Data Reporting Requirements for EHE-funded Recipients and Providers

Ending the HIV Epidemic (EHE)

HIV/AIDS Bureau

September 28, 2022

Welcome to today's Webinar. Thank you so much for joining us today!
My name is Debbie Isenberg. I'm a member of the DISQ Team, one of several groups engaged by HAB to provide training and technical assistance to recipients and providers funded by the Health Resources and Services Administration, HIV/AIDS Bureau.

Today's Webinar is Presented by:

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DISQ

Today's Webinar is presented by AJ Jones from the DISQ team and myself, Debbie Isenberg, also from the DISQ team. We support data collection, management and reporting for HAB, including several reports that we'll talk about in today's session. Today, we're going to talk about reporting requirements for agencies who are funded under the Ending the HIV Epidemic, or EHE, initiative.

Throughout the presentation, we will reference some resources that we think are important. To help you keep track of these and make sure you have access to them immediately, my colleague Isia is going to chat out the link to a document right now that includes the locations of all the resources mentioned in today's webinar.

At any time during the presentation, you'll be able to send us questions using the "Question" function on your settings on the bottom of the screen. You'll also be able to ask questions directly "live" at the end of the presentation. You can do so by clicking the "raise hand" button (on your settings) and my colleague Isia will conference you in.

Now before we start, I'm going to answer one of the most commonly asked questions about the slides. The recording of today's webinar will be available on the TargetHIV website within one week of the webinar; the slides and written question and answer are usually available within two weeks.

Overview

- Overview of the EHE
- Reporting Requirements for EHE Recipients
- Reporting Requirements for EHE Providers
- Resources
- Q&A

As Debbie mentioned, today's session will go over reporting requirements for agencies funded by the Ending the HIV Epidemic, or EHE, initiative. If you've been to one of our webinars before, this one is going to be a little different. Today, we're going to be talking at a high level about multiple reports that need to be completed, rather than focusing on a specific report as we do in most of these sessions. The goal is to leave here today with an understanding of what you'll need to do as an EHE recipient or provider, and to know where to go for more specific guidance.

I'm going to start with a brief overview of the EHE, and then we'll talk through what reports are required for EHE-funded recipients, and providers.

All of the reports I'm going to be talking about today have materials and webinars available on TargetHIV that walk you through the requirements in detail. We'll share links to some specific session that you'll want to review, and we'll have some time at the end to take any questions you may have.

Legend:
- Priority U.S. counties, Washington, D.C., and San Juan, Puerto Rico
- Priority states
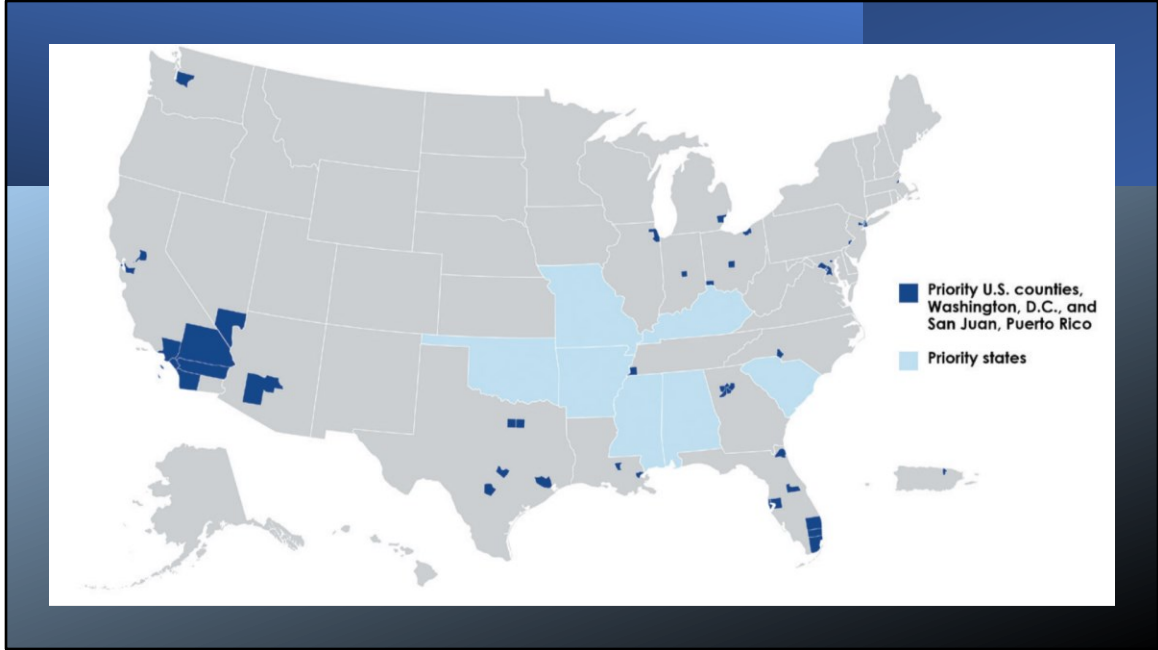
The Ending the HIV Epidemic (EHE) initiative funds metropolitan areas and states with a disproportionate share of new HIV infections, including metropolitan areas (that you're seeing in dark blue on this map) and states (who are in the lighter blue).
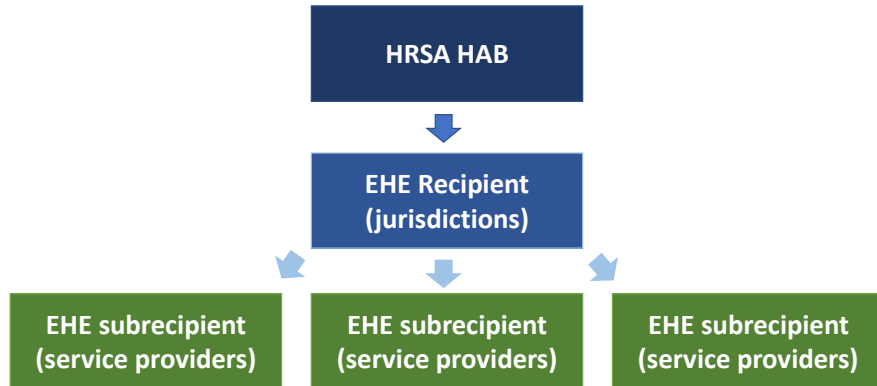
EHE has several key differences to RWHAP

- Services can be provided to all people with HIV, regardless of RWHAP eligibility requirements
- Services do not have to align with those outlined in PCN 16-02

For those of you who are familiar with the RWHAP overall, the key difference with EHE funding is that you have more flexibility in how funding can be used.

All people with HIV can be served using EHE funds – there aren't the traditional requirements with other RWHAP Parts such as income eligibility requirements. You're also able to fund services outside of the scope of the RWHAP legislation, which are outlined in Policy Clarification Notice (or PCN) 16-02.

But the overall structure is the same

HRSA HAB

↓

EHE Recipient (jurisdictions)

↓ ↓ ↓

EHE subrecipient (service providers) | **EHE subrecipient (service providers)** | **EHE subrecipient (service providers)**

But, the structure of EHE grants is exactly the same as other RWHAP Parts. HRSA/HAB awards grants directly to jurisdictions (those being the blue counties and states we saw on the map a couple slides ago); these agencies are called recipients. These recipients are then responsible for distributing the money to service providers.

But the overall structure is the same

- EHE **Recipients** have a direct funding relationship with HAB (are of the metropolitan areas or states)
- EHE **Providers** receive funding through an EHE recipient's grant to provide services

So, to say it another way, recipients have a direct funding relationship with the HIV/AIDS Bureau, who in turn fund service providers.

You can be both a recipient and a provider.

DISQ

This webinar is for EHE recipients and providers

- What funded jurisdictions (recipients) need to complete
- What service providers need to complete
- If you don't get EHE funding you're welcome to stick with us, but this won't apply to you
- Other resources go into more detail on specific reports

This webinar is for those EHE-funded agencies.

For jurisdictions, we'll discuss the reports that you need to complete as a recipient, and we'll do the same for providers.

Hopefully, everyone on today's session falls into one of these categories, but we know it can get confusing when you have multiple funding streams coming in. If you're not sure whether you're funded by the EHE, you're welcome to stick with us but you may not need to complete the reports we're talking about today. You're welcome to chat in and a member of our team will follow-up with you to figure out what you'll need to complete.

As I mentioned earlier, there are other webinars that are specific to each of the reports I'm going to be talking about today. I'm just going to be giving you a high-level glimpse without getting into the nuance of each: at the end of today's session and in the resources doc in the chat, you'll find links to these other resources.

Poll #1

My agency is (select all that apply):

An EHE funded jurisdiction (metropolitan area or state)
An EHE funded direct service provider
Neither of the above
Other (please chat in)

Overview

- Overview of the EHE
- **Reporting Requirements for EHE Recipients**
- Reporting Requirements for EHE Providers
- Resources
- Q&A

Now that we've got a common understanding of who the webinar is for, we'll start by going through the reporting requirements for EHE recipients.

EHE recipients are responsible for:

- Entering contracts into the Grantee Contract Management System (GCMS)
- Completing a Recipient Report for the EHE Triannual Report and RWHAP Services Report (RSR)
- Supporting providers in completing the EHE Triannual Report and RSR
- Reviewing and accepting data

EHE recipients are also funded under another RWHAP Part (either A or B), so hopefully these reports will sound familiar to you if you're an EHE recipient.

Recipients enter contract information into the Grantee Contract Management System, or GCMS, that is used to link together and complete multiple reports for HAB. As we'll talk through shortly, the GCMS fills in two Recipient Reports that you'll need to review: one for the EHE Triannual Report and one for the RWHAP Services Report, or RSR.

Once you've done your Recipient Reports, you'll assist providers in completing their own reports as needed, and review their data after submission.

We're going to take a little but of a deeper dive into each of these activities on the next couple slides.

GCMS populates multiple reports and contains a record for each EHE contract

Funding Organization Information

The name and core grant number shown below are pre-populated from the HRSA Electronic Handbooks (EHBs). You must correct any errors in this data in the EHBs.

Recipient Name: City Health Department

Federal Award Identification Number: UT8HA00000

Organization ID: 12345

As I mentioned, the GCMS is the central place where contracts are entered.

GCMS populates multiple reports and contains a record for each EHE contract

Funding Organization Information

The name and core grant number shown below are pre-populated from the HRSA Electronic Handbooks (EHBs). You must correct any errors in this data in the EHBs.

Recipient Name: City Health Department

Federal Award Identification Number: UT8HA00000 — All EHE grants start in UT8HA

Organization ID: 12345

You can tell from your grant number what funding stream you're completing a report for: all EHE grants start with UT8HA.

Anything else is going to be a different Part: for example, Part B grants start in X07. You'll want to make sure that you're entering contracts under the correct grant, especially if you're responsible for entering data for more than one grant.

The GCMS also collects basic information about the contract…

And dollar amounts for services funded

Services

Select the core medical, essential support and EHE initiative services for this contract that are funded through EHE program. For each service category funded through EHE, enter a funding amount in the corresponding column. The award amount should reflect the current year and should not include carryover funds.

[Done updating services] *

* Your changes will not be saved until you select the "Save" button on the contract details page.

Service Name	EHE Funding	Base
▲ **Service Category: Core Medical Services**		
Outpatient/Ambulatory Health Services	☐	
AIDS Pharmaceutical Assistance	☐	
Oral Health Care	☐	
Early Intervention Services (EIS)	☐	

And financial information on what services are funded by the grant. Again, hopefully this looks familiar to you if you're a recipient.

GCMS populates the EHE Triannual Recipient Report

NAVIGATION	«
Inbox	▲

📄 EHE Triannual Recipient Report
📄 EHE Triannual Provider Report

EHE Recipient Report

Navigation	▲

📄 General Information
📄 **Program Information**

EHE Recipient Report

Actions	▲

📄 Validate
📄 Certify
📄 Request Decertification
📄 Print
📄 Accept

EHE Recipient Report -

Reports	▲

📄 Action History

Manage Contracts	▲

📄 Search Contracts

EHE Triannual Recipient Report   Your session will expire in: **29:24**

▼ **UT8HA00000:   CITY HEALTH DEPARTMENT**

Report ID: 987654   **Status:** Working   **Due Date:** 11/15/2022 18:00:00

Report Period: 5/1/2022 - 8/31/2022   **Last Modified Date:** 09/15/2022 17:07:36   **Last Modified By:**
                                                                                ajones@mission-ag.com

Access Mode: ReadWrite   **UEI:** UA123E4XR5

Program Information

This item lists all of the agencies that had a contract with your organization during the reporting period. Verify the list is accurate. If a provider is missing, revise your list of contracts by selecting the "Search Contracts" link under the Manage Contracts heading in the left menu. If a provider listed will not submit a EHE Triannual Provider Report for the reporting period, select the checkbox in the Exempt column and enter a justification for the exemption in the text box that is displayed. NOTE: The exempt checkbox may only be selected if the organization's Provider Report is in "Not Started" or "Working" status.

	Warning	Reg Code	Provider Name	Exempt	Exemption Justification
+		12345	CITY HEALTH DEPARTMENT	☐	
+		56789	17th STREET FOOD BANK	☐	

[Cancel]
[Save]

For help with EHBs contact the HRSA Help Desk by phone at 1-877-Go4-HRSA (1-877-464-4772) Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Time. Or use the HRSA Electronic Handbooks Contact Center help request form to submit your question online. For questions regarding data content and/or reporting requirements, please contact Data Support at 1-888-640-9356 or email to RyanWhiteDataSupport@wrma.com

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The contracts that you enter into the GCMS populate the Recipient Reports. What you're seeing here is the EHE Triannual Recipient Report: you'll see that I have a list of the agencies funded under my grant listed here in the Program Information section.

And the RSR Recipient Report

The exact same information is also used to populate the RSR Recipient Report, which you're seeing here. You'll notice that this page looks just like the last one.

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These reports are almost identical

- Information is prepopulated
- Verify that all providers are listed with correct services
- Make sure the same provider information (including registration code) is used for both reports
- "Certify" the Recipient Report when done
- Review data submitted by providers

And that's because these reports collect exactly the same information – they're prepopulated from the same source, and reflect who is funded by your grant and what service they're funded for.

As a recipient, you'll need to review these data to make sure that all of your providers are listed in the report, and that the services are correct.

It's also worth checking to make sure that the same information is used for the same provider across reports. If you're doing a Part A and EHE Recipient Report, for example, you'll want to triple check to make sure the agencies line up. Minor differences in provider's name, such as a comma in a different place, can create duplicates in the system.

Once you've reviewed to make sure all these data are accurate, you'll Certify the Recipient Report so your providers can work on their reports. Once they're done, you also need to review their data and accept their report (or request changes, but we'll assume for today that your provider's data are all perfect).

Overview

Overview of the EHE

Reporting Requirements for EHE Recipients

Reporting Requirements for EHE Providers

Resources

Q&A

Next, I'll talk through what needs to be completed by EHE funded providers.

2021 RSR Funding Info

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Of **278** EHE-funded providers,
211 (76%) receive other RWHAP funding

Part A:	Part B:	Part C:	Part D:
181	106	49	45
(65%)	(38%)	(18%)	(16%)

But first, a little context. One of the reasons we identified the need for this webinar was confusion about who should be reported on the RSR and the in the EHE Triannual Report – we'll talk about these Provider Reports momentarily.

Some of this confusion is because many providers funded by RWHAP receive funding from multiple grants. Overall, just about three quarters of EHE-funded providers are also funded under another Part: most commonly, these agencies are funded by Part A (which are also metropolitan areas) or Part B (which are states) which makes sense given that jurisdictions receive these grants.

DISQ

EHE providers are responsible for:

- Completing the EHE Triannual Provider Report
- Completing the RSR Provider Report
- Tracking data on clients served throughout the year

EHE providers complete the EHE Triannual Report and the RSR, though these reports are more detailed than the Recipient version we looked at in the previous section.

Additional, providers are responsible for tracking data on who they're serving throughout the year. I won't get into detail today, but there are many systems that providers use to manage their data, and the DISQ team provides TA throughout the year on this very topic.

The EHE Triannual Provider Report

- Is submitted three time a year
- Verify basic agency information
- Report an <u>aggregate</u> count of clients who:
  - Received certain service categories
  - Were prescribed or continued on ART during the period
- Aggregate counts differentiate new and returning clients

As the name implies, the EHE Triannual Provider Report is completed 3 times a year. In addition to verify basic agency information, providers also report aggregate client counts in their report. This includes a count of clients who received certain services, such as medical care, during the reporting period. Providers also report the count of clients who were prescribed or continued on antiretroviral therapy (or ART) during the period.

Finally, these counts also differentiate clients who were new to the agency during the reporting period and those who received services previously.

Again, I'm not going to go into detail on this report, but my colleagues at the Data Support team just hosted a fantastic webinar that walks through this report in detail.

The RSR Provider Report

- Is submitted once a year
- Verify agency and service information
- Upload a <u>client-level</u> data for clients seen during the year, including EHE-eligible clients

EHE funded providers are also required to submit the RSR annually, which is the big data submission that's due in the end of March. This big difference with the RSR is that it includes an upload of client-level data into the system. This is the report that's often the most complex, and what we tend to do a lot of TA around. If you're new to the RSR, I'd strongly encourage you to attend the report-specific RSR webinars we'll be hosting this Fall and Spring 2023 to prepare you for the submission.

Importantly, the RSR client-level data should include clients eligible for EHE services, which I'll explain in a little more detail.

Both Reports use "Eligible Scope" Reporting

- Report clients who:
  - Were eligible to receive services under the grant (this includes all people with HIV for the EHE)
  - Received a service for which you received RWHAP or EHE funding

- Report <u>all</u> clients who meet these criteria on <u>both</u> reports

Both reports use what's called "eligible scope" reporting. This means that clients should be included in the report if they meet two criteria: first, that they are eligible for the program, and second that they received a service the <u>agency</u> was funded for.

The most common problem we've heard is that some providers think they are supposed to only report EHE-funded services in their EHE Triannual and RSR Provider Reports. You should report all clients who meet these criteria in both reports.

Poll #2

A provider is funded by RWHAP Part A and EHE for medical case management services. The provider should report all clients who received medical case management in:

No reports
The RSR
The EHE Provider Report
Both reports

Poll #3

A provider is funded by EHE for medical case management services. The provider should report all clients who received medical case management in:

No reports
The RSR
The EHE Provider Report
Both reports

DISQ

Both providers and recipients are responsible for reporting good quality data

- Make sure RWHAP clients are included in the EHE Triannual Report
- Check the count of clients across reports to see if they make sense

The aggregate and client data are essential to demonstrating the impact of the RWHAP program, and if you've been on a webinar with us before you've heard us say how important good quality data are. Both recipients and providers are responsible for making sure that these reports are completed correctly and contain good data.

Make sure that you're reporting all the clients you should in both of these reports. This means triple-checking that clients served by other RWHAP Parts are included in the EHE Triannual Report: one way you can get a better sense of this is by comparing client counts across reports.

What this means for data systems

- Ideally, client data are in the same system
  - Historical data are needed to differentiate new and returning clients
  - Both reports use "eligible scope" reporting
  - RSR-Ready Systems have been updated to create both reports

If you're funded under multiple grants (such as RWHAP Part A and EHE), this is hopefully easy to accomplish if all of your data lives in the same system.

Most providers use what's called an RSR Ready System, which is a data management system that can automatically create the RSR client-level data file for you. CAREWare is the most commonly used but there are plenty of other systems like e2, Provide Enterprise and eCW that can also do it for you.

So, for example, if you're a CAREWare user, you have separate contracts set up and all your clients are being entered.

This is ideal because historical data is needed for the EHE Triannual Report to differentiate new clients from returning clients, and everyone should be included in both reports. For those of you who use CAREWare or another RSR-Ready System, these have been updated to create the reports for you automatically.

What this means for data systems

- But many providers use multiple systems
- You can submit multiple files for the RSR, but aggregate data reporting is much more complicated
- Options for completing the EHE Provider Report:
  - Merge data locally
  - Run the counts from your primary data system
  - Contact DISQ if you're not sure or need help

However, we know that in reality many providers have multiple systems that they use to track data: commonly, this means an internal Electronic Health Record (EHR) and an RSR-Ready System. When you have an entirely separate system for your EHE data, you can upload multiple files in the RSR, but it's much trickier to generate the aggregate counts for the EHE Triannual Report.

You may be able to merge data locally before you enter it into the EHE Triannual Report. This would be most effective if there isn't much (if any) overlap in the clients across funding streams.

If that's not feasible, you should run the counts from whichever primary system contains the most data.

If you're not sure which applies to you, please reach out to us at the DISQ Team and we'll follow-up to talk through your processes and come up with a submission game plan with you.

Check across reports

We also strongly encourage to take a quick look and compare your RSR data and EHE Triannual Report data to make sure they make sense.

Both the RSR and the EHE Triannual Report have built-in tools to help you assess the quality of the data.

Check across reports

Reporting Period	Modified Date	Status	Action	Clients	Action History
RSR 2021 Annual	03/01/22 12:37:41	Submitted	Open	1335	History

CITY HEALTH DEPARTMENT

Report ID: 123456	Status: Submitted	Due Date: 4/5/2022 6:00:00 PM
Report Period: RSR 2021 Annual	Last Modified Date: 3/1/2022 12:37:41 PM	Last Modified By: ajones@mission-ag.com
Access Mode: ReadOnly	Client Count (unique combination of provider and eUCI): 1335	Locked By: None

The RSR will give you a total client count in two places: In the report inbox, the number of clients is displayed before you even open the report. The same number is displayed in the header of the report itself.

This number should make sense when compared to the total in the EHE Triannual Provider Report. They aren't going to be exact since the report periods are different, but if I had over 1,300 clients in my RSR last year, I should have more than 20 clients reported here.

Poll #4

How confident are you in the data you've submitted on these reports?

I'm not sure/I haven't done the reports yet
I'm confident in my data for the RSR and EHE
I'm confident in my data for the RSR but not the EHE
I'm confident in my data for the EHE but not the RSR
I'm <u>not</u> confident in my data on either report

Overview

Overview of the EHE

Reporting Requirements for EHE Recipients

Reporting Requirements for EHE Providers

Resources

Q&A

Check out webinars for each report

Agency Type	Webinar	Focus	Date
Recipients	Completing the EHE Triannual Recipient Report	EHE	8/31/2022 (recording)
	How to Complete the RSR Recipient Report Using the GCMS	RSR	11/9/2022
Providers	Completing the EHE Triannual Provider Report	EHE	9/7/2022 (recording)
	Completing the RSR Provider Report	RSR	TBD (Spring 2023)

The links that you're seeing here on this slide are for past and upcoming webinars that you can review to walk through each of the reports I've talked about today. The first two are for recipients, and the last two are for providers. These webinars give you a detailed review of exactly how to do each of these.

TA Resources

- **HAB Web Site**
  - PCN #16-02

- **TargetHIV**
  - GCMS Instruction Manual
  - 2021 RSR Instruction Manual
  - 2021 EHE Triannual Report Manual
  - DISQ Listserv

Shown in the screen are great resources to use while working on your reports. The HAB website is the best place to find policy notices, including PCN #16-02, as well as other general information concerning the Ryan White program.

Also, the TargetHIV website is another great resource to access instruction manuals for the upcoming reports, though note that new versions of these documents will be released that align with updates to the reports. Both of the report-specific manuals are for both recipients and providers; the GCMS manual is just for recipients.

Finally, sign up for the DISQ listserv to stay up to date

TA Contact Information

TA Resource	Type of TA
Ryan White Data Support 888-640-9356 | RyanWhiteDataSupport@wrma.com	• RSR and EHE-related content and submission questions; • Interpretation of the Instruction Manuasl and HAB's reporting requirements; • Instructions for completing the Recipient and Provider Reports; and • Data validation questions.
The Data Integration, Systems, & Quality (DISQ) Team Data.TA@caiglobal.org Sign up for the DISQ listserv Submit a DISQ TA Request	• Data reporting requirements; • Extracting data from systems and reporting it; • Data quality.
EHBs Customer Support Center 877-464-4772 | Submit an EHBs TA Request	• Software-related questions; • Electronic Handbooks (EHBs) navigation; • EHBs registration; • EHBs access and permissions; • Performance Report submission statuses. • RSR and EHE Web System navigation.
CAREWare Help Desk 877-294-3571 | cwhelp@jprog.com Join the CAREWare listserv	• How to generate the data extracts from CAREWare correctly; • How to view a sample client summary file; and • Creating custom reports.

DISQ 38

Let's review technical assistance resources available to assist you during the RSR Submission.

The Ryan White Data Support team addresses report content, submission questions, interpretation of the Instruction Manual and HAB's Reporting Requirements, instructions for completing the RSR Recipient and Provider Reports, and data validation questions.

The DISQ Team addresses questions for those needing assistance in extracting data from their systems and reporting those data using the required system structure. If you want someone to look through your data with you and make sure it represents your program, we're the best place to go.

The EHBs Customer Support Center provides assistance with the EHBs, including registration, access and permissions, RSR software-related questions, and EHBs navigation.
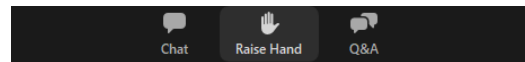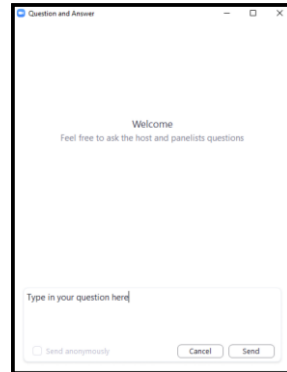
For our CAREWare users, the CAREWare Help Desk will be your best resource. The CAREWare help desk can assist you with generating XML files from CAREWare correction and also help create custom reports. I would encourage all CAREWare users to sign up for the listserv.

And now to your questions – but first, I would like to remind you that a brief evaluation will appear on your screen as you exit, to help us understand how we did and what other information you would have liked included on this webcast. We appreciate your feedback very much, and use this information to plan future webcasts. My DISQ colleague Isia is going to put a link out in the chat feature if you would prefer to access the evaluation right now. We'll also send a final reminder via email shortly after the webinar

As a reminder, you can send us questions using the "Question" function on your control panel on the right hand side of the screen. You can also ask questions directly "live." You can do this by clicking the raise hand button (on your control panel). If you are using a headset with a microphone, Isia will conference you in; or, you can click the telephone button and you will see a dial in number and code. We hope you consider asking questions "live" because we really like hearing voices other than our own.

We do want to get all of your questions answered, and we do not usually run over an hour. If you have submitted your question in the question box and we cannot respond to your question today, we will contact you to follow up. We often need to explore your question in order to give you the most appropriate answer.