

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

Ryan White HIV/AIDS Program Services Report (RSR)

HIV/AIDS Bureau

December 7, 2022



Welcome to today's webinar. Thank you so much for joining us today!

My name is Hunter Robertson . 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 for the Ryan White Services Report, or RSR.

## Today's Webinar is Presented by:



**Debbie Isenberg**  
[Data.TA@caiglobal.org](mailto:Data.TA@caiglobal.org)



**Hunter Robertson**  
[Data.TA@caiglobal.org](mailto:Data.TA@caiglobal.org)



Today's Webcast is presented by Debbie Isenberg from the DISQ Team. Debbie will provide you with an overview of progress on data quality activities. She'll review findings from targeted RSR outreach and strategies that providers have identified to both address missing and inaccurate data.

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.

## Disclaimer

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Now I'd like to turn the webinar over to Debbie.

# Outline

**Importance of Data Quality**

**Common Issues**

**Data Quality Strategies**

**Questions**

Thanks for the introduction Hunter, and thanks to all of you for joining us today for this webinar.

As Hunter noted, today's webinar is about data quality. (1) I'll start with reviewing the importance of data quality. I don't just mean if data are complete. We're also reviewing what was reported – we want to be sure that the data you submitted reflect your program activities. (2) Then, I'll talk about some common data quality issues we've encountered through our outreach activities. (3) Finally, we'll discuss some strategies to address the challenges that were identified.

(4) Don't worry if you have questions-we'll have time at the end of the webinar to address them.

Now let's go ahead and get started!

## RSR Data Count!

- RSR data are used to publicly report information about the Ryan White HIV/AIDS Program
  - [Ryan White HIV/AIDS Program Compass Dashboard](#)
  - [HAB Data Reports and Slide Decks](#)
    - Join the [HAB You Heard webinar](#) on December 8<sup>th</sup> from 3-4pm ET for a first look at the 2021 data!
- RSR data should accurately reflect your program activities

Let's start off by discussing why data quality is so important. Many of you have heard this before but it is important to restate. The RSR data are used to publicly represent the Ryan White HIV/AIDS program. Some examples are the Ryan White Compass Dashboard and the HAB Data Reports and slide decks. HAB just released the 2021 Data Report and will be discussing it tomorrow on the HAB You Heard Webinar.

Data help to tell the story of the good work that you do. If your RSR data are not accurate, the story won't be either.

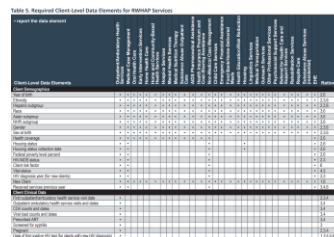
There are two aspects of data quality that I'm going to focus on today: data completeness and data accuracy. Let's start with data completeness.

# Data Completeness

- 28 service categories can be reported
- 27 demographic and clinical data elements can be reported
  - Required demographic and clinical data elements are based on the service(s) the client received

Table 5. Required Client-Level Data Elements for RSRMP Services

Report the data element



[RSR Instructional Manual](#)  
[Appendix A](#)

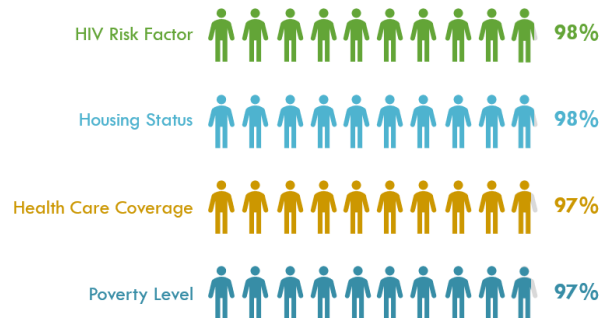
Data completeness means that the required data have been reported. What do I mean by required data?

The data elements required for the RSR are based on the services that the client receives. There are 28 different service categories that can be reported. For each of those service categories, there are up to 27 demographic and clinical data elements that can be reported.

Appendix A in the RSR Instructional Manual is the best resource to check if you aren't sure what data elements are required.

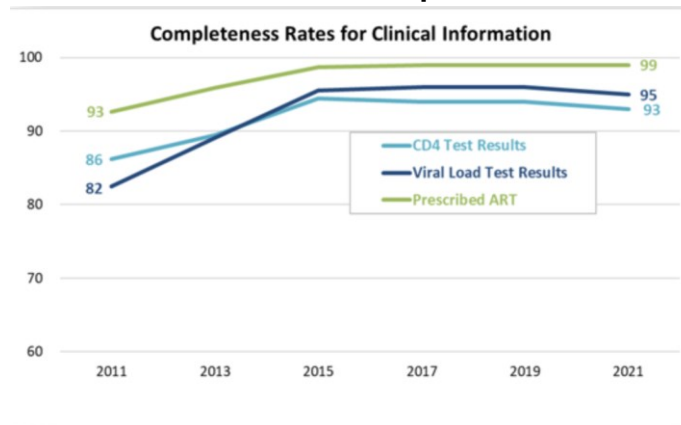
# Demographic Data Completeness

## 2021 Completeness



Data Completeness Rates in the RSR have been pretty high in the last several years and the 2021 RSR was no exception. There was a slight decrease in health coverage completeness (1%), but otherwise the completeness stayed about the same from the prior RSR.

## Clinical Data Completeness



For those clients receiving outpatient ambulatory health services or OAHS, prescribed ART, CD4 and viral loads are also required to be reported. Clinical data completeness in the 2021 RSR was very high and you can also see the improvements over time.



# Data Completeness



Complete data are important and mean that you've reported the required data elements, but data quality doesn't stop at data completeness.

## Data Accuracy



That's because even if data are complete, it doesn't necessarily mean that they accurately reflect the care that you are providing. So rather than seeing this, people see this (click).

From <http://brexgolf.com/blur-your-eyes-like-an-artist/>

## Complete Data May Not Be Accurate

		Prescribed ART	Prescribed ART
		Yes	No
Virally Suppressed	Yes	74%	15%
	No	6%	5%

Let's review a common example that shows complete but inaccurate data-clients who are reported as virally suppressed but are not reported as being on antiretroviral therapy (or ART).

In this matrix, you see (1) the share of clients on ART who are suppressed (74%), (2) on ART who are not suppressed (6%), (3) not on ART and not suppressed (5%), and finally, (4) clients who are not on ART who are virally suppressed (also 15%).

## You Can't Assess Quality of Care with Incorrect Data

		Prescribed ART	Prescribed ART
		Yes	No
Virally Suppressed	Yes	74%	15%
	No	6%	5%

- 20% of clients not on ART; half are virally suppressed
  - Misrepresents your programs

This just doesn't look right. (1) 20% of your clients are not on ART but (click) most of those not on ART are virally suppressed. If you dig deeper, you'll probably find that these clients are on ART but maybe there was some medication mapping or data entry issue, so they weren't reported correctly.

The data are complete, but didn't accurately reflect the services that were provided.

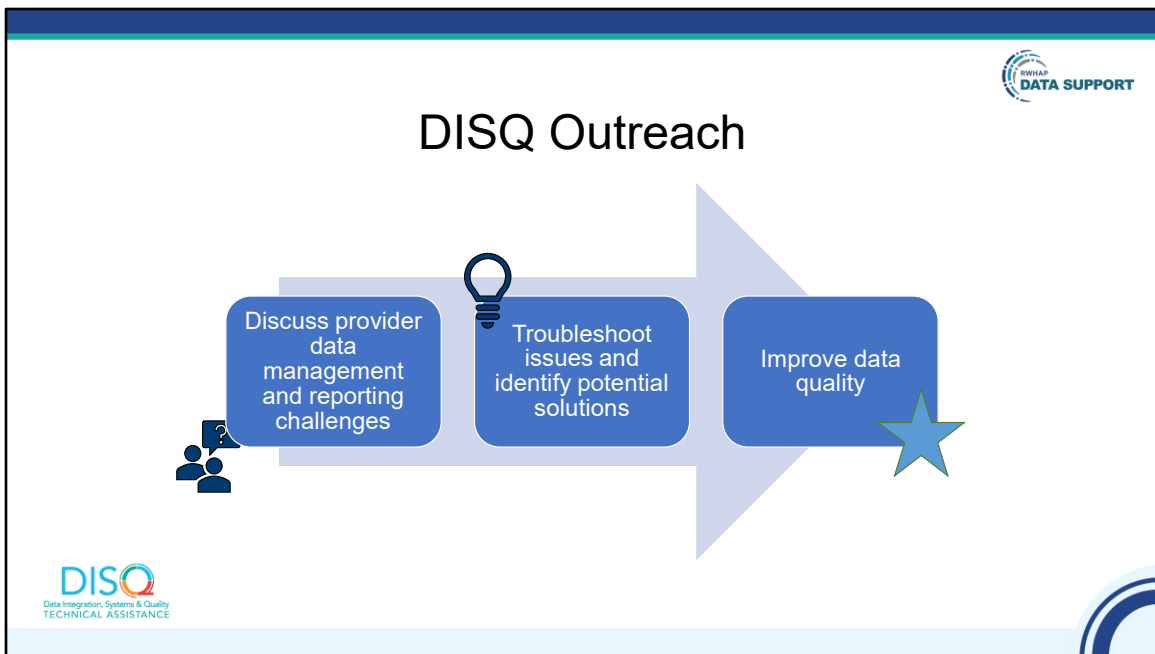
The reason that we conduct RSR outreach each year is to help you address these data quality issues.



Before I talked about what we learned from outreach, I wanted to check in with everyone on the call about your RSR data quality from your last submission. Isia, can you please launch the poll?

Which of the following best describes your agency's most recent RSR submission?

- ☐ Data were not complete
- ☐ Data were complete but were not accurate
- ☐ Data were complete, accurate, and don't need improvements
- ☐ I didn't do the 2021 RSR submission
- ☐ I'm not sure



Great thanks so much-that was really helpful to know.

So as I mentioned, the DISQ team works with recipients and providers to improve RSR data quality. Part of this work includes annual targeted outreach. The purpose of this outreach is to identify data quality issues, troubleshoot the problem to identify potential solutions, and improve data quality in the next reporting season. Outreach addresses both missing and inaccurate data.

## Round 1 Outreach

- Missing at least 10% of data on one or more of six key data elements:
  - Federal poverty level
  - Health insurance status
  - HIV risk factor
  - Housing status
  - Viral Load
  - Prescribed antiretroviral therapy (ART)
- Email to recipient(s) of providers with missing data
- 153 recipients were contacted

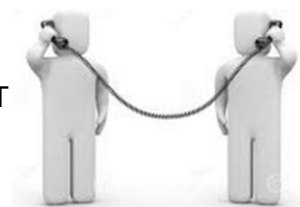


We completed two rounds of outreach this past fall. In the first round, we contacted recipients that had funded providers with more than 10% missing data for six key data elements: federal poverty level, health insurance status, HIV risk factor, housing status, viral load and prescribed antiretroviral therapy.

Recipients are asked to contact their funded providers and follow up with us via email on the problem and solution. This year, we contacted 153 recipients. This was less than compared to last year (179) although the criteria were slightly different.

## Round 2 Outreach

- Criteria
  - Large share of clients missing FPL
  - Large share of clients missing viral load
  - Large share of clients missing prescribed ART
  - More than 50% of clients not prescribed ART
  - Ten or more validation messages
- 55 providers met criteria
- 41 phone calls were conducted



For our second round of outreach, we contacted providers directly and scheduled calls if they met one or more of the following criteria:

- Large share of clients missing FPL
- Large share of clients missing viral load
- Large share of clients missing prescribed ART
- More than 50% of clients not prescribed ART

HAB also added a new criterion this year-if a provider had ten or more validation messages.

55 providers met the criteria and were contacted and were asked to schedule a call with the DISQ team to review data quality issues from their 2021 RSR. We conducted 41 calls with providers to learn more about challenges and identify potential solutions. In some cases, calls were completed with the recipient if the same issue impacted several of their funded providers.



# Outline

**Importance of Data Quality**

**Common Issues**

**Data Quality Solutions**

**Questions**

Now, let's talk about (1) our findings from this outreach.

## RSR Outreach Lessons Learned

- Most issues were data quality, not quality of care
  - Data not reported at all
  - Data reported not accurate
- Lots of data system changes
- Eligible services reporting requirements are not fully understood

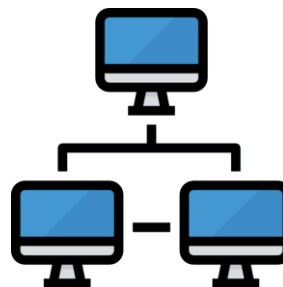


Now there can be two possible causes for what we're seeing in the data: first, the data were not reported correctly. Second, the data could be correct and reflect quality of care issues. Based on our outreach calls, we found that most issues were data quality, not quality of care. In other words, there was a problem with the data, so they did not reflect actual program activities. Data were either missing or what was reported was not accurate. There were also a lot of data system changes that impacted data quality. In addition, we also learned that there was still confusion among some of the providers regarding eligible services reporting requirements.

Let's look at the findings in a little more detail.

## Data System Changes

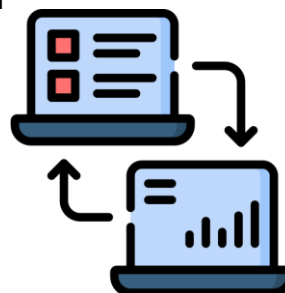
- Data system changes impacted many of the providers with whom we conducted outreach
  - Changes in recipient required data systems impact all providers
  - Providers also may change their electronic health record (EHR) which magnify the impact of any changes at the recipient level



Changing data systems is nothing new but for the 2021 RSR, it played a bigger role in data quality issues. Nearly half of providers (and their recipients) with whom we spoke reported that data systems changes impacted their data quality. The most common example was Part A or B recipients changing the data systems that they required funded providers to use. In other cases, clinical providers changed electronic health records. When data systems change, some data are usually migrated from the old system to the new system and there may be issues with how the data are mapped which impacts data accuracy. In addition, there may be some downtime when the system is not available or providers cannot access it, which can result in missing data.

## Data System/Import Issues

- Data not extracted from source data system
- Data not mapped correctly in RSR-ready system
- RSR-ready system did not allow data to be updated
- Data system not updated
  - CAREWare medication file



In addition to data system changes, there were also issues with some of the data systems being used. Some providers use one data system as their primary data system and a different system for their RSR reporting. We heard that in some cases, data were not correctly extracted from their primary data system, while others noted that data were not mapped to the correct data elements in the RSR-ready system.

In another example, a provider reported that the RSR-ready system didn't allow data to be updated once entered, which resulted in inaccurate data being reported.

Finally, a few providers who used CAREWare had not updated the medication file, so they could not enter the medications into CAREWare

## Data Collection/Entry Issue

- Data not entered into RSR-ready system
  - Misunderstanding about reporting requirements
  - Staff lacked correct permissions
- Data not collected
- Staff turnover
  - Lack of understanding of reporting requirements
- Lack of documentation
  - Process for completing RSR/roles and responsibilities not clear



Now let's talk about data collection and entry issues. A common issue we heard was that required data was not being collected or was not being entered. One provider noted that the staff who were responsible for entering data didn't have the correct permissions in the RSR ready system; another noted that they hadn't been entering required data. A small number of providers were not collecting the required data.

Staff turnover was also noted as an issue. If you attend a lot of our webinars, you may notice that we often ask how much experience you have in the RSR. Now there are always new people, but in the past 1-2 years, the numbers seem higher than they have been before. We heard this during outreach as well where staffing changes impacted the RSR, as the new staff were not familiar with reporting requirements. While we did hear about staff deployed for COVID needs, this was reported less frequently than in prior outreach activities.

We also heard that there was not documentation regarding how to complete the RSR beyond the national resources. In some cases, it wasn't clear whose role it was to enter different data elements or that data wasn't entered if the staff position responsible for data entry was vacant.

## Confusion about Eligible Services Reporting

- Provider Report Services Information Section has two parts:
  - Provider's RWHAP, RWHAP-related and EHE Initiative funded services and;
  - Additional Services Delivered Through An Organization's Generated Program Income and/or Pharmaceutical Rebates
- Providers were checking off all services that the agency delivers
  - Resulted in multiple validation messages

Another issue identified was confusion about eligible services reporting, particularly in the Provider Report. There is a section of the Provider Report called Services Information. There are two parts: the provider's RWHAP, RWHAP-related and EHE initiative funded services and Additional Services Delivered Through An Organization's Generated Program Income and/or Pharmaceutical Rebates.

The issue we identified as part of outreach was with additional services where providers were checking off all of the services that the agency delivered, regardless of whether or not they were funded by program income or pharmaceutical rebates. This resulted in multiple data validation messages since services were reported as delivered but data were not reported.

# Confusion about Eligible Services Reporting

Additional Services Delivered Through Your Organization's Generated Program Income and/or Pharmaceutical Rebates	
Delivered	Service Category
<input type="checkbox"/>	AIDS Pharmaceutical Assistance
<input type="checkbox"/>	Child Care Services
<input type="checkbox"/>	Early Intervention Services (EIS)
<input type="checkbox"/>	Emergency Financial Assistance
<input type="checkbox"/>	Health Education/Risk Reduction
<input type="checkbox"/>	Health Insurance Premium and Cost Sharing Assistance for Low-income Individuals
<input type="checkbox"/>	Home and Community-Based Health Services
<input type="checkbox"/>	Home Health Care
<input type="checkbox"/>	Hospice
<input type="checkbox"/>	Linguistic Services
<input type="checkbox"/>	Medical Nutrition Therapy
<input type="checkbox"/>	Non-Medical Case Management Services
<input type="checkbox"/>	Oral Health Care
<input type="checkbox"/>	Other Professional Services
<input type="checkbox"/>	Outreach Services
<input type="checkbox"/>	Psychosocial Support Services
<input type="checkbox"/>	Referral for Health Care and Support Services
<input type="checkbox"/>	Rehabilitation Services
<input type="checkbox"/>	Respite Care
<input type="checkbox"/>	Substance Abuse Services (residential)

Check off additional services that your agency funds through their program income/rebates, not all services that your agency providers

It's an easy fix—just limit what you check off to those services that your agency funds using program income or rebates. If you don't see a service category on the list, that means that it is already funded by a recipient and is in the first part of the Services Information, so you don't need to add it.



Before I move on to solutions for these data quality issues, I would like to launch another poll.

Which of the issues we just reviewed is your agency trying to address? (check all that apply)

- ☐ Data system changes
- ☐ Data system/import issues
- ☐ Data collection/entry issues
- ☐ Confused about eligible services reporting
- ☐ Other issues (please put in the Q & A)
- ☐ We don't have any data quality issues



# Outline

**Importance of Data Quality**

**Common Issues**

**Data Quality Strategies**

**Questions**

(1) Now, let's get to the strategies or tips for better data quality.

## Familiarize Yourself with Reporting Requirements

- [RSR Instruction Manual](#)
- [Policy Clarification Notice \(PCN\) 16-02](#)
- [Preparing for 2022 RSR Submission: Understanding Reporting Changes](#)
- [RSR in Focus: Understanding Eligible Services Reporting](#)

A good routine is to always be sure that you're familiar with the reporting requirements. Some good resources to review are the RSR Instruction Manual and PCN 16-02. Remember that service categories are not in the RSR Manual, so you'll need to review PCN 16-02 to ensure that you are reporting services correctly.

Each year we also have a webinar on any reporting changes. Remember that all of our past webinars are archived on TargetHIV, so if you missed it you can always view the recording.

It's also helpful to review the RSR in Focus document that covers the Eligible Services Reporting requirements. All of these resources are available on the resource list that Isia shared at the beginning of the webinar.

## Review 2022 RSR Data

**Provider Report Actions**

- Validate
- Un-Submit
- Print

**Provider Report - Reports**

- Upload Completeness Report
- Action History

Last Viral load test result (Item 50)

Response Category	N	%
<200 copies	73	42.2%
≥200 copies	10	5.8%
Missing/Out of range	90	52.0%

Do these numbers make sense?

[DISQ RSR Upload Completeness Report \(UCR\) Module](#)

You'll also want to review last year's submission to see where you had data quality issues. First in your Upload Completeness Report (1) look at the last row in most of the tables for missing/out of range data. You'll also want to review (2) your data to be sure that they make sense. A reminder that you can access the system at any time of the year and print your Provider Report as well as your Upload Completeness Report for your client-level data. Recipients also have access to these same reports.

Last year we released a video module on the Upload Completeness Report. You can view it to learn more about how to access the UCR, read and interpret the UCR tables, identify issues in your data using the UCR and what to do if you identify a data quality issue.

## Make Sure You Are Mapping Data Correctly



- Confirm with EHR or RSR-Ready System vendor that data are being mapped correctly
  - Easiest way to confirm may be to review data
- Be sure that mapping is updated as needed
  - Changes in the EHR or to source data coding may require an update

If you are importing data from an EHR to an RSR-ready system, you need to be sure that the data are mapping correctly. One way to do this is to check with your EHR or RSR vendor. It might be easiest to run an RSR to check that the data are mapping correctly. Remember that the Check Your Xml feature is open so you can run an RSR, upload it and review your data.

Another common challenge is that mapping is initially done but is not updated. You can have changes in your EHR or lab values that require the mapping to be updated. Here's another plug for the UCR-one way to know that data are being mapped incorrectly if you review the UCR and notice issues.

## Make Sure You Are Entering Data in the Right Place

- Confirm with EHR or RSR-Ready System vendor that data are entered in the right place

- Review [Location of RSR Client-Level Data Elements](#) to know where to enter data in CAREWare

Data elements required if client receives Outpatient Ambulatory Health Services, Medical Case Management, Non-Medical Case Management or EHE Initiative services except where noted.			
Field ID	Field Name	Coding	Location in CAREWare
15	Client's health coverage (includes all health coverage reported during the reporting period)	<ul style="list-style-type: none"> <li>• Private – Employer</li> <li>• Private--Individual</li> <li>• Medicare</li> <li>• Medicaid, CHIP or other public plan</li> <li>• Veteran's Administration, TRICARE, or other Military health care</li> <li>• Indian Health Insurance</li> <li>• Other Plan</li> <li>• No Insurance/uninsured</li> </ul>	<p><b>Annual Review &gt;Insurance Assessments</b></p> <p>Select the Primary Insurance from the drop down list and check all insurance coverage that apply</p> <p>Value will only be exported if it falls within the current reporting period; otherwise no value will be reported</p> <p><b>Also required for clients that receive any core medical services</b></p>

You also want to be sure that you are entering data in the right place so that it is included in the RSR. What do I mean about entering data in the right place? Perhaps there is more than one place in your data system to enter prescribed ART. You need to know in which place to enter the data so that it correctly populates in the RSR XML.

Again, you can confirm this with your EHR or RSR-Ready vendor. Once you confirm this, be sure that staff are trained and know where to enter the data. For CAREWare users, there is a great tool called the **Location of RSR Client-level Data Elements in CAREWare**.

# Make Sure You Are Entering Data in the Right Place

- Map RSR data for entry between data systems
  - Use [RSR crosswalk](#) available on TargetHIV

Ryan White Services Report (RSR) Crosswalk						
RSR			Your System			
ID	Variable	Definition	Value	Variable	Value	Notes
Demographics						
2	Vital Status	The client's vital enrollment status at the end of the reporting period.	12. Alive 6. Deceased 7. Unknown			
4	Birth Year	Client's year of birth. This value should be on or before all service date years for the client.	yyyy			
5	Ethnicity	Client's ethnicity.	1. Hispanic/Latino/a, or Spanish origin 2. Non-Hispanic/Latino(a), or Spanish origin			

We really encourage that if you don't already have a crosswalk between your non-RSR and your RSR-ready data system that you develop it. This not only ensures that data are entered in the right place, but also provides documentation that is useful if there is staff turnover.

## Improve Data Collection/Entry

- Train staff regarding data entry
- Be sure you have the permissions to enter required data
- Develop forms to help capture required data
- Document your RSR approach
- Review RSR roles and responsibilities
  - [RSR Recipient Roles and Responsibilities](#)
  - [RSR Provider Roles and Responsibilities](#)
- Determine if importing data is feasible and makes sense
- Continual monitoring of data to identify data entry issues as they occur

There are several approaches to help improve data collection and entry. First, be sure that staff have the training that they need. Also be sure that they have the necessary permissions to enter data.

Agencies also reported developing forms to help capture required data.

We also recommend that you document your RSR approach. This is really important, particularly when there are staffing changes.

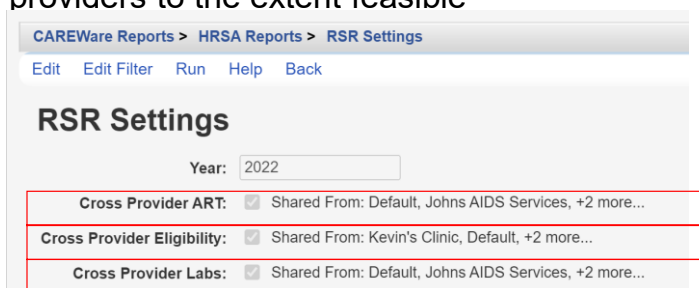
Be sure that you know what your role and responsibilities are. We've created two different documents-one for recipients and one for providers.

If you are using an EHR, it might make sense to consider importing into an RSR-ready system. It does take time and resources to initially set up, but it usually improves data quality. The DISQ Team can meet with you to discuss if this would make sense for you.

We also recommend that you monitor data over time. If you only review data for the RSR, it can be very hard to fix any data quality issues because you have limited time. However, if you're checking your data more frequently (say quarterly), it is much more feasible to address data quality issues. It also ensures that the data that you are using throughout the year for purposes other than the RSR (say for targeting outreach) are accurate and reflect your program activities.

## Strategies to Improve Completeness

- Leverage data entered into the data system by other providers to the extent feasible



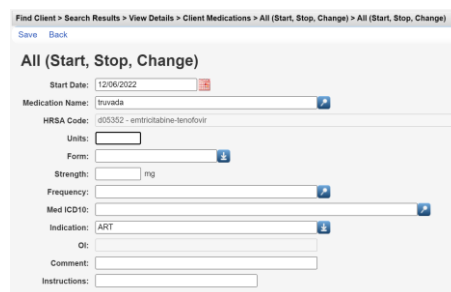
Check to see if the RSR-data system that you use provides an opportunity to leverage data entered by other users. For CAREWare users, be sure to check off (1) Cross-Provider ART and (2) Cross-Provider Labs when you run the RSR. If these aren't available to choose, contact the CAREWare helpdesk for more information. I'll share their contact information later in the webinar.

There is also a feature that was released last year called (3) cross-provider eligibility- contact the CAREWare helpdesk for this build or if you have any questions.


















## Strategies to Improve Completeness

- Understand how data system creates data for RSR to streamline data entry
  - For example, in CAREWare you only need to enter the start date and accompanying information for a medication regimen. No need to enter each dispense or end date until the medication changes.



It's also important to know how the data system that you use creates RSR data so that you can streamline data entry. Here's another CAREWare example. If a client is routinely on a medication, you don't need to enter every dispense. Enter the medication and the start date (first dispense) and then don't enter a stop date unless the medication is changed. As long as you don't have a stop date AND the start date is before or during the reporting period, prescribed ART will continue to be included in the RSR XML.

# Make Sure You Have the Latest Version of Your System

RSR-Ready System Version #	Providers in 2021	Contact	Info on the RSR	2022 Version Release Timeline
<a href="#">AIRS</a>  (9.0.44)	79	<a href="#">Ron Massaroni</a>  212-417-4469	<a href="#">RSR</a>  <a href="#">Data Quality Reports</a> 	September 2022
<a href="#">ARIES CA</a>  (Version 8.0.0.0 R44)	128	<a href="#">CA ARIES Help Desk</a> 	Contact the <a href="#">CA ARIES Help Desk</a> 	January 2023
<a href="#">AWARDS</a>  (TBD)	1	<a href="#">Yehuda Charm</a>  212-780-1450 ext 8026	Check with system representative	TBD
<a href="#">Azara</a> 	8	<a href="#">Todd Schlesinger</a> 	Contact System Representative	October 2022
<a href="#">CAREWare</a>  (TBD)	896	<a href="#">CAREWare Help Desk</a>  877-294-3571	<a href="#">RSR</a>  <a href="#">Data Quality Reports</a> 	TBD

[RSR-Ready System Vendor Information](#)

Also, make sure you have the right version of your system. We get lots of TA requests because the provider is simply using an older version. TargetHIV has been recently updated with the latest build numbers. Also a reminder that if you use CAREWare, the minimum required build will be announced by HAB but you also need to be sure that you update your medication lists.

## Eligible Services Reporting

- Review the RSR Instruction Manual
- Check your validation messages
  - HAB added a new validation message to address this specific issue

Check #	Question #	Message	Level
238	Q#7a	[Service Category Name] services in the Additional Services Delivered section were reported as delivered but not uploaded.  [Service Category Name] services specified as delivered in the Additional Services table in Q#7a but not reported in the client-level data XML file(s) that was uploaded. If this service was not provided using your organization's own program income and/or pharmaceutical rebates, please de-select this service in Q#7a.	Warning

Contact Ryan White Data Support with any questions

To be sure that you're correctly reporting Additional Services in the Provider Report, review the RSR Instruction Manual. In addition, HAB added a new validation #238 to help identify incorrect reporting in the Additional Services section. If you check off service categories in the Additional Services section but don't submit any data, you'll receive this validation message. Take a look and see if you completed the section incorrectly.

And remember, Ryan White Data Support is just an email or phone call away and I'll share their contact information in just a few slides.

## Collaborate with Other Recipients

- Providers upload files with all RWHAP data, regardless of the Part that funded the service
- HRSA HAB assesses completeness for all data submitted
- Please work with your subrecipients' other recipients to promote data completeness across all Parts

For those recipients on the call today, we also want to take this opportunity to remind you that for multiply funded providers, it is really important to coordinate on the RSR submission. Data in the RSR is not Part specific. Multiply-funded providers complete one Provider Report and upload all of their data to the report. Sometimes to address a data quality issue, recipients need to coordinate to best understand the cause of the issue and how to support the provider in resolving it.

## Check Your 2022 Data Now

- Use Upload Completeness and Validation reports in your data system to review your data quality
- Use the Check Your XML feature
  - Generate your XML, upload the file and generate your Validation and Upload Completeness Report(s)
  - View the [Check Your XML feature webinar](#) recording to learn more

You can also start checking your 2022 RSR data now. There are a few ways to do this. Some RSR-ready systems have reports built into the data system to review your data before upload. For example in CAREWare, you can use the Client Viewer (similar to the Upload Completeness Report) and the Validation Reports. If you aren't sure what's available, check with your system vendor.

You can also use the Check Your XML feature which is already open! You can upload your data and run the Validation and Upload Completeness Reports to check the quality of your data. Remember that the Check Your XML feature is not the actual reporting submission. Think of it as a practice site.

## Poll #3



Which statement best describes your agency's technical assistance needs?

- ☐ Our data quality is already good so I don't need TA
- ☐ I need to improve data quality but already have the tools I need
- ☐ I need to improve data quality and need additional help
- ☐ I'm not sure

## TA Resources

- The DISQ Team:
  - [Data.TA@caiglobal.org](mailto:Data.TA@caiglobal.org)
  - [Sign up for the DISQ listserv](#)
  - [Submit a DISQ TA request](#)
- EHBs Customer Support Center:
  - 877-464-4772
  - [Submit an EHBs TA Request](#)
- Ryan White HIV/AIDS Program Data Support:
  - [RyanWhiteDataSupport@wrma.com](mailto:RyanWhiteDataSupport@wrma.com)
  - 888-640-9356
- CAREWare Help Desk:
  - [cwhelp@jprog.com](mailto:cwhelp@jprog.com)
  - 877-294-3571
  - [Join the CAREWare listserv](#)



This may feel like a lot to do. There are several resources available to help you. (1) The DISQ Team addresses questions for those needing significant assistance to meet data reporting requirements. DISQ also deals with data quality issues, as well as providing TA on TRAX and support in creating documentation.


(2) Data Support addresses RSR-related content and submission questions. Topics include: Interpretation of the Instruction Manual and HAB's reporting requirements; Allowable responses to data elements; Policy questions related to the data reporting requirements; and Data-related validation questions.

(3) The EHBs Customer Support Center addresses software-related questions. Topics include: Electronic Handbook (EHB) navigation, registration, access and permissions and Performance Report submission statuses.

(4) Finally, the CAREWare help desk is your best resource for any TA requests related to CAREWare. We encourage you to register for the listserv to join the conversation with other CAREWare users across the country.

Most importantly, there is no wrong door for TA – if we can't assist you we're happy to refer you to someone who can!

Thank you all for joining us today to learn more about preparing for RSR submission. Now I will pass things off to AJ for the Q&A portion of the webinar.





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visit

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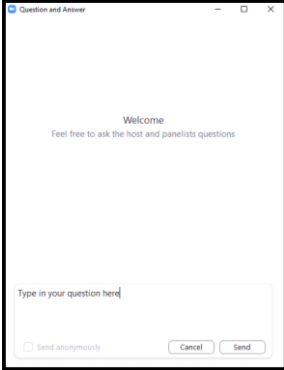
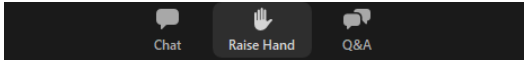



## Let's Hear From You!

- Please use the “raise hand” function to speak. We will unmute you in the order that you appear.

**OR**

- Type your question in the question box by clicking the Q&A icon on the bottom toolbar.

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.