Understanding Ryan White Services (RSR) Data Validations

Hilary Mitchell & Felicia White

Ryan White Data Support

Learning Objectives

- To define the three outcomes that occur when data violate a system data validation check.

- To identify the system validation checks that may obstruct your 2016 RSR data submission or that will require additional follow up.

- To correctly respond to triggered data validations.

Session Overview

- RSR Web system validation notification types

- How to address triggered validations

- System validations applicable to:
  - Recipient Report
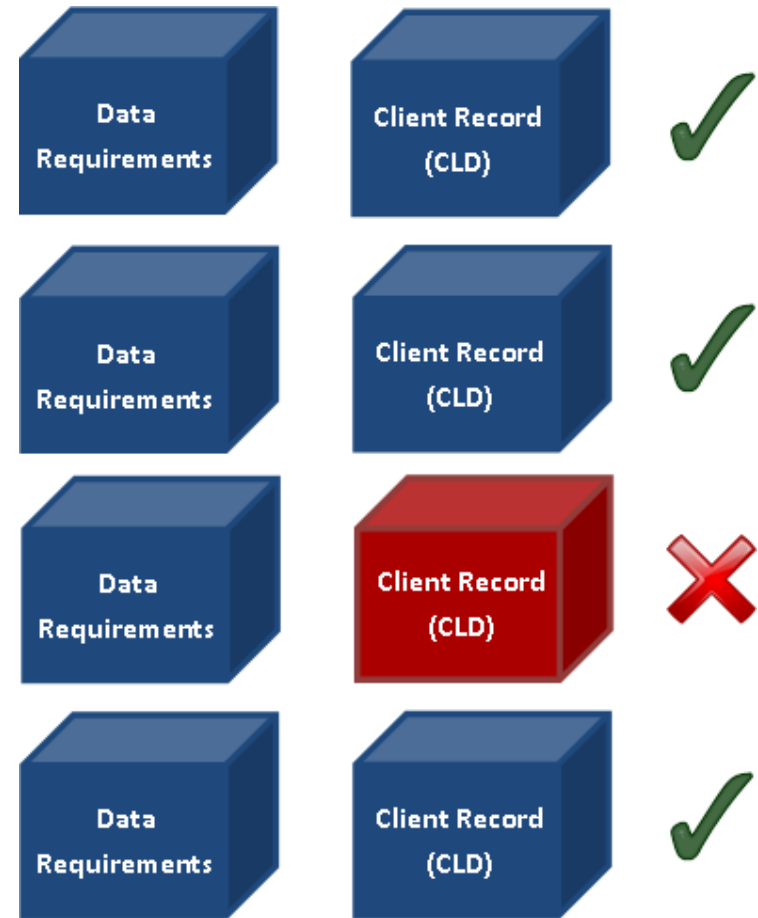 - Provider Report
  - Client-level data XML file

- Data review

Housekeeping

- Please set your cell phones to vibrate or silent.

- Please hold your questions until the designated Q&A segments.

What is Data Validation?

A process that looks at your data to ensure that they meet HAB's reporting requirements.

Data Validation Outcomes

- **ERRORS** - Data must be fixed before the RSR is submitted.

- **WARNINGS** – Review and attempt to resolve the data. RSR may be submitted with a comment that explains the data.

- **ALERTS** – RSR may be submitted with alerts.

Recipient Report Validations

Recipient Report Validation Errors: General Information

- **Q1a-d:** Full address is required.

- **Q3a-c, e:** Complete contact information is required for the person responsible for the RSR.

- **Q4:** Select a clinical quality management status.

- **Q5:** Select a Minority AIDS Initiative Funds designation (Part C & Part D only).
  - If your organization received a Minority AIDS Initiative designation, you must enter a percentage.

Recipient Report Validation Errors: Program Information

- At least one provider contract must be entered.

- Each provider organization must be funded to provide at least one service.

- Recipients cannot exempt all of their providers from submitting a Provider Report.

Questions about the Recipient Report System Validation Checks

Provider Report Validations

Provider Report Validations: General Information

- Organization Details: Complete the official mailing address (Error).

- Provider Profile Information (Errors):
    - Provider type
    - Section 330 funding
    - Type of ownership
    - Faith-based organization
    - Agency's racial/ethnic characteristics

- Service Delivery Site: Specify at least one site if your agency delivers core medical or support services (Alert).

Provider Report Validation: Program Information

- **Q1a-d:** Enter contact information for person responsible for submission (Error).

- **Q2:**
    - Number of paid full-time staff (Error).
    - Number of agency paid staff must be greater than or equal to zero (Error).
    - Number reported is greater than 1,000 (Warning).

- **Q3:** Indicate agency's clinical quality management program (Error).

- **Q4:** Acknowledge that the funding sources shown are correct (Alert).

Provider Report Validations: Service Information

- **Q# 5:**
  - You must report that you delivered at least one service during the reporting period (Warning).
  - Services are marked as "Delivered" that are not marked as "Funded" by the recipient (Error).
  - Services are marked as "Funded" by the recipient that are not marked as "Delivered" (Warning).

Provider Report Validations: Service Information (cont.)

- **Q# 5:**
  - Services are marked as "Delivered" but a client-level data file was not uploaded (Warning).
  - Client records were not uploaded (Warning).
  - Client-level data was uploaded for a service that was not marked as "Delivered" (Warning).

Responding to Q. #5 Validations

- **Only enter Warning comments when the data are correct.**

- **What if the provider sees incorrectly funded service categories?**
  - Incorrect: ~~"We were not funded for this service category."~~

  - **Correct:** Providers must contact their recipients to correct the funded services.

Responding to Q. #5 Validations

- **What if the provider doesn't see a funded service category, but they upload the data and trigger a validation?**
  - Incorrect: "~~We delivered this service.~~"

  - **Option A:** Provider notifies recipient the service category is missing.

  - **Option B:** More detail is provided in the validation comment. For example, "This service is provided as part of our Mental Health Screening".

Provider Report Validations: HIV Counseling & Testing Information

- **Q7-12:** If HC&T was delivered, the data provided in 7-12 data must make sense.
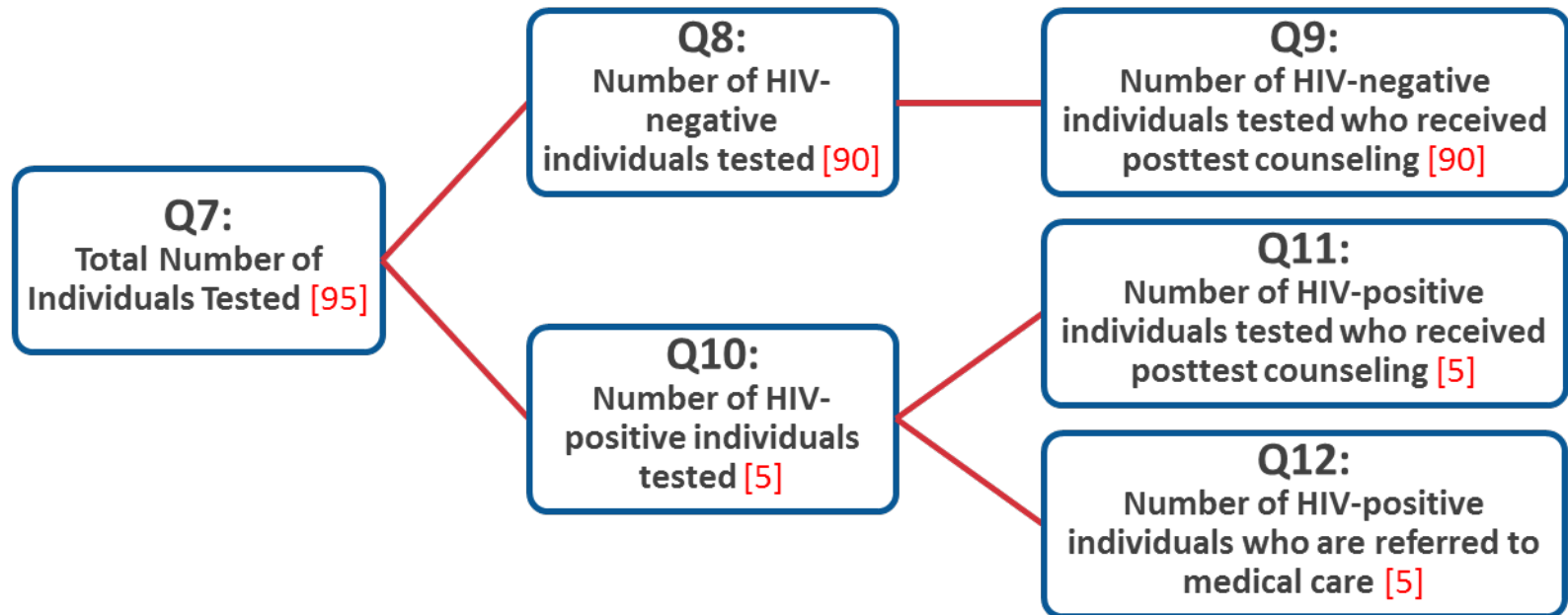
Questions about the Provider Report System Validation Checks

Client-Level Data Validations

Demographic Validations

CLD Item #:	Validation Message:	Validation Type:
9	Clients missing Poverty Level. ⭐	Warning
10	Clients missing Housing Status ⭐	Warning
12 v. 14	Clients with HIV/AIDS status of Indeterminate missing Risk Factor of Mother with/at risk for HIV infection.	Warning
15	Clients missing Medical Insurance. ⭐	Warning
72	Clients with HIV Diagnosis Year after Reporting Period	Alert

Birth Year Validations

CLD Item #:	Validation Message:	Validation Type:
4	Client's age is 90 or older.	Alert
4	Client with Birth Year after Reporting Period Year.	Error
4 v. 47	Clients with Birth Year after First HIV Outpatient/ambulatory medical care Visit Date Year.	Error
4 v. 48	Clients with Birth Year after Ambulatory service dates.	Alert
4 v. 49	Clients with Birth Year after CD4 Test Dates.	Alert
4 v. 50	Clients with Birth Year after Viral Load Test Dates.	Alert
4 v. 72	Clients with Birth Year after HIV Diagnosis Year.	Alert
4 v. 12	Clients with HIV/AIDS status of Indeterminate Over Age 2.	Alert

Gender Related Validations

CLD Item #:	Validation Message:	Validation Type:
7	Clients with an "Incongruent" response for Gender.	Alert
8	Clients with an "Incongruent" response for Transgender Status.	Alert
71	Clients with an "Incongruent" response for Sex at Birth.	Alert

Incongruent Data Reported
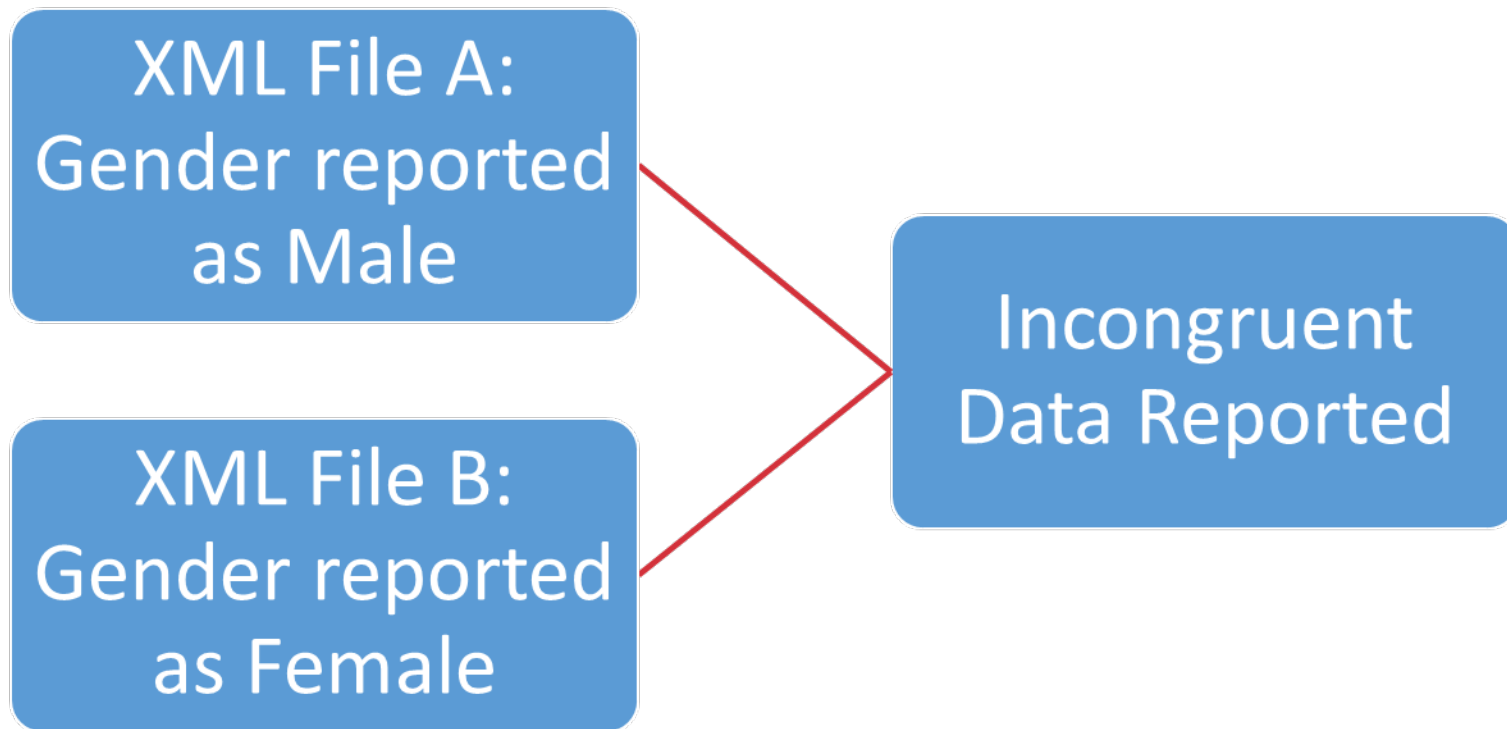
Gender-Related Validations (Cont.)

CLD Item #:	Validation Message:	Validation Type:
7 v. 63	Clients with Male or Unknown Gender with a Cervical Pap Smear.	Warning
7 v. 64	Clients with Male or Unknown Gender with Pregnancy Status.	Warning

- **How to respond to these validations:**
  - Incorrect: ~~"These clients are male."~~
  - **Option A:** Provider reviews the data and determines the client's gender. If female, correct the reported data.
  - **Option B:** Provide more detail in the validation comment. For example, "This client has a sex at birth of female but is transgender and identifies as male."

Services Validations

CLD Item #:	Validation Message:	Validation Type:
16-45	Clients missing Core Medical or Support Services.	Warning
16 v. 48	Clients with Outpatient/Ambulatory Medical Care Service Visits greater than the number of Ambulatory Service Visit Dates.	Alert
16-45	Service Category Visits exceed the number of days in the reporting period.	Alert
16, 18-19, 21-27	Clients with services reported and have an HIV Negative HIV/AIDS Status.	Alert
16-45 and Recipient Report	Service Category is uploaded but not funded.	Alert

Questions about the Demographic and Services Data System Validation Checks

Clinical Information–OAMC & Ambulatory Care

CLD Item #:	Validation Message:	Validation Type:
47	Clients with First HIV Outpatient/Ambulatory Medical Care Visit Date after Reporting Period.	Error
47 v. 16	Clients with First HIV outpatient/ambulatory medical care visit date and no Outpatient/Ambulatory Medical Care Services Visits.	Alert
47 v. 48	Clients with First HIV Outpatient/Ambulatory Medical Care Visit Date after Ambulatory service dates.	Error
48, 12, 16	Clients missing Outpatient/Ambulatory service dates.	Warning
48	Clients with Ambulatory Service Dates before Reporting Period.	Error
48	Clients with Ambulatory Service Dates after Reporting Period.	Error
48, 12, 16	Clients with Outpatient/Ambulatory Service Dates and no Outpatient/Ambulatory Medical Care Service Visits.	Alert

Clinical Information– CD4, Viral Load, & ART

CLD Item #:	Validation Message:	Validation Type:
49	Clients with CD4 Test Dates before Reporting Period.	Error
49	Clients with CD4 Test Dates after Reporting Period.	Error
50	Clients missing Viral Load Test Dates. ⭐	Warning
50	Clients with Viral Load Test Dates before Reporting Period.	Error
50	Clients with Viral Load Test Dates after Reporting Period.	Error
49	Clients missing CD4 Test Dates (Reinstated)	Warning
16 v. 52	Clients missing Prescribed ART. ⭐	Warning

Clinical Information– HIV Counseling & Testing

CLD Item #:	Validation Message:	Validation Type:
73	Clients with HIV Positive Test Date after the Reporting Period.	Alert
4 v. 73	Clients with Birth Year after HIV Positive Test Date.	Alert
73 v. 12	Clients with HIV Positive Test Date and an HIV Negative HIV/AIDS Status.	Alert
74	Clients with Outpatient/Ambulatory Medical Care Linkage Date after the Reporting Period.	Alert
4 v. 74	Clients with Birth Year after Outpatient/Ambulatory Medical Care Linkage Date.	Alert
74 v. 12	Clients with Outpatient/Ambulatory Medical Care Linkage Date and an HIV Negative HIV/AIDS Status.	Alert
74 v. 73	Clients reported with Outpatient/Ambulatory Medical Care Linkage Date before HIV Positive Test Date.	Alert

Proposed Validation Message Changes

- HIV negative/indeterminate

- Risk-reduction screening

- Ethnicity/race

- CD4, PCP, and ART alerts

- TB and syphilis screening

- Hepatitis B & C

- Substance abuse and mental health screening

- Pap smear and pregnancy

Questions about the Clinical Information System Validation Checks

Validation Report Example

Warning Comments

Example 1:

Warning Comments

Example 2:

Sometimes you must submit your report with warnings!

John Doe:

- Transgender client
- Sex at Birth is 'Female'
- Self reports gender as 'Male'

- A 'Warning' validation will trigger, but the data is correct.
- Enter a comment explaining the data: "This client has a sex at birth of female, but is transgender and identifies as male"

Do **NOT** report PHI!

How to Address Warnings

1) Correct the Data in the Report
- — Make corrections to the Recipient Report
- — Make corrections to the Provider Report

2) Fix the Client-Level Data
- — Upload the missing service category
- — Remove service categories triggering the validation

3) Add a Meaningful Warning Comment

You know your program best!

Group Activity

- Describe how to address this validation message:

> In Q#5 you indicated that you delivered Case management (non-medical) services, but EITHER you have NOT uploaded a client-level data file, OR the file you have uploaded DOES NOT include data on this service type.

Conduct RSR Data Logic Checks!

- Review the data for each client

- Identify data that is incorrect

- If time allows, identify the type of validation that will trigger: Error, Warning, or Alert

- Get into groups of 4-6

- Group has 10 minutes

Valid but Incorrect Data

- Don't rely entirely on the RSR System validation checks.

- Ensure the data match what you know to be true about your program.

- Use the reports in the RSR System to help you review your data.

Data Review

- Data Completeness Report

- Upload Confirmation Report

- Validation Report

- Check Your XML Feature

- Allow ample time!!

Next Steps

- Fix all errors before submitting the data.

- Identify the data validation checks you will enforce.
  - Your manual validation checks
  - Internal data completeness thresholds
  - Validations you anticipate receiving during the 2016 RSR

- Talk with your providers about data quality and completeness.

- Use the 2015 RSR submission to improve your data collection, management, and reporting processes for the 2016 RSR.

Questions?

Learning Objectives Review

- Define the three outcomes that occur when data violate a system data validation check.

- Identify the system validation checks that may obstruct the submission of their 2016 RSR data, or will require additional follow-up.

- Correctly respond to triggered data validations.

TA Resources

Ryan White Data Support

• 888-640-9356 | ryanwhitedatasupport@wrma.com

The DART Team

• Data.TA@caiglobal.org

HRSA Contact Center

• 877-464-4772

• http://www.hrsa.gov/about/contact/ehbhelp.aspx

CAREWare Helpdesk

• 877-294-3571 | cwhelp@jprog.com

• Listserv: https://list.nih.gov/cgi-bin/wa.exe?SUBED1=careware&A=1

TARGET Center

• www.TARGETHIV.org