

Location of RSR Client-level Data Elements

Demographics

- Required of all clients who received any core medical or support service if they are **ELIGIBLE** for RWHAP services. For more information regarding reporting requirements based on services received, review Appendix A in the RSR Instruction Manual.
- Eligibility recorded in CAREWare in Eligibility History accessed from the Demographics tab in the client record.

Field ID	Field Name	Coding	Location in CAREWare
SV4	Encrypted Unique client ID (eUCI)	Encrypted using hash function	Auto-calculated by CAREWare from first and last name, date of birth, and gender of each client
4	Client's year of birth	YYYY	Demographics>Personal Info - Date of Birth field
5	What is the client's self reported ethnicity?	<ul style="list-style-type: none"> • Hispanic/Latino • Non-Hispanic/Latino 	Demographics>Race/Ethnicity - Hispanic or Latino field
68	Hispanic Subgroups (Select one or more)	<ul style="list-style-type: none"> • Mexican, Mexican American, Chicano/a • Puerto Rican • Cuban • Other Hispanic, Latino/a or Spanish origin 	Demographics>Race/Ethnicity Check each Hispanic ethnicity that is true. (The Hispanic or Latino field value must be set to Yes to see these options.)
6	What is the client's race? (Select one or more)	<ul style="list-style-type: none"> • White • Black or African American • Asian • Native Hawaiian/ Pacific Islander • American Indian or Alaska Native 	Demographics>Race/Ethnicity More than one race can be selected.
69	If Asian, what subgroup? (Select one or more)	<ul style="list-style-type: none"> • Asian Indian • Chinese • Filipino • Japanese • Korean • Vietnamese • Other 	Demographics>Race/Ethnicity Check each Asian race that is true. (The Asian field value must be checked to see these options.)
70	If Native Hawaiian/Pacific Islander, what subgroup? (Select one or more)	<ul style="list-style-type: none"> • Native Hawaiian • Guamanian or Chamorro • Samoan • Other Pacific Islander 	Demographics>Race/Ethnicity Check each NHPI race that is true. (The Native Hawaiian or Other Pacific Islander field value must be checked to see these options.)

Field ID	Field Name	Coding	Location in CAREWare
7	Client's current self- reported gender	<ul style="list-style-type: none"> • Male • Female • Transgender • Unknown • Transgender Male to Female • Transgender Female to Male • Transgender unknown 	Demographics>Personal Info – Gender field
71	Client sex at birth	<ul style="list-style-type: none"> • Male • Female 	Demographics>Personal Info – Sex At Birth field
Data elements required if client receives Outpatient Ambulatory Health Services, Medical Case Management or Non-Medical Case Management except where noted			
2	What was the client's vital at the end of this reporting period?	<ul style="list-style-type: none"> • Alive • Deceased • Unknown 	Demographics>Vital Enrollment Status - Vital Status field
9	Client's percent of the Federal poverty level	Continuous variable-actual poverty level percentage reported	Annual Review>Poverty Level Assessments Household size must be 1 or higher Value will only be exported if it falls within the current reporting period; otherwise no value will be reported.
10	Client's housing status	<ul style="list-style-type: none"> • Stable/permanent • Temporary • Unstable 	Annual Review>Annual Screenings> Value will only be exported if it falls within the current reporting period; otherwise no value will be reported. <i>Also required for clients receiving if housing services.</i>
11	Client's housing status collection date	mm/dd/yyyy	Annual Review>Annual Screenings> Value will only be exported if it falls within the current reporting period; otherwise no value will be reported. <i>Also required if for clients receiving housing services.</i>
12	What was the client's HIV/AIDS status?	<ul style="list-style-type: none"> • CDC defined AIDS • HIV indeterminate (infants only < 2 yrs) • HIV-negative (affected) • HIV-positive, AIDS status unknown • HIV-positive, not AIDS 	Demographics>HIV Status- HIV Status field HIV/AIDS dates must be prior to the end of the report year.

Field ID	Field Name	Coding	Location in CAREWare
72	Year of HIV Diagnosis	YYYY	Demographics>HIV Status- HIV+ Date or AIDS Date
14	Client's risk factor for HIV	<ul style="list-style-type: none"> • Male to Male sexual contact (MSM) • Injection drug use (IDU) • Heterosexual Contact • Perinatal transmission • Hemophilia/ coagulation disorder • Receipt of blood transfusion, blood components, or tissue • Not Reported or not identified 	Demographics>HIV Risk Factors More than one risk can be selected
15	Client's health coverage (includes all health coverage reported during the reporting period)	<ul style="list-style-type: none"> • Private - Employer • Private - Individual • Medicare • Medicaid, CHIP or other public plan • Veteran's Administration, TRICARE, or other Military health care • Indian Health Insurance • Other Plan • No Insurance/uninsured 	Annual Review >Insurance Assessments Select the Primary Insurance from the drop down list and check all insurance coverage that apply Value will only be exported if it falls within the current reporting period; otherwise no value will be reported Also required for clients that receive any core medical service

Services

• Only services that are set up in a contract that has some RWHAP-funding are included in the RSR

• RSR includes number of visits in the current reporting year for each core medical and support service (except for LPAP/CPAP and Health Insurance Premium and Cost Sharing Assistance) if the client was eligible and provider was funded to deliver the service, even if the service was not paid for by RWHAP for that client. LPAP/CPAP and Health Insurance Premium and Cost Sharing Assistance are reported as delivered for clients receiving the service.

• Only one visit per day per service category is reported

Field ID	Field Name	Coding	Location in CAREWare
16,18,19,21, 27	Core Medical Services	<ul style="list-style-type: none"> • Outpatient/Ambulatory Health Services • Oral Health Care • Early Intervention Services • Home Health Care • Home and Community-Based Health Services • Hospice • Mental Health Services • Medical Nutrition Therapy • Medical Case Management, including Treatment Adherence Services • Substance Abuse Outpatient Care 	Services <ul style="list-style-type: none"> • Service funding sources are established in contracts • Core medical services only reported for HIV-positive or indeterminate clients
28, 44, 75	Support Services	<ul style="list-style-type: none"> • Non-Medical Case Management Services • Child Care Services • Emergency Financial Assistance • Food Bank/Home-Delivered Meals • Health Education/Risk Reduction • Housing • Linguistic Services • Medical Transportation • Outreach Services • Psychosocial Support Services • Referral for Health Care and Supportive Services • Rehabilitation Services • Respite Care • Substance Abuse Services (residential) • Other Professional Services 	Services <ul style="list-style-type: none"> • Service funding sources are established in contracts
17, 20	Core Medical Services	<ul style="list-style-type: none"> • AIDS Pharmaceutical Assistance (LPAP, CPAP) • Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals 	Services <ul style="list-style-type: none"> • Service funding sources are established in contracts • Core medical services only reported for HIV-positive or indeterminate clients

Clinical Information

•Only reported for HIV-positive clients that have at least one Outpatient/ambulatory health service (OAHS) visit

Field ID	Field Name	Coding	Location in CAREWare
47	Date of the client's <u>first outpatient/ambulatory care visit</u> at this provider agency	mm/dd/yyyy	Service The first service date may be in a different year and may not have been paid for by RWHAP
48	All dates of the client's outpatient ambulatory health service visits during this reporting period	mm/dd/yyyy	Service
49	All CD4 counts and their dates for this client during the reporting period	Test Values and Dates	Clinical encounter: Lab tab Enter date and result for CD4 tests throughout the year
50	All Viral Load counts and their dates for this client during the reporting period	Test Values and Dates	Labs Enter date and result for Viral Load tests throughout the year
52	Client prescribed ART	<ul style="list-style-type: none"> • Yes • No 	Labs At least one ART medication (indication=ART)
55	Was the client screened for syphilis during this reporting period? (excludes all clients under the age of 18 who are not sexually active)	<ul style="list-style-type: none"> • Yes • No • Not medically indicated 	Screening Labs Test is labeled Syphilis (not RPR) and date is in the RSR calendar year. New and custom screenings can be set as the equivalent Test Name for HRSA Reporting under Screening Lab Setup to be included in the RSR
64	(For HIV+ women only) Was the client pregnant during this reporting period?	<ul style="list-style-type: none"> • Yes • No • Not applicable 	Pregnancy History CAREWare uses the estimated date of last menstrual period (LMP) and the pregnancy outcome date to populate this field
73	Positive HIV Test Date Required of clients newly diagnosed in the reporting year	mm/dd/yyyy	Demographics>HIV Status HIV+ Date or AIDS Date Counseling and Testing First Test Date with positive result
74	OAHS Link Date Required of clients newly diagnosed in the reporting year	mm/dd/yyyy	Service Date of first medical visit when the HIV diagnosis date is in the current reporting year (newly diagnosed HIV)

NOTES:

OAHS= Outpatient Ambulatory Health Services

CAREWare networks:

If you are connected to other providers on a centralized CAREWare network and have agreed to share clinical data with them on a need to know basis (that is, for clients that you have in common), you may select Cross Provider Labs and Cross Provider ART to include shared clinical data for the RSR.

CAREWare Reports > HRSA Reports > RSR Settings

Save Cancel

RSR Settings

Year: 2019

Provider Name: Kevin's Clinic

Cross Provider Labs: ☒

Cross Provider ART: ☒

Apply Filter: ☐

Filter Description: Report Filter is empty

Assigning custom screenings/screening labs to ensure complete RSR reporting

If a custom screening lab for Syphilis testing called "My Syphilis Test." needs to be reported in the RSR, do the following:

1. Click *Administrative Options*.
2. Click *Clinical Setup*.
3. Click *Screening Lab Setup*.
4. Click the test.
5. Click *Edit*.
6. Type the *Test Name for HRSA Reporting* (ex. Syphilis Screening).
7. Click *Save*.

In the field "Test Name for HRSA Reporting" select the equivalent RSR field associated with the custom test. For example, here we've selected "Hepatitis C Antibody." This will ensure that the customized Hep C test will get reported in the RSR in the Hep C screening field.

Administrative Options > Clinical Setup > Kevin's Clinic > Screening Lab Setup > Add

Save Cancel

Add

Test Name: My Hep C Test

Titer: ☐

Treatment: ☐

Test Name For HRSA Reporting: Hepatitis C antibody