Q&A Summary for 669- Preparing for 2018 RSR Submission-Understanding Reporting Changes 10.17.18

#	Questions	Answers
1.	When will a copy of the slides be available?	The full archive, including slides and recording, is available approximately 1 week following the live webinar and can be accessed here: https://targethiv.org/library/preparing-2018-rsr-submission-understanding-reporting-changes
2.	Would it be safe to provide our IT with the 2017 RSR Manual and dictionary to start reviewing what data is expected for 2018?	The 2018 RSR Instruction Manual is posted on the TargetHIV Web site here https://targethiv.org/ and the RSR Data Dictionary is posted on the TargetHIV Web site here https://targethiv.org/library/ryan-white-services-report-rsr-data-dictionary-and-xml-schema-implementation-guide-client.
3.	Will the GCMS display information related to the Part where we are Recipient only? Or, will it display our information for when we are a Provider only?	No, the GCMS does not display information on how your organization is classified in the system, such as a recipient or a provider. If Recipients have questions about their classification, they can contact Data Support at 1-888-640-9356 or at RyanWhiteDataSupport@wrma.com.
4.	What does GCMS stand for?	The GCMS is the Grantee Contract Management System. The GCMS is a data-storage system that allows you to enter and maintain your agency's RWHAP contracts. The GCMS uses information from the previous year's submissions of the Ryan White HIV/AIDS Program Services Report (RSR) Recipient Report, Consolidated List of Contracts (CLC), Program Terms Report (PTR), or Allocations Report to populate the current year RSR, CLC, PTR, or Allocations Report.
5.	If the recipient is funding Part B services with pharmaceutical rebates, are we able to report those expenditures and services in the RSR? Or should we only report base award expenditures/data?	Currently, services funded through rebate dollars should not be reported in the RSR. However, HAB has proposed to change the scope of RSR reporting to include services funded by RWHAP related funding streams, including pharmaceutical rebates and program income. Stay tuned!
6.	Regarding the questions about MAT, should we also count providers covered under a subcontract?	Yes, please include these providers when reporting.
7.	If our agency has a separate non RWHAP-funded program that has MAT, do we need to report on these clients?	No, only report all RWHAP-eligible clients who were treated with MAT during the reporting period in the unit or subunit of their organization funded to provide RWHAP services.
8.	For the question with how many clients were treated with MAT during the reporting period: would you include the RWHAP eligible patients that received MAT at an outside organization?	No, only report all RWHAP-eligible clients who were treated with MAT during the reporting period in the unit or subunit of their organization funded to provide RWHAP services.

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9.	Is this RSR question asking how many clients the organization has prescribed MAT treatment to? Or, is it asking how many clients of the organization have been prescribed MAT treatment (regardless of who prescribed it). Some of our provider agencies do not prescribe MAT treatment, but clients they serve are on MAT treatment prescribed elsewhere. How should we answer this question?	Question #7 asks how many clients were treated with MAT during the reporting period. Providers should report all RWHAP-eligible clients who were treated with MAT in the unit or subunit of their organization funded to provide RWHAP services during the reporting period.
10.	Have there been any changes to the RSR Client Report?	No, there were no changes to the client-level data file or XML schema. The October 2017 Data Dictionary is the current document.
11.	The CD4 count and viral load alerts have now been changed to warnings. What if there is no way to correct. Can we still submit the warning with an explanation?	If you cannot or should not fix the data, you may submit your RSR with the warning. Just be sure to address each warning with a meaningful comment when you submit your report.
12.	Do you know if errors and/or warning will still come out for the exposed or indeterminant infants?	The RSR web system will still generate the warning message "Clients with HIV/AIDS Status of Indeterminate missing Risk Factor of Mother with/at risk for HIV infection" when "HIV-indeterminate" status is chosen. However, if you cannot or should not fix the data associated with this data element, you may submit your RSR with the warning. Just be sure to address each warning with a meaningful comment when you submit your report.
13.	You referenced HIV testing for HIV negative patients (viral loads, etc.). When would we be reporting on HIV uninfected clients?	Providers report clients' HIV status at the end of the reporting period. Providers may deliver support services to HIV-affected individuals (those who are an affected partner or family member of an individual who is HIV positive), and may deliver core medical and support services to HIV-indeterminate infants. In addition to these client-level data, providers also report aggregate data on HIV testing in the "HIV Counseling and Testing" (HC&T) section of the Provider Report. If your agency is funded by RWHAP for HC&T, you should report all individuals tested (including the number of negative and positive test results), counseled and linked to care regardless of who paid for the HIV test.
14.	Did the XML schema version change with the phone extension addition? If yes, is the new schema info available on the TargetHIV website?	No, the phone extension only affects the Provider Report. There were no changes to the client-level data file or XML schema. The October 2017 Data Dictionary is the current document.

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15.	For EPIC functionality, whom do we need to reach out to after we get in contact with our EPIC representative?	If you decide to adopt the RSR functionality after discussions with your Epic contact, please contact the DART Team with any questions or concerns.
16.	Do you plan on eventually testing EPIC's RSR functionality? And do you know if it will be ready for 2018 RSR submission?	Once you have created a file, we would like to test file compliance through the Check Your XML feature or main RSR Web System. In addition, we will review the Upload Completeness Report (UCR) with you to ensure your data match your expectations.
17.	Is the CAREWare web version going to be available by the end of October 2018?	We expect the version of CAREWare that creates the 2018 client-level data file to be released in late October or early November.
18.	Can we anticipate a CAREWare upgrade to capture opioid use?	Yes, CAREWare will be updated to include the MAT fields for the Provider Report.