

2015 New Validations and Merge Rules

Ryan White Services Report (RSR)
HIV/AIDS Bureau
October 7, 2015








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

My name is Debbie Isenberg. I'm a member of the DART Team, one of several groups engaged by HAB to provide training and technical assistance to Ryan White grantees during the implementation of the RSR.

Today's webinar is presented by Vicky Wheeler, also from the DART Team. This webinar is going to review the 2015 validations for the RSR, highlighting changes from last year. We'll also talk about the rules for merging data if you submit multiple files. Note that these merge rules have not changed since last year, but I know there are a lot of newbies in the audience, so we'll review them. We are actually focusing on the new stuff in the beginning, so if you are seasoned with the RSR and have no questions, you can sign off after about 15 minutes.

Webinar Fall Line Up

- RSR: The Basics (September 16) 
- New RSR Validations and Merge Rules (Today!) 
- More on What's New in 2015 (October 14) 
- Check Your XML Feature (October 28)
- Overview of the EHBs (November 18)
- Completing the Grantee and Provider Reports (December 2) 
- TRAX (December 16) 

<https://careacttarget.org/library/fall-2015-data-webcast-series>

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I want to start by putting this webinar in the context of the other webinars in our fall line up. On September 16th, we conducted a webinar for newbies on the basic components of the RSR and who should report what.

In contrast, this webinar gets pretty in the weeds. We are going to talk about some nitty gritty details of the RSR Web System and reporting process.

If you're new and a bit overwhelmed by the content, don't worry. Next week, we'll talk about some high-level changes to the RSR for 2015. We'll clarify changes made to the instruction manual from 2014 to 2015 and highlight some frequently asked questions on eligible scope and the new Grantee Contract Management System, also known as GCMS.

The next three webinars are going to get into the nuts and bolts of data submission, showing grantees how they can check their client-level data quality prior to submission and walking through the Electronic Handbooks and the RSR Web System.

Finally, on December 16th, we'll talk about TRAX – a tool to help you create the client-level data file. This webinar will be pretty technical, so make sure to bring your IT folks. Please contact the DART team if you're not sure if this tool is for you or about any other tool available to help you create the client-level data file. There's a great video posted on TARGET, and we're happy to talk through your situation and the pros and cons of different strategies.

Make sure to view the fall 2015 data webinar series on the TARGET Center website for more information.

Do Your Data Pass the Giggle Test?

- The Validation Report helps you improve the quality of your RSR data
 1. You must “validate” your client-level data after upload and before submission
 2. Review validation messages and identify client records with issues
 3. Go back and fix your data
 4. Re-upload a corrected file
 5. Re-validate your file and review your messages
 6. Review your Confirmation Report and Completeness Report and then submit

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Ok, let's get started with changes to the RSR validations. The Validation Report is a feature in the RSR Web System that allows you to identify and fix data quality issues.

After you upload your client-level data file, you need to validate your data before submission. This will produce a report with the list of validation issues and the encrypted Unique Client Identifiers, also known as eUCIs, associated with those issues. You'll need to go back and fix your source data, re-create your file, and re-upload the corrected file. Then, you can re-validate your file and review the validation messages again. After you are satisfied with the validations and have added any necessary warning comments, you can review your Confirmation Report and Completeness Report for data quality. Then, you can submit.

Types of Validation Issues

- **Errors** must be fixed in order to submit
- **Warnings** will not prevent submission, but if they can't be resolved, a warning comment is required
- **Alerts** will not prevent submission. No comment is required, but mistakes should be corrected



There are three types of validation messages you could receive.

The first are errors. These prohibit submission, so they must be fixed in order to submit the client-level data file.

The second are warnings. You should try to resolve your warnings, but if you are not able to, you must add a comment to explain the warning in order to submit the report.

And finally, there are alerts. They will not prevent you from being able to submit the report, and you don't need to enter a comment, but these alerts are data quality flags so you should always address any real issues.

What's New for 2015?

- Nothing too scary:
 - 3 new Grantee Report validations
 - 11 new Provider Report validations
 - 23 new client-level validations
 - For more information on TARGET:
https://careacttarget.org/sites/default/files/file-upload/resources/2015RsrValidations_v5.pdf

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Every year, HAB modifies the validations, adding new alerts and promoting alerts to warnings or warnings to errors. There is nothing too scary this year. Many of the new validations are due to the 2014 RSR data elements that were new, such as ethnicity and race subgroups, becoming alerts. Last year, HAB recognized that these data elements were new and you were doing your best to collect them accurately. This year, HAB hopes your data is more complete.

There is a document posted on TARGET that lists these validations. All of the changed validations are highlighted in yellow. You may think that there are a lot of changes when you scroll through. However, the vast majority of these are because of the new alerts.

In this presentation, I'm just going to talk about the **new** Grantee and Provider Report validation messages. For the client-level data file, I'll start with the new ones and then give an overview of some of the existing ones for all the newbies in the group.

Grantee Contract Management System (GCMS)

- Launching in December with the 2015 RSR
- Stores contract information in one location
- Reduces recipient reporting burden by pre-populating report most recent information
- For 2015, pre-populated with:
 - Parts A&B: 2015 Consolidated List of Contracts (CLC)
 - Part C&D: 2014 RSR data

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Before we take a look at the grantee and provider report changes, I want to give you some background information. Beginning with the 2015 RSR, all contract information will be stored in a new Grantee Contract Management System known as the GCMS. For the 2015 reporting period, the GCMS will use preexisting information from your 2014 RSR and the Consolidated List of Contracts to populate your RSR Grantee Report and RSR Provider Report with all the elements necessary to complete the RSR, such as provider relationships and funded services. If the provider and service information that is populated from the GCMS is correct, you will not be required to make any changes to the RSR Grantee Report. But, if the data that is populated in the Grantee Report is incorrect, you would go into the GCMS, edit the information, and integrate your changes into your RSR via a new Synchronize option.

Don't fear, this process will be covered in a future webinar.

Now, let's look at the new grantee report validation messages.

Grantee Report Changes

- Three new errors:
 - Employer Identification Number (EIN) (also referred to as a Tax ID) is required
 - Minority AIDS Initiative Funds (Yes/No)
 - If Yes, Minority AIDS Initiative Funds Percentage



There are only three new validations, which are all errors. First, your organization's identification number is now required. Second, a response is now required to indicate whether your agency received Minority AIDS Initiative funding, also known as MAI funding, during the reporting period. If your agency did receive MAI funding, you will need to specify the most recent percentage designation for the reporting period.

These new validations have to pass or you will not be able to submit your grantee report.

Provider Report Changes

- Nine new errors:
 - EIN is required
 - DUNS number is required
 - HIV counseling and testing services (7 errors)



Section 4: HIV Counseling and Testing Information

Row #	Question #	Validation Message	Notes
40.	Q#6 (Error)	A response must be entered for Q#6, HIV Counseling and Testing services were provided during the reporting period.	New for 2015
41.	Q#6, Q#7 (Error)	If "yes" is reported for Q#6 (HIV Counseling and Testing services were provided during the reporting period), a response must be entered for Q#7, Number of clients tested for HIV (Total Tests).	New for 2015
42.	Q#6, Q#8 (Error)	If "yes" is reported for Q#6 (HIV Counseling and Testing services were provided during the reporting period), a response must be entered for Q#8, Number of clients who tested Negative for HIV (Negative Tests).	New for 2015

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Now, let's take a look at the changes to the provider report validation messages. There are 11 new validations, nine new errors, and two new alerts.

The first two new error validations are related to your organization's details. Your agency identification number and DUNS number are now required. The remaining 7 new error validations are related to HIV Counseling and Testing services. As you can see in the snippet from the validations document located on TARGET (mentioned earlier on slide 5), everyone has to answer question #6, which asks whether their agency provided HIV Counseling and Testing services. If you answered yes to question #6, you must complete the whole section (questions 7-12).

These new validations have to pass or you will not be able to submit your report.

Now, let's look at the two new provider report alerts.

Provider Report New Alerts



- Two new alerts:

- Service delivery sites

Service Delivery Sites

Name	Address	City	State	Zip	Phone Number	Actions
▶ HHC North Clinic	104 Robinson Lane, Suite 950	Marietta	AL	00000	(740) 374-4782	Edit Delete
▼ HHC West Clinic	2787 Timber Ridge Road, Suite 1200	Sacramento	AL	00000	(740) 377-2964	Edit Delete
Web site URL: http://www.HHCNorthClinic.org Hours of Operation: M-F: 9:00 - 12:00, 1:00PM - 5:00 PM Services provided at this site: Outpatient/ambulatory medical care, AIDS Pharmaceutical Assistance (Local), Oral health care, Mental health services, Medical case management (including treatment adherence), Child care services, Housing services, Psychosocial support services						
▶ HHC North Clinic	2024-A Meadowbrook Mall Road	Wilmington	AL	00000	(740) 337-0784	Edit Delete

[Add a Site](#)

- Agency's sources of RWHAP funding

Funding Source Certification

*4. This item lists all of your agency's sources of Ryan White HIV/AIDS Program funding. Please verify that this list is accurate. If a funding source is missing, contact your grantee and ask them to add your agency to their list of contractors. If a grantee that did not fund your organization is listed, contact Ryan White HIV/AIDS Program Data Support for assistance.

[Expand All](#) | [Collapse All](#)

Funding Source	Grantee Name	Funded Through	Grant Number
▼ Part A	City Department of Health Services		H69HA00000
Funded Services: Fiscal Intermediary Services, Outpatient/ambulatory medical care, AIDS Pharmaceutical Assistance (Local), Oral health care, Mental health services, Medical case management (including treatment adherence), Child care services, Housing services, Psychosocial support services			
▶ Part B	State Department of Health	City Department of Health Services	X07HA00000
▶ Part C	City State College University Clinic		H76HA00000

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

Remember, both of these sections in the provider report will be pre-populated from the GCMS. This first alert relates to your agency's service delivery sites. If your agency delivers client services, at least one service delivery site should be listed. You should review the table for accuracy. This is new for 2015. HAB is requesting this information to help populate a provider locator tool on AIDS.gov. In the past, HAB used to manually contact you for this information. By incorporating this feature into the RSR, we hope to reduce your reporting burden and improve client access by making the information more complete and accurate.

The second alert relates to the funding source certification. This item lists all your agency's sources of Ryan White HIV/AIDS Program funding. You should verify that this list is accurate by checking the box under the funding source table. If either of these tables are incorrect, you must edit the information in the GCMS and integrate your changes into your RSR via the new Synchronize option. Please note that if you are a provider only and need to make changes, you must go to your grantee to make the edits in the GCMS.

These new alert validations will not prevent submission and no comment is required, but mistakes should be corrected.

Let's move on to the client-level data validation changes.

Client-Level Data Substantive Changes

- New alerts for all of the data elements that were added in 2014:
 - Race subgroups
 - Hispanic ethnicity subgroups
 - Sex at birth
 - HIV diagnosis year
- Clients with “incongruent” responses for sex at birth, gender, and transgender status



First, we will discuss the changes in 2015. Most of the new validations in the client-level data report are due to the 2014 RSR data elements that were new, such as race and ethnicity subgroups, sex at birth, and HIV diagnosis year. Additionally, clients with “incongruent” responses for sex at birth, gender, and transgender status will now create alerts. We will be discussing this more later in the webinar during the merge rules section. Again, HAB recognized that these data elements were new and you were doing your best to collect them accurately. This year, HAB hopes your data is more complete.

Client-Level Data Change Example

Row #	Question #	Validation Message	Notes
79.	CLD Upload (Alert)	Clients with Asian race missing Asian Subgroup. You uploaded [Client Count] client(s) with a race (CLD Item 6) of Asian who are missing Asian subgroup (CLD Item 69).	New for 2015
80.	CLD Upload (Alert)	Clients with Asian subgroup missing Asian race. You uploaded [Client Count] client(s) with an Asian subgroup (CLD Item 69) who are missing a race (CLD Item 6) of Asian.	New for 2015

Let's take a look at an example of a couple of new validations. In validation 79, your agency reported a client as being Asian, but did not report their Asian subgroup. In validation 80, your agency reported a client with an Asian subgroup, but did not report their race as being Asian.

There are similar alerts for Hispanic ethnicity and Native Hawaiian and Pacific Islander race.

New Alerts Related to Linkage to Care

- Clients with HIV positive test date or OAMC linkage date after reporting period
- Clients with birth year after HIV positive test date or after OAMC linkage date
- Clients with OAMC linkage date before HIV positive test date
- HIV negative clients with HIV positive test date or an OAMC linkage date

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There are also new alerts related to linkage to care data elements. These alerts are only for clients diagnosed in 2015. These items will produce alerts: clients with an HIV positive test date or an outpatient ambulatory medical care linkage date after the reporting period, clients with a birth year after an HIV positive test date or after an outpatient ambulatory medical care linkage date, clients with an outpatient ambulatory medical care linkage date before an HIV positive test date, and finally, an HIV negative client with an HIV positive test date or an outpatient ambulatory medical care linkage date.

Besides these new alerts, there are other validations that have changed from last year.

Other Client- Level Validation Changes

- Missing data for prescribed ART are promoted from an alert to a warning
- Clients reported with outpatient/ambulatory medical care service visits greater than the number of ambulatory service visit dates now gets a warning to an alert
- Clients missing CD4 test data are no longer a validation check

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For 2015, missing data for prescribed ART are promoted from an alert to a warning. You will now be required to fix the missing data or submit comments.

Additionally, clients with outpatient/ambulatory medical care service visits greater than the number of ambulatory service visit dates now gets an alert, rather than a warning. This is due to the differences in the counts being less critical under eligible scope reporting.

And finally, there are no longer alerts for clients missing CD4 test data. This is due to HAB's expectations that not all outpatient/ambulatory medical care clients will have CD4 tests under the new guidelines.

Now, that we have gone over the changes to the validations, let's talk about some of the existing errors, warnings, and alerts in the system.

Errors



- CD4 count test, viral load test or ambulatory service dates before or after the reporting period
- First ambulatory service date after reporting period and ambulatory service dates
- Birth year after reporting period or first ambulatory service date

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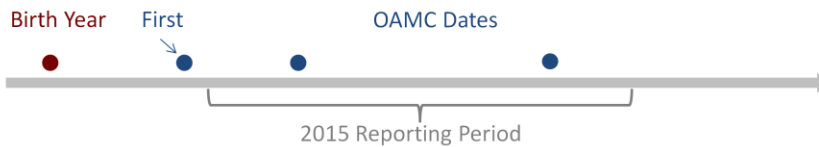
Errors first. You won't be able to submit a file if the CD4 count, viral load, or ambulatory data are outside of the reporting period.

The first ambulatory service date should actually be the first. Once again, it should also be before the end of the reporting period.

Finally, birth year should also be before the first ambulatory service dates and the end of the reporting period.

RSR-Ready Systems should prevent these issues, so these errors are really for folks that are using TRAX or creating their own XML export.

Errors



Here's a little graphic to show where these dates should fall. First, we have birth date. Then, we have the first outpatient ambulatory medical care service date. These must occur before or during the reporting period. Then, we have the other outpatient ambulatory medical care service dates. None of these are outside the reporting period.

Once again, most systems you use already have checks in place to avoid these issues.

Warnings: Missing Data



- Core or support services
- Poverty level
- Housing status
- Medical insurance
- Ambulatory service dates
- Viral load test data
- Prescribed ART – New in 2015

Now, let's move on to warnings. There are two major categories of warnings. One of them is missing data for main data elements, such as services, poverty level, viral load, and prescribed ART.

Warnings: Inconsistent Data



- Indeterminate client is without risk of exposure by mother w/at risk for HIV infection
- Gender is male and client is reported as pregnant or with a pap smear

The other type is inconsistent data, such as an indeterminate client without risk of exposure by an HIV-infected mother or a client with male gender who has been reported as pregnant or with a pap smear.

Let's move on to alerts.

Alerts



- Other missing data
- Clients age 90 or older
- Clinical data reported for clients who:
 - Are not HIV positive
 - Don't have Ryan White-funded OAMC
- Inconsistent or “incongruent” data
 - Transgender subgroup without transgender status
 - Birth year after OAMC, test dates, and HIV diagnosis year
 - HIV/AIDS status is indeterminate for client over age 2
 - The number of a given service exceeds the number of days in the reporting period

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All other missing data that were not included in the previous warnings slide will result in alerts. Additionally, you will get an alert if you report clients age 90 or older. You will also get an alert if you report clinical data for clients who are not HIV positive or do not have an outpatient ambulatory medical care service.

Finally, inconsistent or incongruent data will generate alerts.

Learn More

- Full list of Grantee Report, Provider Report, and client-level data file validations:
https://careacttarget.org/sites/default/files/file-upload/resources/2015RsrValidations_v5.pdf
- RSR in Focus (summary):
<https://careacttarget.org/library/rsr-focus-data-validations-client-level-data>
- RSR web system near the bottom in the left side navigation menu

If you want more information, you can find this document on TARGET in addition to a summary document. You can also find the list of validations in the RSR web system, located near the bottom of the left navigation menu.

2015 Merge Rules



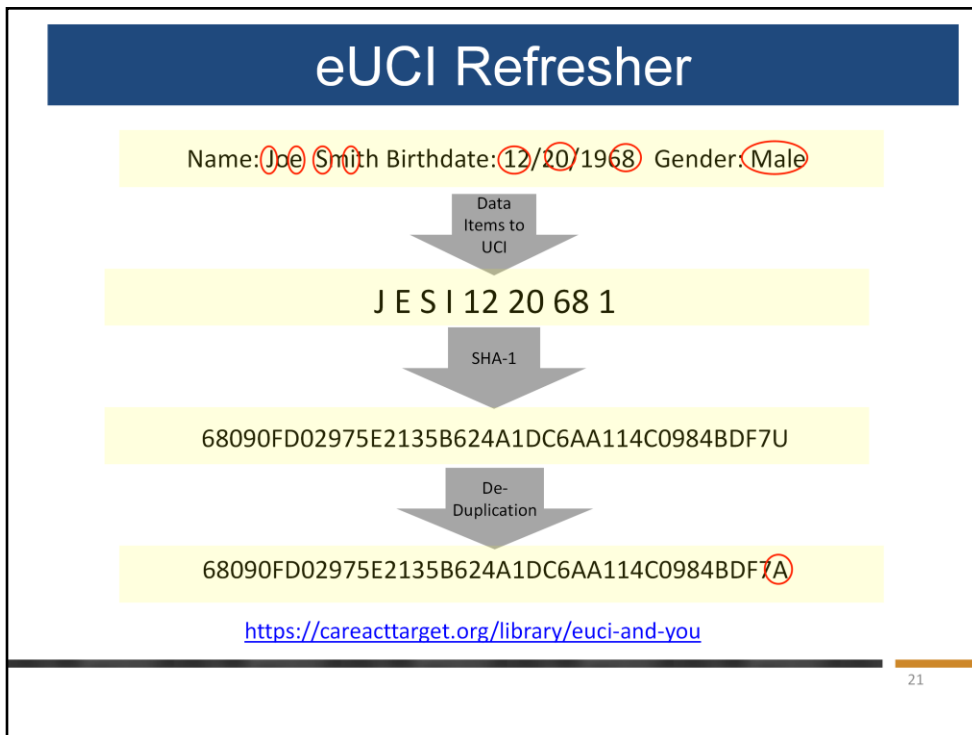
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Now, let's move on to the 2015 RSR merge rules.

RSR client-level data may “live” in multiple data management systems. For example, a clinic may have support services in an Access database and their clinical data in an EHR. Or, they might have their data separated by Part. Instead of merging all of these data into one XML file, a provider may decide to create two files. Although HAB prefers you to submit one file with all of your data, we recognize that this might not be feasible for everyone.

When HAB receives more than one file from a provider, the files are combined and records are merged based on the eUCI. This way, HAB will have a complete record for each client.

I want to note here that if you cannot have the eUCIs in each file, then you will need to just submit one file.



Before we go over the merge rules, I want to give a refresher on the eUCI. The eUCI is composed of the first and third character of the first name, first and third character of the last name, the full date of birth, and a code for gender.

These data elements are used to create an 11 digit UCI or URN.

The UCI is then encrypted with the SHA-1 hashing algorithm to produce a 40-digit string of letters and numbers.

A final digit is added to distinguish clients with the same UCI. One client is assigned an A, the other a B, and so on. If only one client has the UCI, the final digit will be U for unique.

There Are No New Rules for 2015

- Most values are based on hierarchy
- If some values are different, they will be “incongruent”

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As Debbie mentioned at the beginning of the webinar, there are no changes to the merge rules in 2015.

When merging multiple files, most values are based on hierarchy. And, if some values are different, they will be considered “incongruent.” As seen in the previous slides about validations, these incongruent responses will now trigger alerts.

Again, HAB prefers you to submit one file with all of your data for more accurate data, but we recognize that this might not be feasible for everyone.

Rules For Merging Records

- Added data
- Overwritten data
 - Hierarchy
 - Keep oldest date
 - Keep the larger value
 - If not the same, Incongruent

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Ok, let's move on to specific rules. There are two main categories here: added data and overwritten data.

Added Data

- Data items that allow for multiple responses

- Race
- Hispanic subgroup
- Asian subgroup
- Native Hawaiian/Pacific Islander subgroup
- Medical insurance
- HIV risk factor
- CD4 count and viral load
- Services (*not always!*)

Upload 1:

African American

Selected Values:

African American, White

Upload 2:

White

Upload 1:

Nutrition therapy

Selected Values:

Nutrition therapy, Non-medical
case management

Upload 2:

Non-medical case
management

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Let's start with what data are added in.

Data for items that can have multiple responses are added in. New information on race, ethnic or racial subgroups, medical insurance, risk factor, and CD4 count and viral load data are *added* to the pre-existing data. Let's look at an example. If one file has African American and the second file has White, both races are maintained. You may wonder how this could happen. Because race is a self-reported field, it is quite possible that a provider has two clinics, and the client reports race differently at the two clinics.

Services are also added. So, if one file has nutrition therapy and the next file has non-medical case management, the client's merged record will have both of these services. However, there are some exceptions. We'll go over these later.

Rules For Merging Records

- Added data
- Overwritten data
 - Hierarchy
 - Keep oldest date
 - Keep the larger value
 - If not the same, incongruent

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Now, we're going to go over instances where data are overwritten.

Hierarchy

- Enrollment status
- Ethnicity
- Income
- Housing status
- HIV/AIDS status
- Risk reduction
- Clinical

Upload 1:

CDC defined AIDS

Selected Value:

CDC defined AIDS

Upload 2:

HIV positive not AIDS

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Most data element values are determined by hierarchy. For information on each of these data elements' hierarchy, you'll need to check out this very handy document on TARGET.

Let's look at an example of HIV status. If the HIV status is CDC defined AIDS in the first upload and in the second upload HIV positive, not AIDS, the system keeps the CDC defined AIDS because it is higher on the list. Once again, you may ask yourself how this could reasonably happen. Well, a client could visit two clinics within the same provider agency and have different CD4 count results, leading to different determinations about AIDS status. Once your CD4 count drops below a certain level and you receive a diagnosis of AIDS, that status is retained.

Hierarchy: Clinical

1. Yes
2. No, with reason (e.g., not medically necessary)
3. No, without reason

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For clinical data, there is a general rule. “Yes” overrules everything else, then “no,” with some type of reason (such as not medically necessary), and finally, “no,” without a reason.

Keep the Oldest Date

- Birth year
 - HIV diagnosis year
 - First OAMC date
 - HIV test date
 - First OAMC date after test
- Upload 1:**
January 2013
Selected Value:
November 2012
Upload 2:
November 2012

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We also have quite a few data elements that are related to dates. For the data elements on this slide, the older date stays.

So, if you have a first date of January 2013 in the first upload and November 2012 in the second upload, the November 2012 date stays.

Keep Larger Value

- New services are added
- If the core service is not new, larger value is kept

Upload 1:

OAMC: 4 visits

Selected Value:

OAMC: 4 visits; Mental health: 3 visits

Upload 2:

OAMC: 2 visits; Mental health: 3 visits

- **Implications:**
 - Provider collects “Part A” data and “Part B” data in separate systems and uploads multiple files
 - Services in those files are not additive!

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Remember how I said that services are not always added in? I’m going to talk about that now. As a reminder, for support services and two core services, you just report whether the client had the service in the reporting period. For the rest of the core services, you report the number of visits in the reporting period.

If the second file has a new service, regardless of being core or support, then that service is added in. However, if a core service is not new, then the system takes the larger value. Let’s look at an example. The first file uploaded has 4 visits of outpatient ambulatory medical care services. The second file has 2 visits of outpatient ambulatory medical care services and 3 mental health visits. The merged file will have 4 visits of outpatient ambulatory medical care services and 3 visits of mental health. In other words, the merged file does not add 2 plus 4 for 6 visits of outpatient ambulatory medical care services.

This may have important implications for some of you that capture separately your data by Part. If you input the service covered by Part B in one system and the services covered by Part A in another system, those services are not additive.

If Not the Same...

- Coded as “Incongruent”
 - Sex at birth
 - Gender
 - Transgender subgroup

Upload 1:
Male
Selected Value:
Incongruent
Upload 2:
Transgender

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There are a group of data elements that we call “must be the same.” Data for these items that have inconsistent responses between the pre-existing data and the new upload get coded as “incongruent”.

Inconsistent information on sex at birth, gender, and transgender subgroup are *coded* as such.

As an example, if you have male gender for a client in the first file, and transgender for that same client in the second file, incongruent is the selected value and this will trigger an alert.

If Not the Same...

- Incongruent values
 - Will result in alert validations
 - Can be detected through the Confirmation Report
- To clear the Incongruent value, clear all client-level data and re-upload new files

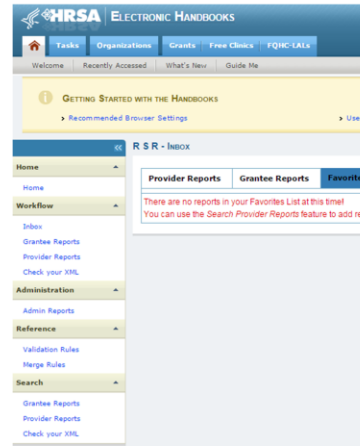
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Last year, you did not receive a validation message if you had any incongruent values. This year, you will. You'll be able to detect them in the validation messages as well as the Confirmation Report, which can be created for an individual file or for the combined files. In 2015, the RSR web system will now allow you to run the Validation, Confirmation, and Completeness Reports on individual files or combined.

To clear the incongruent value, all of the client-level data must be cleared and the new XML files must be uploaded.

Learn More

- Merge rules: <https://careacttarget.org/library/rsr-merge-rules>
- In the RSR system



You can find the merge rules on the link on this slide and in the RSR web system in the left navigation menu. Now, before we move on to questions, I want to go over the technical assistance resources available to you.

TA Resources

- The DART Team: Data.TA@caiglobal.org
- TARGET Center website: <https://careacttarget.org/category/topics/ryan-white-services-report-rsr>
- Ryan White HIV/AIDS Program Data Support
 - 888.640.9356; RyanWhiteDataSupport@wrma.com
- HRSA Contact Center
 - 877.Go4.HRSA (877.464.4772); <http://www.hrsa.gov/about/contact/ehbhelp.aspx>
- CAREWare helpdesk
 - 877-294-3571; cwhelp@jprog.com

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The DART Team addresses questions for those needing significant assistance to meet data reporting requirements, such as helping grantees who do not know what to do or where to start. They also help determine if grantee systems currently collect the required data and assist grantees in extracting data from their systems and reporting it using the required XML schema. The DART team can also connect grantees to other grantees that use the same data system. Additionally, DART deals with data quality issues, as well as providing technical assistance on the eUCI Application.

The TARGET Center website has a wealth of technical assistance materials and links to manuals, archived webinars, and other technical assistance tools.

Data Support addresses RSR-related content and submission questions. Topics include: Interpretation of the RSR Instruction Manual and HAB's reporting requirements, allowable responses to data elements of the RSR Grantee Report and client-level data file, policy questions related to the data reporting requirements, data-related validation questions, and questions regarding the GCMS.

The HRSA Contact Center addresses RSR software-related questions. Topics include: Electronic Handbook (EHB) navigation, registration, access, and permissions. They also help with Performance Report submission statuses and RSR Web System navigation.

Remember, there is no wrong door!