RSR: The Basics

Ryan White HIV/AIDS Program Services Report

HRSA HIV/AIDS BUREAU

September 23, 2020

Welcome to today's Webcast. Thank you so much for joining us today!

My name is Debbie Isenberg. 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 HIV/AIDS Program Services Report or RSR.

Today's Webcast is presented by Melissa Melendez from RWHAP Data Support. She'll provide an overview of the RSR submission requirements and process to get you ready for the upcoming RSR. This is a webinar intended for beginners who have limited knowledge of the RSR. Of course, it's also a great refresher if you've done it before.

At any time during the presentation, you'll be able to send us questions using the "Question" function on your settings on the bottom of the screen. You'll also be able to ask questions directly "live" at the end of the presentation. You can do so by clicking the "raise hand" button (on your settings) and my colleague Ruchi will conference you in.

Now before we start, I'm going to answer one of the most commonly asked questions about the slides. The recording of today's webinar will be available on the TargetHIV website within one week of the webinar; the slides and written question and answer are usually available within two weeks.

Disclaimer

Today's webinar is supported by the following organizations, 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 (HRSA), U.S. Department of Health and Human Services (HHS), or the U.S. Government.

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Now I'd like to turn the webcast over to Melissa.

Overview

Ryan White HIV/AIDS Program Overview

RSR Terminology

RSR Overview and Sections

RSR Submission Timeline

Upcoming RSR Webinars and TA Resources

Thanks Debbie, and everyone for joining today's webinar.

Today, we will discuss the basics of the Ryan White HIV/AIDS Program Services Report, also known as the RSR. We'll begin with an overview of the Ryan White HIV/AIDS program. Next, I'll go over terminology associated with the Ryan White Program and the RSR. Furthermore, I'll discuss the components of the RSR which include the Recipient Report, Provider Report, and the client-level data. Afterward, we will look over the 2020 RSR Submission timeline. And finally, we'll end the presentation by reviewing upcoming RSR webinars and additional TA resources available to assist you.

2020 RSR Instruction Manual
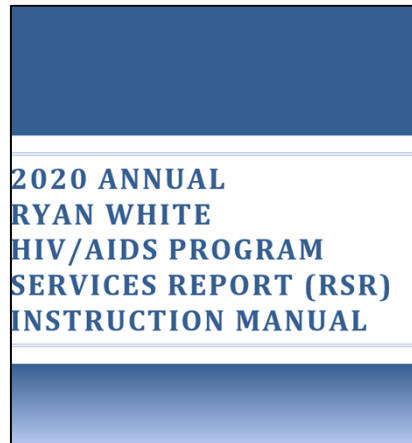
- Available soon on the [TargetHIV](#) website

- October 7: [Preparing for 2020 RSR Submission: Understanding Reporting Changes](#)

2020 ANNUAL RYAN WHITE HIV/AIDS PROGRAM SERVICES REPORT (RSR) INSTRUCTION MANUAL

Before we begin the presentation, I wanted to bring everyone's attention to the 2020 RSR Instruction Manual which will be available on the TargetHIV website in the Fall. The RSR Instruction Manual is an essential resource to use while completing your RSR. I definitely recommend downloading it before you begin your 2020 RSR. Also, for further information regarding RSR changes, I recommend attending the Preparing for 2020 RSR Submission: Understanding Reporting Changes webinar on October 7th.

Poll Question #1

Before we move onto an overview of the Ryan White HIV/AIDS Program, I am now going to pass the presentation to Ruchi from the DISQ team to launch the first poll question. Ruchi?

Is this your first time working on the RSR submission?

a. Yes, this will be my first time working the RSR.
b. No, I have submitted the RSR once or twice before.
c. No, I have submitted the RSR three times or more.

For all of the newcomers, today's presentation is a great place to start. Also, for everyone that has submitted the RSR more than once, this webinar will be a great refresher. Now let's move onto the presentation.

Ryan White HIV/AIDS Program (RWHAP) Overview

- The Ryan White HIV/AIDS Program (RWHAP) provides services to people with HIV who are uninsured or underserved and their families
- The RWHAP is a payor of last resort that provides:
  - Primary medical care, essential support services, and medications
  - Technical assistance, clinical training, and the development of innovative models of care

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Let's begin today's presentation with an overview of the Ryan White HIV/AIDS Program.

The Ryan White HIV/AIDS Program works with cities, states, community-based organizations, hospitals and university-based clinics to provide services to people who do not have sufficient health care coverage or the financial resources to obtain adequate HIV care.

This program is a payor of last resort that mainly provides primary medical care, essential support services, and medications for people with HIV. Furthermore, the program provides technical assistance, clinical training, and the development of innovative models of care.

 Now let's move on to briefly discuss the five Ryan White HIV/AIDS Program Parts.

Program Parts

RWHAP Part A: Funds eligible metropolitan areas (EMAs) and transitional grant areas (TGAs)

RWHAP Part B: Funds states and U.S. territories

RWHAP Part C: Funds local organizations to support HIV early intervention services (EIS) and ambulatory care

RWHAP Part D: Funds family centered medical care and support services for women, infants, children, and youth

RWHAP Part F: Funds clinician training, technical assistance and the development of innovative models of care.

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The Ryan White HIV/AIDS Treatment Extension Act of 2009 authorizes the Health Resources Services Administration, also known as HRSA, to allocate funding to recipients under five Program Parts.

Part A provides core medical and support services to Eligible Metropolitan Areas and Transitional Grant Areas that are most severely affected by the HIV/AIDS epidemic.

Part B provides funding to all 50 States, the District of Columbia, and U.S. territories to improve the quality, availability, and organization of HIV/AIDS health care and support services. Additionally, Part B also includes grants for the AIDS Drug Assistance Program, also known as, ADAP.

Part C gives funds to local community-based organizations to support outpatient HIV early intervention services and ambulatory care. Also, the Capacity Development Grant Program is under the Part C Program.

Part D grants are awarded to local community-based organizations to provide outpatient ambulatory family-centered primary and specialty medical care and support services for women, infants, children, and youth with HIV.

Part F funds support clinician training, technical assistance, and the development of innovative models of care to improve health outcomes and reduce HIV transmission.

RSR Terminology

Now let's go over some vocabulary and terms used in this webinar related to the Ryan White Program and the RSR.

Recipient

- Receives RWHAP directly from the HIV/AIDS Bureau (HAB)
- May provide RWHAP-funded services
- May allocate funding to another agency
  to provide RWHAP-funded services

HIV/AIDS Bureau

Recipient

We will start by reviewing what the recipient term means. As a quick reference, "agency" and "organization" are terms that I'll use to refer to both recipients and providers.

A recipient is an organization that receives Ryan White Program funding directly from the HIV/AIDS Bureau, also known as HAB. The recipient can either use the Ryan White program funding to provide direct services themselves or allocate the funding to other organizations to provide the direct service.

Provider

- Delivers:
  - Core medical or support services to clients
  - Administrative and technical services to the recipient of record
  - HIV counseling and testing services
- Funded by:
  - Subcontract from a HAB recipient funded by RWHAP, and/or
  - Direct HAB grant (recipient-provider)

HIV/AIDS Bureau

Recipient-

Provider

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The next term we will go over is Provider. A provider is an organization that uses Ryan White Program funding to provide direct services to people with HIV. With this being said, providers can provide services ranging from core medical services, support services, administrative and technical services, to HIV counseling and testing services.

Now let's go over a brief demonstration to further understand a Provider.

A service provider can either receive funding from a HAB recipient, which is shown here, or the provider can receive RWHAP funding directly from HAB to provide direct services. If this is the case, the organization is considered a Recipient-Provider.

Now let's move onto more terms that are relevant to the RSR.

Provider Types

- Three types of provider relationships with HAB recipients:
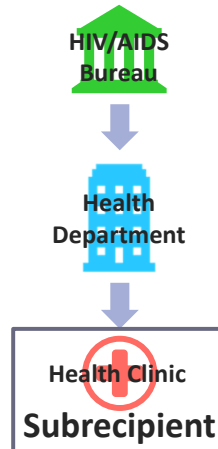
> **Subrecipients**

> **Second-Level Providers**

> **Multi-Level Providers**

Let's take a look at the provider types, you may come across during your RSR submission. HAB recognizes three different categories of provider types, which are Subrecipients, Second-Level Providers, and Multi-level providers. We will take a closer look at each of the provider types in the next few slides.

Subrecipient

- Has a contract with a RWHAP grant recipient
- Required to submit a Provider Report and upload client-level data if it provides direct services

HIV/AIDS Bureau

Health Department

Health Clinic
Subrecipient

Now let's start off by looking at the simplest type of provider which is a subrecipient. A provider that receives funding from a HAB recipient is considered a subrecipient. Let's go over an example to further understand a subrecipient.

Let's say we have a recipient, which means that they receive a grant directly from HAB. Let's say this recipient that is a county health department, gives a nearby health clinic $10,000 to provide direct client services. Because this clinic receives its funding directly from the recipient, we would consider that clinic a subrecipient.

Second-Level Provider

- Receives funding through a subrecipient and not directly from the RWHAP grant recipient
- Required to complete a Provider Report and upload client-level data if it provides direct services

Health Department

Fiscal Intermediary
Subrecipient

Health Clinic
Second-Level Provider
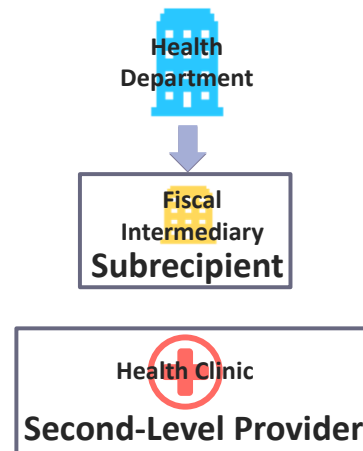
Let's move onto the next type of provider which is a Second-level provider. An organization that receives Ryan White Program funding from a recipient through a subrecipient is a second-level provider. Let's go over an example to further understand a second-level provider. We'll start with our basic example from the previous slide. Let's say that the recipient, the health department, doesn't give their funding directly to this local clinic. Instead the health department works with another organization to help manage their funds, such as a fiscal intermediary, and this organization then gives the funding to the local health clinic. In this case, because the local clinic receives its funding through this fiscal intermediary, a subrecipient, this local clinic would be considered a second-level provider.

HAB recognizes that recipients may use a fiscal intermediary provider such as a consortia, fiscal intermediary provider, administrative agent, or lead agency to provide fiscal intermediary services. These agencies may assist in a variety of tasks including determining the eligibility of providers, deciding how funds are allocated and awarding them to providers, monitoring the providers' performance for compliance with Ryan White requirements, and assisting in the completion of required reports. For RSR reporting purposes, fiscal intermediary providers cannot also be a second-level provider. Recipients will receive an error and be unable to submit their RSR if they mark their own organization or a second-level provider as a fiscal intermediary.

Multi-Level Provider

- Receives funding both from a RWHAP grant recipient and through a subrecipient

- Must submit one Provider Report and upload client level-data for all RWHAP parts if it provides direct services

State

Health Department

Fiscal Intermediary

Health Clinic
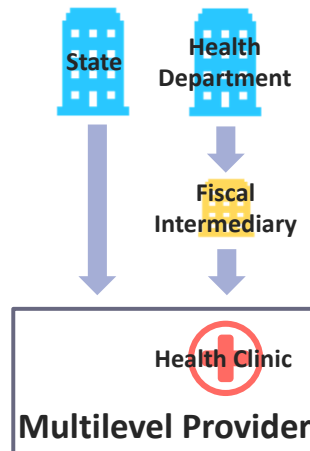
Multilevel Provider

 The final type of a provider is a Multi-level provider, which is a provider that is both a subrecipient and a second-level provider. This type of organization receives funding from a recipient and through a subrecipient.

For a look at this, let's start with our previous example again. Now let's say that our same local clinic shown here as receiving funds through a subrecipient, also receives funding directly from another recipient, the state health department. In this case, our local clinic is a subrecipient through the state and a second-level provider through the county health department. Therefore, we would consider them a multi-level provider.

Poll Question #2

It's now time for the second poll question of the day. I will now turn it back over to Ruchi.

If an agency only receives funding directly from a subrecipient and not a HAB grant recipient to provide direct client services,
they are classified as a:
a. Subrecipient
b. Second-Level Provider
c. Multilevel Provider

Great, thanks Ruchi. Just to clarify the answer would not be a Subrecipient since the agency does not receive funding directly from a HAB grant recipient and it would not be a Multilevel provider either because the agency is not receiving funding directly from a RWHAP grant recipient and a subrecipient. The correct answer is Second-Level Provider because the agency is receiving funding directly from a subrecipient versus a HAB grant recipient to provide direct client services. Now that we have a better understanding of the different provider types that provide Ryan White funded services, let's go back to our presentation.

RSR Overview and Sections

Now that we have gone over the terminology, lets jump into what the RSR is and the sections that make it up.

Ryan White HIV/AIDS Program Services Report (RSR)

- A client-level data report documenting the clients served and RWHAP services provided
- Report sections include the:

Recipient Report → **Provider Report** → **Client-Level Data (CLD) Report**

Let's go over a brief background about the RSR. All Ryan White HIV/AIDS Program recipients and their subrecipients are expected to report client-level data annually to HAB through the RSR. HAB uses the client-level data to monitor health outcomes of clients with HIV and fulfill its congressional reporting obligations.

Now the RSR is a client-level data report that provides data on the characteristics of funded recipients, providers, and clients served.
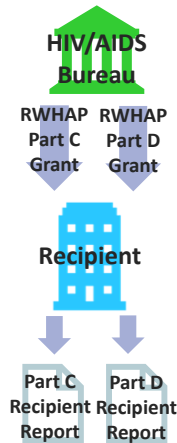
The components of the RSR include the Recipient Report, the Provider Report, and the Client-level data Report.

All agencies that receive Ryan White Program funds through Parts A, B, C, and D are required to complete one or more of these report components.

For today's presentation, we won't go over how to complete each of these sections, but I do recommend keeping an eye out for the upcoming RSR webinars, which I will go over at the end of the presentation.

Recipient Report Overview

- Recipients will complete a separate Recipient Report for each grant they receive

- Two sections:
  - General Information
  - Program Information
    - ○ Organizations populate from the GCMS

HIV/AIDS Bureau

RWHAP Part C Grant   RWHAP Part D Grant

Recipient

Part C Recipient Report   Part D Recipient Report

Now let's move onto looking at the different sections of the RSR, beginning with the Recipient Report.
This report collects basic information about the recipient organization and displays service provider contract information. Recipients complete one Recipient Report for every grant they received during the reporting period. So an agency that receives one HAB grant will complete one RSR Recipient Report and an agency that receives two grants, will complete two RSR Recipient Reports (one for each HAB grant) and so on.

There are two sections in the Recipient Report:
- The first section, General Information, contains basic recipient information such as the official mailing address, Tax ID, DUNS number, and the contact information of the person responsible for submitting the report.
- The second section, Program Information, lists all of the organizations that had a contract with the agency during the reporting period. This list is populated from the contracts entered in the GCMS.

The Recipient report is simple since the majority of the information is prepopulated from the contracts created in the GCMS. Therefore, before beginning the Recipient Report, we recommend reviewing and/or updating your contracts. In the next slide, we will go over a brief overview of the GCMS.

Grantee Contract Management System (GCMS) Overview

- Contains provider contract and service information, including:
  - Contract dates
  - Provider relationship information
  - Funded service categories
  - Funded contract amounts

The GCMS is a data storage system that collects a recipient's provider contract information and is accessible year-round.

It is most likely that you added your contracts in the GCMS for the Program Terms Report or Allocations Report submission already, but we always recommend to review and/or update the contracts if needed before beginning your 2020 Recipient Report.

The contracts created in the GCMS include contract and service information such as the contract dates, provider relationship information, funded service categories, and funded contract amounts.

- All agencies that provide RWHAP-funded services must complete a Provider Report
- Six sections:
  - General Information
  - Program Information
  - Service Information
  - HIV Counseling & Testing (HC&T) Information
  - Clients by ZIP Code
  - Import Client-level Data

Provider Report Overview

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Since we have gone over the Recipient Report, let's take a look at the Provider Report. The RSR Provider Report collects basic information about the provider and the Ryan White-funded services delivered.
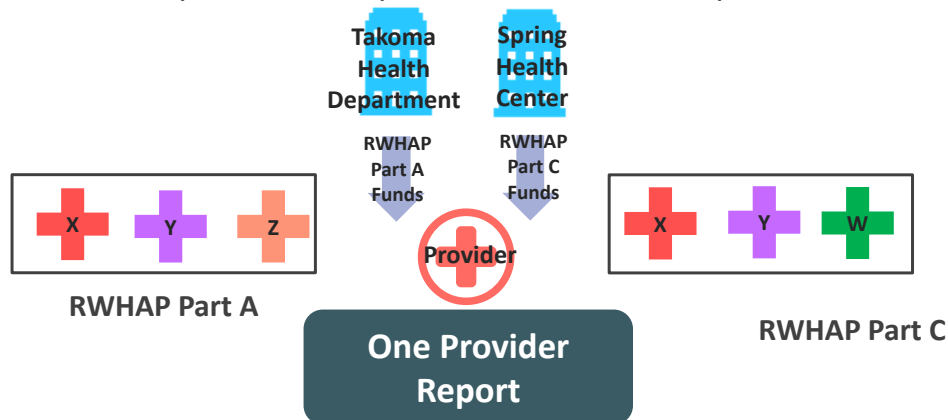
All agencies that provide Ryan White-Funded services must complete a Provider Report.
This includes:
- Agencies that provide direct client services,
- Agencies that provide administrative and technical services to the recipient, and
- Agencies that provide HIV counseling & testing services with Ryan White funds.

- The RSR Provider Report includes six sections: General Information, Program Information, Service Information, HIV Counseling & Testing (HC&T) Information, Clients by ZIP Code, and the section where you import client-level data.

Provider Report

- Each provider completes one Provider Report

Takoma Health Department

Spring Health Center

RWHAP Part A Funds

RWHAP Part C Funds

X Y Z

Provider

X Y W

RWHAP Part A

One Provider Report

RWHAP Part C

Each provider agency will complete a single Provider Report, even if the provider is multiply funded. A multiply funded provider should submit one RSR Provider Report that includes all of the information from all of its Program Parts. For example, let's say we have a provider and they receive Part A funds from the county health department and Part C funds from a local community health center. They use their Part A funds to provide services X, Y, and Z. And they use their Part C funds to provide services X, Y, and W. This provider will take all of the data for all of these services from both funding streams to enter them into a single Provider Report.

Please be aware that HAB expects providers to complete their own report because providers are the ones with the closest access to their own data. The only exception is if the provider qualifies for an exemption. Providers that do not meet these criteria must submit their own reports.

Client-Level Data Report Overview

- Providers who use RWHAP or RWHAP-related funding (program income or pharmaceutical rebates) to provide core medical or support services must upload client-level data in an extensible markup language (XML) file

- The client-level data file should contain one record for every RWHAP-eligible client

- Each client's record will include up to 56 data elements

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Now let's take a look at the last component of the RSR which is the Client-level Data Report. The Client-level Data Report is a collection of Ryan White-eligible client records and is uploaded through the RSR Provider Report. This report must be submitted in a properly formatted client-level data XML file and uploaded by all providers of core medical and support services.

The client-level data XML file should include one record for every Ryan White-eligible client who received at least one core medical or support service that the Ryan White program funded your agency to provide. Each client's record can have up to 56 data elements, including:
- The client's eUCI, or encrypted unique client identifier;
- The client's demographic information;
- Any core medical and support services the client received; and
- The client's clinical information, if applicable.

Three additional data elements were added for the 2020 RSR, if you would like to learn more about the three new data elements, I recommend registering for the Preparing for the 2020 RSR Submission: Understanding Reporting Changes webinar on October 7th.

- Core Medical Services
  - Provide for direct care of people with HIV
- Support Services
  - Help those with HIV meet their medical outcomes
- Administrative and Technical Services
  - Grant administration and monitoring activities

For further information regarding core medical and support service categories, consult PCN #16-02.

Reporting on
RWHAP-Funded & RWHAP-Related Funded Services

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As mentioned on the previous slide, you will report services funded by Ryan White funding or RWHAP-related funding (including program income and/or pharmaceutical rebates) in the RSR. Therefore, let's take a quick moment to discuss the different types of services that can be provided.

Services are divided into three categories: core medical services, support services, and administrative and technical services. Core medical services provide essential, direct, health care services for people with HIV. Support services are those needed to achieve medical outcomes that affect the HIV-related status of a person with HIV. Administrative and technical services include funds utilized for routine grant administration and monitoring activities including clinical quality management.

If you would like further information on core medical and support service categories, I recommend checking out the Policy Clarification Notice, or PCN #16-02, available on the TargetHIV website. This is a great resource containing information on service category definitions, eligible individuals, and allowable uses of funds.

Now I wanted to take a quick moment to emphasize reporting serviced funded by RWHAP-related funding (including program income/and or pharmaceutical rebates). I just want to remind everyone that reporting services funded by RWHAP-related funding are not required until the 2021 RSR submission, but we highly encourage organizations to start reporting services funded by RWHAP-related funding. If you already started reporting RWHAP-related funded services in the 2019 RSR, then great job!

New Funding Sources

RWHAP-eligible clients who were provided RWHAP Core Medical or Support Services funded by either Ending the HIV Epidemic (EHE) Funding or CARES Act Funding <u>must</u> be reported in the 2020 RSR

Ending the HIV Epidemic (EHE) Funding	CARES Act Funding

Before I move onto to the RSR Submission timeline, I wanted to take a quick moment to discuss reporting Ending the HIV Epidemic (EHE) Funding and CARES Act Funding Funding in the 2020 RSR. I won't get into too much detail, but I wanted to bring to everyone's attention, that it is required to report any Ryan White eligible clients who were provided any Core medical or Support services funded by either of these funding sources in the 2020 RSR. Also, for further clarification, any household members that received services funded through CARES Act Funding should not be reported in the RSR since they are not eligible RWHAP clients. For RSR reporting purposes, both of these funding sources are considered RWHAP funding.

I definitely recommend watching the upcoming webinar Preparing for the 2020 RSR Submission: Understanding Reporting Changes On October 7th to learn more about reporting Ending the HIV Epidemic Funding and CARES Act Funding in the 2020 RSR. Also, to keep on the lookout for the 2020 RSR Instruction Manual that will be posted on the TargetHIV website in the Fall.

Poll Question #3

Now that we have gone over all of the RSR content, I will pass the presentation over to Ruchi for the last poll question.

Which of the following statements, best describes how you feel about submitting the 2020 RSR?
a) I'm new and I would like some assistance
b) I feel good about it, but I would still like assistance
c) I feel great about it and I don't need any assistance as of now

Great, thank you, Ruchi. For everyone who would like assistance, the Data support team and DISQ team are gladly here to help. We can reach out to you after the webinar and I will go over our contact information in the upcoming slides as well.

RSR Submission Timeline

We're coming to the end of our presentation now. Let's take a look at the upcoming RSR Submission Timeline.

RSR Submission Timeline

- **Year Round:** GCMS available to add/edit contracts
- **Oct. 23, 2020:** Check Your XML opens
- **Dec. 7, 2020:** RSR Recipient Report opens
- **Feb. 1, 2021:** RSR Recipient Report deadline
- **Feb. 1, 2021:** RSR Provider Report opens
- **Mar. 1, 2021:** RSR Provider Report target deadline
- **Mar. 22, 2021:** Return for changes deadline
- **Mar. 29, 2021:** All RSR reports **must** be in "Submitted" status by 6 p.m. ET

RSR submission timeline

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Here are some important dates to remember in the upcoming months. The GCMS is available year-round to recipients for contract review and revision. As a reminder, contracts will have been added by your agency for the Allocations or Program Terms Report submission.

The Check Your XML feature will open on October 23rd. Also, as a reminder the updated version of TRAX is available. These tools allow providers plenty of time to start checking their client level data files in the Web system to know which validation issues they will need to address.

The 2020 RSR Web System opens on December 7th. On this day, recipients can begin working on their Recipient Reports. We encourage you to start early so you will have enough time to add any necessary contracts or make corrections in the GCMS.

February 1st is the Recipient Report deadline and marks the opening of the 2020 RSR Provider report. As a reminder, providers will not be able to begin their Provider Reports until the Recipient Report is in "Certified" status.

March 1st is the target deadline for the RSR Provider Report. Completing this report early allows the recipient more time to check for completeness and return the report for changes if necessary.
March 22nd is the final day for recipients to return their provider's reports for changes.

The final deliverable is due on March 29th at 6 p.m. Eastern time. Any report not in "Submitted" status by that time will be marked as late in the EHBs. No extensions will be granted.

This timeline can be viewed and downloaded at any time on the TargetHiv website.

Upcoming RSR Webinars and TA Resources

And now we'll close out the presentation with a look at the upcoming RSR webinars and additional TA resources available to assist you.

Upcoming RSR Webinars

October 7, 2020	Preparing for the 2020 RSR Submission: Understanding Reporting Changes
October 14, 2020	Overview of HRSA's Electronic Handbooks for Grant Recipients
November 18, 2020	RSR Check Your XML Feature
December 9, 2020	How to Complete the RSR Grant Recipient Report Using the GCMS
December 16, 2020	RSR TRAX

Webinar Schedule

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Here is a list of upcoming webinars that will be useful in completing the RSR.

On October 7th, you can learn about any system changes as well as any planned changes for 2020 Data collections.
On October 14th, an introduction of the HRSA Electronic Handbooks will be presented for grant recipients.
On November 18th, the Check Your XML feature tool will be reviewed. This tool helps to check client-level data quality prior to submission.
On December 9th, a walk through of how to complete the RSR Recipient Report using the GCMS will be presented.
And on December 16th, you can join in for an introduction to TRAX, a helpful tool used for creating the RSR client-level XML data file.

You can view this schedule at any time on the TargetHIV website.

TA Resources

- **HAB Web Site**
  - Policy notices, instructions, and HAB information
  - PCN #16-02

- **TargetHIV**
  - Training materials, manuals, and submission timeline
  - 2020 RSR Instruction Manual

Shown in the screen are great resources to use while working on your 2020 RSR. The HAB website is the best place to find policy notices, including PCN #16-02, as well as other general information concerning the Ryan White program. Also, the TargetHIV website is another great resource to access the 2020 RSR submission timeline, the listserv, past webinars, the 2020 RSR Instruction manual which is coming in the Fall, and a lot more resources related to the RSR.

TA Contact Information

TA Resource	Type of TA
Ryan White Data Support 888-640-9356 | RyanWhiteDataSupport@wrma.com	• RSR-related content and submission questions; • Interpretation of the RSR Instruction Manual and HAB's reporting requirements; • Instructions for completing the RSR Recipient and Provider Reports; and • Data validation questions.
The Data Integration, Systems, & Quality (DISQ) Team Data.TA@caiglobal.org Sign up for the DISQ listserv Submit a DISQ TA Request	• Data reporting requirements; • Extracting data from systems and reporting it using the required XML schema; • TRAX and CHEX Application; and • Data quality issues.
EHBs Customer Support Center 877-464-4772 | Submit an EHBs TA Request	• RSR software-related questions; • Electronic Handbooks (EHBs) navigation; • EHB registration; • EHB access and permissions; • Performance Report submission statuses.
CAREWare Help Desk 877-294-3571 | cwhelp@jprog.com Join the CAREWare listserv	• How to generate the XML file from CAREWare correctly; • How to view a sample client summary file; and • Creating custom reports.

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Let's take a moment to review TA resources available to assist you while completing the 2020 RSR.

The Data Support team addresses RSR-related content and submission questions, including help navigating the recipient report, interpretation of the RSR Instruction Manual and HAB's reporting requirements.

The DISQ Team addresses questions for those needing assistance in extracting data from their systems and reporting those data using the required XML schema; they also offer TA on the eUCI Application.

The EHBs Customer Support Center assists recipients with software-related questions, such as registering for and navigating the EHBs, resetting passwords, and making sure that you have the right permissions to complete the reports.

For CAREWare users, the CAREWare Help desk is the best resource for all CAREWare related questions.

If you are unsure of who to call, feel free to contact any one of the resources provided and they will be able to direct you to the appropriate place.

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

I'd like to take a moment to thank everyone for joining us on today's presentation and I will now turn it back over to Debbie for the Q&A portion of the webinar.
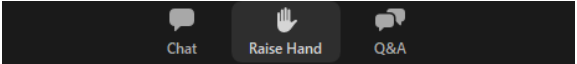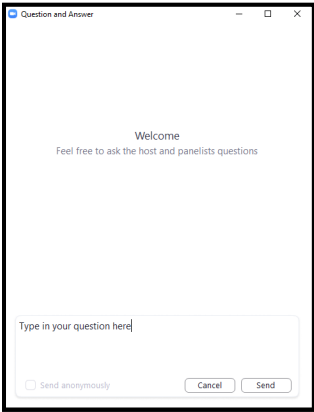
Let's Hear From You!

- 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.

Thanks Melissa. Before we start the Q & A, I did want to let everyone know that there will be a short evaluation at the end of the webinar. Your feedback is really important to help us ensure that our webinars are meeting your needs. Ruchi is going to put a link out in the chat feature which you can click on to access the evaluation after the webinar is over. We'll also send out a final reminder via email shortly after the webinar to make sure that we have a chance to get your input.

Now let's move on to the Q & A. As a reminder, you can send us questions using the "Question" function on your settings the bottom of the screen. You can also ask questions directly "live." You can do this by clicking the raise hand button (on the bottom of the screen) and my colleague Ruchi will unmute at the right time. We hope you consider asking questions "live", 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 to follow up. We often need to explore your question in order to give you the most appropriate answer.

[After the Q&A]: As a reminder, please be sure to complete the evaluation for today's webinar.