

RSR: The Basics - Written Q & A Summary

September 14, 2022

#	Questions	Answers
1.	When will the RSR manual be available?	The RWHAP Services Report (RSR) Instruction Manual will be available to download later this fall on the TargetHIV website. We encourage you to sign up for DISQ's RSR Listserv so you can receive the update once it becomes available.
2.	The meatball chart on page 83 (page 86 in the PDF version) in the 2021 RSR Instruction Manual (Appendix A), states that we need certain data elements for the RSR. Our agency only requires proof of diagnosis. How important is it to get information about income, housing status, health coverage, and federal poverty level (FPL)?	The data reporting requirements are based on the services that the client receives. HRSA HAB's expectation is that the data are as complete as possible with less than 10% missing data for each required data element.
3.	Is TRAX available as an option even if we have programs that already convert the XML file?	TRAX is always available to you as an option. There are also RSR-Ready Data Systems that can create the XML file for you. Please note that TRAX's only function is to create the XML data file; it does not have a data management component. If you are interested in switching to TRAX, we encourage you to reach out to the DISQ Team for assistance with setup.
4.	You mentioned in the presentation that recipients must do a separate recipient report for every grant received yet providers, some of which receive multiple grants, only must do one report. Why can't recipients do one report like providers?	The HRSA Electronic Handbooks – the EHBs - is the grants and program management system used by HRSA and its Recipients. Any required performance reports are specific to each grant that an agency receives from HRSA HAB. If an agency received two grants from HRSA HAB, they would need to complete two Recipient Reports.
5.	Regarding the different terminology to explain the relationship between HAB, Recipients, and Providers, is there also a "contractor" status?	There is not a separate contractor status in the reporting purpose. However, if you are a vendor and need access to the system for your role, you can reach out to the DISQ Team and we can assist you.
6.	We are a Public Health Department with agencies that receive direct funding from HRSA HAB and funding from us. Are these agencies required to complete a Recipient report or just us?	If an agency receives funding directly from HRSA HAB, they are required to complete their own Recipient report.
7.	What is the difference between Part C and Part B?	Part B funding is provided to all 50 states, District of Columbia, Puerto Rico, U.S. Virgin Islands, and six U.S. territories, while Part C funding is provided to local community-based groups, such as clinics and hospitals. You can

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		find more information about the different Parts on the HRSA HAB website .
8.	Last year the new RSR reporting requirement was adding related rebates; is there any big change like that this year?	RWHAP related funding reporting was required to be implemented by last year's RSR. The DISQ Team sent out an announcement earlier this fall through the RSR Listserv with anticipated RSR changes on behalf of HRSA HAB. You can access this announcement by clicking here . We also encourage you to attend the Preparing for the 2022 RSR Submission: Understanding Reporting Changes webinar on October 12, 2022. Any changes will be highlighted in this webinar, as well as in the RSR Manual.
9.	In the Additional Services section of the RSR Provider Report, specifically around Program Income and Pharmaceutical Rebates, I noticed that there were different items listed from each agency. Can you please help me understand how this section should be completed by providers?	The Additional Services section is where providers report any services funded by their agency's rebates or program income. The list will only include service categories that are not already listed as funded by a recipient in the section above. You are not expected to include all the services your agency provides, just services funded with your agency's RWHAP rebates or program income .
10.	Does MAI funding, or MAI funded activities need to be included in the RSR?	Any service that you're providing with RWHAP funding should be included in your RSR. However, agencies that are specifically only MAI funded will only report on the RSR if the service they're providing fits within a service category definition listed in PCN 16-02 . If you have any further questions specifically about MAI funding or MAI funded services, reach out to RWHAP Data Support for further assistance.
11.	If we receive our EHE funding through the HRSA Bureau Primary Health Care, do we complete the RSR for this funding? Or is the EHE reporting in the RSR for funds received through HRSA HAB?	There are multiple sources of EHE funding. We are specifically talking about EHE funding received from the HRSA HIV/AIDS Bureau.
12.	We only receive Ending the HIV Epidemic (EHE) Initiative funding, are we still required to complete the RSR?	Yes. All providers that receive EHE Initiative Funding must complete both the EHE Triannual Provider Report and the RSR. We encourage Recipients to check out our recent webinar, Completing the EHE Triannual Module RECIPIENT Report .

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		<p>For Providers that receive EHE Initiative Funding from a recipient, review the recent webinar, Completing the EHE Triannual Module PROVIDER Report.</p> <p>There is also a new webinar on September 28, 2022, Data Reporting Requirements for EHE-funded Recipients and Providers, that we encourage you to attend for additional clarification on reporting for the EHE and RSR.</p>