

## Moving Beyond Data Completeness: Ensuring RSR Data Reflect Services Being Provided

### Written Q & A Summary

December 8, 2021

#	Questions	Answers
1.	What should I do if my agency has changed from a provider-only to a recipient-provider and I need to get access to the RSR?	If you are a recipient or recipient provider, you access the Electronic Handbooks (EHBs) in a different way than providers do. Recipients will need to request access from their agency Authorizing Official. For more information, you can review the <a href="#">Overview of HRSA's Electronic Handbooks for Grant Recipients</a> webinar. You can also find more information in the <a href="#">RSR Instruction manual</a> . For additional support, you can contact the <a href="#">EHBs Customer Support Center</a> for assistance getting the access you need.
2.	I thought ZIP Code reporting was required, but I didn't see it on the chart on page 83 of the RSR Instruction Manual.	The chart on page 83 of the <a href="#">RSR Instruction Manual</a> is for client-level data reporting requirements. ZIP code are reported in aggregate in the Provider Report, not the client-level data file.
3.	Can you repeat the information on provider program income?	In addition to recipient-generated program income, providers may also generate program income. Providers who generate program income and use it to fund direct client services should check them as delivered in the Service Information page of the Provider Report.  Please refer to <a href="#">PCN 15-03</a> for more information on program income.
4.	How is Housing Status Collected Date handled for the next RSR?	There have not been any changes regarding reporting for this data element. Housing Status Collected Date should be the most recent date that the client's housing status was collected. It is also required to be in the RSR reporting period. Review the <a href="#">RSR Instructional Manual</a> for more information regarding this data element.
5.	Is there assistance for the RSR data interpretation?	For assistance in reviewing your RSR data, contact the <a href="#">DISQ Team</a> .
6.	I thought HIV Diagnosis Year was a required element for EHE Initiative Services. However, it looks as if it is not in the chart on page 83 of the RSR Instruction Manual.	HIV Diagnosis Year is a required data element for new clients if they receive Outpatient Ambulatory Health Services, Medical Case Management, Non-Medical Case Management or EHE Initiative Services. Review the <a href="#">RSR Instructional Manual</a> for more information regarding this data element. The chart on page 83 will be updated to reflect this.

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7.	For CD4 date and value, what is an acceptable missing value percentage?	The goal is for RSR data to be as complete as possible. For outreach activities, less than 10% missing data is established as the threshold. Your recipient may choose to establish a lower threshold. If you are missing CD4 or viral load data, you will receive a validation warning message and be required to write a comment.
8.	Is a provider required to provide the dollar amount and type of program income used for each service?	For both recipients and providers, dollar amounts for pharmaceutical rebates and program income are not reported on the RSR.
9.	If a patient is RW eligible and has Medicaid, is the Medicaid payment considered program income?	<a href="#">PCN 15-03</a> notes that “program income is most commonly generated by recipients and subrecipients as a result of charging for services and receiving payment from third-party reimbursement”. Medicaid and private insurance are examples of third-party reimbursement. Given that the RWHAP is the payer of last resort, if a client is RWHAP eligible and receives a service for which your agency receives RWHAP or RWHAP-related funding, other payers (e.g. Medicaid, private-insurance) should be billed for the services provided. <a href="#">Policy Clarification Notice 13-02: Clarifications Regarding Medicaid Eligible Clients and Coverage of Services by Ryan White HIV/AIDS Program</a> provides more information regarding this.