Ending the HIV Epidemic (EHE) Triannual Report



2024 Instruction Manual

Release Date: May 31, 2024

Public Burden Statement: The purpose of this data collection system is to collect aggregate data on the number of new and existing clients, and clients who have been out of care treated with EHE initiative funding. HAB will use these data to show the impact of the increased funding on reducing new HIV infections, identifying new HIV infections, engaging clients in care and treatment. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0906-0051 and it is valid until 1/31/2026. This information collection is mandatory (through increased Authority under the Public Health Service Act, Section 311(c) (42 USC 243(c)) and title XXVI (42 U.S.C. §§ 300ff-11 et seq.). Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

HIV/AIDS Bureau Division of Policy and Data Health Resources and Services Administration U.S. Department of Health and Human Services 5600 Fishers Lane, Room 9N164 Rockville, MD 20857





Table of Contents

Icons Used in This Manual	
Background	2
Overview	
EHE Triannual Recipient Report	4
Accessing the EHE Triannual Recipient Report	4
Adding and/or Managing Contracts in the GCMS	6
EHE Initiative Contracts	7
Completing the EHE Triannual Recipient Report	
EHE Triannual Recipient Report: General Information EHE Triannual Recipient Report: Program Information	
Validating the EHE Triannual Recipient Report	
Certifying the EHE Triannual Recipient Report	
EHE Triannual Provider Report	16
Accessing the EHE Triannual Provider Report	
EHE Recipients RWHAP Recipients Provider-Only Organizations	
Completing the EHE Triannual Provider Report	
EHE Triannual Provider Report: General Information EHE Triannual Provider Report: Triannual Report	23 24
Validating the EHE Triannual Provider Report	29
Submitting the EHE Triannual Provider Report	
Accepting Providers' Reports (Completed by EHE Recipients Only)	
Appendix A. Administrative and Technical Services Definitions	36

Icons Used in This Manual

The following icons are used throughout this manual to alert you to important and/ or useful information.



The note icon highlights information you should know when completing this section.

Ç

The tip icon points out recommendations and suggestions that can make it easier to complete this section.



The question mark icon indicates common questions asked with answers provided.

All new text in the document is indicated with a gray highlight.

Background

In 2020, the federal government launched a bold new initiative called Ending the HIV Epidemic in the U.S. (EHE). This initiative intends to reduce the number of new HIV infections in the United States by at least 90 percent by 2030. The initiative focuses on four strategies—diagnose, treat, prevent, and respond—that together can end the HIV epidemic in the U.S.

To accomplish these goals, HRSA awarded funding to Ryan White HIV/AIDS Program (RWHAP) EHE recipients to link people with HIV to critical care and treatment services as well as to provide workforce training, technical assistance, and systems coordination. This initiative is focused on 48 counties; Washington, D.C.; and San Juan, Puerto Rico, where more than 50 percent of HIV diagnoses occur, and on seven states with a substantial rural burden of HIV.

To support federal requirements to monitor and report on funds distributed through the EHE initiative, HRSA HAB utilizes both the EHE Triannual Report and the RWHAP Services Report (RSR). Both reports are available through the HRSA Electronic Handbooks (EHBs). The information collected in the EHE Triannual Report complements the annual data collected through the RSR and supports HRSA HAB in its ability to monitor EHE initiative activities and assess progress toward meeting national goals for ending the HIV epidemic.

This manual contains detailed instructions for EHE initiative recipients and providers to submit the EHE Triannual Report. In the EHE Triannual Report, EHE initiative-funded providers report aggregate data on the number of clients receiving specific services and the number of clients who were prescribed antiretroviral medications in the fourmonth reporting period.

Overview

The EHE Triannual Report is an aggregate data report submitted three times a year by EHE initiative recipients and EHE initiative-funded providers.

EHE initiative recipients begin by adding and/or editing contracts for their EHE initiative funding into the Grantee Contract Management System (GCMS). These contracts will then populate in recipients' EHE Triannual Recipient Reports. The information in the EHE Triannual Recipient Report will then be used to generate an EHE Triannual Provider Report for each EHE initiative-funded service provider. Providers will submit their aggregate data in their EHE Triannual Provider Report. The EHE Triannual Provider Report must then be accepted by all EHE funding recipients before advancing to "Submitted" status.

All agencies that use EHE initiative funding to provide services during the reporting period must submit an EHE Triannual Provider Report. The data reported in the EHE Triannual Report, however, are not limited to services provided with EHE initiative funding. Providers must report data for all clients with HIV who received a service that the provider was funded to provide with any of the following funding sources:

- EHE initiative funding
- EHE initiative carryover funding
- RWHAP funding (including RWHAP Parts A, B, B Supplemental, C, and D)
- RWHAP-related funding (including program income and pharmaceutical rebates)

For instructions on each component of the EHE Triannual Report, see the sections below. If your organization is just an EHE initiative-funded provider and not the direct recipient of the EHE initiative award, then you only need to complete the EHE Triannual Provider Report.

- EHE Triannual Recipient Report
- EHE Triannual Provider Report

EHE Triannual Recipient Report

EHE initiative recipients will complete an EHE Triannual Recipient Report during each triannual (four-month) reporting period. The EHE Triannual Recipient Report pulls contract information from the GCMS for the specified reporting period. To complete the EHE Triannual Recipient Report, recipients should add/review their contracts in the GCMS and review the list of funded providers in their report for accuracy. Stepby-step instructions for completing the EHE Triannual Recipient Report begin below.

Accessing the EHE Triannual Recipient Report

Start by logging into the <u>HRSA Electronic Handbooks (EHBs)</u> by selecting the "Login" button and entering your Login.gov username and password. Hover over the Grants tab at the top of the page and select "Work on Performance Report" (Figure 1).



If you need assistance with your Login.gov username or password, contact the Login.gov Support Team at 1-844-875-6446 or <u>submit</u> a help ticket online.

Figure 1. HRSA EHBs: Screenshot of HRSA EHBs Homepage with Grants Dropdown Menu





If you need assistance navigating the EHBs, contact the EHBs Customer Support Center at 1-877-464-4772.

On the next page, the Submissions-All page (Figure 2), locate your EHE Triannual Report submission. Select "Start" or "Edit" under the far-right Options column. The first time you access your report, the link will read "Start." Once your report has been started, the link will read "Edit."

Figure 2. HRSA EHBs: Screenshot of Submissions-All Page

										Δ.
-	→ C									22
x E	Export To Excel								he Search	Saved Searches 🔻
H	• 1 2 3 4 • H	Page size: 15 🔻	Go							55 items in 4 page(s)
	Submission Name	Submission Type	Organization	Grant #	Tracking #	Reporting Period	Deadline	Submitted Date	Status	Options
	Y		All 🔻 🍸	Y	Y				All 🔻 🍸	
×	EHE Triannual Report Year 5 Trimester 1	Performance Report	County Health Department	UT8HA00000		01/01/2024 - 04/30/2024	06/15/2024		Not Started	🕟 Start 🔻
×	RSR 2023 Annual Performance Report	Performance Report	County Health Department	H89HA00000	234567	01/01/2023 - 12/31/2023	03/25/2024	03/16/2024	Submitted	Performance Report
×	RSR 2023 Annual Performance Report	Performance Report	County Health Department	UT8HA00000	345678	01/01/2023 - 12/31/2023	03/25/2024	03/15/2024	Submitted	Performance Report
•	EHE Triannual Report	Performance	County Health Department	UT8HA00000	456789	09/01/2023 -	02/15/2024	02/05/2024	Submitted	Performance Report 🔻

From there, you will be taken to the EHE Triannual Recipient Report Inbox (Figure 3). On this page, you can access your EHE Triannual Recipient Report as well as the GCMS to add/manage your contracts.

Figure 3. EHE Triannual Recipient Report: Screenshot of EHE Triannual Recipient Report Inbox

•••									
$\leftarrow \rightarrow \mathbb{C}$									*
NAVIGATION «	EHE Triannua	Recipient Rep	ort Inbox					Your se	ssion will expire in: 29:31
Inbox A	Report ID	Fund Source	Grant Number	Recipient Name	Reporting Period	Modified Date	Status	Action	Action History
EHE Triannual Provider Report		EHE	UT8HA00000	County Health Department	01/01/2024 - 04/30/2024		Not Started	Create	
Manage Contracts Search Contracts	H 4 1 Þ	H Page Size	25 💌						1 items in 1 pages
EHE Triannual Recipient Report EHE Triannual Provider Report	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								
	Logged in as: Grar The HAB Web Appli	teeDataViewer, Gran cations also require A	teeDataEditor, Grantee dobe Acrobat Reader !	DataSubmitter 5 or higher installed on your	PC. To download Adobe Acroba	t Reader, click <mark>人</mark> .			

Adding and/or Managing Contracts in the GCMS

To access the GCMS, click on "Search Contracts" under the Manage Contracts header in the Navigation panel on the left side of the page. This will take you to the GCMS search page (Figure 4), where you can search for your EHE initiative-funded contracts. Recipients must ensure that they have a contract in the system for each agency funded to provide services with their EHE initiative award during the reporting period.

For instructions on utilizing the GCMS and adding/editing your contracts, review the GCMS Manual and the Completing the GCMS webinar on the TargetHIV website.



Use the reporting period dates in the "Range Start Date" and "Range End Date" search fields to only return contracts relevant to the reporting period in your search results.

Figure 4. GCMS: Screenshot of GCMS Search Page

•••				
$\leftarrow \rightarrow \mathbb{C}$				*
NAVIGATION «	Grantee Contract Managem	nent System		Your session will expire in: 28:11
EHE Triannual Recipient Report	Grant Number	UT8HA00000		
EHE Triannual Provider Report	Org ID:		(comma separated list)	
Manage Contracts	Registration Code		(comma separated list)	
Search EHE Triannual	Organization Name			
Recipient Report	Funded Through			
Provider Report	Contract ID		(comma separated list)	
	Reference			
	Range Start Date			
	Range End Date			
	Project Officer:	All Project Officers 🗸		
	Reset			Search

If you need assistance locating or adding a provider in the web system, contact RWHAP Data Support at 1-888-640-9356 or email RyanWhiteDataSupport@wrma.com.

?

Where do I input services that I provide as the recipient? Recipients should enter a contract in the GCMS with their own agency for the services they provide.

EHE Initiative Contracts

EHE initiative funding used for services that meet the definition of one of the existing RWHAP core medical or support service categories as outlined in <u>Policy Clarification</u> <u>Notice (PCN) #16-02</u> should be listed under that specific service category. The service category "Ending the HIV Epidemic Initiative Services" (<u>Figure 5</u>) should only be used if the funded activities do not align with one of the existing service categories in PCN #16-02. For example, EHE initiative funding used to provide medical case management should be listed under the service category Medical Case Management.

Figure 5. GCMS: Screenshot of GCMS Update Services Table

	Referral for Health Care and Support Services				
	Rehabilitation Services				
	Respite Care				
	Substance Abuse Services (residential)				
	MAI Education				
с	MAI Outreach				
	Other Professional Services				
	Service Category: EHE Initiative	e Services			
	Ending the HIV Epidemic Initiative Services				

The Ending the HIV Epidemic Initiative Services category should only be used for services that do not meet the definition of one of the existing RWHAP core medical or support services.



To review the RWHAP core medical and support service category definitions, see PCN #16-02 available on the HAB website.

Please also note the "Other" service category in question 8 of the GCMS contract details page (Figure 6). Agencies should select this service category if a provider is funded by their EHE initiative award to provide non-services (i.e., activities that do not directly serve clients) that do not meet the definition of one of the existing administrative and technical service category definitions (see <u>Appendix A</u> of this manual for administrative and technical service category definitions).

Non-services that fall under the definition of one of the existing administrative and technical service categories should be reported under that specific service category. For example, EHE initiative funding used to provide capacity development should be reported under Capacity Development.

Figure 6. GCMS: Screenshot of Question 8 of the Contract Details Page

$ \begin{array}{c} \bullet \bullet \bullet \\ \leftarrow \rightarrow \mathbb{C} \end{array} $	
Service Information	
* 7. Does this agency provide direct client services?	
1. O No 2. O Yes	
8. If applicable, select the administrative and technical services that are funded for this contractor.	
 1. Planning or evaluation 2. Administrative or technical support 3. Fiscal intermediary support 4. Other fiscal services 5. Technical assistance 6. Capacity development 7. Quality management 8. Other 9. If applicable, indicate the core medical and essential support services that are funded for this contract by selecting the "Update Services" button.	

Services funded and provided with EHE initiative carryover funding should also be reported on in the EHE Triannual Report and marked in your agency's contracts in the GCMS. Select the checkbox in the "EHE Carryover Funding" column for any service category an agency is funded to provide with EHE initiative carryover funding. For further detailed instructions, please see the GCMS Manual.



For assistance setting up your contracts in the GCMS and selecting the correct service categories, contact RWHAP Data Support at 1-888-640-9356 or email <u>RyanWhiteDataSupport@wrma.com</u>.

Completing the EHE Triannual Recipient Report

In the EHE Triannual Report system, select "EHE Triannual Recipient Report" under the Inbox header on the Navigation panel on the left side of the screen to access the EHE Triannual Recipient Report Inbox. Alternatively, use the instructions in <u>Accessing</u> the EHE Triannual Recipient Report to navigate to the EHE Triannual Recipient Report Inbox from the EHBs.

Once you have accessed your report inbox (Figure 7), select the envelope icon under the Action column to open your report. The first time you access the report, the link will read "Create," but once the report has been started, the link will read "Open."

Figure 7. EHE Triannual Recipient Report: Screenshot of EHE Triannual Recipient Report Inbox



EHE Triannual Recipient Report: General Information

Upon opening your report, you will be taken to the first section, General Information (Figure 8). This page includes multiple fields prepopulated from the web system, including your organization's address, EIN, and UEI as well as the contact information of the person responsible for completing the report. Review all fields for accuracy and make any updates as needed. Once finished, select "Save" on the bottom right of the page.

Figure 8. EHE Triannual Recipient Report: Screenshot of General Information Section

$\leftarrow \rightarrow C$				Å	•
NAVIGATION	EHE Triannual Recipient Report			Your session will expire in: 2	:43
Inbox 🔺	▼ UT8HA00000 : County Health Depar	tment			
EHE Triannual Recipient Report EHE Triannual Provider Report	Report ID: 123456 Report Period: 1/1/2024 - 4/30/2024 Access Mode: ReadWrite	Status: Working Last Modified Date UEI: AB1CDE23FGF	: 05/15/2024 13:46:39 14	Due Date: 06/15/2024 11:59:58 PM Last Modified By: ssteig@countyhealth.gov	
EHE Recipient Report Navigation	General Information The data shown below are pre-populated from	the HRSA Electronic Handbooks (EHBs)	. Please verify that the informa	tion shown below is accurate. A field with an asterisk * before it is a required	
Program Information	 Note: Updating the information in the EHE Official Mailing Address: 	Friannual Recipient Report does not up	date your information in the El	HBs. You must revise your agency's information in the LHBs as well.	
Actions	* a. Street:	888 Swamp Place			
Validate	* b. City:	Duloc			
Decertification Print Accept	* c. State:	DC 🗸			
EHE Recipient Report -	* d. Zip Code:	12345 - 6789			
Reports	2. Organization Identification:				
Manage Contracts	* a. EIN:	123456789			
Search Contracts Search	* b. UEI:	AB1CDE23FGH4			
EHE Triannual Recipient Report	3. Contact information of person respon	sible for this submission:			
EHE Triannual Provider Report	* a. Name:	Shrek Steig			
Comments •	* b. Title:	Data Analyst			
Add Comments	* c. Phone:	(555) 555 - 5555			
	Extension:				
	d. Fax:	()			
	* e. Email:	ssteig@countyhealth.gov			
	Cancel			Save	

EHE Triannual Recipient Report: Program Information

To access the next section of the report, Program Information, select "Program Information" under the EHE Recipient Report Navigation header in the Navigation panel on the left side of the screen. The Program Information section (Figure 9) displays all the agencies funded to provide services with your EHE initiative award during the reporting period as specified in the contracts in the GCMS.

Figure 9. EHE Triannual Recipient Report: Screenshot of Program Information Section

•••										
$\leftarrow \rightarrow C$					\$					
NAVIGATION «	R EHE Triannual Recipient Report Your session will expire in: 29:5									
Inbox 🔺	- UT8HA00000 : Cou	unty Health De	partment							
EHE Triannual Recipient Report RECIPIENT REPORT Provider Report	Report ID: 123456 Report Period: 1/1/2024 Access Mode: ReadWrit	- 4/30/2024 te	Status: Working Last Modified Date: 05/15/2024 13:46 UEI: AB1CDE23FGH4	Due Date: 39 Last Modi	06/15/2024 11:59:58 PM fied By: ssteig@countyhealth.gov					
EHE Recipient Report Navigation	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"									
Actions	Warning	Reg Code	Provider Name	Exempt	Exemption Justification					
Validate	+	11111	County Health Department							
Request	+	22222	Duloc Hospital							
Decertification	+	33333	Far Far Away Regional Clinic							
Accept	Cancel									
EHE Recipient Report - Reports										

This information is populated from the GCMS, and recipients should review the list for accuracy and completeness. If any of the listed information is incorrect, you must make any necessary changes to the contracts in the GCMS.

If you make any changes to your contracts after your Recipient Report has been started, you must synchronize the changes with your report so they populate correctly. Navigate back to the Program Information section of the report, and you will see a yellow warning banner at the top of the page (Figure 10).

Figure 10. EHE Triannual Recipient Report: Screenshot of Program Information Synchronization Warning Banner

•••									
$\leftarrow \rightarrow C$								\$	
NAVIGATION «	EHE Tria	annual Recip	ient Report					Your session will expire in: 29:5	
Inbox EHE Triannual Recipient Report EHE Recipient Report EHE Recipient Report	the "Syn Cou	/arning: program informa icon in the "Warni nchronize AII" but Inty Health Depar Inchronize AII	tion displayed below ng" column below to on. tment (Modified)	does not match the review the updates	program information in the Grantee Contract Manag for each provider and, if correct, synchronize the info	ement system (GCN ormation. To synchro	IS). Click the proning the program in	ovider name listed in blue font below or select formation across all providers, click the	
Navigation			unty Health Der	artment					
General Information	Report ID: 123456			artificity	Status: Working Due Date: 06/15/2024 11:59:58 PM		/2024 11:59:58 PM		
EHE Recipient Report Actions	Report	Period: 1/1/2024 Mode: ReadWri	- 4/30/2024 te		Last Modified Date: 05/15/2024 13:46:39 Last Modified By: ssteig@countyhealth.gov UEI: AB1CDE23FGH4				
Validate	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.								
EHE Recipient Report -		Warning	Reg Code	Provider Name			Exempt	Exemption Justification	
Reports 🔶	+	<u> </u>	11111	County Health D	County Health Department				
Action History	+ 22222 Duloc Hospital			Duloc Hospital					
Manage Contracts Search Contracts	+		33333	Far Far Away Re	gional Clinic			_	
Search 🔺	C	ancel						Save	

Select the "Synchronize All" button to synchronize all contract changes at once or select the blue link(s) in the banner to synchronize contracts individually. On the next page (Figure 11), review the changes you made to your contracts and then select the "Synchronize" button to add all contract changes to the report.

Figure 11. EHE Triannual Recipient Report: Screenshot of the Synchronize Contract Page

•••				
$\leftarrow \rightarrow C^{\circ}$				*
NAVIGATION «	EHE Triannual Rec	ipient Report	Your session will expire in: 29:54	
Inbox 🔺	▼ UT8HA00000 : C	ounty Health Department		
EHE Triannual Recipient Report REF Triannual Provider Report	Report ID: 123456 Report Period: 1/1/202 Access Mode: ReadW	24 - 4/30/2024 Irite	Status: Working Last Modified Date: 05/15/2024 13:46:39 UEI: AB1CDE23FGH4	Due Date: 06/15/2024 11:59:58 PM Last Modified By: ssleig@counlyhealth.gov
EHE Recipient Report Navigation	Review the changes be	How and click the "Synchronize" button to syn	nchronize these data. Synchronizing the contrac	t will not impact the list of services in the EHE Triannual Provider Report.
General Information	The followin	ig contract(s) have been modifie	ed	
Program Information	Start Date:	n Department (Contract ID: 123450)	14/0004	
EHE Recipient Report	End Date:	3	N 1/2024	
Actions 🔺	Change	Service Name	Funding Type	
Validate	Deleted	Housing	EHE	
Certify	Unchanged	Administrative or technical support	EHE	
Request	Unchanged	Quality management	EHE	
Decertification	Unchanged	Outpatient/Ambulatory Health Services	EHE	
Print	Unchanged	Early Intervention Services (EIS)	EHE	
Accept	Unchanged	Mental Health Services	EHE	
EHE Recipient Report -	Unchanged	Referral for Health Care and Support Ser	rvices EHE	
Reports 🔺	Unchanged	Ending the HIV Epidemic Initiative Service	es EHE	
Action History	Cancel			Synchronize
Manage Contracts				

Once you have reviewed both sections of the report and made sure that all EHE initiative-funded providers are listed, you are ready to move on to the next step of the EHE Recipient Report, validating your report.

If you need to make changes to your contracts after certifying your EHE Recipient Report, contact RWHAP Data Support for assistance at 1-888-640-9356 or email <u>RyanWhiteDataSupport@</u> wrma.com.

Validating the EHE Triannual Recipient Report

Once you have reviewed and completed both the General Information and Program Information sections, the next step is to validate your report. The validation process checks your report against HRSA HAB's system requirements. To start the validation process, select "Validate" in the Navigation panel on the left side of the screen. The system will display a message letting you know that the validation is processing (Figure 12). After a few minutes, refresh the page by selecting the "Validate" link again in the Navigation panel.

Figure 12. EHE Triannual Recipient Report: Screenshot of Validation Processing Page



If your report has no validation messages to address, you will see a "Congratulations" message and can advance to the next step. Otherwise, you will see a table of your validation results once the validation process has been completed.

The only validation messages in the EHE Recipient Report are errors. If you receive an error in your validation results, you must correct your report based on the error message and revalidate your report before you can certify.

Once you have addressed your validation results, you can advance to the next step, certifying your report.

Certifying the EHE Triannual Recipient Report

To certify your EHE Triannual Recipient Report, select "Certify" in the Navigation panel on the left side of the screen. On the next page (Figure 13), enter a comment in the text box with any meaningful feedback you have about the submission process. Underneath the comment box, select the checkbox to indicate that the submitted data are accurate and complete. Once finished, select the "Certify Report" button at the bottom of the page.

Figure 13. EHE Triannual Recipient Report: Screenshot of the Certify Report Page

•••	
$\leftarrow \rightarrow C$	\bigstar
NAVIGATION «	EHE Triannual Recipient Report Your session will expire in: 29:54
Inbox 🔺	▼ UT8HA00000 : County Health Department
EHE Triannual Recipient Report EHE Triannual Provider Report	Report ID: 123456 Status: Working Due Date: 06/15/2024 11:59:58 PM Report Period: 1/1/2024 - 4/30/2024 Last Modified Date: 05/15/2024 13:46:39 Last Modified By: ssteig@countyhealth.gov Access Mode: ReadWrite UEI: AB1CDE23FGH4 UEI: AB1CDE23FGH4 Due Date: 06/15/2024 11:59:58 PM
EHE Recipient Report Navigation	A field with an asterisk * before it is a required field.
General Information Program Information EHE Recipient Report Actions	Please enter comments regarding your certification. Comments: A P P P P P P P P P P P P P P P P P P
Validate	
EHE Recipient Report - Reports	Design ♥ Preview Characters remaining: 3000
Action History	Lertify that the data in this report is accurate and complete. Lunderstand that reporting accurate and complete data is a condition of this grant award and is subject to federal audit
Manage Contracts	
Search Contracts	
Search A	Certify Report



If you need assistance completing your EHE Triannual Recipient Report, contact RWHAP Data Support at 1-888-640-9356 or email RyanWhiteDataSupport@wrma.com.

Providers will not be able to submit their EHE Triannual Provider Report until their recipients' EHE Triannual Recipient Reports have been certified. Recipients should start their EHE Triannual Recipient Report as soon as possible once the report opens and not wait until the end of the submission period.

EHE Triannual Provider Report

Each organization that receives EHE initiative funding to provide services must complete an EHE Triannual Provider Report each reporting period. The EHE Triannual Provider Report is submitted three times a year and includes aggregate data on the number of clients receiving services as well as the number of clients prescribed antiretroviral therapy (ART). Step-by-step instructions for completing the EHE Triannual Provider Report begin below.

Accessing the EHE Triannual Provider Report

The steps to access the EHE Triannual Report vary based on your organization. EHE initiative recipients (the organization that receives the EHE initiative award from HRSA HAB) can access the EHE Triannual Provider Report through their EHE Triannual Report deliverable in the HRSA Electronic Handbooks (EHBs).

EHE initiative-funded providers that are not EHE recipients but are the recipient of a RWHAP grant (such as a RWHAP Part C or D recipient) access the EHE Provider Report through their most recent RWHAP Services Report (RSR) deliverable in the EHBs. EHE initiative-funded providers that are not the recipient of any RWHAP grant (provider-only organizations) access the EHE system by going through the RSR system and the "Access RSR" link in the EHBs.

Detailed instructions for each method of accessing the EHE Triannual Provider Report follow below.

Figure 14. Accessing the EHE Triannual Provider Report

 Access through EHE Triannual Report deliverable in HRSA EHBs

Not EHE Recipient

- RWHAP Recipient: Access through most recent RSR deliverable HRSA EHBs
- Provider Only Agency: Access through RSR system

EHE Recipients

Organizations that are EHE recipients can use the steps detailed in <u>Accessing the EHE</u> <u>Triannual Recipient Report</u> to navigate to the EHE Recipient Report Inbox (Figure 15). From there, select "EHE Triannual Provider Report" under the Inbox header in the Navigation panel on the left side of the screen to access the EHE Provider Report Inbox.

Figure 15. EHE Triannual Provider Report: Screenshot of EHE Triannual Recipient Report Inbox

•••									
$\leftarrow \rightarrow C$									\$
NAVIGATION «	EHE Triannual	Recipient Rep	ort Inbox					Your se	ssion will expire in: 29:31
Inbox A	Report ID	Fund Source	Grant Number	Recipient Name	Reporting Period	Modified Date	Status	Action	Action History
EHE Triannual Provider Report		EHE	UT8HA00000	County Health Department	01/01/2024 - 04/30/2024		Not Started	Create	
Manage Contracts	₩ ◀ 1 ►	H Page Size	25 💌						1 items in 1 pages
Search Contracts									
Search 🔺									
EHE Triannual Recipient Report Recipient Report Frovider Report	For help with EHB Contact Center he RyanWhiteDataSu	is contact the HRSA I elp request form to su upport@wrma.com	Help Desk by phone at bmit your question onli	1-877-Go4-HRSA (1-877-44 ine. For questions regarding	64-4772) Monday through Friday data content and/or reporting re	, 8:00 a.m. to 8:00 p.m. Ea quirements, please contac	istern Time. Or t Data Support	use the HRSA at 1-888-640-9	Electronic Handbooks 356 or email to
	Logged in as: Gran The HAB Web Applie	teeDataViewer, Gran cations also require A	teeDataEditor, Grantee dobe Acrobat Reader	eDataSubmitter 5 or higher installed on your	PC. To download Adobe Acroba	t Reader, click <mark>人</mark> .			

Once in the EHE Provider Report Inbox (Figure 16), recipients will see a Provider Report in the inbox for each EHE initiative-funded provider as listed in their EHE Recipient Report. Locate the Provider Report you would like to open and select the envelope icon under the Action column to open the report. The first time you access the report, the link will read "Create," but once the report has been started, the link will read "Open."

Figure 16. EHE Triannual Provider Report: Screenshot of EHE Provider Report Inbox (EHE Recipient View)

•••										
$\leftarrow \rightarrow C$							\$			
NAVIGATION «	EHE Triannual Recip	pient Report					Your session will expire in: 29:54			
Inbox 🔺	✓ UT8HA00000 : County Health Department									
EHE Triannual Recipient Report	Report ID: 123456 Report Period: 1/1/2024 Access Mode: ReadWri	Report ID: 123456 Status: Working Due Date: 06/15/2024 11:59:58 PM Report Period: 1/1/2024 - 4/30/2024 Last Modified Date: 05/15/2024 13:46:39 Last Modified By: ssteig@countyhealth.gov Access Mode: ReadWrite UEI: AB1CDE23FGH4 Velice AB1CDE23FGH4								
EHE Recipient Report Navigation General Information EHE Recipient Report	Program Infor This item lists all of the "Search Contracts" link Exempt column and eni or "Working" status.	mation agencies that had a d under the Manage C ter a justification for t	contract with your or ontracts heading in he exemption in the	ganization during the reporting period. Verify the list is the left menu. If a provider listed will not submit a EHE text box that is displayed. NOTE: The exempt checkbo	accurate. If a pro Triannual Provide ox may only be se	vider is missing, er Report for the elected if the orga	revise your list of contracts by selecting the reporting period, select the checkbox in the anization's Provider Report is in "Not Started"			
Actions 🔺	Warning	Reg Code	Provider Name			Exempt	Exemption Justification			
Validate	+	11111	County Health D	epartment						
Request	+	22222	Duloc Hospital							
Decertification Print Accept	+ Cancel	33333	Far Far Away Re	gional Clinic			Save			
EHE Recipient Report - Reports										

RWHAP Recipients

EHE initiative-funded providers that are not the recipient of the EHE award (i.e., they are not the organization that receives the EHE initiative award directly from HRSA HAB) but are a recipient of a RWHAP grant (such as a RWHAP Part C or D recipient) access the EHE system through their most recent RSR deliverable.

Start by logging into the <u>HRSA EHBs</u>. From the EHBs homepage, hover over the "Grants" tab at the top of the page and then select "Work on Performance Report" (Figure 17).

Figure 17. HRSA EHBs: Screenshot of EHBs Homepage with Grants Drop-Down Menu



On the next page, Submissions-All, scroll down and locate your most recent RSR deliverable. Select the "Start" or "Edit" link under the far-right Options column (Figure 18) to access the RSR system.

Figure 18. HRSA EHBs: Screenshot of Submissions-All Page (RWHAP Recipient View)

	C									*
X	Export To Excel								🔎 Search 🖕	Saved Searches 🔻
H	▲ 1 2 3 4 ▶ Ħ	Page size: 15	GO							55 items in 4 page(
	Submission Name	Submission Type	Organization	Grant #	Tracking #	Reporting Period	Deadline	Submitted Date	Status	Options
	Y	All 🔻 🍸	All 🔻 🍸	Y	Y)	T	T	All 🔻 🍸	
×	RSR 2023 Annual Performance Report	Performance Report	Health and Happiness Clinic	H76HA00000	122222	1/1/2023 - 12/31/2023	03/25/2024	03/18/2024	Submitted	Edit ▼
Þ	RSR 2023 Annual Performance Report	Performance Report	Health and Happiness Clinic	H12HA00000	133333	1/1/2023 - 12/31/2023	03/25/2024	03/20/2024	Submitted	● Edit ▼
×	RSR 2022 Annual Performance Report	Performance Report	Health and Happiness Clinic	H76HA00000	144444	1/1/2022 - 12/31/2022	03/27/2023	03/11/2023	Submitted	Performance Report
•	RSR 2022 Annual Performance Report	Performance Report	Health and Happiness Clinic	H12HA00000	155555	1/1/2022 -	03/27/2023	03/12/2023	Submitted	Performance Report

That will bring you to the RSR Recipient Report Inbox (<u>Figure 19</u>). Look at the bottom of the Navigation panel on the left side of the screen and select "EHE Triannual Inbox" under the Emerging Initiatives header.



•••									
$\leftarrow \rightarrow C$									*
NAVIGATION «	RSR Recipient	Report Inbox						Your se	ssion will expire in: 29:31
Inbox A	Report ID	Fund Source	Grant Number	Recipient Name	Reporting Period	Modified Date	Status	Action	Action History
Check your XML	122222	Part C	H76HA00000	Health and Happiness Clinic	2023 RSR Annual Performance Report	3/18/2024 1:49:18 PM	Accepted	Open	
Manage Contracts Manage Contracts	R € 1 >	H Page Size	25 💌						1 items in 1 pages
Search 🔺									
 Recipient Reports Provider Reports Check your XML Reports 	For help with EHB Contact Center he RyanWhiteDataSu	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							
References -	Logged in as: Gran	teeDataViewer, Gran	teeDataEditor, Grantee	eDataSubmitter					
 Merge Rules Validation Rules 	The HAB Web Appli	cations also require A	dobe Acrobat Reader	5 or higher installed on your	PC. To download Adobe Acroba	it Reader, click <u>人</u> .			
Performance Measures 🔺									
HIVQM Inbox									
Emerging Initiatives									
CDR Inbox									

You will now be in the EHE Provider Report Inbox (Figure 20). To access your EHE Provider Report, select the envelope icon under the Action column on the right side of the page.

Figure 20. EHE Triannual Provider Report: Screenshot of EHE Triannual Provider Report Inbox

•••								
$\leftarrow \rightarrow C^{\circ}$								\$
NAVIGATION «	EHE Triannual	Provider Report Inbox					Your se	ession will expire in: 29:31
Inbox 🔺								
EHE Triannual	Report ID	Provider Name	Reg Code	Reporting Period	Modified Date	Status	Action	Action History
Search		Health and Happiness Clinic	22222	01/01/2024 - 04/30/2024		Not Started	Create	
EHE Triannual Provider Report	₩ • 1 •	M Page Size: 25 -						1 items in 1 pages
RSR Inbox								
Return to RSR	For help with EHBs Contact Center hel RyanWhiteDataSu	s contact the HRSA Help Desk by phone at 1-877-0 Ip request form to submit your question online. For pport@wrma.com	Go4-HRSA (1-877-46 questions regarding	4-4772) Monday through Friday, data content and/or reporting rec	, 8:00 a.m. to 8:00 p.m. Ea quirements, please contac	astern Time. Or t Data Support	use the HRSA at 1-888-640-9	Electronic Handbooks 9356 or email to

Provider-Only Organizations

EHE initiative-funded providers that are providers only and do not receive any RWHAP grant from HRSA HAB access the EHE Provider Report through the RSR system using the "Access RSR" link in the HRSA EHBs.

Start by logging into the <u>HRSA EHBs</u>. Once you have logged in, select the Organization tab at the top of the page (Figure 21).

Figure 21. HRSA EHBs: Screenshot of Providers' EHBs Homepage

•••		
$\leftarrow \rightarrow \mathbb{C}$		\$
Organization Dashboards		▼ Support ▼ Logout
Welcome Recently Accessed Calendar What's New Image: Getting Started with the Handbooks , Tour the Handbooks , Recommended Settings , Tour the Handbooks! Items We Are Tracking For You	My Recently Accessed	×
Unread News 0	No items are available at this time	+ View More
Acceptable Use Policy Accessibility Viewers And Players Contact Us	Product: EPS Platform	n #: 42.0.0 Build #: 1.0.0 Environment: Production

On the next page titled "My Registered Organizations – List," locate your organization's name and then select "Organization Folder" under the far-right Options column (Figure 22).

Figure 22. HRSA EHBs: Screenshot of My Registered Organizations - List Page

ome » Organizat	on » Browce						
	on " Diowse						
gistered O	ganizati	ons - List					
to Another Orga	nization						Detailed View
							11
Page	e size: 15	Go					1 items in 1 page(s
ization Name	City		State	UEI	EIN	Organization Category	Options
Y		Y All	• 7	Y	Y	All 🔹 🍸	
g People Food	City		ST	AB1CDE23FGH4	999999999	Provider Only	Crganization Folder
	ization Name	istered Organization Another Organization Page size: 15 ization Name City People Food City	Jistered Organizations - List o Another Organization M Page size: 15 ▼ Go ization Name City Y All People Food City	gistered Organizations - List o Another Organization M Page size: 15 • Go ization Name City State Y Y All • Y People Food City ST	Page size: 15 Go ization Name City State UEI Y All Y Y People Food City ST AB1CDE23FGH4	gistered Organizations - List o Another Organization M Page size: 15 • Go ization Name City State UEI EIN Y Y All • Y Y Y People Food City ST AB1CDE23FGH4 999999999	gistered Organizations - List o Another Organization M Page size: 15 • Go ization Name City State UEI EIN Organization Category Image: City ST AB1CDE23FGH4 99999999 Provider Only

That will bring you to the Organization homepage. Look in the center of the page and select "Access RSR (includes modules such as Check your XML, HIVQM, CDR, and EHE)" (Figure 23).

Figure 23. HRSA EHBs: Screenshot of Organization Homepage

•••			
$\leftarrow \rightarrow C'$			*
ALL FUNCTIONS «	🏦 Organization Home		
Organization Folder	Feeding People Food Ban	ık	
Home	UEI: AB1CDE23FGH4	EIN: 999999999	Organization Category: Provider Only
Navigation Functions Return to Organization List	 Provider Organizations BRS Access RSR (includes modules su RSR Service Delivery Sites RSR Check Your XML Inbox ADR Check Your XML Inbox 	uch as Check your XML, HIVQM, CDR, and EHI + View More	E)

Selecting "Access RSR" will navigate you to the RSR system. Look at the bottom of the Navigation panel on the left side of the screen and select "EHE Triannual Inbox" under the Emerging Initiatives header (Figure 24).

Figure 24. EHE Triannual Provider Report: Screenshot of RSR Provider Report Inbox

•••										
$\leftarrow \rightarrow C$										\$
NAVIGATION	«	RSR Prov	ider Report Inbo	x				Your se	ssion will	expire in: 2
Inbox	*	Report ID	Provider Name	Reg Code	Reporting Period	Modified Date	Status	Action	Clients	Action History
Check your XML		876543	Feeding People Food Bank	33333	2023 Annual	3/13/2024 11:16:58 AM	Submitted	Open	58	Ø
Provider Reports	-	K	1 N Page	Size: 25 -	·				1 ite	ms in 1 page
Print Requests		For help wit	th EHBs contact the HF	RSA Help Des	k by phone at 1-877	7-Go4-HRSA (1-877-464-4	772) Monday	through Fri	day, 8:00 a.ı	m. to 8:00 p.
Merge Rules	-	Eastern Tim data conten	ne. Or use the HRSA E nt and/or reporting requ	lectronic Hand irements, plea	books Contact Cer ase contact Data Su	nter help request form to su apport at 1-888-640-9356 o	ubmit your que r email to Rya	estion onlin anWhiteDat	e. For quest aSupport@v	ions regardir wrma.com
Performance Measure	s 🔺	The HAB Web	b Applications also requ	uire Adobe Acr	robat Reader 5 or h	igher installed on your PC.	To download	Adobe Acro	obat Reader	, click 📕.
HIVQM Inbox										
Emerging Initiatives	*									

From there, you will be taken to the EHE Provider Report Inbox. To open your report, select the envelope icon under the Action column on the right side of the page (Figure 25).

Figure 25. EHE Triannual Provider Report: Screenshot of EHE Triannual Provider Report Inbox

•••								
$\leftarrow \rightarrow C$								\$
NAVIGATION <«	EHE Triannual	Provider Report Inbox					Your se	ssion will expire in: 29:3
Inbox •	Report ID	Provider Name	Reg Code	Reporting Period	Modified Date	Status	Action	Action History
Search		Feeding People Food Bank	33333	01/01/2024 - 04/30/2024		Not Started	Create	
EHE Triannual Provider Report	₩ ◀ 1 ▶	M Page Size: 25 -						1 items in 1 pages
RSR Inbox								
Return to RSR	For help with EHBs Contact Center hel RyanWhiteDataSu Logged in as: Provio The HAB Web Applic	s contact the HRSA Help Desk by phone at 1-877-0 p request form to submit your question online. For pport@wrma.com der ations also require Adobe Acrobat Reader 5 or high	Go4-HRSA (1-877-46 questions regarding her installed on your	54-4772) Monday through Friday data content and/or reporting re PC. To download Adobe Acroba	, 8:00 a.m. to 8:00 p.m. Ea quirements, please contac t Reader, click <mark>, .</mark> .	istern Time. Or t Data Support	use the HRSA at 1-888-640-9:	Electronic Handbooks 356 or email to

Completing the EHE Triannual Provider Report

EHE Triannual Provider Report: General Information

Once you have opened your report, you will be taken to the first section, General Information (Figure 26). This section contains details about the organization and its contacts, populated from the HRSA EHBs. Review the data in this section for accuracy and make any adjustments as needed.

Select the "Update" link next to the section headers to make any necessary edits to the Organization Details and Provider Profile Information. To add a new contact to the Organization Contacts table, select the "Add Contact" button. Select the "Edit" or "Delete" links in the Actions column to remove or edit a contact currently listed in the Organization Contacts table.

Figure 26. EHE Triannual Provider Report: Screenshot of General Information Section

•••								
$\leftarrow \rightarrow C$							\$	
NAVIGATION «	EHE Triannual Provider Report					Your session	n will expire in:	27:54
Inbox 🔺	▼ Feeding People Food Bank							
EHE Triannual Provider Report EHE Provider Report Navigation	Report ID: 765432 Report Period: 1/1/2024 - 4/30/2024 Access Mode: ReadWrite	Status: Working Last Modified D) Date: 5/15/2024 11:53	:18 AM	Due Date: 6/15/20 Last Modified By:	24 11:59:58 PM pvance@feedingpe	oplefood.org	
General Information Triannual Report EHE Provider Report Actions	General Information Organization Details Cydate EIN: 9999 UE: AB10 Mailing Address: 456 1	199999 CDE23FGH4 West Street						
Submit Submit / Accept Un-Submit Print Return for Changes	Wasi	hington, DC 12345-6789						-
EHE Provider Report -	Name	Title	Phone Number	Email	FAX	Is Primary POC	Actions	_
Reports 🔺	Phyllis Vance	Executive Director	(987) 654-3210	pvance@reedingpeopler	ood.org	Yes	Edit Delet	e
Action History Search							Add Contact	
EHE Triannual Provider Report	Provider Profile Information	Jpdate Other community based set						
RSR Inbox	Florider Type.	Other community-based set	vice organization (CD	0)				
Return to RSR	Section 330 Funding Received:	No						
	Type of ownership:	Private, nonprofit						
	Faith-based Organization:	No						
	Part of a real time electronic data netwo	vrk: No						

9

Further details and definitions on the fields in this section can be found in the General Information section of the <u>RSR Manual</u>, available on the TargetHIV website.

EHE Triannual Provider Report: Triannual Report

To navigate to the next section of the report, select "Triannual Report" under the EHE Provider Report Navigation header in the Navigation panel on the left side of the screen. In the Triannual Report section (Figure 27), enter your aggregate data directly into the table on the screen. The table should only include data for clients with HIV who received at least one service during the reporting period.



A value must be entered for every field. If there are no data to be reported for a field, enter a zero.

Figure 27. EHE Triannual Provider Report: Screenshot of Triannual Report Section



RWHAP/Initiative Services

In this part of the table, enter a value for the number of clients who received the service category specified in each row during the reporting period. Not all RWHAP service categories are listed individually in the RWHAP/Initiative Services table section. The services included in the table are:

- 1. Any RWHAP or Initiative Service
- 1a. Ending the HIV Epidemic Initiative Services
- 1b. Outpatient/Ambulatory Health Services
- 1c. Medical Case Management, including Treatment Adherence Services
- 1d. Non-medical Case Management Services
- 1e. Mental Health Services
- 1f. Substance Abuse Outpatient Care
- 1g. Substance Abuse Services (residential)
- 1h. Housing

For each service category, report the number of clients with HIV who received the service during the reporting period, regardless of payor or RWHAP eligibility. Only EHE initiative-funded providers must complete the EHE Triannual Provider Report, but these providers should report on services funded through all RWHAP and EHE initiative funding sources, including EHE initiative funding (including EHE initiative carryover), RWHAP funding, and RWHAP-related funding (including RWHAP-related program income or pharmaceutical rebates). If your organization is not funded to provide a service by any of these funding sources, enter all zeroes for that row of the Triannual Report table.

In row "1. Any RWHAP or Initiative Service," report all clients with HIV who were served during the reporting period with any service that your organization was funded to provide with either EHE initiative, RWHAP (including RWHAP Parts A, B, B Supplemental, C, and D), or RWHAP-related (including program income and/or pharmaceutical rebates) funding. Row 1 is a deduplicated count of your clients served during the reporting period.

Additional service categories not included in rows 1a through 1h should still be considered and included when reporting data in row 1. Clients who did not receive one of the indicated services in rows 1a through 1h but did receive a funded service not included in those rows should still be included in the deduplicated count of clients served in row 1.



For every column, the value reported in row "1. Any RWHAP or Initiative Service" should be greater than or equal to the values reported in all other rows. Row "1a. Ending the HIV Epidemic Initiative Services" is a service category that only includes client services that are funded with EHE initiative funding but do not meet the definition of a RWHAP core medical or support service as outlined in <u>PCN #16-02</u>. Client services provided with EHE initiative funding that meet the definition of a RWHAP service category should be reported under that specific service category and not the EHE Initiative Services category. For example, if your organization uses EHE initiative funding to provide medical case management, those services should be reported under the Medical Case Management category and not the EHE Initiative Services category.



What services should be included in the EHE Initiative Services category ?

The EHE Initiative Services category includes all client services that do not align with one of the RWHAP core medical or support service categories outlined in <u>PCN #16-02</u>. If an EHE initiative-funded service fits into an existing PCN #16-02 RWHAP service category, the service should be reported under the RWHAP service category. If an EHE initiative-funded service does not fit into an existing PCN #16-02 RWHAP service category the service category, then the EHE Initiative Services category should be used.

Each row is divided into three columns that each pertain to a different client population:

- # of New Clients who received service(s) in the reporting period (A): This column represents new clients. In this column, report any client with HIV who has never received services from the service provider before the current reporting period.
- # of Clients who received service(s) in the reporting period and received at least one service during a previous reporting period of the current calendar year or during the previous calendar year (B): This column represents existing clients. In this column, report any client with HIV who also received a service from the service provider in a previous reporting period either during the current calendar year (if applicable), the previous calendar year, or both.
- Total # of Clients who received service(s) in the reporting period (C): This
 column represents all clients served. In this column, report all clients with HIV
 who received a service from the service provider during the reporting period.

For every row, the value in column C (Total # of Clients) must be greater than or equal to the values reported in columns A and B. The value in column C does not need to equal the sum of columns A and B.

Columns A and B may not include all clients with HIV who received services in the reporting period. This is because there may be clients who were served during the reporting period who were last seen before the previous calendar year. These clients are referred to as re-engaged clients. For example, if reporting data for the January 1, 2024, to April 30, 2024, reporting period, a re-engaged client would be one served during the reporting period but who was last previously served before 2023.

Re-engaged clients should still be represented in column C if they were served during the reporting period. For any row, the total clients served (column C) can be thought of as a sum of new clients plus existing clients plus re-engaged clients (Figure 28).

The number of re-engaged clients [calculated as column C – (column A + column B)] in row "1. Any RWHAP or Initiative Service" should be greater than or equal to the number of re-engaged clients reported in all other rows.

Figure 28. EHE Triannual Report Total Clients Explanation











How should I report a client served during the reporting period who was previously seen two years ago?

This client does not qualify as a new client (column A) or an existing client (column B) since they have been seen previously but not in the current or prior calendar year. Therefore, only report this client in column C, the total number of clients served.



My clinic is part of a larger organization. How should we determine whether a client is new?

For the EHE Triannual Report, a client is new if they are new to care at the provider of HIV services. Therefore, if a client has never received services previously from your agency, the provider of HIV services, they would be considered new.



For each column, the values reported in rows 1a through 1h must be less than or equal to the value reported in row "1. Any RWHAP or Initiative Service." For definitions of RWHAP core medical and support service categories, see PCN #16-02, available on the HRSA HAB website.



Where do I report service categories that I provide that aren't specifically listed in the EHE Triannual Report table (e.g., Medical Transportation or Food Bank/Home-Delivered Meals)?

RWHAP service categories funded through EHE initiative (including EHE initiative carryover), RWHAP, or RWHAP-related funding that are not listed in a specific row (e.g., Medical Transportation) should be included in row "1. Any RWHAP or Initiative Service."

?

Where do I report household members who received a funded service?

Only report clients with HIV who received a service during the reporting period in your EHE Triannual Report data. Household members who are not living with HIV should **not** be included in your data, even if they received a funded service.

Health Outcomes

The Health Outcomes section of the table contains a single row, "2. Prescribed ART in the reporting period." In this row, report the number of clients with HIV in each column who were prescribed or continued ART during the reporting period. All clients who were prescribed ART via Outpatient/Ambulatory Health Services (OAHS) or any other mechanism through which ART could be prescribed or provided should be reported in this row.

Clients should be sorted into new, existing, and total clients as explained in the previous section of this manual. Providers only need to report on ART prescription when their agency is providing the prescription. For example, a case management agency that monitors their clients' treatment adherence should not report on ART prescription if their agency is not providing the prescription for their clients.

For each column, the value reported in row "2. Prescribed ART in the reporting period," must be less than or equal to the value reported in row "1. Any RWHAP or Initiative Service."

Once you have entered a value for each field of the table, select "Save" at the bottom right of the screen.



If you need assistance extracting your data from your EHR or data management system or mapping your data to the required data elements, contact the DISQ Team at Data.TA@caiglobal.org.

Validating the EHE Triannual Provider Report

Data validation in the EHE Triannual Provider Report occurs in two places: (1) on the Triannual Report page itself, a page-level validation, and (2) in the Validation Report, a system-generated check of your entire report that you process by clicking "Validate" in the Navigation panel. Once you have addressed any page-level and Validation Report messages, you can advance to the next step of the report, submitting.





For further information on validating the EHE Triannual Provider Report including a list of all potential validation messages, see <u>EHE In Focus: EHE Triannual Provider Report Validations</u> on the TargetHIV website.

Page-level Validation

Page-level validation occurs after selecting "Save" on the Triannual Report page. The page-level validation process checks to make sure all fields in the Triannual Report table are complete and make sense. Page-level validation messages that must be addressed will appear as a banner at the top of the page after selecting "Save" (Figure 30).

Page-level validation messages are sorted into two categories: errors and warnings. Errors will appear in a red banner and must be corrected. You will not be able to submit your report without correcting all page-level errors that you receive. Amend your Triannual Report data based on the error message(s) and attempt to save your data again.

Page-level warnings appear in a yellow banner and provide information on your data (e.g., data accuracy issue). Review your data based on the warning message for accuracy. If the data are correct, you can proceed to validating your EHE Provider Report using the Validation Report. Otherwise, amend your data based on the warning message and attempt to save your data again.

Figure 30. EHE Triannual Provider Report: Screenshot of the Triannual Report Page-level Validation Banners

•••			
$\leftarrow \rightarrow C$			*
NAVIGATION «	EHE Triannual Provider Report		Your session will expire in: 25:43
Inbox EHE Triannual Provider Report	Error: Your form has errors and cannot Column A: The number of clients reported in each C – (A+B) for all sub rows must be less than or equ	t be submitted. of the following row(s) must be less than or equal to the number ial to C – (A+B) for the first row *1. Any RWHAP ³ or Initiative Servi	r of clients who received Any RWHAP of Initiative Service (row 1): 1a ce ⁺ : 1a
EHE Provider Report Navigation	Warning: The number of clients who received services in a pr check your that your numbers are correct for the follows.	evious reporting period in Column B is equal to Zero, but the tot. owing row(s): 1a	al number of clients in column C is greater than Zero. Please double
Triannual Report	▼ Feeding People Food Bank		
EHE Provider Report Actions Validate Submit	Report ID: 765432 Report Period: 1/1/2024 - 4/30/2024 Access Mode: ReadWrite	Status: Working Last Modified Date: 5/15/2024 11:53:18 AM	Due Date: 6/15/2024 11:59:58 PM Last Modified By: pvance@feedingpeoplefood.org
Submit / Accept Un-Submit Print Return for Changes	Triannual Report Public Burden Statement: OMB Control Number (0906- The table below should only include information for client	.0051) Valid Until 01/31/2026 s who received at least 1 service in the previous reporting period.	Fill in the data for all fields. If there are no data to be reported for a field,
EHE Provider Report - Reports	fill in with a zero.		

Validation Report

The validation process checks your report against HRSA HAB's system requirements. To start the validation process and generate the Validation Report, select "Validate" in the Navigation panel on the left side of the screen. The system will display a message letting you know that the validation request is processing (Figure 31). After a few minutes, refresh the page by selecting the "Validate" link again in the Navigation panel.

Figure 31. EHE Triannual Provider Report: Screenshot of Validation Processing Page



If your report has no validation messages to address, you will see a "Congratulations" message and can advance to the next step. Otherwise, you will see a table of your validation results once the validation process has been completed (Figure 32).

Validation messages in the Validation Report are sorted into two categories: errors and warnings. If you receive an error in your validation results, you must correct your report based on the error message and revalidate your report before you can submit.

Validation Report warnings should also be corrected whenever possible. If you are not able to correct your report, then you may submit it with a warning by adding a comment for each one in your Validation Report. To add a comment, select "Add Comment" in the Actions column of the validation results table. In the comment explain your agency's situation as it relates to the warning message and select "Save."

Figure 32. EHE Triannual Provider Report: Screenshot of the Validation Report

••	•										
$\leftarrow -$	> C' (な	
Valid	lation Resul	ts									
You mu enter a of the v	ust fix all errors in yo a warning comment k validation results tab	ur report b before you le(s). Cont	efore you can submit your data. Please fix all warning submit your data. To enter warning comments for a sp act the help desk if you have questions about any of t	s as appropri becific check, he validation	ate. Fo select f errors,	or the warnin the "Add Co warnings, o	gs that you can mment" link loc r alerts.	not or should r ated in the Act	not fix, ion column		
Gener	al Information										
Row No.	Check No.		Message	Туре	Com	ment Coun	t	Action			
No report validation errors found.											
Triann	ual Report										
Row No.	Check No.	Message				Туре	Comment Count Acti		Action		
1	The number of clients must be populated for all services. If a service is not provided to any clients, then the number of clients must be reported as a zero.				t zero.	Error	0				

Submitting the EHE Triannual Provider Report

To submit your EHE Triannual Provider Report, select "Submit" in the Navigation panel on the left side of the screen. On the next page (Figure 33), enter a comment in the text box with any meaningful feedback you have about the submission process. Underneath the comment box, select the checkbox to certify that the data submitted are accurate and complete. Once finished, select the "Submit Report" button at the bottom of the page.

•••			
$\leftarrow \rightarrow \mathbb{C}$			
NAVIGATION «	EHE Triannual Provider Report		Your session will expire in: 29:43
Inbox 🔺	▼ Feeding People Food Bank		
EHE Triannual Provider Report EHE Provider Report	Report ID: 765432 Report Period: 1/1/2024 - 4/30/2024 Access Mode: ReadWrite	Status: Working Last Modified Date: 5/15/2024 11:53:18 AM	Due Date: 6/15/2024 11:59:58 PM Last Modified By: pvance@feedingpeoplefood.org
Navigation A General Information Triannual Report EHE Provider Report	A field with an asterisk * before it is a required field. Please enter comments regarding your certification.		
Actions > Walidate > Submit > Submit / Accept > Un-Submit > Print > Refurm for Changes EHE Provider Report - Reports > Action History Search >	Comments: A シッ・ヘー・ が 一 学 译 译 B Z 旦 Font・ A ・ ふ ・ 資 ④ 学 Characters remaining: 3000 L cartify that the data in this report is accurate and com	Image: second	to is a condition of this grant award and is subject to fodgral qudit
EHE Triannual Provider Report	Certify that the data in this report is accurate and cor Submit Report	mplete. I understand that reporting accurate and complete da	ta is a condition of this grant award and is subject to federal audit.

Figure 33. EHE Triannual Provider Report: Screenshot of Submit Report Page



If you need assistance completing your EHE Triannual Provider Report, contact RWHAP Data Support at 1-888-640-9356 or email RyanWhiteDataSupport@wrma.com.

Accepting Providers' Reports (Completed by EHE Recipients Only)

Once an EHE Triannual Provider Report has been submitted, it must be reviewed and accepted by all EHE initiative recipients that fund them. Recipients will know that an EHE Provider Report still needs to be accepted when it is in "Review" status (Figure 34).

Figure 34. EHE Triannual Provider Report: Screenshot of EHE Triannual Provider Report Inbox with Submitted Reports



Each report must be opened and accepted separately. Select the envelope icon under the Action column to open the report you wish to review and accept.

Review the selected report and, when ready, select "Submit/Accept" in the Navigation panel on the left side of the screen to accept the report (Figure 35). Alternatively, if you need to return the report for corrections, select "Return for Changes" in the Navigation panel. Your EHE Triannual Recipient Report will not advance to "Submitted" status until all your providers' EHE Triannual Provider Reports have been submitted and accepted through your agency's grant.

Figure 35. EHE Triannual Provider Report: Screenshot of Report in Review Status

•••									
$\leftarrow \rightarrow \mathbb{C}$									*
NAVIGATION «	EHE Triannual Provider Report	t					Your session	n will exp	oire in: 27
Inbox 🔺	▼ Feeding People Food Bank								
EHE Triannual Recipient Report EHE Triannual Provider Report	Report ID: 765432 Report Period: 1/1/2024 - 4/30/2024 Access Mode: ReadWrite		Status: Review Last Modified Date: 5/15/2024 11:53:18 AM			Due Date: 6/15/2024 11:59:58 PM Last Modified By: pvance@feedingpeoplefood.org			
EHE Provider Report Navigation	General Information								
General Information Triannual Report EHE Provider Report Actions	EIN: UEI: Mailing Address:	999999999 AB1CDE23FGH4 456 West Street Washington, DC 1234	15-6789						
Validate Submit Submit/Accept	Organization Contacts								
Print	Name	Title		Phone Number	Email	FAX	Is Primary POC	Actions	
Return for Changes EHE Provider Report -	Phyllis Vance	Executive D	irector	(987) 654-321	pvance@feedingpeoplefoo	i.org	Yes	Edit	Delete



If you need assistance accepting your providers' reports, contact RWHAP Data Support at 1-888-640-9356 or email RyanWhiteDataSupport@wrma.com.

Appendix A. Administrative and Technical Services Definitions

Administrative or Technical Support: The provision of quality and responsive support services to an organization. These may include human resources, financial management, and administrative services (e.g., property management, warehousing, printing/publications, libraries, claims, medical supplies, and conference/training facilities).

Capacity Development: Services to develop a set of core competencies that in turn help organizations foster effective HIV health care services, including the quality, quantity, and cost-effectiveness of such services. These competencies also sustain the infrastructure and resource base necessary to develop and support these services. Core competencies include management of program finances; effective HIV service delivery, including quality assurance, personnel management, and board development; resource development, including preparation of grant applications to obtain resources and purchase supplies/equipment; service evaluation; and development of cultural competency.

Fiscal Intermediary Support: The provision of administrative services to the recipient of record by a pass-through organization. The responsibilities of these organizations may include determining the eligibility of providers, deciding how funds are allocated to providers, awarding funds to providers, monitoring providers for compliance with RWHAP-specific requirements, and completing required reports.

Other Fiscal Services: The receipt or collection of reimbursements on behalf of health care professionals for services rendered or other related fiduciary services pursuant to health care professional contracts.

Planning or Evaluation: The systematic, orderly collection of information about the characteristics, activities, and outcomes of services or programs to assess the extent to which objectives have been achieved, identify needed improvements, and/or make decisions about future programming.

Quality Management: The coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction. To be effective, a CQM program requires:

- Specific aims based in health outcomes
- Support by identified leadership
- Accountability for CQM activities
- Dedicated resources
- Use of data and measurable outcomes to determine progress and make improvements to achieve the aims cited above

Please see PCN #15-02 for further information.

Technical Assistance: Identifying the need for and delivery of practical program and technical support to the RWHAP community. These services should help recipients, planning bodies, and communities affected by HIV to design, implement, and evaluate RWHAP-supported planning and primary care service-delivery systems.