

Prepping for RSR Submission Key Steps for High Quality Data - Written Q & A Summary

January 12, 2022

#	Questions	Answers
1.	Is there an updated version of the RSR Submission Timeline document available?	Please refer to this RSR Submission Timeline page for the most up to date RSR submission timeline.
2.	What is the service category we should use to upload EHE funded services in CAREWare?	<p>The service category that you use will depend on what service you are providing with the EHE funding. PCN 16-02 lists the service categories with definitions. The EHE Initiative Services category is only used when the services provided do not fall into any of the categories listed in PCN 16-02.</p> <p>If you are not sure what category to use, please reach out to Ryan White HIV/AIDS Program Data Support.</p>
3.	When reporting Ryan White related services using CAREWare, should we create a unique contract in CAREWare with the qualifying subservices?	It is recommended that you have a way in your data system to capture information separately by funding source. While the RSR does not distinguish client-level data by funding source, this information is useful locally to report funding activities.
4.	Is there a resource on how to add program income into our Recipient Report?	Both RWHAP and RWHAP-related funding (pharmaceutical rebates and program income) is included in the Grantee Contract Management System (GCMS). Recipients enter contracts in GCMS, specifying the type of funding (RWHAP and/or RWHAP-related) and the services that are funded. This information is automatically pulled into the RSR Recipient Report. The GCMS Manual provides more information and there is also the How to Complete the RSR Recipient Report webinar that reviews the process. For assistance with updating contracts in GCMS, please contact Ryan White HIV/AIDS Data Support .
5.	Is prescribed antiretroviral therapy (ART) only collected for clients who receive Outpatient Ambulatory Health Services (OAHS)?	Yes, you only need to include data on prescribed ART for clients who receive OAHS.
6	Will we need to report on EHE clients that receive prescribed meds?	Prescribed ART is only required to be reported for clients who receive OAHS. Your recipient may require you to collect clinical information for local use, but it is not required for the RSR.

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7.	What resources can new RSR users review to familiarize themselves with RSR reporting requirements?	Roadmap: New to the RSR is a webpage on TargetHIV for people new to the RSR which lists key resources. The RSR: The Basics is a good resource to start with before you review other resources. Additionally, if you are new to the RSR, feel free to contact the DISQ Team for any questions.
8.	What does UCR stand for?	The UCR is the Upload Completeness Report. It is one of the reports that you can use after uploading your data into the web system. It aggregates responses for each of the required data elements. The UCR is one of the most helpful tools to help you ensure complete, high-quality data for your RSR. DISQ recently developed a training module that provides additional guidance on how to access and use the UCR.
9.	Should we exclude clients that are eligible but did not receive any services from the report?	Yes. In order for a client to be included in the RSR, they must be both eligible and receive a service for which the agency received RWHAP or RWHAP-related funding.
10.	What is the difference between the Recipient Report and the Provider Report? Which report is due on February 7 th ?	Recipients receive funding directly from HRSA HAB and must complete one Recipient Report for each grant that they receive. Providers receive funding from recipients to provide direct services and must complete one Provider Report, regardless of the number of recipients from which they receive funding. Some recipients, particularly Part C and D recipients, receive funds from HRSA HAB and provide services to clients. These agencies would have to complete both the Recipient and Provider Reports. The Recipient Report must be certified by February 7 th , which is also the day the Provider Report opens. The RSR Basics Webinar is a great resource that goes into greater detail on the difference between the two reports.
11.	If I complete the Recipient Report and certify it before February 7 th will the providers have access to it before February 7 th ?	Providers will not have access to the Provider Report before February 7 th . The nationwide opening of the Provider Report is always the first Monday in February, even if you complete the Recipient Report prior to the deadline.

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12.	If we are only providing Part A medical case management (MCM) and non-medical case management (CM) to a client and they receive OAHS from another agency, do we need to input the labs and antiretroviral therapy (ART)?	For the purposes of the RSR, clinical information is only required for clients who receive OAHS. Your recipient may require you to collect clinical information for local use, but it is not required for the RSR.
13.	Where can you find the download for TRAX?	Please use the following link to download the TRAX application for the RSR.
14.	When the RSR is generated in CAREWare, is it built to include patients' information based on the reporting requirements?	<p>CAREWare is an RSR-Ready System, which means that the system knows what information to pull out for the RSR report. It will only pull out the required data and not any extra information. This is true for all RSR-Ready Systems.</p> <p>For additional information, please review the following resource on RSR-Ready Systems.</p>