Q&A Summary for Understanding Eligible Scope for 2015 RSR Data, 1/28/15

#	Questions	Answers
1.	There has been talk of working with the major EMR companies (Epic, NextGen, etc.) to enable the creation of the RSR XML file directly from the EMR. Has there been any progress on this?	The TARGET Center website has a listing of RSR-ready data system vendors: https://careacttarget.org/library/rsr-ready-data-systems-vendor-information
2.	Scenario: Agency provides Ryan White-funded housing services and HOPWA. Client would likely be eligible for Ryan White, but has not been certified for Ryan White as he is only enrolled in HOPWA. To be included in the RSR, does the Client just have to meet the grantee's eligibility requirements or does he actually have to be certified as meeting the requirements?	If 1) The agency receives Ryan White funding for Housing services, 2) The client is Ryan White eligible, and 3) The client received those services, then the client is reported on the 2015 RSR. The client must meet the grantee's eligibility requirements to receive Ryan White services.
3.	So, basically, we are returning to the eligible reporting scope we used several years ago before HRSA changed it to clients served according to funding source.	Correct.
4.	For grantees and sub-grantees that will be using CAREWare to submit their 2015 RSR, how will RWHAP eligible clients be identified? Will there be a new build with a field for this?	Yes, there will be a new build. More specific information will be released on the CAREWare listserv.
5.	How will affected Part D clients and indeterminate infants who receive funded services be reported?	Again, if 1) The agency receives Ryan White funding for these services, 2) The client is Ryan White eligible, and 3) The client received those services, whether funded by Ryan White HIV/AIDS Program or not, then the client is reported on the 2015 RSR.
6.	From Quiz Q.3 - if agency is required to report all eligible clients - wouldn't this data also include funded data (i.e., they receive funds for medical case management services)?	Correct.

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7.	It was stated that we are only required to report patients who are eligible for RW services, regardless of funder. If a patient has insurance or other third party coverage, they are considered not eligible for RW in our community. Does that mean we don't need to include data for patients who are covered by third party payors?	No, the **Client** is Ryan White eligible based on factors such as HIV status, low income, and residence. However, Ryan White funds would not be used for the **Visits** where another payor source is available, thus meeting Ryan White's Payor of Last Resort requirement. *For RSR reporting purposes*, we are only interested in who is eligible at the client level in 2015, not how each individual visit is funded. One way to think about this is to remove the payor. If that payor were not there, would this person meet the eligibility requirements for your Ryan White program? If yes, then regardless of who is paying for each visit, the client should be reported on the RSR. See slide 8 from the presentation.
8.	Why doesn't HAB define what eligible for RW services mean? It would make the reporting much more consistent.	The **Client** is Ryan White eligible based on factors such as HIV status, low income, and residence. However, Ryan White funds would not be used for the **Visits** where another payor source is available, thus meeting Ryan White's Payor of Last Resort requirement. *For RSR reporting purposes,* we are only interested in who is eligible at the client level in 2015, not how each individual visit is funded.
9.	When will we know what client-level data elements may change for the 2015 RSR?	At this time, there are no planned changes to the 2015 RSR data elements.
10.	Just want to make sure these statements are correct 1) We will no longer have to separate clients by funding stream on RSR, BUT we will still use contracts in CAREWare for funded services (so we can still provide deliverables for various funding streams). Am I understanding this correctly?	Correct, The Grantee/Provider will no longer "filter out" their insured clients for the purposes of RSR reporting. They will simply report the eligible clients who received the services for which the **program** is funded to provide. Please utilize the CAREWare listserv and Helpdesk if you have questions specific to CAREWare. Please visit the TARGET Center website for more information: https://careacttarget.org//library/careware
11.	Do providers still need to report clients by Part for other HAB reports?	**For the RSR,** providers *submit* one client level data file for all their Ryan White Eligible clients. If data come from multiple sources, providers may *upload* multiple files prior to submission, and the system will merge them.

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12.	Will grantees be responsible for reporting services provided from all Parts of RW for their RW-eligible clients, even if the data are stored in different databases?	1) Grantees complete a separate Grantee Report for each HAB grant they receive. Indicate the providers funded by your grant and your fiscal intermediaries. For each contract, select the services included. 2) Every agency listed on a Grantee Report is expected to submit a Provider Report. All providers complete one Provider Report. 3) Providers of core medical and support services must upload client-level data. The client-level data file should contain one record for each Ryan White Eligible client (regardless of "Part") who received a service your grantee funded you for during the reporting period.
13.	Please elaborate on residency eligibility.	Eligibility is determined by the Grantee in collaboration with HAB. For example, Residency is a component of Eligibility under Part A programs administered in Eligible Metropolitan Areas and Transitional Grant Areas.
14.	Can you clarify more on RW helping with co-pays/coinsurance? Will this come from primary care funding?	Please visit the TARGET Center website for policies on utilizing Ryan White funds for cost-sharing. https://careacttarget.org/calendar/overview-ryan-white-policy-notices-13-03-through-13-06
15.	Where can I find the authority for Eligible Scope reporting? I think we need to make sure that we are legally allowed to share other program's data with HAB.	HAB is not seeking other program's data. The Ryan White HIV/AIDS Program Services Report (RSR) is still collecting the services grantees are paying their providers to deliver. If those services are delivered to insured clients, the third-party payor must be billed and subsequent revenue directed back into the provider's program. Federal regulations explicitly state that grantees have a responsibility to monitor their funded providers to ensure they are using their Federal grant program funds in accordance with program requirements. See page 2 of the RSR Instruction Manual.

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16.	Does this mean that programs should adjust "eligible" definitions to align with new RSR eligible scope?	No, the **Client** is Ryan White eligible based on factors such as HIV status, low income, and residence. However, Ryan White funds would not be used for the **Visits** where another payor source is available, thus meeting Ryan White's Payor of Last Resort requirement. *For RSR reporting purposes,* we are only interested in who is eligible at the client level in 2015, not how each individual visit is funded.
17.	Many are underinsured with dental and specialty services while they do have insurance. We have case managed them but it's been hard to get their labs. How do we report data for these clients on the RSR?	If you are only providing case management services, you would not be required to report CD4 and Viral Load. Please refer to Appendix A in the RSR Instruction Manual for more information about what data you need to report. https://careacttarget.org/library/ryan-white-hivaids-program-services-report-rsr-instruction-manual
18.	Who on the provider end will make the determination of "eligibility" if they [the client] are not to be required to be enrolled?	The grantee sets the client eligibility requirements in collaboration with HAB. The provider and grantee need to be mutually clear about what these eligibility requirements are.
19.	In states with many grantees, how should we handle it when there are differences in their eligibility requirements?	Grantees and providers will need to coordinate their efforts to clarify what data should be reported. If you still have questions, please contact Data Support. Phone: 1-888-640-9356 Hours: 10am-6:30pm ET, M-F Email: ryanwhitedatasupport@wrma.com
20.	I have a question about eligibility. If we are providing outpatient medical services, how do we determine the patient is eligible? It is really difficult to ask everybody to show what their income is. People are hesitant to give this information. Is there any suggestion on how to get this data from patients?	Multiple Policy Clarification Notices are available related to the intersection of Ryan White eligibility and eligibility for healthcare coverage post-implementation of the Affordable Care Act. Identifying the client's income is critical in assessing eligibility for Medicaid, as well as, any potential tax credits to assist clients in purchasing new Marketplace health plans. We encourage you to work with your grantee to ensure you have clear guidance on eligibility requirements and any documentation requirements related to assessing eligibility including income.
21.	We provide services to some patients who reside in other states. Is HAB interested in these data?	Yes, providers are responsible for collecting and reporting data on the clients you serve who are eligible.

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22.	Our eligibility policy includes insurance status. Do we need to remove that if HAB is changing the definition of "eligible"?	No, the **Client** is Ryan White eligible based on factors such as HIV status, low income, and residence. However, Ryan White funds would not be used for the **Visits** where another payor source is available, thus meeting Ryan White's Payor of Last Resort requirement. For RSR reporting purposes, we are only interested in who is eligible at the client level in 2015, not how each individual visit is funded.
23.	Will there be any exemptions to which providers are required to submit a report? For example, providers who only see a small number of clients?	There are some exemptions for providers. In this case, the responsibility falls on the grantee to report client data. Please refer to the RSR Instruction Manual for details on these exemptions (pages 3-5). https://careacttarget.org/library/ryan-white-hivaids-program-services-report-rsr-instruction-manual
24.	Is eligibility contingent on the service requested and the client's poverty level since different services have different FPL (federal poverty level) requirements?	The grantee defines eligibility in collaboration with HAB. There is no HAB-specified FPL eligibility threshold by service category.
25.	Can we therefore count the patients who are under insured?	Yes, if 1) The agency receives Ryan White funding for a service, 2) The client is Ryan White eligible, and 3) The client receives that service, then the client is reported on the 2015 RSR.
26.	Is data collection and management related to RSR reporting considered an administrative cost or direct client services cost? If the former, how do we fund workload expansion related to implementing Eligible Scope reporting when admin costs are capped?	Yes, data collection and management related to RSR reporting is considered an administrative cost. Keep in mind as more clients become insured, program income generated from seeing insured clients, 1) must be returned into your program, and 2) are not subject to an administrative cap.
27.	When will we have all validation rules for the elements of the 2015 RSR?	A specific date has not yet been determined. Stay tuned! Please visit the TARGET Center website and subscribe for the DART email alerts if you have not already. You will receive an email as soon as the validation rules are available. https://careacttarget.org/dart/subscribe
28.	Does HAB have recommended eligibility requirements by service category and, if yes, where are they located?	Multiple Policy Clarification Notices are available related to the intersection of Ryan White eligibility and eligibility for healthcare coverage post-implementation of the Affordable Care Act. There is not HAB-specified eligibility by service category.

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29.	What if patients who are eligible, but not funded, do not want to give income information to prove eligibility?	Multiple Policy Clarification Notices are available related to the intersection of Ryan White eligibility and eligibility for healthcare coverage post-implementation of the Affordable Care Act. Identifying the client's income is critical in assessing eligibility for Medicaid, as well as, any potential tax credits to assist clients in purchasing new Marketplace health plans. We encourage you to work with your grantee to ensure you have clear guidance on eligibility requirements and any documentation requirements related to assessing eligibility including income.
30.	Will the grant progress report continue to ask about the number of funded persons vs. the eligible scope needed for the RSR? Do we continue to capture data in two ways?	I cannot comment on what individual grant program progress reports will require, however for the RSR, providers collect the same data on all of the clients that they serve. However, Ryan White funds would not be used for the **Visits** where another payor source is available, thus meeting Ryan White's Payor of Last Resort requirement. *For RSR reporting purposes,* we are only interested in who is eligible at the client level in 2015, not how each individual visit is funded.
31.	Will there be some formal communication from HRSA's HAB to Grantees to be proactive & start meeting about how they will come to consensus on how to report? In Florida we have multiple grantees from a State (Part B), County (Part A), and local level; all with varying degrees of financial eligibility. This is a great concern for us as an FQHC.	Multiple Policy Clarification Notices are available related to the intersection of Ryan White eligibility and eligibility for healthcare coverage post-implementation of the Affordable Care Act. Identifying the client's income is critical in assessing eligibility for Medicaid, as well as, any potential tax credits to assist clients in purchasing new Marketplace health plans. We encourage you to work with your grantee to ensure you have clear guidance on eligibility requirements and any documentation requirements related to assessing eligibility including income.

Remember, if 1) The agency receives Ryan White funding for a service, 2) The client is Ryan White eligible, and 3) The client receives that service, then the client is reported on the 2015 RSR. |
| 32. | If the clients of a provider are eligible for RW, that means they are also eligible for ACA. If that is the case why is that provider still getting funded? | Clients may have insurance for medical care and still be eligible for additional care completion services under the Ryan White HIV/AIDS Program (RWHAP). Remember, the RWHAP supports a system of care for people living with HIV/AIDS (PLWH). Two out of three Americans with HIV who are in medical care get that care through Ryan White providers. |

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33.	It seems that this change in wanting client level data on all eligible clients will lead to increased missing data. This seems counter to our efforts to improve data completeness. Why are we making this change now?	At this time, HAB is shifting to eligible scope in order to better capture the impact the RWHAP has for all people living with HIV who receive services at RWHAP funded sites. Eligible Scope means the client, 1) Meets the Grantee's eligibility requirements for Ryan White Program participation, and 2) Has received at least one of the core medical or support services for which the provider receives Ryan White funding. Ryan White data is essential for measuring client healthcare outcomes and progress toward achieving the National HIV/AIDS Strategy. Our Data TA partners will continue to assist grantees and providers in submitting the most complete and accurate Ryan White Services Reports possible.
34.	If RW provides a small amount of funding to a mental health agency with 80% of operating budget coming from non RW sources, do they still need to enter all RW eligible clients with insurance.	Yes, if 1) The agency receives Ryan White funding for a service, 2) The client is Ryan White eligible, and 3) The client receives that service, then the client is reported on the 2015 RSR.
35.	Currently, the RSR requires that we report clinical data (questions 46-64) for clients receiving Outpatient/Ambulatory Care services. Will this requirement be expanded to those clients receiving Medical Case Management services?	No, clinical data elements are only collected from Outpatient Ambulatory Medical Care clients.
36.	What is the direction for entering data into CAREWare?	The process for entering clients into CAREWare does not change. The number of eligible clients reported on the RSR is likely to increase. Please visit HAB's CAREWare webpage to access the Provider Data Import (PDI) manual and specifications. Some programs have also developed bridges from Electronic Health Records into CAREWare. You may join the CAREWare list serve and contact the CAREWare Help Desk at 877-294-3571.

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37.	I'm very confused. The webinar said that all RW eligible patients should be reported regardless of coverage. We have Part A medical case management and primary care. Due to the ACA, we have several patients eligible for case management. So does this mean now the underinsured and copayments are now covered again?	Please visit the TARGET Center website for policies on utilizing Ryan White funds for cost-sharing. https://careacttarget.org/calendar/overview-ryan-white-policy-notices-13-03-through-13-06
38.	Several of our providers receive various parts of Ryan White funding. Some store the data by funding using multiple systems. Are you saying that as long as the provider reports the data to HRSA, maybe using multiple XML files, they have met the requirements?	When providers submit more than one client level data file for their RSR, the files are merged in the Electronic Handbooks (EHB) system. This document explains how data are merged in the EHB system. Merge rules are explained and defined for specific data elements. Please visit the TARGET Center website for more information: https://careacttarget.org/library/rsr-merge-rules
39.	How do I get on the CAREWare listserv?	You may join the CAREWare list serve and contact the CAREWare Help Desk at 877-294-3571.
40.	This is getting even more confusing. So, any individual who comes into a Ryan White provider for a service that is funded by Ryan White must be assessed for eligibility for Ryan White, is this correct? And if so this is going to present a lot of issues. Hopefully more information will follow.	Yes, if 1) The agency receives Ryan White funding for a service, 2) The client is Ryan White eligible, and 3) The client receives that service, then the client is reported on the 2015 RSR.
41.	Since the clients only have to be RW eligible, can they refuse to allow their data to be reported to HAB if they don't actually receive a RW-funded service?	No, the Ryan White HIV/AIDS Program Services Report (RSR) is still collecting the services grantees are paying their providers to deliver. If those services are delivered to insured clients, the third-party payor must be billed and subsequent revenue directed back into the provider's program. Federal regulations explicitly state that grantees have a responsibility to monitor their funded providers to ensure they are using their Federal grant program funds in accordance with program requirements. See page 2 of the RSR Instruction Manual.
42.	Do you expect any changes to the ADAP Data Report related to Eligible Scope reporting?	No, at this time Eligible Scope reporting is required for the 2015 Ryan White Services Report (RSR).