


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



Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-0039, and the expiration date is 12/31/2021. Public reporting burden for this collection of information is estimated to average 51 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland 20857.

HIV/AIDS Bureau
Division of Policy and Data
Health Resources and Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane, Room 9N164A
Rockville, MD 20857

WHAT'S NEW FOR 2019

(Last Updated: September 19, 2019)

The 2019 Ryan White HIV/AIDS Program Services Report (RSR) will include revisions to the current Client, Recipient, and Provider data collection instruments and changes to the services reported in them. For the 2019 RSR, HAB will implement Eligible Services Reporting, in which recipients and subrecipients will submit client-level data for RWHAP-eligible clients that received an allowable service funded through any RWHAP as well as RWHAP-related funding (program income or pharmaceutical rebates). Agencies that already collect this information on RWHAP-related funding (program income or pharmaceutical rebates) will be able to report it on the 2019 RSR. All other agencies must begin submitting these data on the 2021 RSR (submitted in March 2022).

The Grantee Contract Management System has also been updated to reflect changes to services reported in the RSR.

For a complete listing of all 2019 reporting changes, please refer to the [2019 RSR Changes Fact Sheet](#) available on the TargetHIV website.

TABLE OF CONTENTS

What's New for 2019	i
Table of Contents.....	ii
Background.....	1
Recipient/Subrecipient Reporting Requirements.....	2
Recipient and Subrecipient Relationships	3
Recipient/Subrecipient Exemptions	4
Ryan White HIV/AIDS Program Services	6
Checking the Client-level Data XML File	7
RSR Recipient Report	8
The Grantee Contract Management System	8
Instructions for Completing the Recipient Report.....	8
RSR Provider Report.....	18
Instructions for Completing the Provider Report.....	18
RSR Client-level Data Report.....	30
Importing the Client-level Data XML File to the Provider Report.....	30
Client-level Data Elements.....	31
Appendix A. Required Client-level Data Elements for RWHAP Services.....	52
Glossary	54
Index	59

BACKGROUND

(Last Updated: September 19, 2019)

The Ryan White HIV/AIDS Program (RWHAP), first authorized by the U.S. Congress in 1990, is administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB).¹ HRSA's RWHAP uses dynamic data-driven and innovative approaches to provide a comprehensive system of care to achieve optimal health outcomes for people with HIV. RWHAP funds are provided to cities, States, and local community-based organizations that provide HIV medical care treatment and essential support services to approximately half-a-million people in the United States with HIV infection. A smaller but equally critical portion of RWHAP funds are used to fund technical assistance, clinical training, and the development of innovative models of HIV care.

Of the nearly one million people with HIV in the United States, more than 50 percent receive high-quality HIV medical care, treatment, and support services from HRSA RWHAP each year. HRSA RWHAP has developed a comprehensive system of care and treatment that provides the foundation for ending the HIV epidemic in the United States. The RWHAP is critical to ensuring that low-income uninsured or underserved people with HIV are linked to medical care, are retained in medical care, are prescribed antiretroviral medications, and have achieved viral suppression. HIV treatment is a recognized form of prevention. HRSA RWHAP works toward four national HIV health outcome goals:

1. Reducing new infections;
2. Increasing access to care and improving health outcomes for people with HIV;
3. Reducing HIV-related disparities and health inequities; and
4. Achieving a more coordinated national response to the HIV epidemic.

HRSA RWHAP has been increasingly successful in achieving improved outcomes along the HIV care continuum.² HRSA RWHAP Services Report (RSR) client-level data demonstrates annual improvements in viral suppression, from 69.5 percent of clients achieving viral suppression in 2010 to 85.9 percent in 2017. HRSA RWHAP seeks to continue improving rates of viral suppression; this improves the quality and length of life for people with HIV and prevents HIV transmission.

HRSA HAB regularly monitors program performance to demonstrate accountability and impact. It also integrates performance measurement into long-term programmatic plans to ensure its programs support HRSA strategies.

¹ The Ryan White HIV/AIDS Treatment Extension Act of 2009—Title XXVI of the Public Health Service Act, as amended—the Ryan White HIV/AIDS Program legislation. <https://hab.hrsa.gov/about-ryan-white-hiv-aids-program/ryan-white-hiv-aids-program-legislation>.

² HIV/AIDS Bureau HIV Performance Measures. <https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio>.

RECIPIENT/SUBRECIPIENT REPORTING REQUIREMENTS

(Last Updated: September 19, 2019)

Federal regulations explicitly state that grant recipients must monitor and report program performance to ensure they are using their federal grant program funds in accordance with program requirements.³

Title 45 CFR § 75.342(a), monitoring and reporting program performance:

The non-Federal entity is responsible for oversight of the operations of the Federal award supported activities. The non-Federal entity must monitor its activities under Federal awards to assure compliance with applicable Federal requirements and performance expectations are being achieved. Monitoring by the non-Federal entity must cover each program, function or activity. See also §75.352.

The federal regulations additionally impose subrecipient monitoring requirements. See 45 CFR § 75.352(d):

All pass-through entities must: . . . (d) Monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved.

Likewise, HRSA, HHS, and Congress hold HRSA HAB responsible for monitoring and reporting the program performance of its recipients and its subrecipients, the RWHAP service providers. HRSA HAB has established the following reporting requirements for RWHAP-funded recipients accordingly.

Additional information on a covered entity's use or disclosure of protected health information without the written authorization of the individual to a public health authority is in 45 CFR 164.512.

³ The rules and requirements that govern the administration of HHS grants are set forth in the regulations found in the Uniform Administrative Requirements, Cost Principles and Audit Requirements for HHS Awards, 45 CFR part 754.342(a) and 75.352(d).

RECIPIENT AND SUBRECIPIENT RELATIONSHIPS

(Last Updated: September 19, 2019)

Recipients and subrecipients work together to quickly and easily submit the RSR. Figures 1–4 offer illustrations and definitions of recipient and subrecipient relationships.

Figure 1. Recipient-Provider

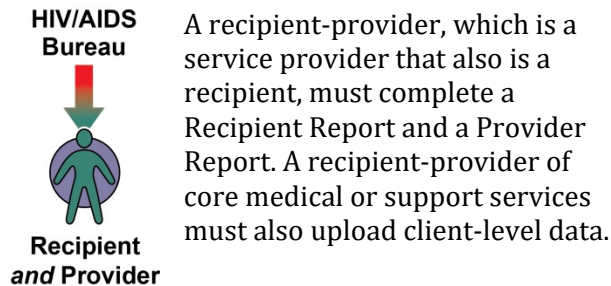


Figure 2. Subrecipient

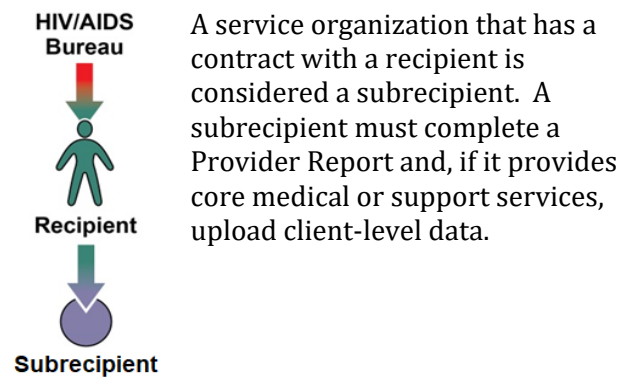


Figure 3. Second-Level Provider

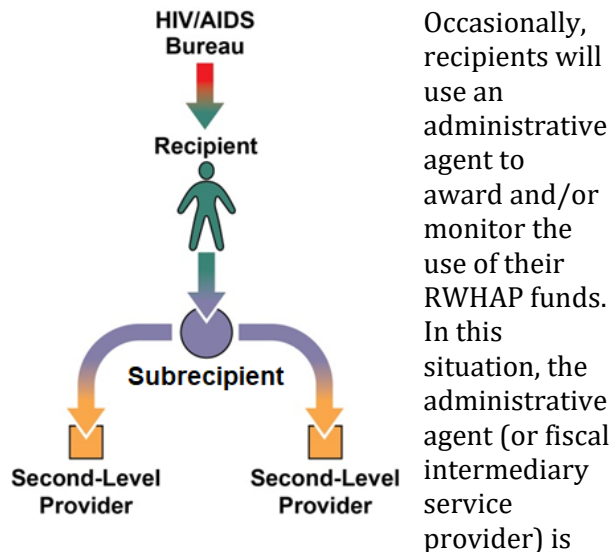
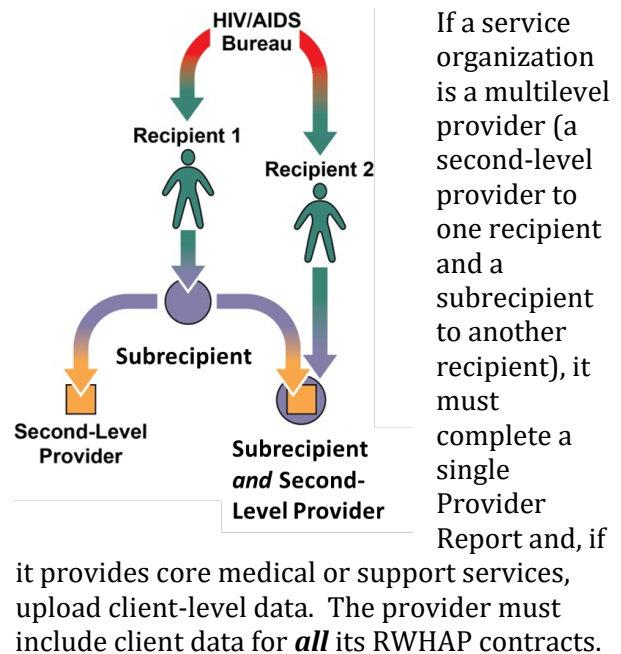


Figure 4. Multi-Level Provider



RECIPIENT/SUBRECIPIENT EXEMPTIONS

Service organizations may be exempt* from completing their own Provider Report and Client Report at the recipient's discretion if any of the following apply to them:

- They submit only vouchers or invoices for payment (e.g., a taxicab company that only provides transportation services);
- They do not see clients on a regular and sustained basis (e.g., on an emergency basis only);
- They offer services to clients on a “fee-for-service” basis;
- They provide only laboratory services to clients;
- They received less than \$10,000 in RWHAP funding during the reporting period (January 1—December 31);
- They see a small number (1–25 patients) of RWHAP clients;
- They did not provide services during the reporting period (January 1—December 31);
- They are no longer funded by the recipient; and/or
- They are no longer in business.

*Recipients should contact their project officer for questions about exemption requirements.

Service providers that only provide laboratory services and no other services may be exempt from this reporting requirement. However, HRSA HAB requires service providers that offer laboratory services among other services to report laboratory service data under Outpatient/Ambulatory Health Services, even if a client only received the laboratory services and no other service.

If a recipient exempts a subrecipient from submitting a Provider Report or Client Report, this does not exempt the recipient from collecting and submitting data for that subrecipient. **This includes subrecipients exempted because they only provide laboratory services.** If a recipient exempts a subrecipient, the recipient must ensure that the subrecipient's data are reported to HRSA HAB. See page 13 for instructions on marking a subrecipient as exempt in the RSR system. For a recipient to exempt a subrecipient, it does one of the following:

- Completes a Provider Report and uploads client-level data in the exempted subrecipient's name. In this case, recipients do not select the “Exempt” check box;
- Reports the exempted subrecipient's data with its agency's RSR data. In this case, all recipients must select the “Exempt” box; or
- Includes the second-level provider's data in the subrecipient's Provider Report. In this case, the recipient WILL select the “Exempt” checkbox for the second-level provider.

Not all subrecipients are eligible to receive a reporting exemption:

- Recipient-providers may not be given an exemption;
- Multilevel providers may not be given an exemption; and
- A multiply funded subrecipient may be given an exemption only if all its recipients agree to the exemption.



FREQUENTLY ASKED QUESTIONS ABOUT RECIPIENT/SUBRECIPIENT RELATIONSHIPS AND REPORTING REQUIREMENTS

I have several subrecipients that delivered services to RWHAP-eligible clients during the reporting period. I have decided to give one of them an exemption from submitting an RSR Provider Report and client-level data. How should I report the data for the exempt subrecipient?

If you exempt a subrecipient from submitting an RSR Provider Report and client-level data, you are required to submit the data to HRSA HAB on behalf of the subrecipient. There are three options for accomplishing this:

1. Complete the subrecipient's RSR Provider Report and upload client-level data into the subrecipient's report.
2. Direct your subrecipient to complete the report on a second-level subrecipient's behalf. If you or your subrecipient will be completing the report, DO NOT indicate that the subrecipient is exempted from reporting.

Note: Subrecipients cannot access a second-level provider's report if the subrecipient (1) is not a recipient AND (2) also funds the subrecipient.

3. Report the exempted subrecipient's data with your agency's RSR data. In this instance, you WILL select the exempt option in your Recipient Report. See page 13 for instructions on marking a subrecipient as exempt in the RSR system.

What if a subrecipient receiving funding from multiple RWHAP Parts is given an exemption from reporting by one recipient but not another?

Subrecipients must be exempted from reporting by all of their recipients. If your subrecipient has other recipients, you will need to coordinate with the other recipient(s) to ensure that all recipients have indicated that the subrecipient is exempted. If one or more of a subrecipient's recipients does not agree to exempt the subrecipient, the subrecipient will still need to complete the RSR Provider Report.

I have a subrecipient that has been exempted by all recipients that fund the agency. Why is there a report in "Not Started" status for the agency?

If a subrecipient has been exempted by all recipients that fund the agency, all recipients will still be required to submit a "blank" report for the agency. See page 16 for instructions.

We are funded for Outpatient/Ambulatory Health Services, and we provide laboratory services. Are we exempt from reporting the laboratory services?

Laboratory services are considered an activity of the Outpatient/Ambulatory Health Services category. Therefore, the recipient would report laboratory services data under Outpatient/Ambulatory Health Services, even if a client only received the laboratory services, and no other Outpatient/Ambulatory Health Services activity was included.

RYAN WHITE HIV/AIDS PROGRAM SERVICES

(Last Updated: September 19, 2019)

For the purposes of reporting, RWHAP and RWHAP-related funded services (program income and pharmaceutical rebates) are divided into three groups:

1. Administrative and technical services;
2. Core medical services; and
3. Support services.

Descriptions for all RWHAP services are located in **Policy Clarification Notice (PCN) 16-02** (https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf), Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds.

Beginning with the 2019 RSR, agencies may now begin submitting client-level data for additional services funded with RWHAP-related funding (program income or pharmaceutical rebates). For further information on this change, please see **RSR in Focus: Understanding Eligible Services for 2019 Data** (<https://targethiv.org/library/rsr-focus-eligible-services>) or the **2019 RSR Reporting Changes** (<https://targethiv.org/library/2019-rsr-reporting-changes-0>) HAB webinar.

CHECKING THE CLIENT-LEVEL DATA XML FILE

(Last Updated: **September 19, 2019**)

The Check Your XML Feature allows subrecipients to confirm that the **Extensible Markup Language** (XML) file complies with RSR client-level data schema and to review data quality prior to submitting client-level data. Subrecipients are also able to check their client-level data to identify any data validations that need to be addressed before submission. The Check Your XML feature is available to users before the RSR Recipient Report opens.

For detailed instructions on how to access and use the Check Your XML feature, refer to **How to Access and Use the Check Your XML Feature for the RSR** (<https://targethiv.org/library/how-access-and-use-check-your-xml-feature-rsr>) on the TargetHIV website. Instructions on how to import client-level data are on page **30** of this manual.



Uploading client-level data in the Check Your XML feature **DOES NOT** meet the requirement for data reporting. A client-level data file must be uploaded using the “Import Client-level Data” link in the RSR Provider Report to meet the reporting requirement.

RSR RECIPIENT REPORT

(Last Updated: September 19, 2019)

Each recipient of record completes a separate Recipient Report for each RWHAP grant the recipient receives from HRSA. For example:

- An agency with only a RWHAP Part A grant will complete one Recipient Report.
- An agency with RWHAP Part C and D grants will complete two Recipient Reports—one for its RWHAP Part C grant and another for its RWHAP Part D grant.

The Grantee Contract Management System (GCMS)

All RWHAP contract information is stored in the GCMS. The GCMS uses information from your previous RSR submissions, the Consolidated List of Contracts, and/or the Program Terms Report to populate your RSR Recipient Report with all the elements necessary to complete the RSR, such as subrecipient relationships and funded services. You will not be required to synchronize any changes to the RSR Recipient Report if the subrecipient and service information populated from the GCMS are correct. However, if the data that populate the Recipient Report are incorrect, edit the information in the GCMS and integrate your changes into your RSR via the Synchronize step on the Program Information page of the RSR Recipient Report. For further instructions on utilizing the GCMS, please see the **2019 GCMS Manual** (<https://targethiv.org/library/gcms-manual>) on the TargetHIV website.



Instructions on how to synchronize information into your RSR Recipient Report are on page 13 of the manual.

Instructions for Completing the Recipient Report

Step One: Access the GCMS

Recipients and recipient-providers only: Log in to the HRSA **HAB** electronic handbooks (EHBs) site at <https://grants.hrsa.gov/webexternal> and navigate to your Performance Reports. There are several methods of accessing the GCMS in the EHBs interface. For further instructions, please see the **Completing the GCMS** (<https://targethiv.org/library/completing-gcms>) webinar on the TargetHIV website.

Hover your mouse over the “Grants” tab on the top-left side of the screen to show a drop-down menu. On the drop-down menu, under “Submissions,” select “Work on Performance Report.” On the bottom of the Submissions - All page, under “Submission Name,” locate your most recent RSR submission. Find your **2019** RSR Deliverable and click “Start” or “Edit.” On the left side of the screen, under the Navigation panel, select “Search Contracts” to navigate to the GCMS.



If you need help navigating the EHBs to find your annual RSR, call the HRSA Help Desk at 1-877-464-4772.

Step Two: Verify your contracts in the GCMS

In the GCMS, enter the date range for your submission as the search criteria. For example, for the 2019 RSR, enter “1/1/2019” in the Range Start Date field or select the date from the calendar, and “enter 12/31/2019” in the Range End Date Field or select the date from the calendar.

Contracts listed in the GCMS should match the actual agreements you have in place with your subrecipients. For the purpose of the RSR, contracts include formal contracts, memoranda of understanding, or other agreements. Each subrecipient listed and the corresponding services it is funded to provide will be copied into your RSR Recipient Report when it is created.

Review the following information in your contracts for accuracy.

Contract Information

1. Contract Start Date: Enter the start date by typing into the box or selecting the date from the calendar.
2. Contract End Date: Enter the end date by typing into the box or selecting the date from the calendar.
3. Enter the Contract Reference number (if applicable): This item is for your reference and is not required for you to enter the contract.
4. Contract Execution: Select “Yes” if the contract has been signed and executed.
5. Is this agency serving as a consortium, fiscal intermediary provider, administrative agent, or lead agency for this contract? Select “Yes” or “No.” If you select “Yes,” specify consortia, fiscal intermediary provider, administrative agent, or lead agency in question 5a that appears after you select “Yes.”
6. Is this agency a subcontractor or second-level provider? Select “Yes” or “No.” If you select “Yes,” select the provider’s fiscal intermediary from the drop-down menu in question 6a that appears after you select “Yes.”

Service Information

7. Does this agency provide direct client services? Select “Yes” or “No.”
8. If applicable, select the administrative and technical services that are funded for this contractor. Select all that apply:
 - Planning and evaluation
 - Administrative or technical support
 - Fiscal intermediary support
 - Other fiscal services
 - Technical assistance
 - Capacity development
 - Quality management
9. If applicable, select the core medical and essential support services that are funded through the RWHAP or RWHAP-related funding (program income and pharmaceutical rebates) for this contract by selecting “Update Services”. A screen will pop up with the list of services (see Figure 5 below). Select the corresponding checkbox for services funded through the RWHAP or RWHAP-related funding (program income and pharmaceutical rebates). Next, enter the award amount in the corresponding column for each service category funded through the RWHAP. The award amount should not include carryover funds or RWHAP-related funding (program income or pharmaceutical rebates). The award amount should reflect the current grant year and should be entered using only whole numbers. To review the service category definitions, refer to **Policy Clarification Notice (PCN) 16-02** (https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf).

- Once you have entered all the contract information, click the “Done Updating Services” button. Then click “Save” at the bottom of the main page.



The GCMS does not capture funding amounts allocated to administrative and technical services.

- After you have verified that all contracts listed are correct, you are ready to complete the RSR Recipient Report.

Figure 5: GCMS Update Services Table*

Services

Select the core medical and essential support services for this contract that are funded either through RWHAP or RWHAP-related expenditures (Program Income and Pharmaceutical Rebates). For each service category funded through RWHAP, enter a funding amount in the corresponding column. The award amount should reflect the current year and should not include carryover funds or RWHAP-related expenditures.

Done updating services *

* Your changes will not be saved until you select the “Save” button on the contract details page.

Service Name	RWHAP Funding	RWHAP-Related Funding (Program Income and Pharmaceutical Rebates)	Base Award (Do not include Program Income and Pharmaceutical Rebates dollars)
Service Category: Core Medical Services			
Outpatient/Ambulatory Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
AIDS Pharmaceutical Assistance (LPAP, CPAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Oral Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Early Intervention Services (EIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Home Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Home and Community-Based Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Hospice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

*The Update Services Table varies based on RWHAP Part. The image shown is based on a RWHAP Part C or D recipient Update Services Table.

Editing Contracts in the GCMS

If you need to make modifications to your list of service provider contracts displayed, use the drop-down menu in the “Action” column and select “Edit/Remove”. Then click on the button labeled “Go” to open the desired contract. Make the edits and click “Save.”



The GCMS is used to populate multiple HRSA HAB deliverables. Only delete a contract from the GCMS if you no longer have a contract in place during the reporting period. If a specific contract is exempt from RSR reporting, use the exempt feature in the RSR Recipient Report. See page 13 for exemption instructions.

Adding Contracts in the GCMS

If you determine a contract is missing for one of your subrecipients after you first perform a search, add the new contract:

1. Click the “Add Contract” button below the search results table.
2. Search for the organization by registration code, name, or city/state.
3. Locate the subrecipient in the results table and click “Add” under the “Action” column.
4. Complete questions 1–9.



Ensure all contracts within the submission period are accurate and present in the GCMS before proceeding to Step Three.



If you need help locating/adding a subrecipient to the GCMS, call Data Support at 1-888-640-9356 or e-mail RyanWhiteDataSupport@wrma.com.

Step Three: Open and complete your RSR Recipient Report

Once all contracts from the submission period are in the GCMS, under the Inbox heading in the left Navigation panel, select the “Recipient Report” link. Create or open your Recipient Report by clicking the envelope icon under the “Action” column. You will be redirected to the RSR Recipient Report General Information page.

General Information

Figure 6. RSR Recipient Report Online Form: Screenshot of the General Information Section

General Information

The data shown below are pre-populated from the HRSA Electronic Handbooks (EHBs). Please verify that the information shown below is accurate. A field with an asterisk * before it is a required field. NOTE: Updating the information in the RSR Recipient Report does not update your information in the EHBs. You must revise your agency's information in the EHBs as well.

1. Official Mailing Address:

* a. Street: 123 Main Street

* b. City: Big City

* c. State: MO ▼

* d. Zip Code: 12345-1234

2. Organization Identification:

a. EIN: 123456789

b. DUNS: 987654321

3. Contact information of person responsible for this submission:

* a. Name: Craig User

* b. Title: Director

* c. Phone: (555) 555-5555

Extension:

d. Fax:

* e. Email: user@state.gov

Cancel Save

Items 1–3 show the information on the Recipient Report prepopulated from your notice of award (NoA). These fields are editable, and you should also update your agency's information on your NoA:

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 completing this form (fillable item). This will be the primary contact person for RSR matters.
 - a. Name
 - b. Title
 - c. Phone and extension (if applicable)
 - d. Fax
 - e. Email

4. **RWHAP Part C and D Recipients Only:** Indicate whether your agency received a Minority AIDS Initiative (MAI) designation during the reporting period. If your agency did receive MAI funding, specify the most recent percentage designation for the reporting period.

Click “Save” on the bottom right of the page.

Program Information

Figure 7. RSR Recipient Report Online Form: Screenshot of the Program Information Section

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"/>	
RWHAP Funded Services: Outpatient/Ambulatory Health Services RWHAP-Related Funded Services (Program Income and Pharmaceutical Rebates): Medical Case Management					
+		67890	City Health Department	<input type="checkbox"/>	
+		54321	State Health Department	<input type="checkbox"/>	
+		09867	Main Street Food Bank	<input type="checkbox"/>	

Cancel Save

On the left Navigation panel, select “Program Information.” Review the list of your service providers that were active during the reporting period.

- Select the “Expand/Collapse” icon to view the services you funded for each subrecipient. The list should display all the services that were funded, regardless of whether the subrecipient actually delivered the service.
- If you need to exempt a subrecipient from reporting, check the box in the “Exempt” column, and enter a brief explanation for the exemption. **Please Note:** If a subrecipient has other recipients in addition to you, all its recipients must check “Exempt” for the subrecipient to be considered exempt from reporting. If one or more recipient(s) chooses not to exempt the subrecipient, the provider must complete the Provider Report and should include data for all programs. Refer to page 4 for a list of exemption criteria.
- If all the information displayed is correct, click “Save” at the bottom of the page, and move on to Step 4 (Validate and Certify your RSR Recipient Report).

Synchronizing Changes to Your RSR Recipient Report

If you edit contracts in the GCMS after you start your Recipient Report, synchronize the changes so that they appear in your RSR report. To access the “Synchronize” feature, click “Program Information” in the left Navigation panel. A Warning message will appear that contains links for each subrecipient with contract edits.

Figure 8. RSR Recipient Report Online Form: Screenshot of the Program Information Section with Synchronization Warning

RSR Recipient Report Your session will expire in: 29:21

Warning:

The program information displayed below does not match the program information in the Grantee Contract Management system (GCMS). Click the provider name listed in blue font below or select the icon in the "Warning" column below to review the updates for each provider and, if correct, synchronize the information. To synchronize program information across all providers, click the "Synchronize All" button.

[Health and Happiness Clinic \(Modified\)](#)

X07HA00000 : State Health Department

Report ID: 12345	Status: Working	Due Date: 3/23/2020 11:59:59 PM
Report Period: 2019 Annual	Last Modified Date: 2/15/2020 6:15:12 PM	Last Modified By: user@state.gov
Access Mode: ReadOnly	DUNS: 123456789	Locked By: None

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"/>	
<p>RWHAP Funded Services: Outpatient/Ambulatory Health Services</p> <p>RWHAP-Related Funded Services (Program Income and Pharmaceutical Rebates): Medical Case Management</p>				
+	67890	City Health Department	<input type="checkbox"/>	

- Click "Synchronize All" in the Warning message box at the top of the page to synchronize program information across providers.
- Alternatively, click on either the blue link in the Warning message box or the icon in the Warning column to review the contract modifications **individually**. **Please note:** If you added a new subrecipient contract in the GCMS, you will not see that subrecipient in your list; you must select the link with the subrecipient name in the Warning at the top of the page.

Figure 9. RSR Recipient Report Online Form: Screenshot of the Synchronization Confirmation Section

RSR Recipient Report Your session will expire in: 29:21

X07HA00000 : State Health Department

Report ID: 12345	Status: Working	Due Date: 3/23/2020 11:59:59 PM
Report Period: 2019 Annual	Last Modified Date: 2/15/2020 6:15:12 PM	Last Modified By: user@state.gov
Access Mode: ReadOnly	DUNS: 123456789	Locked By: None

The following contract(s) have been modified

▶ **Health and Happiness Clinic (Contract ID: 123456)**

Start Date: 4/1/2019
End Date: 3/31/2020

Change	Service Name	Funding Type
Added	Oral Health Care	RWHAP
Added	Outreach Services	RWHAP-Related
Deleted	Medical Case Management	RWHAP-Related
Unchanged	Outpatient/Ambulatory Health Services	RWHAP

- Review the list of changes you made to the subrecipient contract(s). To accept the changes and update the data in your Recipient Report, click "Synchronize" at the bottom of the page.
- Synchronize your Recipient Report to incorporate any changes you made in the GCMS. Changes are not visible to subrecipients until they have been synchronized.

Step Four: Validate and certify your RSR Recipient Report

Once your Recipient Report is complete and correct, validate your Recipient Report by selecting “Validate” in the Navigation panel on the left. Allow the system to validate for a few minutes, and then refresh the page by selecting “Validate” again. Once the system displays your validation results, it will sort validation problems into three categories: Errors, Warnings, and Alerts. Errors must be fixed. If your Recipient Report triggers a validation error, revise your Recipient Report. You cannot certify your Recipient Report with errors. Warnings require that you add a comment; however, you should address warnings to prevent your project officer from returning the report to you. Alerts are informational and **do not require any action in the system.**

To add a comment to a warning, select “Add Comment” under the “Actions” column to the right of the warning validation. A new window will appear for you to enter your comment. When finished, select “Save” at the bottom of the text box. In your comment, you can explain why the warning is inaccurate or erroneous. The comment does not change the information in your report.

Indicate that you have completed data entry for your RSR Recipient Report by clicking “Certify” in the Navigation panel on the left. Enter a comment in the text box and check the box under the comment box indicating that you certify that the information is accurate. Make an effort to certify your RSR Recipient Reports as soon as possible after the RSR Web System opens. Subrecipients cannot submit their RSR Provider Report and client-level data until their recipient(s) certify their RSR Recipient Report(s).



You will need to request a decertification if you need to make edits to your Recipient Report Program Information after it has been certified.

Step Five: Accept Provider’s Reports (after subrecipients have submitted their report)

When your subrecipient(s) have submitted their RSR Provider Report and client-level data, it is your responsibility to review the reports.

- Navigate to each subrecipient’s RSR by using the Provider Report inbox or searching for the subrecipient using the search feature in the left Navigation panel. Open the Provider Report by selecting the envelope icon in the “Action” column.
- Review:
 - Provider Report
 - **Upload Completeness Report**
 - Validation comments the subrecipient has made

For further information on using the Upload Completeness Report and data validation, see **RSR In Focus: How to Use the RSR Upload Completeness Report** (<https://targethiv.org/library/rsr-focus-how-use-2017-rsr-upload-completeness-report>) and **RSR In Focus: Data Validations for Client-Level Data** (<https://targethiv.org/library/rsr-focus-data-validations-client-level-data>) available on the TargetHIV website. Use the links on the left to either “Submit/Accept” or “Return for Changes.”

- If you fund a single subrecipient with more than one grant, such as RWHAP Parts C and D grants, you must accept the report from both grant folders before the Provider Report will advance to “Submitted” status.
- Your RSR Recipient Report will not advance to “Submitted” status until you have accepted ALL of your providers’ reports.

For Exempted Subrecipients Only: If all recipients have exempted a subrecipient, “Create” the Provider Report, and use the “Submit/Accept” link to submit a blank provider report. However, the recipient will need to complete the Service Delivery section of the Provider Report prior to submitting it.



If you need help completing your Recipient Report or reviewing your providers’ reports, contact RWHAP Data Support at 1-888-640-9356 or RyanWhiteDataSupport@wrma.com.



FREQUENTLY ASKED QUESTIONS ABOUT THE RSR RECIPIENT REPORT

My subrecipient is multiply funded. Does it have to submit multiple RSR Provider Reports?

No. Subrecipients only submit one RSR Provider Report, even if they are multiply funded. Their RSR Provider Report should include data for all their RWHAP funds.

We are a RWHAP Part C and D recipient; we are also a RWHAP Part A subrecipient. We do not have RWHAP Part C or D subrecipients. We use all our funds to deliver HIV counseling and testing and core medical and support services. What components of the RSR do I have to complete?

To complete your RSR, submit two RSR Recipient Reports, one for your RWHAP Part C grant and another for your RWHAP Part D grant. Complete one RSR Provider Report that includes data on all the services your agency is funded to deliver. Finally, submit client-level data that includes one record for each eligible client that received a service visit during the reporting period.

Should I include funding information for RWHAP-related funding (program income or pharmaceutical rebates) in my Recipient Report if my subrecipients are not ready to submit client-level data for those services on the 2019 RSR?

Yes, include funding information for RWHAP-related funding (program income or pharmaceutical rebates) even if your subrecipients are not ready to provide data for those services.

One of my subrecipients receives funds to provide AIDS Drug Assistance Program (ADAP) services only. Will this subrecipient submit an RSR?

No. This subrecipient is not required to submit an RSR. When a contract is created for a subrecipient, at least one non-ADAP service must be specified. Recipients should exclude subrecipients (and/or subrecipients’ contracts) that are exclusively funded to provide only ADAP services from their Recipient Reports.

Our organization contributes RWHAP Part A Eligible Metropolitan Area/Transitional Grant Area funds for RWHAP ADAP. Should I include a contract with the State (or its RWHAP ADAP contractor) on my contract list?

Yes, a contract should be entered into the GCMS for the respective contract period. The State (or its RWHAP ADAP contractor) may be exempted from reporting on the Program Information section of the RSR Recipient Report.

I am a recipient and have a contract with a fiscal intermediary. Do I list second-level provider services in the fiscal intermediary contract?

No. First, create a contract for the fiscal intermediary in the GCMS. On question 5 of the contract, indicate that the subrecipient is a fiscal intermediary. Then, create a separate contract for the second-level provider. Under question 6 in the GCMS, indicate “Yes,” and select the fiscal intermediary that funds the organization. The services that the second-level provider is funded for should be included in the second-level provider’s contract.

The services listed for one of my subrecipients are not correct. Where can I edit the services?

You can make modifications to the contract in the GCMS. Select “Search Contracts” to enter the GCMS, search and select the subrecipients, make updates as necessary, and synchronize your report. As a reminder, verify contracts BEFORE starting the Recipient Report to avoid the need to synchronize the data.

I have already certified my Recipient Report, and I am no longer able to make any changes.

What do I need to do?

You are not able to make changes to your Recipient Report while it is in “Certified” status. You will need to “request decertification” using the link on the left Navigation panel. Once your request is approved, you will be able to make changes, revalidate, and recertify your report. Please contact Data Support at 1-888-640-9356 or RyanWhiteDataSupport@wrma.com for assistance with requesting a decertification.

What does it mean if a contract has been signed and executed, and do I need to check off the box if the contract is with my own agency?

A contract is signed and executed if there is an agreement/arrangement in place to provide services with RWHAP funding. An agency should mark that its contract has been executed even if the contract is self-funded.

Why has my Provider Report not moved into “Submitted” status even though the report has been accepted?

A Provider Report will only be moved to “Submitted” status if all funding grant recipients have accepted the report. If you are self-funded through multiple program Parts (e.g., your agency receives RWHAP Parts C and D funding), the report must be accepted under both grants.

RSR PROVIDER REPORT

(Last Updated: September 19, 2019)

An organization that provides RWHAP services to people with HIV could provide any and all the services noted on page 6. At the same time, the organization might be:

- A recipient-provider;
- A subrecipient provider; or
- A second-level provider.

For the purposes of the Provider Report, all these entities are referred to as “providers.” They all provide client-level data about their services (unless exempted).

The Provider Report is a collection of basic information about both the provider and the services the provider delivered under each of its RWHAP contracts.

All agencies that provide RWHAP funded services must complete one Provider Report using the RSR web system. Agencies that provide services using RWHAP-related funding (program income or pharmaceutical rebates) may begin submitting data on those services in the 2019 RSR. Multiply funded providers will include information from all RWHAP Parts under which the agency is funded in one Provider Report.

Unless exempted, all provider agencies are expected to complete their own reports to confirm that their data accurately reflect their program and the quality of care their agency provides. A full explanation of exempting providers can be found on page 4.

Instructions for Completing the Provider Report

Step One: Open the Provider Report.

Recipient-providers: Access the RSR web system via the EHBs by logging in to the EHBs at <https://grants.hrsa.gov/webexternal>, and navigate to your Performance Reports. There are several methods of accessing the RSR in the EHBs interface, including through the following:

Hover your mouse over the “Grants” tab, on the top-left of the screen to show a drop-down menu. On this drop-down menu, under “Submissions,” select “Work on Performance Report.” On the bottom of the Submissions - All page, under “Submission Name,” locate your most recent RSR submission. Find your 2019 RSR Deliverable and click “Start” or “Edit.” On the left side of the screen, under the Inbox heading, select “Provider Report.” Use the envelope icon in the Action column to access your Provider Report.



If you need help navigating the EHBs to find your annual RSR, call the HRSA Help Desk at 1-877-464-4772.

Providers Only: To access the RSR system, go to <https://performance.hrsa.gov/hab/RegLoginApp/Admin/Login.aspx>. Enter your username and password, and click “Log In.” If you have submitted the Provider Report in the past, you do not need to reregister in the system. If you are a new RSR system user, you will need your agency’s registration code to create a username and password. Select the envelope icon in the “Action” column to access your Provider Report. You will automatically be taken to the first page of your Provider Report.

Organization Contacts

- The organization contacts are pre-populated from the previous RSR submission. Review the contact information and be sure to update it accordingly as this information is used for outreach purposes by HAB's technical assistance providers.
- Select the "Edit" or "Delete" links under the "Actions" column to modify or remove an existing contact.
- Select "Add Contact" to add a new contact to your report.

Provider Profile Information

Select 'Update' to the right of the 'Provider Profile Information' header to make any necessary modifications to this section.

Subrecipient Type (select only one): Select the provider type that best describes your agency.

- **Hospital or university-based clinic** includes ambulatory/outpatient care departments or clinics, emergency rooms, rehabilitation facilities (physical, occupational, speech), hospice programs, substance use disorder treatment programs, sexually transmitted diseases clinics, HIV/AIDS clinics, and inpatient case management service programs.
- **Publicly funded community health center** includes community health centers, migrant health centers, rural health centers, and homeless health centers.
- **Publicly funded community mental health center** is a community-based agency, funded by local, State, or federal funds, that provides mental health services to low-income people.
- **Other community-based service organization** includes nonhospital-based organizations, HIV/AIDS service and volunteer organizations, private nonprofit social service and mental health organizations, hospice programs (home and residential), home healthcare agencies, rehabilitation programs, substance use disorder treatment programs, case management agencies, and mental healthcare providers.
- **Health department** includes State or local health departments.
- **Substance use disorder treatment center** is an agency that focuses on the delivery of substance misuse treatment services.
- **Solo/group private medical practice** includes all health and health-related private practitioners and practice groups.
- **Agency reporting for multiple fee-for-service providers** is an agency that reports data for more than one fee-for-service provider (e.g., a State operating a reimbursement pool).
- **People Living with HIV (PLWH) coalition** includes organizations that provide support services to individuals and families affected by HIV and AIDS.
- **VA facility** is a facility funded through the U.S. Department of Veterans Affairs.
- **Other provider type** is an agency that does not fit the agency types listed above. If you select "Other facility," you must provide a description.

Section 330 funding received: funds community health centers, migrant health centers, and healthcare for the homeless? Section 330 of the Public Health Service Act supports the development and operation of community health centers that provide preventive and primary healthcare services, supplemental health and support services, and environmental health services to medically underserved areas/populations. Indicate if you received such funding during the reporting period.

- Yes

- No
- Unknown

Ownership Type (select only one):

- **Public/local** is an organization funded by a local government entity and operated by local government employees. A local health department is an example.
- **Public/State** is an organization funded by a State government entity and operated by State government employees. A State health department is an example.
- **Public/Federal** is an organization funded by the Federal Government and operated by Federal Government employees. A VA hospital is an example.
- **Private, nonprofit** is an organization owned and operated by a private not-for-profit entity. A nonprofit health clinic is an example.
- **Private, for-profit** is an organization owned and operated by a private entity, even though it may receive government funding. A privately-owned hospital is an example.
- **Unincorporated** is an agency that is not incorporated.
- **Other** is an agency other than those listed above.

Faith-Based Organization (indicate whether your organization considers itself faith based):

- Yes
- No

Part of a real-time electronic data network: 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 (EHRs).

- No
- Yes
- Unknown

Service Delivery Sites

If the provider delivers client services, at least one service delivery site should be listed, even when the service delivery address matches the provider mailing address. The service categories have been updated to match **PCN 16-02** (https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf). If you are a recipient and have exempted providers, you are still responsible for completing this section of their report.

Review the information in the table for accuracy. Use the "Edit" link to make changes to site information and modify delivered services at each agency or select the "Delete" link to delete a service delivery site. Select "Add a Site" to add additional service delivery sites or select "Add Organization Address as a Site" to add a service delivery site for this organization using the current mailing address.

Figure 11. RSR Provider Report Online Form: Screenshot of the Service Delivery Sites

Service Delivery Sites

You can use organization address for a service delivery site if this address is used to deliver client services. If not, select the Add a Site button to add a service delivery site.

Name	Address	City	State	Zip	Phone Number	Actions
▶ Health and Happiness Clinic - Main Street	123 Main Street	City	NY	12345	(555) 555-5555	Edit Delete
▶ Health and Happiness Clinic - Midtown	321 Any Street	City	NY	12345	(555) 555-5555	Edit Delete

Follow the on-screen prompts to enter the information into the “Add/Edit a New Service Delivery Site” screen. The Hours of Operation field is a text field, so you can enter anything, such as “By appointment only,” to complete this item. Once you enter all the required information, select “Save” at the bottom of the screen.

Program Information

- 1) **Contact Information of person responsible for this submission.** Verify that the contact information is correct and make any necessary changes.
- 2) **Select the status of your agency’s clinical quality management program** (select only one):
 - Clinical quality management program initiated this reporting period;
 - Previously established clinical quality management program;
 - Previously established program with new quality standards added this reporting period; or
 - **Do not have a clinical quality management program;**

Further information on clinical quality management can be found in **PCN 15-02** (<https://hab.hrsa.gov/sites/default/files/hab/About/clinical-quality-management/clinicalqualitymanagementpcn.pdf>), available on the HRSA HAB website.

Funding Source Certification

- 3) This item lists all your agency’s sources of RWHAP **and RWHAP-related funding (program income and pharmaceutical rebates)**. Verify this list is accurate by checking the box under the funding source table. If a funding source is missing or services listed are inaccurate, contact your recipient and ask it to add your agency to its list of contractors. If a recipient that did not fund your organization is listed, contact Data Support for assistance.

Figure 12. RSR Provider Report Online Form: Screenshot of the Funding Source Certification

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.

Opioid-Use Treatment

- 4) **Within your organization/agency, identify the number of physicians, nurse practitioners, or physician assistants who obtained a Drug Addiction Treatment Act of 2000 (DATA) waiver to treat opioid use disorder with medications (medication-assisted treatment [MAT], e.g., buprenorphine, naltrexone) specifically approved by the U.S. Food and Drug Administration (FDA).** Enter the number of the abovementioned staff who obtained the waiver. Enter zero if none of the abovementioned staff obtained the waiver.
- 5) **How many of the above physicians, nurse practitioners, or physician assistants prescribed MAT (e.g., buprenorphine, vivitrol) for opioid use disorders in the reporting period?** Enter the number of the abovementioned staff who prescribed MAT. Enter zero if none of the abovementioned staff prescribed MAT.
- 6) **How many RWHAP clients were treated with MAT during the reporting period?** Enter the number of clients treated. Enter zero if no clients were treated.

For questions 4 and 5, providers should report information on all providers in the unit or subunit of their organization that are funded to provide RWHAP services (regardless of whether that unit or subunit is specifically funded to provide MAT through RWHAP).

For question 6, providers should report all RWHAP eligible clients who were treated with MAT during the reporting period in the unit or subunit of their organization funded to provide RWHAP services.

Figure 13. RSR Provider Report Online Form: Screenshot of the Opioid Reporting Questions

* 4. Within your organization/agency, identify the number of physicians, nurse practitioners, or physician assistants who obtained a Drug Addiction Treatment Act of 2000 (DATA) waiver to treat opioid use disorder with medications (medication assisted treatment [MAT], e.g. buprenorphine, naltrexone) specifically approved by the U.S. Food and Drug Administration (FDA):

* 5. How many of the above physicians, nurse practitioners, or physician assistants prescribed MAT (e.g. buprenorphine, naltrexone) for opioid use disorders in the reporting period?

* 6. How many RWHAP eligible clients were treated with MAT during the reporting period?

Service Information

- 7) Review the services funded by your recipient(s) listed in the **Administrative and Technical Services, Core Medical Services, and Support Services tables**. These tables are populated from the services indicated as funded by your recipient(s) in its Recipient Report(s). The tables include all sources of RWHAP funding as well as RWHAP-related funding (program income and pharmaceutical rebates), if applicable. Your agency should select the “Delivered” checkbox for any service category that was delivered using RWHAP or RWHAP-related funding from your recipient (program income and pharmaceutical rebates) during the reporting period. If a service category that was funded by your recipient is missing, contact the appropriate recipient to have it added to your report. Use the Additional Services table at the bottom of the page to check off any additional services that your agency provided through its own RWHAP-related funding (program income and pharmaceutical rebates). Only service categories not already listed as funded by your recipient will be included in this table.

Figure 14. RSR Provider Report Online Form: Screenshot of the Service Information**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 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

HC&T Information

If your agency used RWHAP funding to provide HIV Counseling and Testing (HC&T) services during the given reporting period, complete this section. Report ALL individuals who received the service at your agency during the reporting period, regardless of funding source. Complete this section if RWHAP funds are only used for staff salaries.



If you provide HC&T services as part of your EIIHA activities or under EIS for RWHAP Parts A, B, and C, report your HC&T data in this section.

- 8) **Did your organization use RWHAP funds to provide HIV Counseling and Testing services during the reporting period?** Indicate “Yes” or “No.”
- 9) **Number of individuals tested for HIV:** Indicate the number of people tested using an FDA-approved test during the reporting period.
- 10) **Of those tested (#9 above), number who tested NEGATIVE:** Indicate the number who tested NEGATIVE for HIV during the reporting period.
- 11) **Of those tested (#9 above), number who tested POSITIVE:** Of the total number tested, indicate how many tested positive for HIV during the reporting period.
- 12) **Of those who tested POSITIVE (#11 above), number referred to HIV medical care:** Of the total number who tested positive for HIV, indicate how many were referred to HIV medical care.

Clients by ZIP Code

Report the number of clients served by the client’s ZIP Code of residence. Providers may manually enter the data or upload a file (refer to the Clients by ZIP Code template file) that contains two fields:

- The ZIP Code of residence.
- The number of clients residing in that ZIP Code who received services that were funded using RWHAP and/or RWHAP-related funding (program income or pharmaceutical rebates).

It is possible that residence information may not be available for some clients. Special instructions cover the following groups:

- **Clients who change residential ZIP Codes during the reporting period:** Report the client’s most recent ZIP Code on file.
- **Clients experiencing homelessness:** Although many clients experiencing homelessness live doubled up or in shelters, transitional housing, or other fixed locations, others—especially those living on the street—do not know or will not share an exact location. When a ZIP Code location is unavailable or the location offered is questionable, providers should use the service location ZIP Code as a proxy.
- **Unknown ZIP Code:** For the small number of patients for whom residence is not known or for whom a proxy is not available, report the client’s ZIP Code as “99999” to indicate that the residence is unknown.

Figure 15. RSR Provider Report Online Form: Screenshot of Clients by ZIP Code

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.

File to Upload:

No file chosen

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

Step Three: Complete the Client-Level Data Report: Import client-level data (if applicable)

If you provide core medical or support services, upload a client-level data file to complete your Provider Report. The Client-Level Data Report is a collection of RWHAP client records that must be submitted in a properly formatted client-level data XML file. To learn how to upload the client-level data XML file, see page 30.

Step Four: Validate your RSR Provider Report and client-level data

Validate your Provider Report by clicking “Validate” on the left Navigation panel in the “Provider Report Actions” section.



If you have questions about a specific data validation check, contact Data Support at 1-888-640-9356 or RyanWhiteDataSupport@wrma.com.

Your validation results may return three types of report validation results: Errors, Warnings, or Alerts.

- Correct errors before you submit your Provider Report. If the errors are triggered by the Provider Report, correct the information entered. If the errors are triggered by the client-level data, correct the data file and re-upload it to the system. Be sure to clear the old file by using the “Clear Clients” feature in the left Navigation panel before uploading the corrected data file. When you have finished updating your data, validate your report again.
- Correct warnings if possible or enter a comment explaining the data. To submit your Provider Report with warnings, write a comment for all the warnings that cannot or should not be fixed by clicking the “Add Comments” link under the “Action” column in your validation report. Do not include personal health information (PHI) when entering warning comments.
- Alerts are informative and intended to help you identify potential issues in your data collection and reporting processes. You can submit your report with alerts.

Your data system contains PHI that includes, but is not limited to, client names, addresses, DOB, SSN, dates of service, and URNs generated for your organization’s client-level data XML file. To ensure client confidentiality, you must be compliant with all relevant federal regulations. Protect this information the same way you protect all client data. For additional information, visit the HHS Office of Civil Rights Health Information Privacy web page. Do not disclose sensitive information in your reporting comments. Refer to **Health Information Privacy** (<https://www.hhs.gov/hipaa/index.html>) on the HHS website for additional information about client confidentiality and privacy.

Step Five: Submit your data

When you are satisfied that your Provider Report is complete, submit it and your client-level data by clicking “Submit” in the left Navigation panel and following the instructions on your screen.

Your RSR Provider Report will proceed to either “Review” or “Submitted” status. If your report advances to “Submitted” status, you are done. If your report advances to “Review” status, one or more RWHAP funders must review and accept the report before it will advance to “Submitted” status. If you have questions about the status of your RSR, contact Data Support at 1-888-640-9356 or RyanWhiteDataSupport@wrma.com.



FREQUENTLY ASKED QUESTIONS ABOUT THE RSR PROVIDER REPORT

Do providers need to report data on services provided just with RWHAP-related funding (program income or pharmaceutical rebates) on the 2019 RSR?

No, client-level data for services provided just with RWHAP-related funding (program income or pharmaceutical rebates) may be reported on the 2019 RSR but are not required until the 2021 RSR (submitted in March 2022).

Should I include funding information for RWHAP-related funding (program income or pharmaceutical rebates) in my Provider Report if I am not ready to submit client-level data for it on the 2019 RSR?

Yes, include funding information for additional services that are provided using your own RWHAP-related funding (program income or pharmaceutical rebates) even if you are not ready to provide client-level data for those services.

Do providers that receive funding from multiple RWHAP Parts complete multiple Provider Reports?

No. Each subrecipient will submit only one Provider Report including data from all RWHAP Parts under which the agency is funded.

Are providers we do not have formal contracts with required to submit data?

For the purpose of the RSR, “contracts” include formal contracts, memoranda of understanding, or other agreements. Data must be reported for all providers that delivered RWHAP services.

Do providers need to submit a Provider Report and client-level data if they do not serve any clients, submit only vouchers, only serve clients on a fee-for-service basis, or receive a small amount of funding from my grant?

Each provider listed on your contract lists will be required to complete an RSR Provider Report unless all of its RWHAP funders have marked it as exempted. Data are still required of all providers that delivered RWHAP services. Please refer to page 4 to review how to report for an exempted provider.

Do second-level providers have to submit Provider Reports?

Yes, both first- and second-level providers need to complete Provider Reports. Second-level providers will see the name of their RWHAP funders and the name of their fiscal intermediary, the agency through which it receives funding, in their contracts list.

I have a lot of providers and have set an early submission deadline, so I have time to review their submissions. But one of my providers is multiply funded, and the other recipient told my provider that it does not need to submit its data until HRSA HAB’s recommended submission deadline. I really need my provider to submit its data early. What do I do?

Contact your provider’s other RWHAP funder(s), preferably before the report submission period begins, to coordinate your deadlines. Taking the time up front to agree on the submission deadlines that all the provider’s RWHAP funders will enforce will help ensure a smooth submission process. If your provider is also a recipient, be sure to negotiate an early submission deadline that is agreeable to both of you. Project officers can be helpful in these decisions and can suggest due dates for Recipient Reports.

How do I report a service that I delivered that does not appear in my Provider Report?

If you receive RWHAP or RWHAP-related funding (program income or pharmaceutical rebates) from a recipient to deliver a service that is not populated in your Provider Report, contact your recipient to add the service(s) on its Recipient Report. If a service that was funded using your own RWHAP-related funding (program income or pharmaceutical rebates) is missing, then click the corresponding checkbox in the Additional Services table in the Service Information section of your Provider Report to add the service. If you did not receive RWHAP or RWHAP-related funding (program income or pharmaceutical rebates) to deliver the service, do not mark it in your Provider Report.

When completing the opioid-use treatment questions in the Provider Report, should we count providers covered under a subcontract?

Yes, include subcontract providers.

If our agency has a separate non-RWHAP-funded program that provides MAT for opioid use, do we need to report on these clients?

No, only report all RWHAP-eligible clients who were treated with MAT during the reporting period in the unit or subunit of their organization funded to provide RWHAP services.

For the opioid-use treatment questions about how many clients were treated with MAT during the reporting period, should we include the RWHAP-eligible patients who received MAT at an outside organization?

No, only report RWHAP-eligible clients who were treated with MAT during the reporting period in the unit or subunit of their organization funded to provide RWHAP services.

Is question 6 under the opioid-use treatment questions asking how many clients the organization has prescribed MAT treatment to? Or are the questions asking how many clients of the organization have been prescribed MAT treatment (regardless of who prescribed it)? Some of our provider agencies do not prescribe MAT treatment, but clients they serve are on MAT treatment prescribed elsewhere.

Question 6 asks how many clients were treated with MAT during the reporting period. Providers should report all RWHAP-eligible clients who were treated with MAT in the unit or subunit of their organization funded to provide RWHAP services during the reporting period.

In the Clients by ZIP Code section, do we report the ZIP Code of the client's home address or where the client receives services?

Report the ZIP Code of the client's home address.

Do I submit the ZIP Codes of all clients seen by my agency or just RWHAP clients?

Providers should report the number of RWHAP clients receiving services by their ZIP Code of residence.

How do I report the ZIP Code of a client who has moved during the reporting period?

If a client has changed ZIP Codes during the reporting period, report the most recent known ZIP Code for that client.

How do I report the ZIP Code of homeless clients?

When a ZIP Code location is unavailable for a homeless client or the location offered is questionable, providers should use the service location ZIP Code as a proxy.

How do I report a client in the Clients by ZIP Code section if his or her ZIP Code is unknown?

Providers should use the service location ZIP Code as a proxy. For the small number of clients for whom residence is not known or for whom a proxy is not available, report the client's ZIP Code as "99999" to indicate that the residence is unknown.

RSR CLIENT-LEVEL DATA REPORT

(Last Updated: September 19, 2019)

Client-level data must be submitted for all providers who used RWHAP or RWHAP-related funding (program income or pharmaceutical rebates) to provide core medical or support services directly to clients during the reporting period. Unless exempted from reporting, all provider agencies must complete their own reports to confirm that their data accurately reflect their program and the quality of care their agency provides. A full explanation of exempting providers is located on page 4.

Importing the Client-Level Data XML File to the Provider Report

Providers need to extract the client-level data from their systems into the proper XML format before the data can be submitted to HRSA HAB. Software applications that manage and monitor HIV clinical and supportive care can export the data in the required XML format. Refer to **RSR-Ready Data Systems Vendor Information** (<https://targethiv.org/library/rsr-ready-data-systems-vendor-information>) on the TargetHIV website for a list of RSR-ready vendor systems that can generate the RSR client-level data XML file. If your organization uses a custom-built data collection system, you have two options:

1. Write a program that extracts the data and inserts it into an XML file that conforms to the rules of the RSR XML schema. Obtain the **Ryan White Services Report (RSR) Data Dictionary and XML Schema Implementation Guide for the Client-Level Data Report** (<https://targethiv.org/library/ryan-white-services-report-rsr-data-dictionary-and-xml-schema-implementation-guide-client>) on the TargetHIV website. This list is updated every year.
2. Use TRAX to create your client-level data XML file. TRAX was developed to help recipients and providers that do not use CAREWare, a provider data import, or other RSR-ready vendor system to create their client-level data XML file.



If you need help generating or modifying your XML file, contact the DART Team at data.ta@caiglobal.org.

To upload a client-level data XML file, open your RSR Provider Report. From within the RSR Provider Report, click the “Import Client-level Data” link in the Provider Report Navigation panel on the left. Follow the on-screen instructions.

Each file uploaded into the RSR system goes through an automatic schema validation check. If the file is noncompliant, the RSR system rejects the file, and a complete list of error messages will be displayed. Download the list as a text file and use it to fix the client-level data in your source system.



If you need help correcting a schema check error, contact the DART Team at data.ta@caiglobal.org. Include a screenshot of the schema check error message(s) with your email.

Generate and review the Upload Completeness Report from the left Navigation panel before submitting the data.



Data files must be uploaded to the RSR Provider Report. Uploading to the Check Your XML feature does not meet the reporting requirements.

Client-Level Data Elements

The client report should contain one record for each client who was eligible and received RWHAP core medical services or support services during the reporting period. The data elements reported per client are determined by the specific RWHAP services your agency is funded to provide. See the chart on page 53 to determine which client-level data elements to report for a client.

Up to 53 data elements may be reported for each client; they include the following:

- Unique Client Identifier (eUCI);
- Demographic information;
- The core medical and support services received; and
- Clinical information if the client received Outpatient/Ambulatory Health Services.

Figure 16. Screenshot of Client-Level Data Element and Element ID

XML Variable Name:	Client's year of birth	Element ID
BirthYear	4	

Required for clients with RWHAP-funded service visits in the following categories:
All core medical and support services.

Description:
This is the client's birth year. Even though only the year of birth will be reported to HAB, providers should collect the client's full date of birth. The client's birth month and day are used to generate the UCI.

This section outlines the data fields that may be submitted in the client-level data XML file. Each description includes the following:

Element ID: Each data element has been assigned a value for convenient referencing between this document and the **RSR Data Dictionary** (<https://targethiv.org/library/ryan-white-services-report-rsr-data-dictionary-and-xml-schema-implementation-guide-client>) available on the TargetHIV website.

RSR Client-Level Data Element: A brief description of the client-level data element being collected.

XML Variable Name: The data elements have been assigned a variable name in the RSR data dictionary as the way to label data in the RSR client-level data XML file. The variable name is provided for convenient referencing between this document and the RSR data dictionary.

Required for clients with service visits in the following categories: The data elements that must be reported for your clients are based on the types of services your agency is funded to provide. Report the data element for all clients who meet your eligibility criteria for the RWHAP or RWHAP-related funded service (program income or pharmaceutical rebates), regardless of payor.

Description: A detailed discussion, if required, of the variable and responses that may be reported for the variable. This section defines the responses allowed for the data element.

Frequently asked questions about this data element: Where applicable, answers are provided to the questions recipients and providers ask the most about the data element.

RWHAP-Eligible Services Reporting

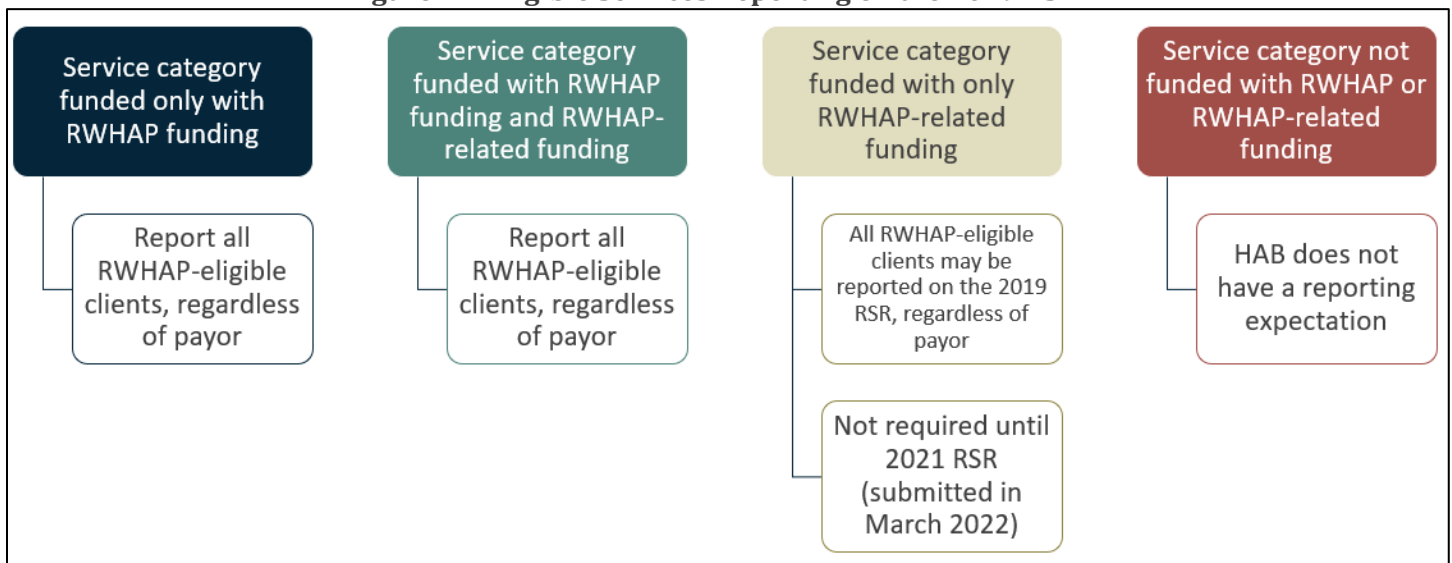
Beginning with the 2019 RSR, agencies may begin reporting client-level data on additional service categories funded with RWHAP-related funding (program income or pharmaceutical rebates). Agencies that do not already collect client-level data on these additional services provided with RWHAP-related funding (program income or pharmaceutical rebates) must begin submitting these data on the 2021 RSR.

When determining whether to report a client, providers should consider two questions:

- Did this client receive at least one service during the reporting period that my organization was funded to provide with RWHAP and/or RWHAP-related funding (regardless of payor)?
- Is this client eligible to receive RWHAP and/or RWHAP-related funded services?

Refer to the chart in Figure 17 for further information on deciding if a client should be reported on the 2019 RSR.

Figure 17: Eligible Services Reporting on the 2019 RSR



Note: RWHAP-related funding included RWHAP-related program income and pharmaceutical rebate funds.

For example, you have three clients: Aaron, Robert, and Maria, who meet the eligibility requirements for RWHAP participation. Your agency receives funding to provide Outpatient/Ambulatory Health Services (OAHS) and RWHAP-related funding (program income or pharmaceutical rebates) to provide Medical Case Management services. Your agency also provides Housing Services but does not receive RWHAP or RWHAP-related funding (program income or pharmaceutical rebates) for this service.

Aaron received OAHS, but his visits were paid for by a payor other than RWHAP or RWHAP-related funding (program income or pharmaceutical rebates). Aaron should be reported on the 2019 RSR as he meets the eligibility requirements for participation and this agency received RWHAP funding to provide the services he received; the actual payor of the service does not determine if the client is reported in the RSR.

Robert received Medical Case Management services but has no other payor. Robert may be reported on the 2019 RSR if this agency collects data on these services as he meets the eligibility requirements for participation and this agency received RWHAP-related funding (program income or pharmaceutical rebates) to provide the services he received. While this agency is not required to report data on these

services in the 2019 RSR, they must do so in the 2021 RSR (submitted March 2022) if they are still providing these services using RWHAP-related funding (program income or pharmaceutical rebates).

Maria only received Housing Services. Maria should not be reported on the RSR because this agency is not funded through RWHAP or RWHAP-related funding (program income or pharmaceutical rebates) to provide Housing Services.



FREQUENTLY ASKED QUESTIONS ABOUT ELIGIBLE SERVICES REPORTING

How do I determine which clients are eligible for RWHAP?

Requirements for RWHAP are typically set at the RWHAP-recipient level. Contact your RWHAP funder(s) to determine your site's eligibility requirements for all funding provided by your recipient(s). Additionally, providers that generate their own RWHAP-related funding (program income or pharmaceutical rebates) set their own requirements for those funds.

How do I know if I should report a client?

You should report a client if:

- 1) The client is RWHAP eligible, and
- 2) The client received a service from your agency that was funded by any RWHAP funding.

As a reminder, you may also report eligible clients that received a service funded with only RWHAP-related funding (program income or pharmaceutical rebates) in the 2019 RSR. Reporting on these services, though, is not required until the 2021 RSR (submitted in March 2022).

How does Eligible Services Reporting affect clients with high-deductible insurance plans?

RWHAP assists all eligible people with HIV. Clients with high-deductible plans are likely to need RWHAP or RWHAP-related (program income or pharmaceutical rebates) assistance with deductibles and later in the year. Eligible Services Reporting allows providers to collect client data prior to people with HIV being enrolled in the program and to provide a complete picture of the client's care. Please review PCN 16-02 (https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf) for allowable uses of RWHAP funds to assist clients.

What do I report if a client has a gap in eligibility? For example, a client is eligible from January to July and has service visits in January and December. Which visits do we count?

If the client moves in and out of eligibility, report services that were within the period of eligibility (Items 16–44, 75). If an OAHS client moves in and out of eligibility and the agency is funded by RWHAP or RWHAP-related funding (program income or pharmaceutical rebates) for OAHS, report the services (ID 16) within the period of eligibility AND all the clinical data elements (including OAHS visit dates ID 48) from the ENTIRE year.

Should I report client-level data from HOPWA clients?

Yes. HRSA HAB is working with the U.S. Department of Housing and Urban Development (HUD) to demonstrate how coordinated data can improve clinical outcomes. This Special Projects of National Significance initiative started in 2016 and will help inform data collection for future RSRs. For further information on the HOPWA program, visit the [HUD Exchange website](https://www.hudexchange.info/programs/hopwa/) (<https://www.hudexchange.info/programs/hopwa/>).

System Variables

RSR system's unique provider ID **SV2**

XML Variable Name:
ProviderID

Description:
The unique provider organization identifier assigned through the RWHAP RSR web application.

RSR system's unique provider registration code **SV3**

XML Variable Name:
RegistrationCode

Description:
The unique provider registration code is automatically generated when the provider is entered into the RSR web system provider directory. It is the same code that providers use when they create an account in the RSR web system.

Client's encrypted Unique Client Identifier **SV4**

XML Variable Name:
ClientUci

Required for clients with service visits in the following categories:
All core medical and support services

Description:
To protect client information, an encrypted UCI (eUCI) is used for reporting RWHAP client data. Using eUCIs allows HRSA HAB to deduplicate the clients and obtain a more accurate count of the clients' RWHAP services.

Note: Your data system contains PHI that includes, but is not limited to, client names, addresses, DOB, SSN, dates of service, and URNs generated for your organization's client-level data XML file. To ensure client confidentiality, you must be compliant with all relevant federal regulations. Protect this information the same way you protect all client data. For additional information, visit the HHS Office of Civil Rights Health Information Privacy web page. Do not disclose sensitive information in your reporting comments. Refer to **Health Information Privacy** (<https://www.hhs.gov/hipaa/index.html>) on the HHS website for additional information about client confidentiality and privacy.



To learn more about the eUCI, including rules on how to construct the UCI before encryption, view the **Encrypted Unique Client Identifier (eUCI): Application and User Guide** (<https://targethiv.org/library/encrypted-unique-client-identifier-euci-application-and-user-guide>) on the TargetHIV website.

Guidelines for Collecting and Recording Client Names

Develop business rules/operating procedures outlining the method by which client names are collected and recorded. For example:

- Enter the client's entire name as it normally appears on documentation such as a driver's license, birth certificate, passport, or Social Security card.
- Follow the naming patterns, practices, and customs of the local community or region (e.g., for Hispanic clients living in Puerto Rico, record both surnames in the appropriate order).
- Avoid using nicknames (e.g., do not use Becca if the client's first name is Rebecca).
- Avoid using initials.

Instruct providers and staff on how to enter their client's names. This is especially true when clients receive services from multiple providers in a network. To avoid false duplicates, client names must be entered in the same way at each provider location so that the client has the same eUCI.



FREQUENTLY ASKED QUESTIONS ABOUT THIS DATA ELEMENT

What if I am missing data elements that compose the eUCI?

If you are missing data elements required for the eUCI, do everything possible to obtain those data elements. They are required for each client. This effort will improve not only the quality of data linking but also patient care and case management.

Demographic Data

Up to 16 demographic data elements may be reported for each client. Determine which demographic data elements are required for a particular client by looking at Appendix A on page 52.

Client's vital status at the end of the reporting period 2

XML Variable Name:

VitalStatusID

Required for clients with service visits in the following categories:

- Outpatient/Ambulatory Health Services
- Medical Case Management
- Non-Medical Case Management

Description:

This is the client's vital status at the end of the reporting period. Response categories for this data element are:

- *Alive*
- *Deceased*
- *Unknown*



FREQUENTLY ASKED QUESTIONS ABOUT THIS DATA ELEMENT

How do I report a client who is no longer receiving services?

If a client is no longer receiving services (i.e., the client is no longer active due to referral, relocation, or any other reason), then report the last known status for the client.

Our agency stopped receiving RWHAP funding during the reporting period. How do I report vital status for our clients?

HRSA HAB recommends that providers report the vital status associated with the client at the time funding ended.

XML Variable Name:

BirthYear

Required for clients with service visits in the following categories:

All core medical and support services

Description:

This is the client's birth year. Even though only the year of birth will be reported to HRSA HAB, collect the client's full date of birth as the client's birth year, month, and day are used to generate the UCI. The value must be on or before all service dates for the client. This is a variable that is used for the eUCI. The RSR System will reject any XML file with client records that do not include the client's year of birth.

Reporting Client Race and Ethnicity

Office of Management and Budget (OMB) Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity provides a minimum standard for maintaining, collecting, and presenting data on race and ethnicity for all federal reporting purposes. The standards were developed to provide a common language for uniformity and comparability in the collection and use of data on race and ethnicity by federal agencies.

The standards have five categories for data on race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. There are two categories for data on ethnicity: Hispanic or Latino and Not Hispanic or Latino. In addition, identification of ethnic and racial subgroups is required for the categories of Hispanic/Latino, Asian, and Native Hawaiian/Pacific Islander. The racial category descriptions, defined in October 1997, are required for all federal reporting as mandated by the OMB.

HRSA HAB is required to use the OMB reporting standard for race and ethnicity. However, service providers should feel free to collect race and ethnicity data in greater detail. If the agency chooses to use a more detailed collection system, the data collected must be organized so that any new categories can be aggregated into the standard OMB breakdown.



RWHAP providers are expected to make every effort to obtain and report race and ethnicity based on each client's self-report. Self-identification is the preferred means of obtaining this information. Providers should not establish criteria or qualifications to use to determine a particular person's racial or ethnic classification, nor should they specify how someone should classify himself or herself.

XML Variable Name:

EthnicityID

Required for clients with service visits in the following categories:

All core medical and support services

Description:

The client's ethnicity based on his or her self-report.

These are the response category options:

- *Hispanic/Latino/a*—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be synonymous with “Hispanic or Latino.” If a client identifies as Hispanic/Latino/a or Spanish origin, choose all Hispanic subgroups that apply in ID 68.
- *Non-Hispanic/Latino/a*—A person who does not identify his or her ethnicity as “Hispanic or Latino.”

Client Report Hispanic subgroup 68

XML Variable Name:

HispanicSubgroupID

Required for clients if EthnicityID is Hispanic/Latino(a) or Spanish origin with service visits in the following categories:

All core medical and support services

Description:

If the response to ID 5, client’s self-reported ethnicity, is “Hispanic/Latino/a,” indicate the client’s Hispanic subgroup (choose all that apply).

These are the response category options:

- Mexican, Mexican American, Chicano/a
- Puerto Rican
- Cuban
- Another Hispanic, Latino/a or Spanish origin

Client’s self-reported race 6

XML Variable Name:

RaceID

Required for all clients with service visits in the following categories:

All core medical and support services

Description:

This is the client’s race based on his or her self-report. **NOTE:** Multiracial clients should select all categories that apply.

- *American Indian or Alaska Native*—A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- *Asian*—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. If a client identifies as Asian, choose all Asian subgroups that apply in ID 69.
- *Black or African American*—A person having origins in any of the black racial groups of Africa.
- *Native Hawaiian or Pacific Islander*—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. If a client identifies as Native Hawaiian/Pacific Islander, choose all Native Hawaiian/Pacific Islander subgroups that apply in ID 70.

- *White*—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Client report Asian subgroup 69

XML Variable Name:

AsianSubgroupID

Required for clients if RaceID is Asian with service visits in the following categories:

All core medical and support services

Description:

If the response to ID 6, client's self-reported race, is "Asian," indicate the client's Asian subgroup (choose all that apply).

These are the response category options:

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian

Client Report Native Hawaiian/Pacific Islander (NHPI) subgroup 70

XML Variable Name:

NHPISubgroupID

Required for clients if RaceID is Native Hawaiian/Pacific Islander with service visits in the following categories:

All core medical and support services

Description:

If the response to ID 6, client's self-reported race, is "Native Hawaiian or Other Pacific Islander," indicate the client's Native Hawaiian/Pacific Islander subgroup (choose all that apply).

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

Client's current self-reported gender 7

XML Variable Name:

GenderID

Required for clients with service visits in the following categories:

All core medical and support services

Description:

Indicate the client's gender (the socially and psychologically constructed, understood, and interpreted set of characteristics that describe the current sexual identity of an individual) based on

his or her self-report. Gender cannot be missing; one of the options below must be reported for current gender. This is a variable that is used for the eUCI.

- *Male*—An individual with strong and persistent identification with the male gender.
- *Female*—An individual with strong and persistent identification with the female gender.
- *Transgender Male to Female*—An individual whose sex assigned at birth was male but identifies their gender as female, regardless of the status of social gender transition or surgical and hormonal sex reassignment processes.
- *Transgender Female to Male*—An individual whose sex assigned at birth was female but identifies their gender as male, regardless of the status of social gender transition or surgical and hormonal sex reassignment processes.
- *Transgender Other*—An individual who identifies as transgender but does not identify with the other transgender options and/or does not identify with the binary positions of male/female. These individuals may or may not engage in social gender transition or surgical and hormonal sex reassignment processes (e.g., gender nonconforming, genderqueer, nonbinary, gender fluid, bigender).
- *Unknown*—Indicates the client's gender category is unknown or was not reported or does not fit within one of the available options.

Client sex at birth 71

XML Variable Name:

SexAtBirthID

Required for clients with service visits in the following categories:

All core medical and support services

Description:

The biological sex assigned to the client at birth.

- Male
- Female

Client's percent of the Federal poverty level 9

XML Variable Name:

PovertyLevelPercent

Required for clients with service visits in the following categories:

- Outpatient/Ambulatory Health Services
- Medical Case Management
- Non-Medical Case Management

Description:

This is the client's income in terms of the percent of the Federal poverty level at the end of the reporting period. Enter up to four digits in the data entry field. No decimals are allowed.

If your organization collects this information early in the reporting period, it is not necessary to collect it again at the end of the reporting period (although changes should be documented). Report the latest information on file for each client.

There are two slightly different versions of the Federal poverty measure—the poverty thresholds (updated annually by the U.S. Bureau of the Census) and the poverty guidelines (updated annually by HHS). For more information on poverty measures and to see the most recent HHS Poverty Guidelines, go to **Poverty Research** (<https://aspe.hhs.gov/poverty-research>) on the HHS website.



If your agency already uses the U.S. Bureau of the Census poverty thresholds to calculate this data element, continue to use the poverty thresholds to report these data. Otherwise, HRSA HAB recommends (and prefers) that you use the HHS poverty guidelines to collect and report these data.

Client's housing status 10

XML Variable Name:

HousingStatusID

Required for clients with service visits in the following categories:

- Outpatient/Ambulatory Health Services
- Medical Case Management
- Non-Medical Case Management
- Housing Services

Description:

This data element is the client's housing status at the end of the reporting period. There are three response categories for this data element:

- Stable Permanent Housing
- Temporary Housing
- Unstable Housing

Stable Permanent Housing includes the following:

- Renting and living in an unsubsidized room, house, or apartment
- Owning and living in an unsubsidized house or apartment
- Unsubsidized permanent placement with families or other self-sufficient arrangements
- Housing Opportunities for Persons with AIDS (HOPWA)-funded housing assistance, including Tenant-Based Rental Assistance or Facility-Based Housing Assistance, but not including the Short-Term Rent, Mortgage and Utility Assistance Program.
- Subsidized, non-HOPWA, house or apartment, including Section 8, the HOME Investment Partnerships Program, and public housing.
- Permanent housing for formerly homeless persons, including Shelter Plus Care, the Supportive Housing Program, and the Moderate Rehabilitation Program for SRO Dwellings.
- Institutional setting with greater support and continued residence expected (psychiatric hospital or other psychiatric facility, foster care home or foster care group home, or other residence or long-term care facility).

Temporary Housing includes the following:

- Transitional housing for homeless people
- Temporary arrangement to stay or live with family or friends
- Other temporary arrangement such as a RWHAP housing subsidy
- Temporary placement in an institution (e.g., hospital, psychiatric hospital or other psychiatric facility, substance use disorder treatment facility, or detoxification center)
- Hotel or motel paid for without emergency shelter voucher

Unstable Housing Arrangements include the following:

- Emergency shelter or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for humans, including a vehicle, an abandoned building, a bus/train/subway station/airport, or anywhere outside.
- Jail, prison, or a juvenile detention facility

- Hotel or motel paid for with emergency shelter voucher

These definitions are based on:

- HOPWA Program, Annual Progress Report, Measuring Performance Outcomes, form HUD-40110-C
- McKinney-Vento Act, Title 42 US Code, Sec. 11302, General definition of homeless individual

Client's housing status collection date 11

XML Variable Name:

HousingStatusCollectedDate

Required for clients with service visits in the following categories:

- Outpatient/Ambulatory Health Services
- Medical Case Management
- Non-Medical Case Management
- Housing Services

Description:

This data element is the most recent date the client's housing status was collected.

Housing Status Collected Date:

- MM/DD/YYYY (must be within the reporting period year).

Client's HIV/AIDS status 12

XML Variable Name:

HivAidsStatusID

Required for clients with service visits in the following categories:

- Outpatient/Ambulatory Health Services
- Medical Case Management
- Non-Medical Case Management

Description:

This data element is the client's HIV status at the end of the reporting period. For HIV-affected clients with unknown HIV status, leave this value blank. The response categories for this element are:

- *HIV-negative* (affected)—Client has tested negative for HIV, is an affected partner or family member of an individual who is HIV positive and has received at least one support service during the reporting period.



HIV-affected clients are clients who are HIV negative or have an unknown HIV status. An affected client must be linked to a client/person with HIV.

- *HIV-positive, not AIDS*—Client has diagnosed HIV but not diagnosed AIDS.
- *HIV-positive, AIDS status unknown*—Client has diagnosed HIV. It is not known whether the client has diagnosed AIDS.

- *CDC-defined AIDS*—Client has HIV and meets the CDC AIDS case definition for an adult or child. **NOTE:** Once a client has AIDS, he or she always is counted in the CDC-defined AIDS category regardless of changes in CD4 counts.
- *HIV-indeterminate* (infants <2 years only)—A child under the age of 2 years whose HIV status is not yet determined but was born to a woman with HIV.



Once an HIV-indeterminate (infants <2 years only) client is confirmed HIV-negative, he or she must be reclassified as an HIV-affected client.



FREQUENTLY ASKED QUESTIONS ABOUT THIS DATA ELEMENT

What is the operational definition of AIDS?

HRSA HAB uses the current CDC surveillance case definition for Acquired Immunodeficiency Syndrome for national reporting. For additional information, see:

- <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5710a1.htm>
- <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6303a1.htm>

Client's risk factor for HIV 14

XML Variable Name:

HivRiskFactorID

Required for clients with service visits in the following categories:

- Outpatient/Ambulatory Health Services
- Medical Case Management
- Non-Medical Case Management

Description:

This data element is the client's initial risk factor for HIV transmission. Report all the response categories that apply. It is primarily based on self-report. **For HIV-affected clients for whom HIV/AIDS status is not known, leave this value blank.**

- Male-to-male sexual contact cases include men who report sexual contact with other men (i.e., homosexual contact) and men who report sexual contact with both men and women (i.e., bisexual contact).
- Injection drug use cases include clients who report receiving an injection, either self-administered or by another person, of a drug that was not prescribed by a physician for this person. The drug itself is not the source of the HIV infection but rather the sharing of syringes or other injection equipment (e.g., cookers and cottons), which can result in transmission of bloodborne pathogens such as HIV.
- Hemophilia/coagulation disorder cases include clients with delayed clotting of the blood.
- Heterosexual contact cases include clients who report specific heterosexual contact with an individual known to have, or to be at high risk for, HIV infection (e.g., an injection drug user or a man who has sex with men).
- Receipt of transfusion of blood, blood components, or tissue cases include transfusion-transmitted HIV through receipt of infected blood or tissue products given for medical care.
- Perinatal transmission cases include transmission from mother to child during pregnancy. This category is exclusively for infants and children infected by mothers who are HIV positive or at risk.

- Risk factor not reported or not identified above. This category also refers to HIV-affected clients.



FREQUENTLY ASKED QUESTIONS ABOUT THIS DATA ELEMENT

How do we report risk factors not listed above?

Risk factors that are not expressly stated above—occupational exposure, prison tattoos, and etc.—should be reported under risk factor not reported or not identified above.



RWHAP providers are expected to make every effort to obtain and report HIV risk factor(s) based on each client's self-report. Self-identification is the preferred means of obtaining this information.

Client's **health coverage** **15**

XML Variable Name:

MedicalInsuranceID

Required for clients with service visits in the following categories:

- All core medical services
- Non-Medical Case Management

Description:

Report all sources of health care coverage the client had for any part of the reporting period (select one or more).

- Private—Employer
- Private—Individual
- Medicare is a health insurance program for people ages 65 years and older, some disabled people ages 64 years and younger, and people with end-stage renal disease (permanent kidney failure treated with dialysis or a transplant).
- Medicaid, CHIP, or other public plan
- Veterans Health Administration (VA), military health care (TRICARE), and other military health care
- Indian Health Service
- Other plan means client has an insurance type other than those listed above. An example of other plan would be a company that chooses to “self-insure” and pay the medical expenses of its employees directly as they are incurred rather than purchasing health insurance for its employees to use.
- No insurance/uninsured means the client did not have health insurance at some time during the reporting period. HRSA HAB classifies clients who have no way to pay for medical expenses other than with RWHAP funds as uninsured.



FREQUENTLY ASKED QUESTIONS ABOUT THIS DATA ELEMENT

How should a provider report clients who have private insurance but use RWHAP funds to pay their copay, deductible, **and/or premium**?

If the client has private insurance, select the corresponding response option. Select all responses that apply.

How should a provider report a client who has insurance for part of the reporting period but has no insurance at a different point in the same reporting period?

If the client has insurance for part of the reporting period, select the corresponding response option AND select “No Insurance.” Select all responses that apply.

How should a provider report a client who is covered by COBRA?

Insurance reporting is based on who is paying the premium for the insurance. When a client is covered by COBRA, the client is responsible for payment, and insurance status should be reported as “Private–Individual.”

Do I need to report insurance differently on the 2019 RSR?

You will only need to update the tag in your XML file. The response options have not changed.

HIV diagnosis year **72****XML Variable Name:**

HIVDiagnosisYearID

Required for new clients if HivAidsStatusID is not HIV-negative or HIV-indeterminate (infants <2 years only) with service visits in the following categories:

- Outpatient/Ambulatory Health Services
- Medical Case Management
- Non-Medical Case Management

Description:

If the response to ID 12 is not “HIV-negative” or “HIV-indeterminate (infants <2 years only),” indicate the client’s year of HIV diagnosis, if known.

HIV Diagnosis Year:

- yyyy (must be less than or equal to the reporting period year)

**FREQUENTLY ASKED QUESTIONS ABOUT THIS DATA ELEMENT****How do we determine what a new client is?**

Each agency must determine its own guidelines for determining whether clients are new. As part of determining program guidelines, agencies should consider whether or not the client received a RWHAP or RWHAP-related funded (program income or pharmaceutical rebates) service in the previous calendar year.

Core medical and support service visits delivered **16, 18–19, 21–27, 28–44, 75**

XML Variable Name:

ClientReportServiceVisits

- ServiceVisit
- ServiceID (see Tables 1 and 2)
- Visits (number of visits [1–365] the client received in the service category indicated)

Required for clients with service visits in the following categories:

Recipients of at least one core medical service, per client, as listed in Table 1.

Recipients of at least one support service, per client, as listed in Table 2.

Description:

Report the number of core medical and support service visits the client received during the reporting period. Only report services with visits (including telehealth/telemedicine). For each day, only one service visit per service category may be reported for the RSR—even if the client receives more than one service in a particular category during the day.

Example 1: During her visit with the dentist on June 19, Jane Doe receives five services: a dental exam, a cleaning, a filling, X-rays, and a fluoride treatment. In this situation, even though Jane received five services, the provider will only report one Oral Health Care service visit for that day.

Example 2: On December 7, John Doe has a medical visit with his physician, meets with his medical case manager, and participates in an individual counseling session with his psychologist in the morning. Later that day, he also participates in a group counseling session. Even though John received four services, the provider will report only three service visits for that day: one Mental Health service visit, one Medical Case Management service visit, and one Outpatient/Ambulatory Health Service visit.



Core medical services (Element IDs 16, 18–19, 21–27) should be reported only for HIV-positive and HIV-indeterminate (infants <2 years) clients. HIV-negative clients who receive HC&T services as part of EIS for RWHAP Parts A, B, and C should only be reported in the HC&T section of the Provider Report.

The definitions for the RWHAP core medical services are in **PCN 16-02** (https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf) on the HRSA HAB website.

Table 1. RWHAP Core Medical Services Definitions

ELEMENT ID	Service Category	ServiceID
16	Outpatient/Ambulatory Health Services	ID 8
18	Oral Health Care	ID 10
19	Early Intervention Services	ID 11
21	Home Health Care	ID 13
22	Home and Community-Based Health Services	ID 14
23	Hospice	ID 15
24	Mental Health Services	ID 16
25	Medical Nutrition Therapy	ID 17
26	Medical Case Management, including Treatment Adherence Services	ID 18
27	Substance Abuse Outpatient Care	ID 19

The definitions for the RWHAP support services are in **PCN 16-02** (https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf) on the HRSA HAB website.

Table 2. RWHAP Support Services Definitions

Element ID	Service Category	ServiceID
28	Non-Medical Case Management Services	ID 20
29	Child Care Services	ID 21
31	Emergency Financial Assistance	ID 23
32	Food Bank/Home-Delivered Meals	ID 24

Element ID	Service Category	ServiceID
33	Health Education/Risk Reduction	ID 25
34	Housing	ID 26
36	Linguistic Services	ID 28
37	Medical Transportation	ID 29
38	Outreach Services	ID 30
40	Psychosocial Support Services	ID 32
41	Referral for Health Care and Support Services	ID 33
42	Rehabilitation Services	ID 34
43	Respite Care	ID 35
44	Substance Abuse Services (residential)	ID 36
75	Other Professional Services	ID 42



FREQUENTLY ASKED QUESTIONS ABOUT THE CLIENT-LEVEL DATA

How has reporting support services changed for the 2019 RSR?

Providers previously reported simply whether or not support service categories were delivered for their clients. For the 2019 RSR, providers will report the number of service visits for all support services for their clients.

Core medical services delivered **17, 20**

XML Variable Name:

ClientReportServiceDelivered

- ServiceDelivered
- ServiceID (see Table 3)
- DeliveredID (2—Yes)

Description:

Report whether clients received these core medical services during the reporting period. Only report services that were actually delivered. Do not report services that were not delivered. The definitions for the RWHAP core medical services are in PCN 16-02 (https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf) on the HRSA HAB website.

Table 3. RWHAP Core Medical Services Definitions

Element ID	Service Category	ServiceID
17	AIDS Pharmaceutical Assistance (LPAP, CPAP)	ID 9
20	Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals	ID 12

Clinical Information

The final group of data elements collected in the client-level data XML file are the clinical information data elements. All providers who received RWHAP funding to provide Outpatient/Ambulatory Health Services are required to report clinical information.



Clinical information is required for HIV-positive clients who received an Outpatient/Ambulatory Health Services visit. Clinical information is *not* required to be reported for HIV-indeterminate (infants <2 years only) clients.

Data provided in this section will help HRSA HAB assess to what extent RWHAP is meeting patient care and treatment standards according to [HHS HIV Treatment Guidelines \(https://aidsinfo.nih.gov/guidelines\)](https://aidsinfo.nih.gov/guidelines). For the 2019 RSR, a number of clinical data elements were removed (see the [2019 RSR Reporting Changes Fact Sheet \[https://targethiv.org/library/2019-rsr-reporting-changes-fact-sheet\]](https://targethiv.org/library/2019-rsr-reporting-changes-fact-sheet) for a complete list of changes). While these variables were removed from RSR reporting, they still have clinical significance in your office/agency, and HAB recommends that this information continue to be captured in some way in your health information system.

Date client's first HIV outpatient/ambulatory health service visit 47

XML Variable Name:

FirstAmbulatoryCareDate

Required for HIV-positive clients with service visits in the following categories:

Outpatient/Ambulatory Health Services

Description:

Report the date of the client's first HIV Outpatient/Ambulatory Health Service visit with this provider. When responding to this ID, keep these points in mind:

- The visit must meet the RWHAP definition of an Outpatient/Ambulatory Health Services visit.
- You are not expected to resort to unreasonable measures to locate this information in your files. If you are unable to identify the first date of service, report the earliest date available in your records.
- This visit may have occurred before the start of the reporting period.
- This visit may or may not be a RWHAP-funded visit.
- The date of first HIV Outpatient/Ambulatory Health Service visit does not change in subsequent reports.

Dates of the client's outpatient/ambulatory health service visits 48

XML Variable Name:

ClientReportAmbulatory

- Service
- ServiceDate

Required for HIV-positive clients with service visits in the following categories:

Outpatient/Ambulatory Health Services

Description:

Report all dates (MM/DD/YYYY) of the client's Outpatient/Ambulatory Health Service visits in this provider's HIV care setting with a clinical care provider during the reporting period, regardless of the payor. A clinical care provider is a physician, physician assistant, clinical nurse specialist, nurse practitioner, or other healthcare professional who is certified in his or her jurisdiction to prescribe antiretroviral therapy. The number of Outpatient/Ambulatory Health Service visit dates reported for this ID should be equal to or greater than the number of visits reported in ID 16.

NOTE: The visits should meet the RWHAP definition of an Outpatient/Ambulatory Health Services visit.

Client's CD4 test **49****XML Variable Name:**

ClientReportCd4Test

- Count
- ServiceDate

Required for HIV-positive clients with service visits in the following categories:

Outpatient/Ambulatory Health Services

Description:

Report the value and test date for all CD4 count tests administered to the client during the reporting period. The CD4 cell count measures the number of T-helper lymphocytes per cubic millimeter of blood. It is a good predictor of immunity. As CD4 cell count declines, the risk of developing opportunistic infections increases. The test date is the date the client's blood sample is taken, not the date the results are reported by the lab.

Client's viral load test **50****XML Variable Name:**

ClientReportViralLoadTest

- Count
- ServiceDate

Required for HIV-positive clients with service visits in the following categories:

Outpatient/Ambulatory Health Services

Description:

Report the value and test date for all viral load tests administered to the client during the reporting period. Viral load is the quantity of HIV RNA in the blood and is a predictor of disease progression. Test results are expressed as the number of copies per milliliter of blood plasma. The test date is the date the client's blood sample is taken, not the date the results are reported by the lab. If a viral load count is undetectable, report the lower bound of the test limit. If the lower bound is not available, report zero.

Client prescribed ART **52****XML Variable Name:**

PrescribedArtID

Required for HIV-positive clients with service visits in the following categories:

Outpatient/Ambulatory Health Services

Description:

ART is antiretroviral therapy, the daily use of a combination of HIV medicines to treat HIV.

NOTE: Report “Yes” if the client began or was continuing on ART during the reporting period. Report “No” if the client was not prescribed ART during the reporting period.

- Yes
- No

For additional information about ART, visit: <https://aidsinfo.nih.gov/guidelines>.

Client was screened for syphilis during this reporting period 55

XML Variable Name:

ScreenedSyphilisID

Required for HIV-positive clients with service visits in the following categories:

Outpatient/Ambulatory Health Services

Description:

Syphilis is a sexually transmitted disease that can be diagnosed by examining material from a chancre (infectious sore) using a dark-field microscope or with a blood test. This element is not required for clients ages 17 years or younger who are not sexually active. Has the client been screened for syphilis during this reporting period?

- Yes
- No
- Not medically indicated

Obtain additional information is available at <https://aidsinfo.nih.gov/guidelines>.

Client was pregnant 64

XML Variable Name:

PregnantID

Required for HIV-positive clients with service visits in the following categories:

Outpatient/Ambulatory Health Services

Description:

Reported for HIV-positive women only; do not report a value for male clients unless the client is transgender. Was the client pregnant during the reporting period?

- No
- Yes
- Not applicable

Positive HIV test date 73

XML Variable Name:

HIVPosTestDateID

Required for all clients with a new diagnosis of HIV in the reporting period with service visits in the following categories:

Outpatient/Ambulatory Health Services

Description:

Date of the client's first documented positive HIV test during the reporting period. It can be a positive HIV test from another site as long as it is documented and not a client self-report. May be the client's HIV confirmatory test date.

Positive HIV Test Date:

- MM/DD/YYYY (must be within the reporting period year)

Outpatient/ambulatory health service link date 74
XML Variable Name:

OAMCLinkDateID

Required for all clients with a new diagnosis of HIV in the reporting period with service visits in the following categories:

Outpatient/Ambulatory Health Services

Description:

Date of client's first OAHS medical care visit after positive HIV test. The OAHS visit date must be a visit with a prescribing provider and cannot be a date before that reported in ID 73.

HIV OAHS linkage date:

- MM/DD/YYYY (must be within the reporting period and on the same day or later than positive HIV test date)



FREQUENTLY ASKED QUESTIONS ABOUT THE CLIENT-LEVEL DATA

How does HRSA HAB define a confirmatory test?

Each agency must determine its own guidelines for standard of care that is practiced by its OAHS providers based on HRSA and **CDC guidelines** (<https://www.cdc.gov/hiv/guidelines/index.html>).

My RWHAP funding covers only salaries. Do I report client-level data?

Yes. HRSA HAB expects that staff whose salary is paid by RWHAP will see clients who meet RWHAP-eligibility requirements. Providers should report all RWHAP-eligible clients who received services that the provider was funded for.

Do I need to report my client-level data by RWHAP Part?

No. HRSA HAB does not require you to submit your client-level data by RWHAP Part. Although providers should have an adequate mechanism for tracking clients and services by contract or funding source (RWHAP and non-RWHAP), the intention of the RSR client-level data is to capture all services for all clients served by a provider, regardless of RWHAP Part.

May I upload more than one client-level data file?

Yes. If you choose to upload more than one client-level data file to "build" the client report, take the time to (1) make certain your data systems are generating client eUCIs consistently and (2) review the rules that the RSR system follows when it combines information from two or more client-level data files **before** you upload multiple client-level data XML files. To learn more about the RSR system merge rules, see the **RSR Merge Rules** (<https://targethiv.org/library/rsr-merge-rules>) on the TargetHIVI website.

What client-level data do I need to report?

Collect the applicable client-level data elements for each client who received services during the reporting period. The data elements reported depend on the service(s) each client receives. To determine the client-level data elements that must be reported for each client, review the chart in Appendix A on page 53.

What if we collect our client information at the first visit in the reporting period rather than at the end?

HRSA HAB recommends recipients and subrecipients determine a standard policy and procedure for data variable collection and to report the latest information on file for each client.

What do we report if a client does not provide all of the data, and there is no option to report the element as unknown?

HRSA HAB encourages you to submit the most complete data possible. If you are unable to collect the data, drop the tag from your data file, and it will be considered a missing value. You may receive a validation message and will need to add comments as necessary. Please refer to page 26 to review data validation reporting requirements.

My agency provides services to HIV-indeterminate infants. We do not perform CD4 or viral load tests on these clients. How do I report this?

Providers are not required to report clinical information (IDs 47-50, 52, 55, 64 and 73-74) for HIV-indeterminate infants (<2 years only).

APPENDIX A. REQUIRED CLIENT-LEVEL DATA ELEMENTS FOR RWHAP SERVICES

(Last Updated: September 19, 2019)

RATIONALE CODES

- 1) Necessary for identifying new clients
- 2) 2009 Ryan White HIV/AIDS Program Legislation requirement
- 3) Necessary to assess RWHAP performance as required for HRSA HAB's programmatic measures
- 4) Necessary to track enrollment or vital status over the course of the reporting period
- 5) Informs the denominator of other items
- 6) Used to identify important population subgroups

Table 4. Required Client-Level Data Elements for RWHAP Services

• report the data element	Outpatient/Ambulatory Health Services	Medical Case Management	Oral Health Care	Early Intervention Services	Home Health Care	Home and Community-Based Health Services	Hospice Services	Mental Health Services	Medical Nutrition Therapy	Substance Abuse Outpatient Care	AIDS Pharmaceutical Assistance	Health Insurance Premium and Cost-Sharing Assistance	Non-Medical Case Management	Child Care Services	Emergency Financial Assistance	Food Bank/Home-Delivered Meals	Health Education/Risk Reduction	Housing	Linguistics Services	Medical Transportation	Outreach Services	Other Professional Services	Psychosocial Support Services	Referral for Health Care and Support Services	Rehabilitation Services	Respite Care	Substance Abuse Services (residential)	Rationale
Client-Level Data Elements																												
Client Demographics																												
Year of birth	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2,7
Ethnicity	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2,4,7
Hispanic subgroup	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2,4,7
Race	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	4,7
Asian subgroup	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	4,7
NHPI subgroup	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	4,7
Gender	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2,3,4,7
Sex at birth	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2,3,4,7
Health coverage	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2,7
Housing status	•	•	•										•					•										2,7
Housing status collection date	•	•											•					•										2,7
Federal poverty level percent	•	•											•															2,7
HIV/AIDS status	•	•											•															2,4
Client risk factor	•	•											•															7
Vital status	•	•											•															5,6
HIV diagnosis year (for new clients)	•	•											•															2,4
Client Clinical Data																												
First outpatient/ambulatory health service visit date	•																											2,3,4
Outpatient ambulatory health service visits and dates	•																											3,4
CD4 counts and dates	•																											3,4
Viral load counts and dates	•																											3,4
Prescribed ART	•																											3,4
Screened for syphilis	•																											3
Pregnant	•																											2,3,4
Date of first positive HIV test (for clients with new HIV diagnosis)	•																											1,3,4,5,6
Date of OAHS visit after first positive HIV test	•																											1,3,4,5

GLOSSARY

Active client: A person who was a client when the reporting period ended and is expected to continue in the program during the next reporting period.

Affected client: A family member or partner of a person with HIV who receives at least one RWHAP support service during the reporting period.

AIDS: Acquired Immune Deficiency Syndrome. A disease caused by the human immunodeficiency virus (HIV).

ART: Antiretroviral therapy. An aggressive anti-HIV treatment including a combination of three or more drugs with activity against HIV that is designed to reduce viral load to undetectable levels.

ARV: Antiretroviral. A drug that interferes with the ability of a retrovirus, such as HIV, to make more copies of itself.

CDC: Centers for Disease Control and Prevention. The U.S. Department of Health and Human Services agency that administers HIV-prevention programs, including the HIV Prevention Community Planning Process, among others. CDC is responsible for monitoring and reporting infectious diseases, administers HIV surveillance grants, and publishes epidemiologic reports such as the HIV Surveillance Report.

Client: A person who is eligible to receive at least one RWHAP service during the reporting period. See affected client, active client, or indeterminate client.

Clinical care provider: A physician, physician assistant, clinical nurse specialist, nurse practitioner, or other healthcare professional who is certified in his or her jurisdiction to prescribe ARV therapy.

Combination therapy: Two or more drugs or treatments used together to achieve optimum results against HIV/AIDS. For more information on treatment guidelines, visit <https://www.aidsinfo.nih.gov/guidelines>.

Confidential information: Information, such as name, gender, age, and HIV status, that is collected on the client and the unauthorized disclosure of which could cause the client unwelcome exposure, or discrimination.

Consortium/HIV care consortium: An association of one or more public, and one or more nonprofit private, healthcare, and support providers; people with HIV groups; and community-based organizations operating within areas determined by the State to be most affected by HIV disease. The consortium agrees to use RWHAP Part B grant assistance to plan, develop, and deliver (directly or through agreement with others) comprehensive outpatient health and support services for people with HIV. Agencies constituting the consortium are required to have a record of service to populations and subpopulations with HIV.

Continuum of care: An approach that helps communities plan for and provide a full range of emergency and long-term service resources to address the various needs of people with HIV.

Contract: An agreement between two or more parties, especially one that is written and enforceable by law.⁴ For the purposes of the RSR, contracts include formal contracts, memoranda of understanding, or other agreements.

Core medical services: A set of essential, direct healthcare services provided to people with HIV and specified in the Ryan White HIV/AIDS Treatment Extension Act.

Division of Policy and Data: The division within HRSA HAB that serves as HAB's principal source of program data collection and evaluation and the focal point for coordination of program performance

⁴ Contract. (n.d.). *The American Heritage® Dictionary of the English Language*, Fourth Edition. Accessed November 28, 2018, at Dictionary.com website: <https://dictionary.reference.com/browse/contract>.

activities, policy analysis, and development of policy guidance. The division of policy and data coordinates all technical assistance activities for HAB in collaboration with each HRSA HAB division.

Eligible scope: A method of data collection based on a client's ability to receive federally funded RWHAP services using established recipient criteria.

EMA/TGA: Eligible Metropolitan Area/Transitional Grant Area. The geographic area eligible to receive RWHAP Part A funds. The boundaries of the EMA/TGA are defined by the Census Bureau. Eligibility is determined by AIDS cases reported to the CDC. Some EMA/TGAs include just one city, and others are composed of several cities and/or counties. Some EMA/TGAs extend across more than one State.

eUCI: Unique Client Identifier. A unique alphanumeric code that distinguishes one RWHAP client from all others and is the same for the client across all provider settings.

Exposure category: See risk factor.

Family-centered: A model in which systems of care under RWHAP Part D are designed to address the needs of people with HIV and affected family members as a unit by providing or arranging for a full range of services. The family structures may range from the traditional, biological family unit to nontraditional family units with partners, significant others, and unrelated caregivers.

Fee-for-service: The method of billing for health services whereby a physician or other health service provider charges the payer (whether it be the patient or his or her health insurance plan) separately for each patient encounter or service rendered.

GCMS: The Grantee Contract Management System. An electronic data system that RWHAP recipients use to manage their subrecipient contracts.

HAB: HIV/AIDS Bureau. The HHS bureau within HRSA that is responsible for administering RWHAP. Within HRSA HAB, the Division of Metropolitan HIV/AIDS Programs administers RWHAP Part A; the Division of State HIV/AIDS Programs administers RWHAP Part B and the **RWHAP** AIDS Drug Assistance Program (ADAP); the Division of Community HIV/AIDS Programs administers RWHAP Part C, D, the **RWHAP Part F** Dental Reimbursement Program, and the RWHAP Part F Community-Based Dental Partnership Program; and the Office of Training and Capacity Development administers the RWHAP Part F AIDS Education and Training Centers Program and the RWHAP Part F Special Projects of National Significance Program. HSB's Division of Policy and Data administers HIV evaluation studies, the Ryan White HIV/AIDS Program Services Report, the **RWHAP** ADAP Data Report, the Dental Services Report, the Allocation and Expenditure Reports, HIV Quality Measures Module, and the AIDS Education and Training Centers Reports.

High-risk insurance pool: A State health insurance program that provides coverage for people who are denied coverage due to a preexisting condition or who have health conditions that would normally prevent them from purchasing coverage in the private market.

HIP: Health insurance premium and cost-sharing assistance for low-income individuals. A program that provides financial assistance for eligible clients with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. The service provision consists of either/or both of the following: paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services and pharmacy benefits that offer a full range of HIV medications for eligible clients and paying cost-sharing on behalf of the client.

HIV disease: Any signs, symptoms, or other adverse health effects due to the human immunodeficiency virus.

HOPWA: Housing opportunities for persons with AIDS. A program administered by the U.S. Department of Housing and Urban Development (HUD) that provides funding to support housing for people with HIV and their families.

HRSA: Health Resources and Services Administration. A federal public health agency that is part of HHS responsible for directing national health programs that improve the nation's health by assuring equitable access to comprehensive, quality healthcare for all. HRSA works to improve and extend life for people with HIV, provides primary healthcare to medically underserved people, serves women and children through State programs, and trains a health workforce that is both diverse and motivated to work in underserved communities. HRSA administers RWHAP.

Indeterminate client: A child ages 2 years or younger with an HIV status that is not yet determined but was born to a mother with HIV.

Inpatient setting: This includes hospitals, emergency rooms and departments, and residential facilities where clients typically receive food and lodging as well as treatments.

Institution: This includes residential, healthcare, and correctional facilities. Residential facilities include supervised group homes and extended treatment programs for alcohol and other drug misuse or for mental illness. Healthcare facilities include hospitals, nursing homes, and hospices. Correctional facilities include jails, prisons, and correctional halfway houses.

Laboratory services: Services provided by a licensed clinical laboratory responsible for analyzing client specimens to inform the diagnosis, treatment, and evaluation of health factors for people with HIV.

MAI: Minority AIDS Initiative. A national initiative that provides special resources to reduce the spread of HIV and improve health outcomes for people with HIV within communities of color. This initiative was enacted to address the disproportionate impact of the disease in such communities.

Multi-level Provider: An organization that is a second-level provider to a recipient and a subrecipient to another recipient.

Not medically indicated: A determination made by a clinical care provider that a service, procedure, or treatment is not medically necessary. Medically necessary healthcare services are procedures used by a prudent medical care provider to diagnosis or treat an illness, injury, or disease or its symptoms in a manner that is (1) in accordance with generally accepted standards of medical practice; (2) clinically appropriate in terms of type, frequency, extent, site, and duration, and considered effective for a patient's illness, injury, or disease; and (3) not primarily for the convenience of the patient or treating clinical care provider.

OI: Opportunistic infection. An infection or cancer that occurs in people with weak immune systems due to HIV, cancer, or immunosuppressive drugs such as corticosteroids or chemotherapy. Kaposi's sarcoma, *Pneumocystis jiroveci* pneumonia, toxoplasmosis, and cytomegalovirus are all examples of such infections.

OMB: Office of Management and Budget. The office within the executive branch of the Federal Government that prepares the president's annual budget, develops the Federal Government's fiscal program, oversees administration of the budget, and reviews government regulations.

Outpatient setting: A hospital, clinic, medical office, pass-through organization, or other place where clients receive healthcare services but do not stay overnight.

PHSA: Public Health Service Act.

PLWH coalition: Organizations of people with HIV that provide support services to individuals and families with and/or affected by HIV.

Primary healthcare service: Any preventive, diagnostic, or therapeutic health service received on an outpatient basis by a client with HIV. Examples include medical, subspecialty care, dental, nutrition, mental health, or substance use disorder treatment services; medical case management; pharmacy services; radiology, laboratory, and other tests used for diagnosis and treatment planning; and counseling and testing.

Provider (or service provider): The agency that provides direct services to clients (and their families) or the recipient. A provider may receive funds as a recipient (such as under RWHAP Parts C and D) or through a contractual relationship with a recipient funded directly by RWHAP. Also see subrecipient.

Real time electronic data network: 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 (EHRs).

Recipient of record (or recipient): An organization receiving financial assistance directly from an HHS-awarding agency to carry out a project or program. A recipient also may be a recipient-provider if it provides direct services in addition to administering its grant.

Recipient-provider: An organization that receives RWHAP funds directly from HRSA HAB and provides direct client services.

Reporting period: A 12-month period, January 1 through December 31, of the calendar year.

Risk factor or risk behavior/exposure category: See also "transmission category." Behavior or other factor that places a person at risk for HIV. This includes such factors as male-to-male sexual contact and injection drug use.

RSR: Ryan White HIV/AIDS Program Services Report.

RWHAP-funded service: A service paid for with Ryan White HIV/AIDS Program funds.

RWHAP Part A: The Part of RWHAP that provides direct financial assistance to designated EMAs/TGAs who have been the most severely affected by the HIV epidemic. The purpose of these funds is to deliver or enhance HIV-related core medical and support services to people with HIV.

RWHAP Part B: The Part of RWHAP that authorizes the distribution of federal funds to States and territories to improve the quality, availability, and delivery of core medical and support services for people with HIV. RWHAP emphasizes that such care and support is part of a coordinated continuum of care designed to improve medical outcomes.

RWHAP Part B ADAP: AIDS Drug Assistance Program. The Part of RWHAP that authorizes the distribution of federal funds to States and territories to provide FDA-approved medications to low-income people with HIV who have limited or no health coverage from private insurance, Medicaid, or Medicare. Congress designates a portion of the RWHAP Part B appropriation for the RWHAP ADAP base.

RWHAP Part C: The Part of RWHAP that provides funding to local community-based organizations to support Outpatient/Ambulatory Health Services and support services for people with HIV through Early Intervention Services (EIS) program grants.

RWHAP Part D: The Part of RWHAP that supports coordinated family-centered outpatient care for women, infants, children, and youth with HIV.

Ryan White HIV/AIDS Treatment Extension Act of 2009: The federal legislation created to address the healthcare and service needs of people with HIV and their families in the United States and its territories.

Second-level Provider: An organization that receives RWHAP funds from a recipient through a fiscal intermediary service provider.

SPNS: Special Projects of National Significance. A health services demonstration, research, and evaluation program funded under Part F of RWHAP. SPNS projects are awarded competitively.

Subrecipient: The legal entity that receives RWHAP funds from a recipient and is accountable to the recipient for the use of the funds provided. Subrecipients may provide direct client services or administrative services directly to a recipient. Replaces the term "provider (or service provider)."

Support services: A set of services needed to achieve medical outcomes that affect the HIV-related clinical status of a person with HIV.

Transmission category: The term for summarizing the multiple risk factors that a person may have had by selecting the one most likely to have resulted in HIV transmission. Transmission categories include male-to-male sexual contact, heterosexual contact, injection drug use, and male-to-male sexual contact and injection drug use.

XML: eXtensible Markup Language. A standard, simple, and widely adopted method of formatting text and data so that it can be exchanged across the different computer platforms, languages, and applications.

INDEX

- ADAP, 16
- ART, 48
- Asian subgroup, 38
- CD4 count, 48
- Check Your XML, 7
- Client-level data, 30–51
 - Clinical information, 46–50
 - Demographic data, 35–44
- Eligible Services Reporting, 32–33
- Ethnicity, 36
- eUCI, 34, 35
- Exemptions, 4, 5, 13, 16
- Fiscal intermediary provider, 3, 16
- Grantee Contract Management System (GCMS), 8–11
- Health coverage, 43–44
- Hispanic subgroup, 37
- HIV risk factor, 42–43
- HIV/AIDS status, 41–42
- HIV-affected clients, 41
- HIV-indeterminate clients, 42, 45, 47, 51
- Housing status, 40
- Laboratory services, 4, 5
- Multilevel provider, 3
- Native Hawaiian/Pacific Islander (NHPI) subgroup, 38
- Provider Report, 18–29
 - Service Delivery Sites, 21–22
 - Validation, 26–27
- Race, 36, 37
- Recipient Report, 8–17
 - Decertification, 15, 17
 - Synchronizing, 13–14
 - Validation, 15
- Second-level provider, 3, 16, 28
- Syphilis, 49
- Viral load count, 48
- Vital status, 35
- XML file, 7, 30–31