? • Are there any services for which you receive RWHAP funding (including EHE and CARES Act) that do not have any client or visit counts shown? • Do the client counts, percentages, and visit counts look correct?
18	Oral Health Care	6	4.8%	6	
19	Early Intervention Services (EIS)	9	7.2%	9	
21	Home Health Care	0	0.0%	0	
22	Home and Community-Based Health Services	0	0.0%	0	
23	Hospice	0	0.0%	0	
24	Mental Health Services	48	38.4%	144	
25	Medical Nutrition Therapy	0	0.0%	0	
26	Medical Case Management, including Treatment Adherence Services	74	59.2%	74	
27	Substance Abuse Outpatient Care	2	1.6%	2	
28	Non-Medical Case Management Services	0	0.0%	0	
29	Child Care Services	0	0.0%	0	
31	Emergency Financial Assistance	0	0.0%	0	
32	Food Bank/Home Delivered Meals	0	0.0%	0	
33	Health Education/Risk Reduction	0	0.0%	0	
34	Housing	27	21.6%	27	
36	Linguistic Services	0	0.0%	0	
37	Medical Transportation	0	0.0%	0	
38	Outreach Services	0	0.0%	0	
40	Psychosocial Support Services	0	0.0%	0	
41	Referral for Health Care and Support Services	0	0.0%	0	
42	Rehabilitation Services	0	0.0%	0	
43	Respite Care	0	0.0%	0	
44	Substance Abuse Services (residential)	0	0.0%	0	
75	Other Professional Services	0	0.0%	0	
78	Ending the HIV Epidemic Initiative Services	4	3.2%	7	

Services reported in the RSR must match in three places:
1. **Contracts in the Grantee Contract Management System (GCMS), which populate the RSR Recipient Report**
2. **Marked as "funded" and "delivered" in the RSR Provider Report**
3. **If delivered, visits are included in the client-level data XML**

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The core medical services table includes the number and percentage of clients with at least one visit for each core medical service category. Unlike the service visits table, this table will only populate services for which you have data in your file.

Core Medical Services Delivered (Items 17, 20)
Denominator: Clients with any service (n = 125)

CLD ID#	Response Category	N	%	Questions to Consider
17	AIDS Pharmaceutical Assistance (LPAP, CPAP)	0	0.0%	• Do the client counts and percentages look correct?
20	Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	3	3.4%	

Section 4. Client Clinical Information

This section includes a table for each clinical data element with the number and percent of clients for each response category. Clinical information is required for all HIV positive clients who received OAHS. The exception is for pregnancy status, which is only required for HIV positive female clients who received OAHS.

Last Viral Load Test Result (Item 50)
Denominator: HIV-positive OAHS clients only (n = 50)

Response Category	N	%	Questions to Consider
<200 copies	16	32.0%	• Do the numbers and percentages look correct?
≥200 copies	27	54.0%	• If the numbers do not look how you expect, is this a data quality issue or a quality-of-care issue?
Missing/Out of range	7	14.0%	• Are there data missing?

The UCR can help you see inaccuracies in your data. For example, if you know that more than half of your clients are virally suppressed, this should stick out!

Aim to have no more than 10% missing data on any data element, especially viral load, CD4, prescribed ART, health coverage, poverty level, and housing status.

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Section 5. HIV Counseling and Testing Services Data

The final section contains HIV Counseling and Testing Services Data, which are only required for clients who received OAHS and were newly diagnosed within the reporting period. The denominator is the same for the two data elements in this section.

HIV Positive Date (Item 73)

Denominator: Newly diagnosed OAHS clients only (n = 28)

Response Category	N	%	Questions to Consider
Jan-March	10	35.7%	• Does the number of newly diagnosed clients receiving OAHS seem correct?
Apr-June	6	21.4%	
Jul-Sept	3	10.7%	• Do the numbers and percentages look correct?
Oct-Dec	8	28.6%	
Missing/Out of range	1	3.6%	• Are the data missing?

What if my data don't look quite right?

There are many reasons why your RSR data may not reflect your program activities. You might not collect a particular data element on your intake form, or you might not have the capacity to enter this data into your data system. The DISQ Team can help you streamline your data management processes to ensure you are efficiently and effectively collecting and reporting required data.

Many RWHAP providers also struggle with mapping data from their electronic health record (EHR) to the RSR data elements. The RSR Crosswalk is an important resource for users working to map data from their EHR to the required RSR XML schema.

To learn more about causes and solutions for common data quality issues, check out DISQ's RSR webinar series. DISQ also leads peer user groups for multiple EHR software systems where users can share best practices for their data system. Currently, these EHR resources are offered for users of Athena, eClinicalWorks, Epic, and NextGen.

Why is data quality important?

You want your RSR data to reflect the good work you do. Your project officer and HAB leadership will review RSR data to learn more about your program. RSR data are also used to present the Ryan White HIV/AIDS Program to Congress, the HIV community, and the public at large. Lastly, high-quality can help you understand program performance and improve quality of care, but poor-quality data cannot.

The DISQ Team provides data-related technical assistance (TA) to RWHAP recipients and providers during and between required data reporting periods.
To contact the DISQ Team, email data.ta@caiglobal.org.

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