

# Preparing for 2019 RSR Submission - Understanding Reporting Changes

RYAN WHITE HIV/AIDS PROGRAM SERVICES REPORT (RSR)

HRSA HIV/AIDS BUREAU

OCTOBER 2, 2019



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Welcome to today's Webcast-" Preparing for 2019 RSR Submission - Understanding Reporting Changes". Thank you so much for joining us today!

My name is Debbie Isenberg. I'm a member of the DART Team, one of several groups engaged by HAB to provide training and technical assistance to Ryan White HIV/AIDS Program recipients and subrecipients for the RSR.

Today's Webcast is going to be a joint effort from Data Support and DART. First, you'll hear from Brian McBee regarding changes in the Recipient and Provider Reports, and then I'll review changes for the client-level data. We'll also highlight what changes you'll need to make to meet the updated reporting changes. We'll use polls to capture a little information but also hope that you share your questions during the Q & A period.

If you think of a question during Brian's presentation, you can type it into the question function on the right-hand side of your screen. There will also be an opportunity to ask questions live after the presentation and I'll share how to do that later in the Webcast.

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

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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.

- CAI and its partners Abt Associates and Mission Analytics, supported by HRSA, part of HHS as part of an award totaling \$450,000.
- Ryan White HIV/AIDS Program Data Coordination and Technical Assistance contract is supported by HRSA of HHS as part of an award totaling \$5,092,875.59.

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Now I'd like to turn the webcast over to Brian

# Overview

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Eligible Services Reporting

Changes to the Recipient Report and Provider Report

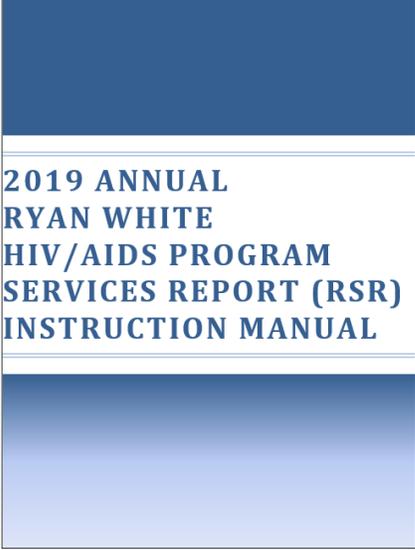
Changes to the Client-Level Data

Submission Timeline

Upcoming Webinars and TA Resources

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Thanks, Debbie and thank you to everyone tuning into the webinar. Today, we'll be going over the changes for 2019 RSR Reporting. We'll start by going over the transition from Eligible Scope Reporting to Eligible Services Reporting. Next, we'll take a look at the changes made to the Recipient and Provider Reports followed by the Client-Level data. Then, we'll review the 2019 RSR Submission Timeline. We'll close out the presentation by going over the upcoming webinars and additional technical assistance resources available to assist you.

The image shows the cover of a manual. It has a dark blue header and footer. The central white area contains the title in blue, bold, uppercase letters: "2019 ANNUAL RYAN WHITE HIV/AIDS PROGRAM SERVICES REPORT (RSR) INSTRUCTION MANUAL".

**2019 ANNUAL  
RYAN WHITE  
HIV/AIDS PROGRAM  
SERVICES REPORT (RSR)  
INSTRUCTION MANUAL**

## 2019 RSR Manual

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- Available now on the TargetHIV website at: <https://targethiv.org/library/rsr-instruction-manual>

I also want to take a moment to remind everyone of the 2019 RSR Instruction Manual available on the TargetHIV website at the link on this slide. This manual includes all the instructions you need to complete your RSR and contains most of the information presented here today. If you haven't checked it out already, I strongly recommend doing so.

# How To Respond To Reporting Changes

There are three types of changes you may need to consider:

- Updating the data that you collect
- Remapping your data for export
- Aligning your variable names with RSR fields

How to Make the Change		
Update data collected	Remap for export	Align to RSR fields
✓	✓	✓

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Also as a note, as we go through today's presentation, we're going to go over tips and strategies for how to implement some of these changes successfully for your 2019 RSR.

There are three types of changes you may need to make:

- 1) Updating the data that you collect, such as adding new variables;
- 2) Remapping data that you already collect so that it is included in your data; or
- 3) Aligning variable names with RSR fields, which won't require a major change but will need to be done for your data to pass the RSR system's checks.

You will see this table on some upcoming slides so be sure to check it out to help you determine what you need to do to make some of these data reporting changes.

## Eligible Services Reporting

- RSR data reporting is transitioning from Eligible Scope to Eligible Services Reporting
- Agencies submit Client-Level Data for services funded through RWHAP and/or RWHAP-related funding (program income or pharmaceutical rebates)
- Phased implementation
  - 2019 RSR (submitted March 2020): for those who already collect this information
  - 2021 RSR (submitted March 2022): final deadline for Eligible Services Reporting implementation

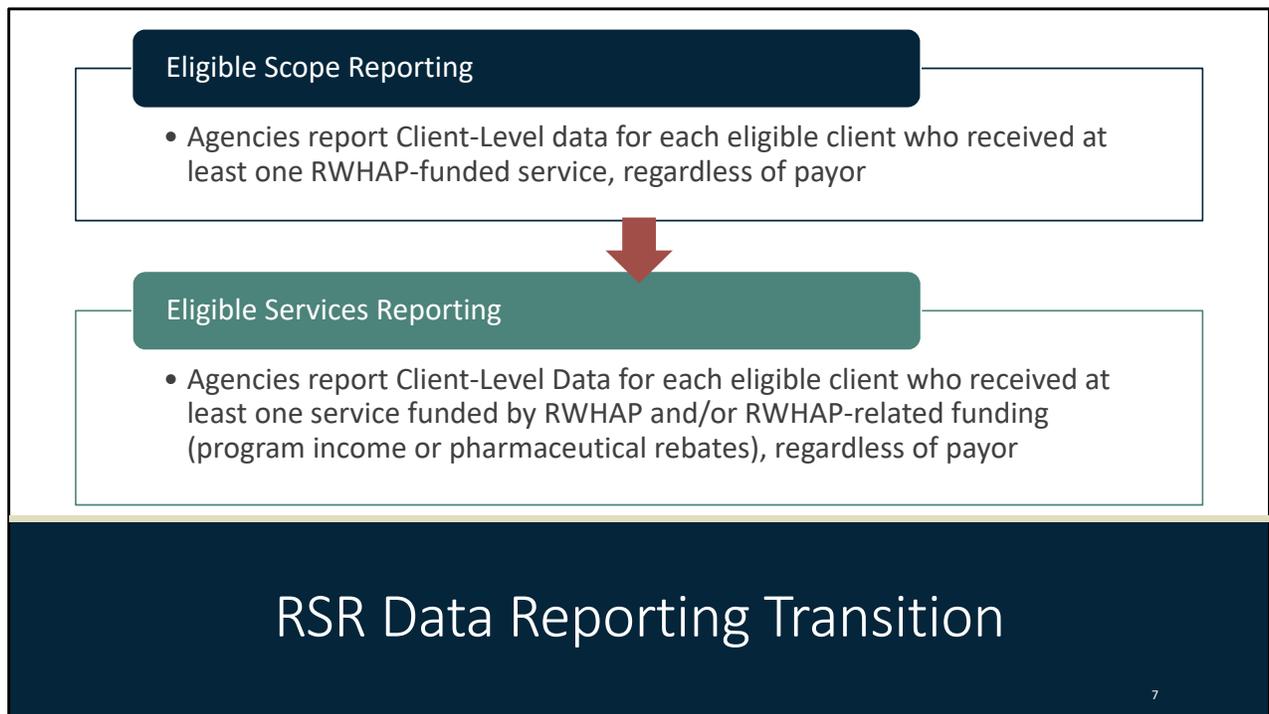


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Let's go ahead and jump right into the changes for the 2019 RSR. We'll start with a discussion of the change to Eligible Services Reporting as this shift is the underlying reason for many of the system changes that you will see in the 2019 RSR this year. RSR data reporting is transitioning from Eligible Scope Reporting to Eligible Services Reporting.

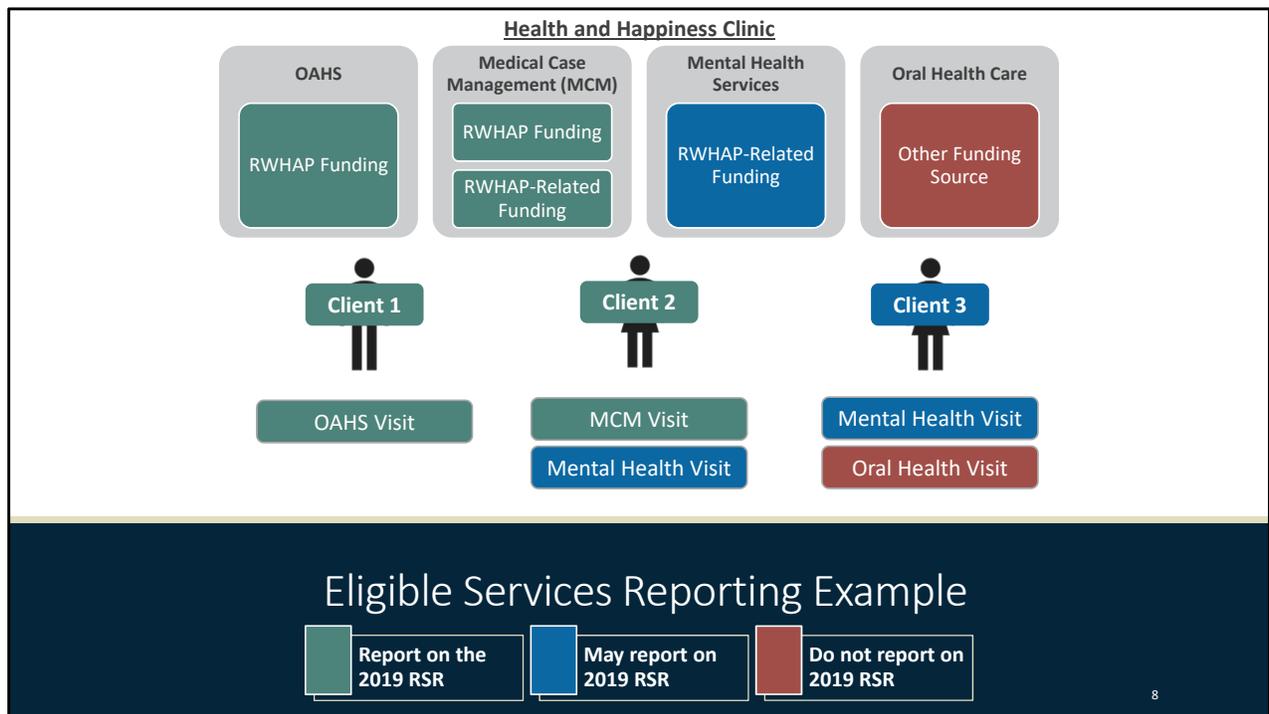
Under Eligible Services Reporting, agencies will submit Client-Level data for services funded through RWHAP funding as well as RWHAP-related funding, which includes RWHAP-related program income and pharmaceutical rebates. We'll go over what exactly that means and how it differs from Eligible Scope Reporting on the next few slides.

There is a phased implementation for this reporting change to allow organizations plenty of time to begin collecting the necessary additional data on services funded through RWHAP-related funding. Agencies that already collect these data may begin reporting them on the 2019 RSR. All other organizations have until the 2021 RSR, submitted in March of 2022, which is the final deadline to begin providing that information.



Here's a look at the definitions of the two reporting methods to better understand how data reporting is actually changing. As you can see, under Eligible Scope, you would report client-level data for eligible clients who received at least one service that you were funded to provide with RWHAP funding. Under Eligible Services, that definition is expanded to include not just RWHAP funding but also RWHAP-related funding, in other words RWHAP-related program income and pharmaceutical rebates.

As a reminder, the payor of the services still does not matter in determining if a client should be reported on the RSR. You will still report all RWHAP-eligible clients regardless of payor.



So let's run through an example here to help get a better idea of how you should be reporting clients on the 2019 RSR and future reports. Let's say we have a fictional clinic, the Health and Happiness Clinic, and we provide four different services: we provide OAHS with our RWHAP funding, Medical Case Management with both RWHAP and RWHAP-related funding, Mental Health Services with just our RWHAP-related funding, and Oral Health Care with other funding that isn't related to the Ryan White program.

At our clinic we have three different clients, Client 1, 2, and 3 and let's say all these clients are eligible for RWHAP services. Let's determine which clients and which services we should be reporting on the 2019 RSR. I've also provided a key at the bottom of the page that will help to understand the graphic as we go along.

Client 1 came to our clinic and only received OAHS. Because our clinic funded OAHS through RWHAP funding, we should be reporting Client 1 and his OAHS visit on the RSR.

Client 2 was the recipient of both Medical Case Management and Mental Health Services. Because Medical Case Management is partially funded with our RWHAP funding, Client 2 should be reported on the RSR along with the Medical Case Management visit. Remember, even if Client 2's Medical Case Management visit is paid for with RWHAP-related funding, she would still need to be reported on the RSR this year. The payor of the services does not determine who should be reported and this service is funded with RWHAP funding as well. Client 2's Mental Health visit may be reported on the 2019 RSR but is not required until the 2021 RSR as this is an additional service funded with only RWHAP-related funding.

Client 3 received Mental Health Services and Oral Health Care. Client 3 and her Mental Health visit may be reported on the 2019 RSR but it is not required until the 2021 RSR as she received no services funded by RWHAP funding but received a RWHAP-related funded service. There is no reporting requirement for Client 3's Oral Health visit as this service is not funded by RWHAP or RWHAP-related funding.

As a note, you'll see from this example that Eligible Services Reporting only affects additional services funded with just RWHAP-related funding, as is the case for Mental Health Services in our example. If you use your RWHAP-related funding to fund the same services that you fund with your regular RWHAP funding, as is the case for Medical Case Management in our example, then your reporting will not change.

This can be a confusing concept to grasp so if part of this does not make sense, I recommend chiming in on the Q&A at the end of the presentation.

# Eligible Services Reporting: How to Make the Change

- Ensure eligible services are included in your data:
  - Data should be remapped for export
  - If not collected, modify data collection
- Eligible Services Reporting is required by the 2021 RSR

How to Make the Change		
Update data collected	Remap for export	Align to RSR fields
✓	✓	

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If you're a provider who uses RWHAP-related funding (program income and pharmaceutical rebates) to provide services, then you may need to make some changes to ensure that you're bringing all of the clients you need to into your client-level data file.

If you are already collecting data on these services, you just need to update mapping to ensure those services and clients are being exported from your system.

If you do not already collect these data, you will need to modify your data collection practices to add those services and clients to your file.

As a reminder, you are required to report under eligible services reporting by the 2021 RSR. If you aren't ready to begin reporting eligible services this year, you have time to plan ahead and begin collecting these data for future submissions.

# Poll Question #1



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With that, we'll head to our first poll question.

Will your agency be reporting client-level data on RWHAP-related-funded services (program income or pharmaceutical rebates) on the 2019 RSR?

- a. Yes, we are ready to submit all data.
- b. We will be providing some but not all additional data.
- c. No, we are not ready.
- d. We do not receive RWHAP-related funding to provide services.

Let's move on and take a look at the changes made to the Recipient and Provider Reports.

## Recipient Report Changes Overview



One variable removed



Updates to align with Eligible  
Services Reporting

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We'll start by looking at changes to the Recipient Report. The Recipient Report will be largely unchanged from the previous year. For the 2019 RSR, one variable was removed, and the report was updated to align with Eligible Services Reporting.

**General Information**

The data shown below are pre-populated from the HRSA Electronic Handbooks (EHBs). Please verify that the RSR Recipient Report does not update your information in the EHBs. You must revise your agency's information if it does.

**1. Official Mailing Address:**

\* a. Street:

\* b. City:

\* c. State:

\* d. Zip Code:

**2. Organization Identification:**

a. EIN:

b. DUNS:

**3. Contact information of person responsible for this submission:**

\* a. Name:

\* b. Title:

\* c. Phone:

Extension:

d. Fax:

\* e. Email:

## Recipient Report: Variable Removed

- One question has been removed from the General Information section of the report:
  - Please select the status of your agency's clinical quality management program for assessing HIV health services

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One question was removed from the General Information section of the report, where recipients would select the status of their clinical quality management program. This question would have previously shown as Question number 4 on the screenshot on the left side of this slide

### Program Information

This item lists all of the agencies that had a contract with your organization during the reporting period. Verify the list is accurate. If a provider is missing, revise your list of contracts by selecting the "Search Contracts" link under the Manage Contracts heading in the left menu. If a provider listed will not submit a RSR Provider Report for the reporting period, select the checkbox in the Exempt column and enter a justification for the exemption in the text box that is displayed. NOTE: The exempt checkbox may only be selected if the organization's Provider Report is in "Not Started" or "Working" status.

Warning	Reg Code	Provider Name	Exempt	Exemption Justification
-	12345	Health and Happiness Clinic	<input type="checkbox"/>	
<b>RWHAP Funded Services: Outpatient/Ambulatory Health Services</b>				
<b>RWHAP-Related Funded Services (Program Income and Pharmaceutical Rebates): Medical Case Management</b>				
+	67890	City Health Department	<input type="checkbox"/>	
+	54321	State Health Department	<input type="checkbox"/>	
+	09867	Main Street Food Bank	<input type="checkbox"/>	

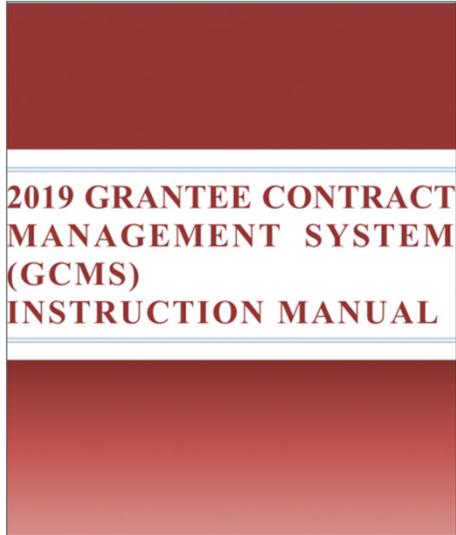
Cancel

Save

## Recipient Report: Program Information

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Recipients will also notice a slight change to the program information section of the Recipient Report. Recipients will now see two lists of services for each sub-recipient listed in this section: one for RWHAP funded services and another for RWHAP-related funded services. This change is part of the web system update that allows the system to capture information on services funded through RWAHP-related funding.



## Grantee Contract Management System (GCMS) Changes

- Completing the GCMS webinar available on the TargetHIV website at:
  - <https://targethiv.org/library/completing-gcms>
- 2019 GCMS Manual available on the TargetHIV website at:
  - <https://targethiv.org/library/gcms-manual>

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The services listed in the Program Information section of the Recipient Report are populated from a recipient's contracts entered into the Grantee Contract Management System. With the change to Eligible Services Reporting, there were updates made to this system that allows it to capture those services funded through RWHAP-related funding. Now we won't be going over those changes in today's webinar, but if you haven't already, I strongly recommend that recipients check out both the Completing the GCMS webinar and the 2019 GCMS Manual available at the links on this slide which both thoroughly cover the changes made to that system.

## Provider Report Changes Overview



Four variables removed



One variable altered and one new  
variable



Updates to align with Eligible Services  
Reporting



New section: Clients by ZIP Code

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Let's move on and take a look at the changes made to the Provider Report starting with an overview. For the 2019 RSR, four variables were removed from the report, one variable's naming and response options were slightly altered, and there is one new variable in the General Information section of the report. Additionally, you'll notice updates to the system to align with Eligible Services Reporting as well as a new section this year titled Clients by ZIP Code that collects data on clients' residential ZIP codes.

## Provider Report: Four Variables Removed

Location of Variable	Description
General Information	<ul style="list-style-type: none"><li>• Categories that best describe the agency's racial/ethnic characteristics</li></ul>
Program Information	<ul style="list-style-type: none"><li>• Number of paid staff, in full-time equivalents (FTEs), funded by RWHAP</li></ul>
HIV Counseling and Testing (HC&T)	<ul style="list-style-type: none"><li>• Number who tested NEGATIVE and received post-test counseling</li><li>• Number who tested POSITIVE and received post-test counseling</li></ul>

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Here's a look at the four variables removed from the Provider Report and which sections they are located in. In the General Information section, providers no longer have to select the categories that best describe the agency's racial/ethnic characteristics. In the Program Information section, you now do not have to report on the number of paid staff funded by RWHAP. And in the HIV Counseling and Testing or HC&T section of the Provider Report, two variables were removed: the number of clients who tested negative and received post-test counseling and the number of clients that tested positive and received post-test counseling.

## Provider Report: One Variable Added

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Providers will indicate whether they are a part of a Real-Time Electronic Data Network:

- No
- Yes
- Unknown

A real-time electronic data network allows clients' health information to be created and managed by authorized providers in a digital format that is capable of being shared with other providers across more than one health care organization. It is a network of electronic health records (EHRs).

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In the General Information section of the report, you'll see a new variable. Providers will now select whether they are part of a real-time electronic data network and select a response of yes, no, or unknown.

I've provided a definition on this slide for providers to consider when answering this question. A real-time data network allows clients' health information to be created and managed by authorized providers in a digital format that is capable of being shared with other providers across more than one health care organization. It is a network of electronic health records.

**Organization Contacts**

Name	Title	Phone Number	Email	FAX	Is Primary POC	Actions
Craig User	Program Director	(555) 555-5555	user@clinic.org		Yes	<a href="#">Edit</a> <a href="#">Delete</a>
Karen Director	Director of HIV Services	(555) 555-5555	director@clinic.org		No	<a href="#">Edit</a> <a href="#">Delete</a>

[Add Contact](#)

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**Provider Profile Information** [Update](#)

Provider Type: Publicly funded community health center

Section 330 Funding Received: Yes

Type of ownership: Private, nonprofit

Faith-based Organization: No

**Part of a real time electronic data network:**

## Provider Report: General Information New Variable

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Here is a screenshot to show you exactly where that new variable is. This comes from the General Information section of the report and if you look below the Organization Contacts at the Provider Profile Information set of variables, you'll see the new question.

# Provider Report: Quality Management Program Variable

Prior Reporting	New Reporting
Status of clinical quality management program for assessing HIV core medical services	Select the status of your agency's clinical quality management program
Response Options:	Response Options:
<ul style="list-style-type: none"> <li>• <b>Not applicable</b></li> <li>• Clinical quality management program initiated this reporting period</li> <li>• Previously established clinical quality management program</li> <li>• Previously establish program with new quality standards added this reporting period</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Do not have a clinical quality management program</b></li> <li>• Clinical quality management program initiated this reporting period</li> <li>• Previously established clinical quality management program</li> <li>• Previously establish program with new quality standards added this reporting period</li> </ul>

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Moving on, one variable has been altered in the Program Information section of the report. The clinical quality management program status variable has been slightly altered as is seen on this slide. The wording of the question has been changed to, "Select the status of your agency's clinical quality management program." Additionally, the "Not applicable" response has been removed and replaced with a new response of, "Do not have a clinical quality management program."

As a note, the responses in this and upcoming tables that have been greyed out have not changed from the prior year.

### 3. Funding Source Certification:

This item lists all of your agency's sources of Ryan White HIV/AIDS Program (RWHAP) and RWHAP-related funding (Program Income and Pharmaceutical Rebates). Please verify that this list is accurate. If a funding source is missing, contact your recipient and ask them to add your agency to their list of contractors. If a recipient that did not fund your organization is listed, contact Ryan White HIV/AIDS Program Data Support for assistance.

	Funding Source	Recipient Name	Funded Through	Grant Number	Exempt
<input type="checkbox"/>	Part B	State Health Department		X07HA00000	No
<input checked="" type="checkbox"/>	Part D	Health and Happiness Clinic		H12HA00000	No

**RWHAP Funded Services:** Administrative or technical support, Health Education/Risk Reduction, Housing, Linguistic Services, Medical Case Management, including Treatment Adherence Services, Medical Transportation, Mental Health Services, Other Professional Services, Outpatient/Ambulatory Health Services, Quality management  
**RWHAP-Related Funded Services (Program Income and Pharmaceutical Rebates):** Child Care Services, Home Health Care, Hospice

I have reviewed my agency's list of Ryan White HIV/AIDS Program funding sources and certify that the list is accurate.

## Provider Report: Funding Source Certification

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Also in the Program Information section and much like the update we saw earlier in the Recipient Report, providers will now see funded services in the Funding Source Certification grouped by whether they were funded with RWHAP funding or RWHAP-related funding.

# Provider Report: Service Information

- Updates to align with Eligible Services Reporting
- Providers still select which services were delivered that were funded by their recipients
- New “Additional Services” table for providers to select additional service categories that they provide utilizing their own RWHAP-related funding

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**Service Information**

A field with an asterisk \* before it is a required field.

\* 7. Below is a list of all Ryan White HIV/AIDS Program services that were funded complete or partially using RWHAP and/or RWHAP-related funding (Program Income and Pharmaceutical Rebates). Select the services that were delivered by your agency during the reporting period even if other funding streams in addition to the RWHAP or RWHAP-related funding were used to fund the service. In the table at the bottom of the form, select any additional services that your organization delivered through your organization's generated Program Income or Pharmaceutical Rebates.

**Administrative and Technical Services**

RWHAP Funding		Delivered	Service Category
<input checked="" type="checkbox"/>		<input type="checkbox"/>	Administrative or technical support
<input checked="" type="checkbox"/>		<input type="checkbox"/>	Quality management

**Core Medical Services**

RWHAP Funding	RWHAP-Related Funding (Program Income and Pharmaceutical Rebates)	Delivered	Service Category
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outpatient/Ambulatory Health Services
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oral Health Care
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention Services (EIS)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mental Health Services
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical Case Management, including Treatment Adherence Services
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Outpatient Care
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Home Health Care
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hospice

**Support Services**

RWHAP Funding	RWHAP-Related Funding (Program Income and Pharmaceutical Rebates)	Delivered	Service Category
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Health Education/Risk Reduction
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Professional Services
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Child Care Services
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Linguistic Services
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical Transportation

Now we'll move on to the Service Information section of the report where you will notice quite a few changes. All the changes in this section were made to align with the Eligible Services Reporting requirement. Providers are still going to fill out this section the same way they previously did by looking at these tables with services listed as funded by their recipients and selecting the checkbox for which services they delivered. There is now an additional column in these tables, though, to demark which services are listed as funded with RWHAP funding and which were funded with RWHAP-related funding.

## Service Information New Table

- New “Additional Services” table for providers to select additional service categories that they provide utilizing their own RWHAP-related funding

Support Services

RWHAP Funding	RWHAP-Related Funding (Program Income and Pharmaceutical Rebates)	Delivered	Service Category
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Health Education/Risk Reduction
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Professional Services
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Child Care Services
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Linguistic Services
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical Transportation

Additional Services Delivered Through Your Organization's Generated Program Income and/or Pharmaceutical Rebates

Delivered	Service Category
<input type="checkbox"/>	AIDS Pharmaceutical Assistance (LPAP, CPAP)
<input type="checkbox"/>	Emergency Financial Assistance
<input type="checkbox"/>	Food Bank/Home Delivered Meals
<input type="checkbox"/>	Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
<input type="checkbox"/>	Home and Community-Based Health Services
<input type="checkbox"/>	Medical Nutrition Therapy
<input type="checkbox"/>	Non-Medical Case Management Services
<input type="checkbox"/>	Outreach Services
<input type="checkbox"/>	Psychosocial Support Services
<input type="checkbox"/>	Referral for Health Care and Support Services
<input type="checkbox"/>	Rehabilitation Services
<input type="checkbox"/>	Respite Care
<input type="checkbox"/>	Substance Abuse Services (residential)

Cancel

Save

But now if we scroll down the page a little ways, you'll notice there is a new table here. In this new table, providers can select any additional services that they fund through their own generated program income and/or pharmaceutical rebates that does not come from a recipient.

## Provider Report: Clients by ZIP Code

- Providers will report the number of clients served by their ZIP code of residence
- Report eligible clients who received at least one RWHAP or RWHAP-related (program income or pharmaceutical rebates) funded service
- Number of clients reported in this section should match number of clients uploaded in client-level data file



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The last change to the Provider Report is a brand-new section: Clients by ZIP Code. In this section, providers will report the number of clients served by their ZIP code of residence. The clients reported here should be eligible clients who received at least one RWHAP and/or RWHAP-related funded service. The total number of clients that you report in this section should match the number of clients that you upload in your client-level data XML file. Let's check out what this new section looks like.

## Clients by ZIP Code

- To report their ZIP Code data, providers may:
  - Enter the data directly into the web system
  - Upload a completed Excel template to the web system

### Clients by ZIP Code

Enter by hand on screen, or upload a file (see [Clients by ZIP Code template](#) file) that contains two fields: the zip code of residence and the number of clients residing in that zip code who received services that were funded using RWHAP and/or RWHAP-related funding (Program Income and Pharmaceutical Rebates). You can re-upload a file if there are any issues with the previous submission; the values will be over-written. You can also edit the values on screen. When ready to submit, click Save in the bottom right.

File to Upload:

No file chosen

Zip Code	Count of Clients	Action
<input type="text"/>	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	Delete

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Providers have two options for reporting their ZIP Code data: they may enter the data directly into the web system or they can upload a completed Excel template. To enter the data directly, simply add your ZIP Codes into the left column, and the number of clients for each one into the right column. You can also add rows to this section as needed by using the “Add Row” button at the bottom of the table.

To use the Upload function, select the “Clients by ZIP Code template” link to download the template file. Here providers can fill out the template in the same way with a column for ZIP Codes and another for the number of clients. Once the file has been completely filled out, use the “Choose File” link to select the file you have saved on your computer and then select “Upload File” to upload it to the web system.

# Clients by ZIP Code: How to Make the Change

- Most systems already capture home address
  - Export a count by ZIP Code or full list of addresses
  - Begin collecting ZIP Code if you do not already
- For clients with an unknown ZIP Code:
  - Use ZIP Code of service location as proxy
  - If that is unavailable, report client’s ZIP Code as “99999”

How to Make the Change		
Update data collected	Remap for export	Align to RSR fields
✓	✓	

25

Most data systems already capture clients’ home addresses – talk to your system vendor about creating a report that will fill in that Excel template with a count of clients by ZIP Code. If you do not have ZIP Code data available, you will need to begin collecting it.

If you have clients with an unknown ZIP Code, report the ZIP Code of the service location as a proxy. But if that is unavailable, report the client’s ZIP Code as “99999.” As a reminder, the total across all ZIP Codes reported in this section of the Provider Report should match the total number of clients in your Client-Level Data file.

Now I’m going to turn things over to Debbie to talk about the Client-Level Data changes. Debbie?

## Client-Level Data Changes Overview



Six data elements altered  
(variable name and/or response options changed)



Nine data elements removed



One new data element

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Thanks, Brian. I'm going to start with an overview of the client-level data changes and then walk through them in more detail.

For the 2019 RSR, six data elements were altered, meaning that the variable name or response options were changed. Nine data elements were removed and one data element was added.

## Client-Level Data: Minor Changes

- Medical Insurance variable name changed to Health Coverage
- HIV Infection Risk Factor: 3 of 7 response options renamed

Prior Reporting	New Reporting
• Male who has sex with male(s)	• Male-to-male sexual contact (MSM)
• Injecting drug use (IDU)	• Injection drug use (IDU)
• Mother w/at risk for HIV infection (perinatal transmission)	• Perinatal transmission

How to Make the Change		
Update data collected	Remap for export	Align to RSR fields
		✓

27

We'll start with the six data elements. For two of the elements, the changes are very minor. First, the name of the Medical Insurance data element has been changed and is now Health Coverage.

The other change is for HIV Infection Risk Factor. For this data element, a few of the response option names have been slightly modified. Male who has sex with male is now male-to-male sexual contact; injecting drug use is now injection drug use; and mother with/at risk for HIV is now perinatal transmission. As a note, these are just naming changes for existing categories, not coding changes.

If you are using an RSR-ready system or TRAX, this will automatically be done for you.

## Vital Status Renamed and Responses Changed

- Report the client’s most recent vital status
- Report the last known status for clients no longer active or no longer receiving services

Prior Reporting	New Reporting
Vital Enrollment Status	Vital Status
Response Options:	Response Options:
<ul style="list-style-type: none"> <li>• Active, continuing in program</li> <li>• Referred to another program or services, or self-sufficient</li> <li>• Removed from treatment due to violation of rules</li> <li>• Incarcerated</li> <li>• Relocated</li> </ul>	<ul style="list-style-type: none"> <li>• Alive</li> </ul>
• Deceased	• Deceased
(New)	• Unknown

How to Make the Change		
Update data collected	Remap for export	Align to RSR fields
	✓	

28

Vital Enrollment Status has had both a name change and response option changes. First, the variable name is now Vital Status. The response options are more limited: Alive, Deceased or Unknown. Agencies will report the client’s vital status as of the end of the reporting period. If a client is no longer receiving services or is no longer active at your agency, report the last known status for that client. For example, if the last known status was alive, you would report the client as alive.

With the exception of the addition of Unknown as a response option, the data collection for this element has not changed – you will just need to update your mapping so that the responses on the left side of this table are combined into the response options on the right.

## Prescribed ART Responses Changed

- 'No' responses collapsed

Prior Reporting	New Reporting
Prescribed ART	Prescribed ART
Response Options:	Response Options:
<ul style="list-style-type: none"> <li>• Yes</li> <li>• No, not ready (as determined by clinician)</li> <li>• No, client refused</li> <li>• No, intolerance, side-effect, toxicity</li> <li>• No, ART payment assistance unavailable</li> <li>• No, other reason</li> </ul>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>

How to Make the Change		
Update data collected	Remap for export	Align to RSR fields
	✓	

29

Similarly, the response options for Prescribed ART were simplified to “yes” or “no”. The various “No” responses that you previously reported have been combined into a single, simple “No” response option.

## Federal Poverty Level Responses Changed

- Now a continuous variable

Prior Reporting	New Reporting
Federal Poverty Level (FPL)	Federal Poverty Level
Response Options:	Response Options:
<ul style="list-style-type: none"> <li>• Below 100 percent of the FPL</li> <li>• 100–138 percent of the FPL</li> <li>• 139–200 percent of the FPL</li> <li>• 201–250 percent of the FPL</li> <li>• 251–400 percent of the FPL</li> <li>• 401–500 percent of the FPL</li> <li>• More than 500 percent of the FPL</li> </ul>	Continuous Variable (data entry field, up to three digits, no decimals allowed)
	Number

How to Make the Change		
Update data collected	Remap for export	Align to RSR fields
✓	✓	

30

The Federal Poverty Level data element has also been updated for the 2019 RSR. Providers will no longer select the appropriate grouping but will enter a whole number for the client's exact poverty level. For example, if a client's income is 152% of the FPL and previously reported as '139-200 percent of the FPL', in the 2019 RSR, the client's income in terms of the FPL would be reported as 152. Report the latest information available for the client within the reporting period.

You'll need to ensure that your data collection is updated to collect the actual value, not just the grouping. You'll also need to remap the data for export.

## Support Services Responses Changed

- Now a continuous variable
- Report the number of support service visits during the reporting period
- Local AIDS Pharmaceutical Assistance and Health Insurance Premium and Cost Sharing Assistance will still be reported as Yes/No

Prior Reporting	New Reporting
Support Services	Support Services
Response Options:	Response Options:
<ul style="list-style-type: none"> <li>• Yes</li> </ul>	Continuous Variable (data entry field, up to 365, no decimals allowed)  Number of service visit days

For further information, see the RSR Data Dictionary and XML Schema Implementation Guide at:

<https://targethiv.org/library/ryan-white-services-report-rsr-data-dictionary-and-xml-schema-implementation-guide-client>

How to Make the Change		
Update data collected	Remap for export	Align to RSR fields
✓	✓	

31

Our last change for existing data elements is for Support Services Delivered. Previously, agencies would report a simple “Yes” for each support service that a client received during the reporting period. This has now been changed to a continuous variable, the same way that you report core medical services. Agencies will now report the number of support service visits for each support service that a client received in the reporting period.

As a note, this does not apply to two services that will still be reported with a simple “Yes” response if the client received that service. These services are AIDS Pharmaceutical Assistance (LPAP, CPAP) and Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals.

As with FPL, you’ll need to ensure that you collect service visits for support services and remap the data for export.

A good resource to help with remapping data is the RSR Data Dictionary and XML Schema Implementation Guide that you can find on the TargetHIV website at the link listed on the slide

## Nine Clinical Data Elements are Removed

- Data should not be included in the RSR however...
- Data may still be collected locally to monitor clinical activities

Variables Removed	How to Make the Change		
	Update data collected	Remap for export	Align to RSR fields
<ul style="list-style-type: none"> <li>• Risk reduction screening/counseling</li> <li>• Screened for TB since HIV Diagnosis</li> <li>• Screened for Hep B since HIV Diagnosis</li> <li>• Vaccinated for Hep B</li> <li>• Screened for Hep C since HIV Diagnosis</li> <li>• Screened for substance abuse</li> <li>• Screened for mental health</li> <li>• Received cervical pap smear</li> <li>• Prescribed PCP prophylaxis</li> </ul>		✓	

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Nine clinical data elements have been removed from the report. These include Risk-Reduction Screening/Counseling, Screened for TB Since HIV Diagnosis, Screened for Hepatitis B Since HIV Diagnosis, Vaccinated for Hepatitis B, Screened for Hepatitis C Since HIV Diagnosis, Screened for Substance Abuse, Screened for Mental Health, Received Cervical Pap Smear, and Prescribed PCP Prophylaxis.

While these data elements have been removed from RSR reporting, they still have clinical significance at your agency and HAB recommends that this information continue to be captured in some way in your health information system. These would just be removed from your data export.

## Date Housing Status Collected Added

- Reported as a date (MMDDYYYY)
- Required for the same clients as Housing Status
- Report the most recent date that the client's housing status was collected



How to Make the Change		
Update data collected	Remap for export	Align to RSR fields
✓	✓	

33

There is one new data element to report on the 2019 RSR client-level data. While you've always reported housing status, you'll now also report the date the housing status was collected. This data element is required for the same clients for whom Housing Status is collected: clients who receive Outpatient/Ambulatory Health Services, Medical Case Management, Non-Medical Case Management, and/or Housing Services. Providers will report the most recent date in the reporting period that it was collected; for example, if a case manager asked a client if their address has changed, the date used would be the date that this information was captured.

- If you do not currently collect the date on which you assess housing status, add this to your data collection forms and processes.
- For CAREWare users, a reminder that for Annual Review data, only dates in the current reporting period are exported.

Now before I turn things over to Brian, we have a final poll.

## Poll Question #2



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Now that I've reviewed how you must implement the Client-Level Data changes, which of the following statements best reflects your ability to meet the new CLD requirements? This includes updating data collection, remapping data and data that has small changes such as name changes.

- a. I have made all necessary updates and will have complete data for the 2019 RSR.
- b. I have not made all necessary updates and will not have complete data for the 2019 RSR.
- c. I'm not sure what the status of my data is.

I noticed that several you reported you're not sure what the status of your data are. The DART team can help you assess this and develop a strategy for the upcoming submission. If you'd like us to contact you, please chat in your email address and we'll reach out after the webinar.

Thanks, Ruchi-now I'm going to turn things back over to Brian. Brian?

## 2019 RSR Submission Timeline

Date	Recipients	Sub-Recipients/Providers
Friday, July 19, 2019	Check Your XML and TRAX Open	
Monday, December 2, 2019	Recipient Report Start Date	
Monday, February 3, 2020	Recipient Report Due Date	Provider Report Start Date
Monday, March 2, 2020		Provider Report Target Date
Monday, March 23, 2020	Return for Changes Deadline	
Monday, March 30, 2020	All RSRs must be in "Submitted" status by 6pm ET	

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Moving on, let's take a look at the submission timeline for the 2019 RSR. The Check Your XML feature and TRAX both opened up back in July so you can begin using both of those tools to work on your client-level data files. The 2019 RSR Recipient Report opens on December 2, 2019. February 3, 2020 is both the deadline for the Recipient Report and the opening date of the Provider Report. March 2, 2020 is the target deadline for the Provider Report. The last day recipients can return their providers' reports for changes is March 23, 2020. The final deadline for the 2019 RSR is on Monday, March 30, 2020. All RSRs must be in "Submitted" status by 6pm ET or they will be marked as late in the system. No extensions will be granted.

 <b>October 16, 2019</b>	An Overview of HRSA's Electronic Handbooks for Grant Recipients
 <b>November 13, 2019</b>	RSR Check Your XML Feature
 <b>November 20, 2019</b>	Moving Beyond Data Completeness: Ensuring RSR Clinical Data Reflect Services Being Provided
 <b>December 4, 2019</b>	How to Complete the RSR Grant Recipient Report Using the GCMS
 <b>December 11, 2019</b>	RSR TRAX

Webinar schedule available at: <https://targethiv.org/dart/webinars>

## 2019 RSR Webinar Series

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Here's a look at the upcoming RSR Fall Webinar Series. On October 16, tune in for An Overview of HRSA's Electronic Handbooks for Grant Recipients. On November 13, we'll go over the RSR Check Your XML feature. On November 20, we'll present Moving Beyond Data Completeness: Ensuring RSR Clinical Data Reflect Services Being Provided. On December 4, recipients can find out How to Complete the RSR Grant Recipient Report Using the GCMS. And then on December 11, you can learn about RSR TRAX, a useful tool for agencies to help create their client-level data files. You can access this webinar schedule at any time on the TargetHIV website at the link shown on this slide.

## TA Resources

- HAB Website
  - Policy notices, instructions, and HAB information  
<https://hab.hrsa.gov/>
- TargetHIV Website
  - Training materials, manuals, and submission timeline  
<https://targethiv.org>
  - 2019 RSR Instruction Manual  
<https://targethiv.org/library/rsr-instruction-manual>
  - 2019 RSR Submission Timeline  
<https://targethiv.org/library/rsr-submission-timeline>
  - RSR Data Dictionary and XML Schema Implementation Guide  
<https://targethiv.org/library/ryan-white-services-report-rsr-data-dictionary-and-xml-schema-implementation-guide-client>

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Let's take a look at the TA resources available to assist you through the reporting period. The HAB website is a great place to find policy notices and lots of general information about the Ryan White program. The TargetHIV website has a wealth of materials on RSR data reporting including the 2019 RSR Instruction Manual, the Submission Timeline, and the Data Dictionary.

# TA Contact Information

Contact Information	Type of TA
Ryan White HIV/AIDS Program Data Support Phone: 888-640-9356 Email: <a href="mailto:RyanWhiteDataSupport@wrma.com">RyanWhiteDataSupport@wrma.com</a>	<ul style="list-style-type: none"><li>• RSR-related content and submission</li><li>• Interpretation of the RSR Instruction Manual and HAB's reporting requirements</li><li>• Instructions for completing the RSR Recipient and Provider Reports</li><li>• Data validation questions</li></ul>
DART Team Email: <a href="mailto:Data.TA@caiglobal.org">Data.TA@caiglobal.org</a>	<ul style="list-style-type: none"><li>• Determine if systems collect required data</li><li>• Extracting data from systems and reporting it using the required XML schema</li><li>• Data quality issues</li><li>• TRAX and CHEX applications</li></ul>

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Should you require further assistance, here are the additional TA resources available to assist you throughout the year. Ryan White Data Support addresses RSR-related content and submission questions including interpretation of the RSR Instruction Manual and HAB's reporting requirements, instructions for completing the RSR Recipient and Provider Reports, as well as data validation questions. The DART Team addresses questions for those needing significant assistance to meet data reporting requirements including helping determine if recipient systems collect required data, assisting agencies in extracting data from their systems and reporting it using the required XML schema, and connecting agencies to others that use the same data systems. DART also deals with data quality issues and provides technical assistance for the TRAX and CHEX applications.

## TA Contact Information (cont.)

Contact Information	Type of TA
HRSA Help Desk: Phone: 877-464-4772 Website: <a href="https://www.hrsa.gov/about/contact/ehbhelp.aspx">https://www.hrsa.gov/about/contact/ehbhelp.aspx</a>	<ul style="list-style-type: none"><li>• Electronic Handbooks (EHBs) registration, access, permissions, and web system navigation</li></ul>
CAREWare Help Desk Phone: 877-294-3571 Email: <a href="mailto:cwhelp@jprog.com">cwhelp@jprog.com</a> TA Request Form: <a href="https://targethiv.org/careware/cw6-help">https://targethiv.org/careware/cw6-help</a>	<ul style="list-style-type: none"><li>• How to generate the XML file from CAREWare correctly</li><li>• How to view a sample client summary file</li><li>• Creating custom reports</li><li>• Installing/migrating to CAREWare 6.0</li></ul>

RSR Data TA Brochure available at: <https://targethiv.org/library/rsr-data-ta-brochure>

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The HRSA Help Desk addresses RSR 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 assistance working with CAREWare, contact the CAREWare Help Desk. You can find all of this information in the RSR Data TA brochure available on the TargetHIV website at the link on this slide. And as always, if you are unsure of whom to contact, feel free to reach out to any one of the resources here and we'll be able to help direct you to exactly where you need to go.



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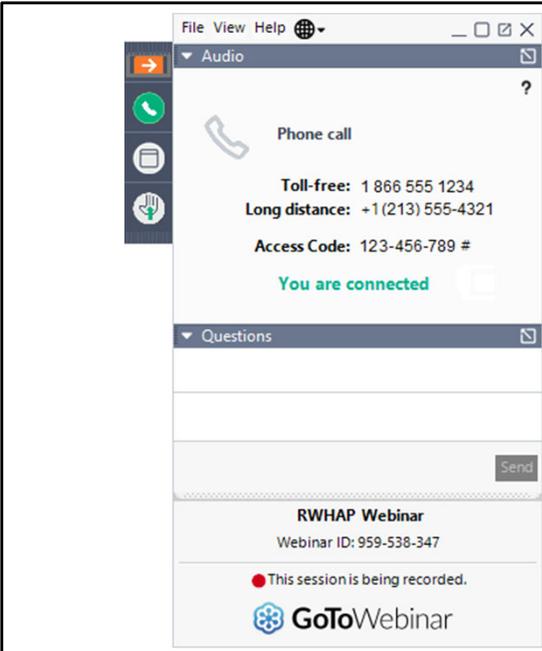
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Finally, to connect with and find out more about HRSA, check out HRSA.gov.

I'd like to take a moment 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.



The screenshot shows a webinar control panel with the following elements:

- Audio Section:** Includes a "Phone call" option with a telephone icon, toll-free number (1 866 555 1234), long distance number (+1 (213) 555-4321), and access code (123-456-789 #). A status indicator says "You are connected".
- Questions Section:** A text input field for asking questions, with a "Send" button to the right.
- Webinar Information:** "RWHAP Webinar" with ID: 959-538-347.
- Recording Status:** A red dot icon followed by the text "This session is being recorded."
- Logo:** GoToWebinar logo at the bottom.

## Questions?

- 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.

Thanks Brian-great job! We’ve now come to the question and answer portion of the webinar. As a reminder, you can send us questions using the “Question” function on your control panel on the right-hand side of the screen. You can also ask questions directly “live.” You can do this by selecting the “Raise Hand” button (on your control panel). If you are using a headset with a microphone, my colleague, Beth, will conference you in; or, you can select the “Telephone” button and you will see a dial-in number and code. We hope you consider asking questions “live,” because we really like hearing voices other than our own.

One other reminder before we start reviewing the questions. We will be taking all the questions received and writing answers to them. Those are posted with the slides on the TargetHIV website within two weeks of the webinar. Remember that the written answers always trump the verbal ones that we provide live, so be sure to check the information that is posted.

Now as a reminder, we do have a brief evaluation that will appear as you exit the webinar. We review your feedback after every webinar to better understand what you liked, any areas for improvement as well as additional information you would like included in the future. We appreciate you taking the time to complete this.

Thank you for joining us today!