RSR

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

Ryan White HIV/AIDS Program Services Report (RSR)

HIV/AIDS Bureau

December 18th, 2024

Welcome to today's Webinar. Thank you so much for joining us today!
My name is AJ Jones. 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:

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Today's webinar is presented by Hunter Robertson from the DISQ Team. Hunter will provide you with an overview of progress on data quality among Ryan White agencies, based on our findings from targeted outreach we've done this fall with recipients and providers who we've helped to improve their data reporting processes. He'll also discuss 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 David is going to chat out the link to the presentation slides right now which include all the resources mentioned in today's webinar.

At any time during the presentation, you'll be able to send us questions using the "Q&A" function on the settings bar on the bottom of the screen. All questions will be addressed at the end of the webinar in our live Q&A portion. During that time, you will also be able to ask questions live if you'd like to unmute yourself and chat with us directly.

Now before we start, I'm going to answer one of the most commonly asked questions about the recording. The recording of today's webinar will be available on the TargetHIV website within one week of the webinar. The slides are already available for you to access on the TargetHIV website using the link that David just chatted out. Please note that these slides are not 508 compliant, but we will follow up with all registrants in about two weeks when the 508 compliant slides and written question and answer are posted.
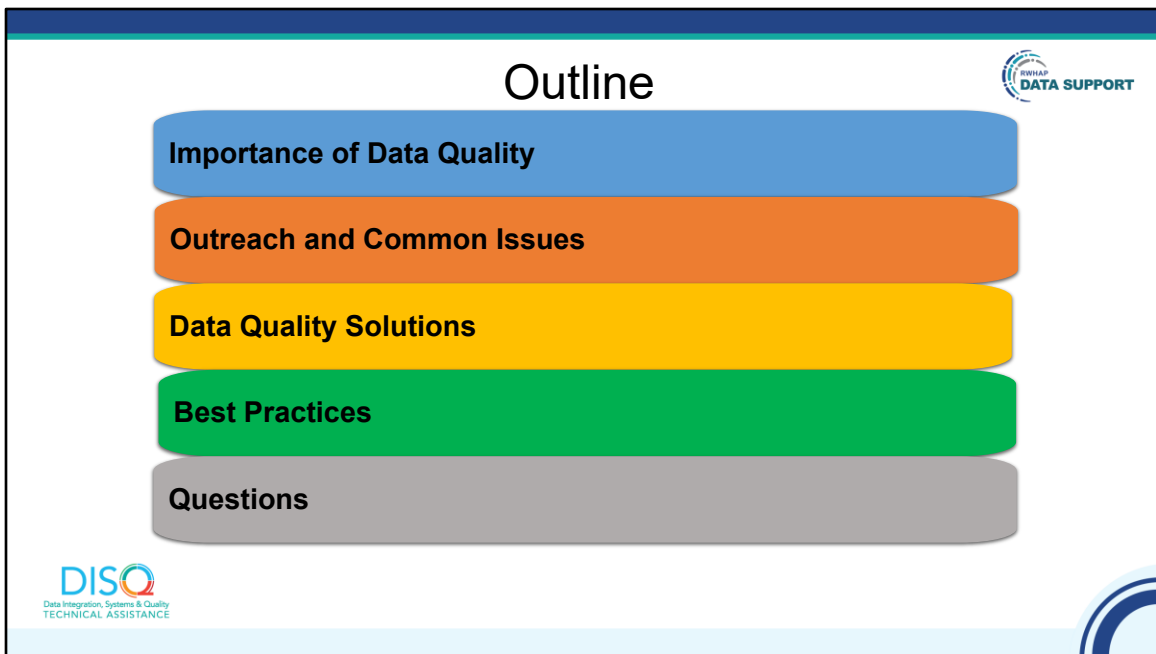
Today's webinar is supported by the organizations shown on the slide, and the contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by the Health Resources and Services Administration, the U.S. Department of Health and Human Services, or the U.S. Government.

Outline

Importance of Data Quality

Outreach and Common Issues

Data Quality Solutions

Best Practices

Questions

As AJ noted, today's webinar is about data quality. (CLICK) I'll start with reviewing the importance of data quality. The quality of your data does not just mean if data are complete. We're also reviewing what was reported as we want to be sure that the data you submitted reflect your program activities. (CLICK) Then, I'll talk about some common data quality issues we've encountered through our outreach activities. (CLICK) We'll then discuss some data quality solutions to address the challenges as well as (CLICK) common best practices (CLICK) As always, we will close by taking your questions. Remember to use the "Question" function on your settings on the bottom of the screen. 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
- RSR data should accurately reflect your program activities!

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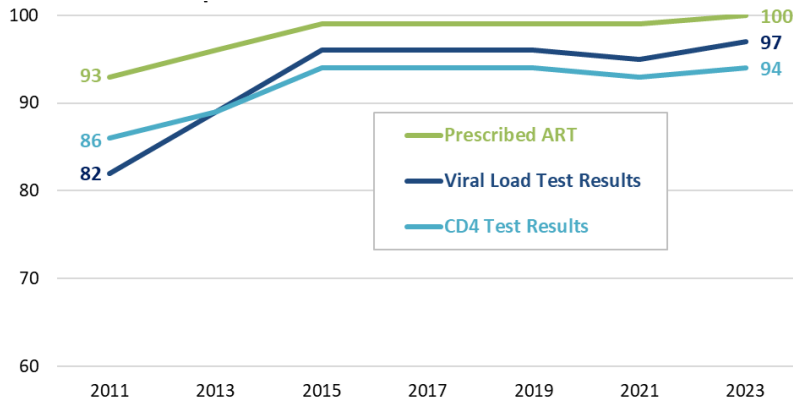TECHNICAL ASSISTANCE

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. You should think of your RSR data as a snapshot that can be used to represent your program to HRSA, advocates, legislators, clients, and any interested party. Some examples are the Ryan White Compass Dashboard and the HAB Data Reports and slide decks. Data help to tell the story of the good work that you do serving people with HIV. 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.
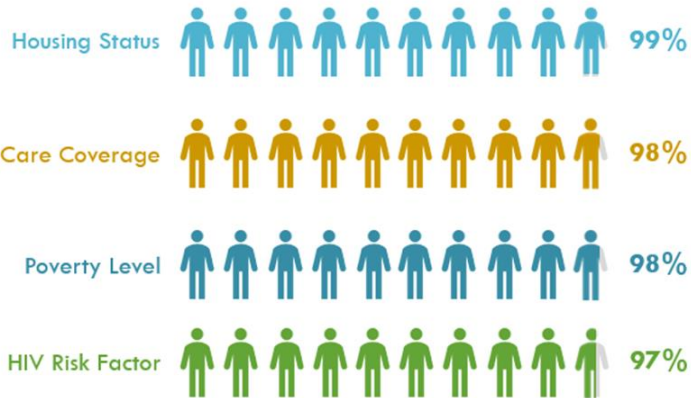
Data Completeness

- 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

RSR Instructional Manual
Appendix A

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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 Ryan White 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.

For those clients receiving outpatient ambulatory health services or OAHS, prescribed ART, CD4 and viral loads are also required to be reported. Clinical data reporting completeness increased in 2023 to 99.5% for prescribed ART, 96.6% for viral load tests, and 93.5% for CD4 tests. Well done everyone!

2023 Data Completeness

Housing Status — 99%

Health Care Coverage — 98%

Poverty Level — 98%

HIV Risk Factor — 97%

Data Completeness Rates in the RSR have been high in the last several years and the 2023 RSR was no exception. There was a slight increase in housing status and a slight decrease in HIV risk factor (each of 1%), but otherwise the completeness stayed about the same from the prior RSR.

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.

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

		Virally Suppressed Yes	Virally Suppressed No
Prescribed ART	Yes	70%	6%
Prescribed ART	No	20%	4%

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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 (CLICK) the share of clients on ART who are suppressed (70%), (CLICK) on ART who are not suppressed (6%), (3) not on ART and not suppressed (4%), and finally, (CLICK) clients who are not on ART who are virally suppressed (20%).

You Can't Assess Quality of Care with Incorrect Data

		Virally Suppressed Yes	Virally Suppressed No
Prescribed ART	Yes	70%	6%
Prescribed ART	No	20%	4%

- 24% of clients not on ART; 20% are virally suppressed
- Inaccurate data misrepresents your programs

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This doesn't look right. (CLICK) In your RSR, 24% of your clients are not on ART but (CLICK) most of those not on ART are virally suppressed (20% of them!) If you dig deeper, you'll probably find that these clients have been prescribed 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. Additionally, the 4% not on ART and not virally suppressed might represent a program quality issue. You cannot properly assess program quality with poor data quality.
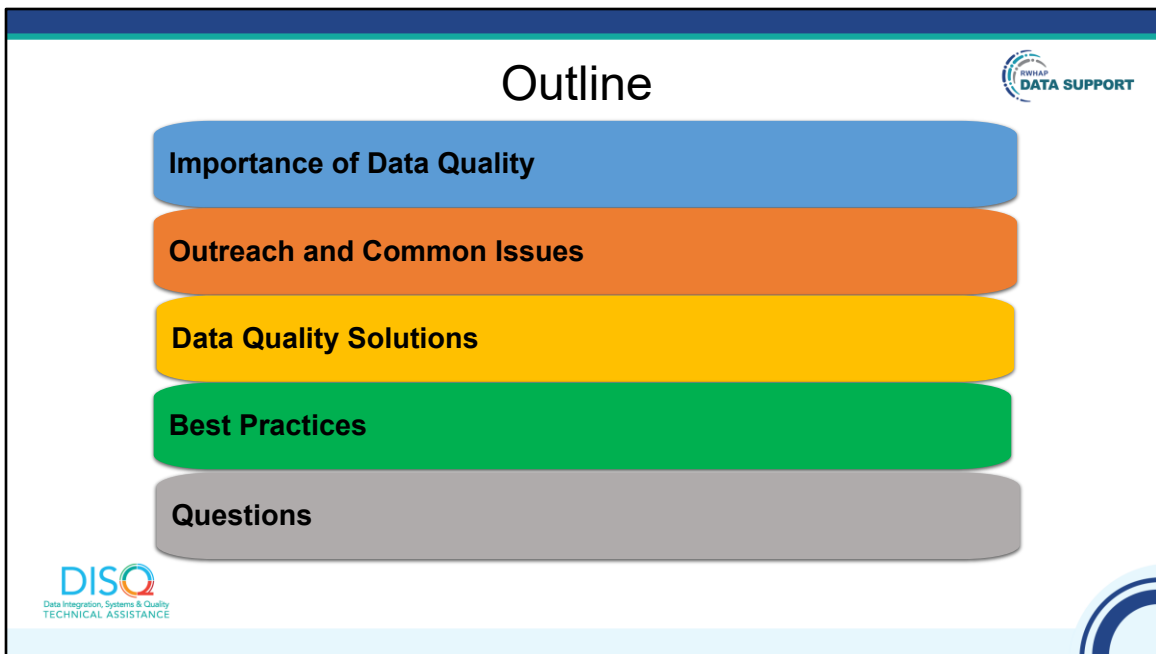
The reason that we conduct RSR outreach each year is to help you address these data quality issues.

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. David, 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 2023 RSR submission
- ○ I'm not sure

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Thanks, David. No matter how you describe your agencies most recent RSR submission, we believe there will be information on today's webinar that you will find useful when thinking about data completeness and quality. (CLICK) Let's move on to DISQ's Outreach from this fall and common issues.

DISQ Outreach

Discuss provider data management and reporting challenges

Troubleshoot issues and identify potential solutions

Improve data quality
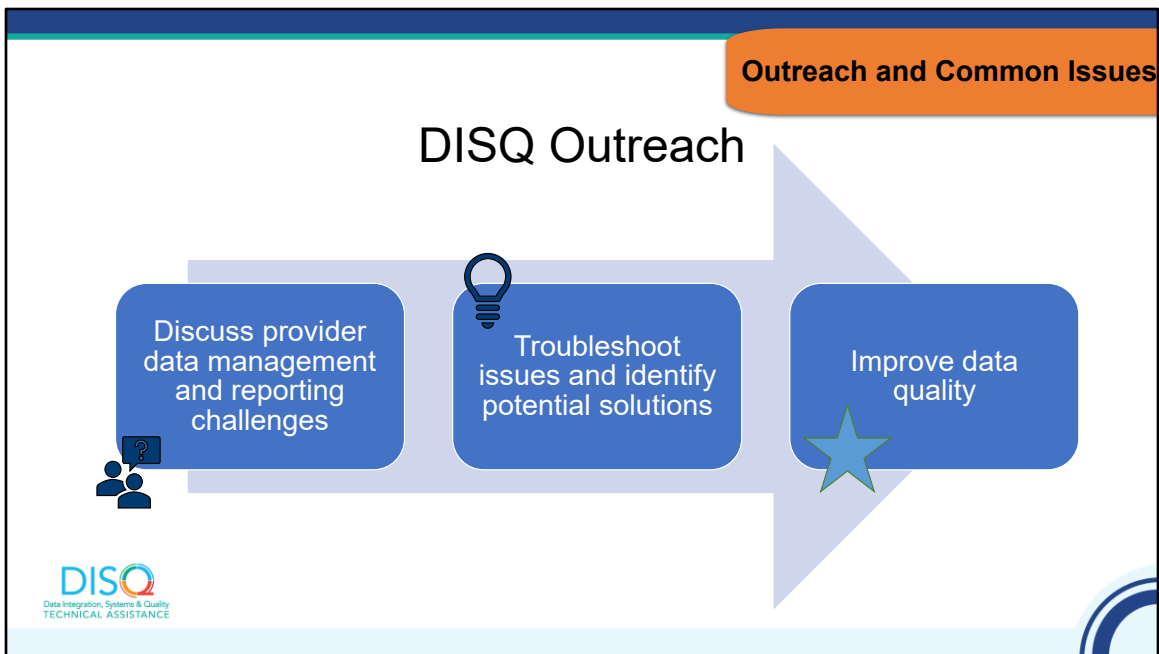
I mentioned earlier that the DISQ team works with recipients and providers to improve RSR data quality. Part of this work includes annual targeted outreach. We typically discuss data management and reporting challenges, troubleshoot issues and identify potential solution so your programs data quality can improve 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

- 154 recipients were contacted

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We completed two rounds of outreach this 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 154 recipients which was more than the previous year's 183 with the same criteria.

Round 2 Outreach

- Criteria
  - More than 40% of required clients had "No" reported for prescribed ART
  - More than 20% of clients had missing viral load data
  - More than 20% of clients had missing poverty level data
  - 100% of clients were reported as "No" or missing for having been screened for syphilis

- 59 providers contacted, 46 phone calls, 6 emails

- Most issues were data quality, not quality of care

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

oMore than 40% of required clients had "No" reported for prescribed ART

oMore than 20% of clients had missing viral load data

oMore than 20% of clients had missing poverty level data

o100% of clients were reported as "No" or missing for having been screened for syphilis

59 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 2023 RSR. We conducted 46 calls and 6 email exchanges 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.

For any issue, 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 Entry Issues

- EHR did not have the required fields
- Data not mapped to RSR-related fields
- Insufficient training
- Lack of data entry staff
- Insufficient data entry protocols

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One of the first things that can cause the data to not reflect actual program activities, is if there are issues with data collection or entry. A common theme among providers was that data were not entered or were entered incorrectly into their data systems. Some providers using an electronic health record (EHR) did not have all required fields in their system or did not correctly map them to RSR related fields. For others, data entry issues appeared to stem from insufficient training of staff, lack of data entry staff, and insufficient data entry protocols.

If you attend a lot of our webinars, you may notice that we often ask how much experience you have in the RSR. Additionally, the DISQ Team is also available to support your organization if you'd like to improve your documentation for data entry protocols. If you are new or want to improve your documentation, please put a comment in the chat and we'll reach out after the webinar.

Data Import Issues

- Data imports not updated
- Support in setting up imports from an EHR to the RSR-ready system
- Manual data entry can help but are these processes also must be maintained

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Another issue was data imports not working as intended which caused data to not accurately reflect your program. We heard from a couple of providers that their imports had not been updated. This meant that data collected in their primary system did not make it into the RSR system. Some providers indicated they had difficulty with setting up import processes from their EHRs to their RSR-ready data system. Several providers noted they would like to set up automatic import processes from their EHR to their RSR-ready data system but lack the resources and technical support to do so.

Establishing an import is not a "set it and forget it" event – imports need be to maintained, just like changing the oil in a car. We'll talk more about this later.

Most agencies have at least some manual data entry. Just like imports need to be maintained, those entering data need to be trained and supported to reduce human error while entering data.

Confusion on Reporting Requirements

- Syphilis
  - Screening is only required for OAHS clients
  - Some providers were not aware of the reporting requirement for this data element, but were doing screenings
- Federal Poverty Level
  - Required data element for clients who received any of the following four services: outpatient ambulatory health services, medical case management, nonmedical case management or EHE Initiative Services
  - Reporting requirement isn't different for EHE Initiative funded providers

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The first confusion was around reporting syphilis screening. As I mentioned earlier, DISQ reached out to providers who had 100% of their syphilis screening data missing or reported as "no." As a reminder, syphilis screening is only required for outpatient ambulatory health services clients. Some of the providers we spoke with were not aware of the reporting requirement but were doing the screenings.

The second area was around the requirement to report Federal Poverty Level data. Some of the providers that were missing FPL did not realize it was a requirement for EHE funding.

Federal poverty level percent is a required data element for clients who received any of the following four services: outpatient ambulatory health services, medical case management, nonmedical case management or EHE Initiative Services. The reporting requirement isn't different for EHE Initiative funded providers. While you should report the data if you have it, you should not modify your EHE initiative eligibility requirements to collect the data. HAB understands that there may be more missing FPL data if EHE initiative funding is used to fund the service categories for which it is a required data element. If you receive a validation warning, write a validation comment explaining why the data are missing.

Providers Weren't Sure What Caused the Issue

- More prevalent than in previous years
- Appears that providers are not using the UCR
- It's important to use both the UCR and Validation Reports

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For our last common issue, some providers we spoke with in Outreach were just not sure what caused their data quality issue. This seems to be the case more often than in previous years. It's always possible there can be a one-time issue. However, several providers this year seemed to not be using the UCR and were only reviewing the validation report because addressing the validations allowed them to submit their RSR. While the validation report is a great tool you should be using, the Upload Completeness Report provides you a different view of your data and includes the previous years data so you can compare. We will talk a bit more about the UCR later in the presentation but make sure you are using both the Validation and Upload Completeness Reports.

Poll #2

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)
- ❑ Missing viral load
- ❑ Missing Federal Poverty Level (FPL)
- ❑ Reporting prescribed ART
- ❑ Reporting syphilis screening
- ❑ Other issues (please put in the Q & A)
- ❑ We don't have any data quality issues

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(CLICK) Now, let's get to some data quality solutions.

Improve Data Collection/Entry

- Train staff regarding data entry
- Have written instructions
- Develop and review forms to help capture required data
- Document your RSR approach
- Ensure staff have the right access to enter data
- Review RSR roles and responsibilities
  - RSR Recipient Roles and Responsibilities
  - RSR Provider Roles and Responsibilities
- Continuous monitoring of data to identify data entry issues as they occur

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There are several approaches to help improve data collection and entry. First, take some time and review the RSR Manual so you can get familiar with reporting requirements and any changes that may have been implemented. Knowing the reporting requirements is part of ensuring staff have the training that they need. While there are a lot of resources out there for training staff, you need to make sure training is specific to your systems! You should also build in refreshers for folks to keep their knowledge up to date. In addition to training, make sure you have written instructions or resources staff can use.

Agencies also reported developing forms to help capture required data. Its equally important to review forms to make sure they are updated as requirements or processes change over time, both paper forms and electronic forms. We also recommend that you document your RSR approach. This is important, particularly when there are staffing changes. Another key step is to make sure staff have the right access so they can enter data. This is something we hear about each year with some of our CAREWare users.

Be sure that you know what your role and responsibilities are. We've created two different documents-one for recipients and one for providers. You should also start monitoring data over time if you do not already do so. 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.

Imports Must Be Maintained

- Imports should be updated
- Spot check imports
- Manual chart review can help
- Make maintenance a regular part of your workflow!

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If you are using an EHR, it might make sense to consider importing into an RSR-ready system. While it does take time and resources to initially set up, it might improve data quality and completeness. However, if you are going to go through the work to set up an import, please make sure you also build in time, personnel and resources to maintain those imports. During outreach, we spoke a provider that did some analysis after we reached out and determined that their import file was not updated to account for new medications. This led to data not getting imported and clients appearing in the RSR as if they were not on ART when they were in their home system. A great solution here that the provider is implementing is to build in a step to their RSR workflow where the medications list is reviewed on a regular basis and updated. They plan on requesting the list of medications from their IT folks and having it reviewed by members of the clinical team to make sure its up to date.

Along those same lines, spot checking those imports can also help. If the team responsible for extracts and imports isn't devoted to Ryan White, they may not know what might be wrong. Anyone who understands the RSR system can spot-check and the team closest to the clients and their data will recognize if something doesn't seem right. Additionally, manual chart review can be the best way to ensure complete data. If a manual chart review is not something you are currently doing, you should consider it.

It's important to remember that imports must be maintained because things are always changing. Make sure you build in time for this type of maintenance – it will make your reporting less frustrating.

Outline

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Now, let's get to some best practices to help you make sure your data are accurate and complete.

Review 2023 RSR Data

Provider Report Actions
- Validate
- Un-Submit
- Print

Provider Report -

Reports
- Upload Completeness Report
- Action History

Prescribed Antiretroviral Medications (Item 52)

Response Category	2023		2022	
	N	**%**	**N**	**%**
Yes	1102	79.9%	1114	88.6%
No	127	9.2%	144	11.4%
Missing	150	10.9%	0	0.0%
Out of range	0	0.0%	0	0.0%

Do these numbers make sense?

DISQ RSR Upload Completeness Report (UCR) Module

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We say this a lot on our webinars but its true. You must review your data to make sure its accurate. One place to start is to review last year's submission to see where you had data quality issues. First in your Upload Completeness Report (CLICK) look at the last row in most of the tables for missing/out of range data. You'll also want to review your data to be sure that they make sense. Remember 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. Remember that the UCR has two years of data which can help you detect possible issues.

In this example, the 2023 RSR had 150 clients missing prescribed ART. (CLICK) Do these numbers make sense? Having that many clients not on ART is highly unusual. Additionally, there were no clients missing this information in 2022.

I can't say it enough that the UCR is one of the best tools you have available to you to help you review your data. The link on the slide is for a video module all about using the UCR. You can use 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. If you have questions about the UCR, reach out to the DISQ Team! Also, in February, DISQ will have another UCR Bootcamp webinar which will go in-depth on the UCR. We hope to see you there!

Check Your 2024 Data Now

- Use Upload Completeness and Validation reports in your data system to review your data quality

- Make sure to use <u>both</u> reports

- New for 2024: Error message if you haven't viewed the UCR

- 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

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Another best practice is to start checking your 2024 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 RSR Viewer (similar to the Upload Completeness Report). CAREWare has a Validation Report as well. If you aren't sure what's available, check with your system vendor.

It's important that you use both the Upload Completeness and Validation reports. As I mentioned earlier, some providers are not using the Upload Completeness Report and are missing data quality issues that can be seen through a review of the UCR. The UCR is a great way to check whether the share of "no" values seems too high. Seeing higher than expected no values for something like syphilis screening can help you know providers could need additional training on where/how to enter the data. It also might now hurt to remind staff that you want to get credit for the great work you're doing serving clients. For the 2024 RSR, providers will now receive an error message when attempting to submit their report if they have not previously reviewed the UCR. To clear the error message, providers must access the UCR available in their Provider Report . 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. If you need a refresher, we just had a webinar a few weeks ago about Check Your XML that featured a demo.

Remember that the Check Your XML feature is not the actual reporting submission. Think of it as a practice site but it can help you get a heads up on data quality. Once the actual RSR report opens, you should stop using Check Your XML and switch to the actual report.

Get the Latest Version of Your System

RSR-Ready System Status

November 2024

RSR-Ready System Version #	Providers in 2023	Contact	Information on the RSR	2024 Version Release Timeline
AIRS (9.0.70)	74	Ronald Massaroni 212-417-4469	RSR Data Quality Reports	September 2024
ARIES CA (Version 10.0.0.0 (R46))	125	CA ARIES Help Desk	Contact the CA ARIES Help Desk	January 2025
Azara	--	Todd Schlesinger	Contact system representative	Unknown
CAREWare (Build 171)	873	CAREWare Help Desk	RSR Data Quality Reports	November 2024

RSR-Ready System Vendor Information

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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.

Make Sure Data are Entered in the Right Place

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

  o 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)	• Private – Employer • Private--Individual • Medicare • Medicaid, CHIP or other public plan • Veteran's Administration, TRICARE, or other Military health care • Indian Health Insurance • Other Plan • No Insurance/uninsured	**Annual Review >Insurance Assessments** Select the Primary Insurance from the drop down list and check all insurance coverage that apply Value will only be exported if it falls within the current reporting period; otherwise no value will be reported **Also required for clients that receive any core medical services**

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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 Data are Entered in the Right Place

- Map RSR data for entry between data systems
  - Use <u>RSR crosswalk</u> 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			

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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.

Your Data System and Default Values

- Data systems (including CAREWare) will default to "no"
- "No" is a complete value in RSR, so providers were unaware of the issue:

Screened for Syphilis (Item 55)

Response Category	2023 N	%
Yes	0	0.0%
No	538	100.0%
Not medically indicated	0	0.0%
Unknown	0	0.0%
Missing/Out of range	0	0.0%

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Some systems cannot differentiate between "no" and "missing data" for fields like prescribed ART and Syphilis Screening. You will want to look into it if you have a large number of clients with No or Missing/out of range for these fields.

This type of presentation, having 100% of required clients with a no response for syphilis screening, should also alert you that something is not accurate with your data.

Collaborate with Other Recipients

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

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For those recipients on the call today, we also want to take this opportunity to remind you that for multiply funded providers, it is 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 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.

Familiarize Yourself with Reporting Requirements

- [RSR Instruction Manual](#)
- [Policy Clarification Notice (PCN) 16-02](#)
- [RSR in Focus: Understanding the Policy Clarification Notice (PCN) 16-02](#)
- [Preparing for 2024 RSR Reporting: Updates and Best Practices](#)

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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. The 2024 RSR Manual is now available on TargetHIV. Also, 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. There is also a RSR In Focus on understanding PCN 16-02 which will be helpful.

Each year we also have a webinar on preparing for the upcoming reports and we just held the Preparing for 2024 RSR Reporting webinar a few weeks ago. Remember that all our past webinars are archived on TargetHIV, so if you missed one you can always view the recording.

New RSR In Focus!

- **RSR In Focus: Reporting "Other Plan" for Client's Health Insurance in the RSR**
  - Examples and different scenarios for reporting Other Plan.

TargetHIV

RSR in Focus: Reporting "Other Plan" for Client's Health Insurance in the RSR

📅 September 6, 2024   🔖 Login to Bookmark

DISQ
Data Integration, Systems & Quality
TECHNICAL ASSISTANCE

While familiarizing yourself with the reporting requirements, I want to highlight that DISQ recently released a new RSR in Focus document on TargetHIV that covers reporting "Other Plan" for client's health insurance in the RSR. This In Focus reviews RSR health coverage options, when to report other plan, and goes through examples on how to report health coverage for different scenarios you might encounter.

Poll #3

Its time for our final poll. David, can you please launch the poll?

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

RWHAP Technical Assistance Resources

The RWHAP TA Resources Brochure features information on each RWHAP technical assistance provider, including:

- RWHAP reports they support
- Questions they frequently respond to
- Contact information

This may feel like a lot to do, but there are several technical assistance resources available to help you. The RWHAP TA Resources brochure outlines information about each technical assistance provider, including the reports they support, frequently asked questions they respond to, and their best contact information. You can find this resource on the TargetHIV website.

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

📡 Connect with HRSA

To learn more about our agency,
visit

www.HRSA.gov

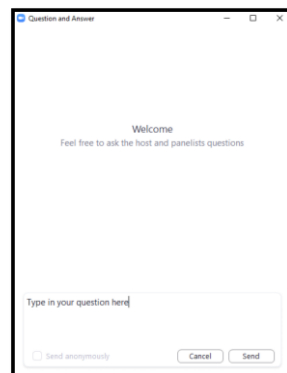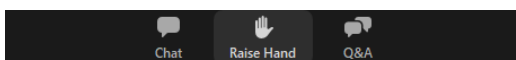✉ Sign up for the HRSA *eNews*

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Finally, to connect with and find out more about HRSA, check out HRSA.gov.

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 webinar. We really appreciate your feedback, and use this information to plan future webinars. My colleague David 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 "Q&A" button on your control panel on the bottom of your screen. You can also ask questions directly "live." You can do this by clicking the "raise hand" button, which is also on your control panel. If you raise your hand, we'll be able to allow you to unmute and ask your question. 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 via email to follow up. Sometimes we need to do some follow-up before providing you with a final answer, so stay tuned for the written Q&A as well for answers to all of your questions.