

Changes between New ICR Request and the Existing RSR Package (0915-0323)

Starting in 2019, HRSA HAB proposes to modify reporting on several data elements in the Ryan White Services Report (RSR). These proposed changes will enable HRSA HAB to continuously improve data quality and analysis, ensure alignment with programmatic policies and updated terminology, and also improve monitoring. Specifically, in this ICR, HRSA HAB is proposing to:

- Eliminate 14 variables in the Client Report and XML file;
- Include reporting of aggregate zip codes of clients served by the HRSA HAB RWHAP; and
- Include reporting on eligible services

The information provided below details HRSA HAB's proposed changes between the new ICR request and the existing RSR package (0915-0323).

1) Variable reduction.

HRSA HAB proposes a significant reduction to the number of variables collected in the Client Report and XML file. Some clinical elements collected in the current RSR require is not readily available within an electronic health record and requires clinical interpretation for submission. This places a high burden on recipients. The proposed revisions will remove 14 variables (nine of these are clinical variables related to screening, vaccination and PCP prophylaxis); and consolidate response options for three variables for clarity.

These proposed changes will reduce data reporting burden, improve data quality, improve reporting consistency, and align data collection efforts with [Policy Clarification Notice PCN 16-02](#). These changes will require a minimal amount of system modifications to produce the client level data file. This reduction in burden will impact over 2,000 HRSA RWHAP providers, reporting on half-a-million clients.

HRSA HAB will be able to improve data analysis, ensure alignment with program policies and update terminology. The proposed changes will not affect our ability to describe clients served, service utilization, or HIV health outcomes.

2) Aggregate level zip codes of clients served.

Currently, HRSA HAB only collects location information about provider sites, but does not collect location information on clients. Aggregating and summarizing that client zip code information may be more complex. This limits HRSA HAB's ability to understand coverage areas for RWHAP provider sites and the population that provider sites serve. Collecting aggregate level zip code information for each provider site would support HAB in monitoring RWHAP recipients and subrecipients and ensuring adequate provider coverage. In addition, HRSA HAB is routinely asked for information about clients living in rural areas. Since clients may travel to an urban area to receive HIV care, it is challenging to assess this based on our

current data collection.

3) Eligible services reporting.

HRSA RWHAP recipients have begun to fully fund service categories using RWHAP-related funding streams, such as pharmacy rebate dollars, or program income. Due to the changes in how recipients allocate funding HRSA HAB receives less information on RWHAP eligible clients, which reduces our ability to measure the investment and impact of all RWHAP-related expenditures at state and local levels.

This new package will account for the funding decisions made by recipients and will now include reporting of eligible clients who receive HRSA RWHAP allowable services using RWHAP-related funding (e.g. program income and pharmacy rebates) starting with the 2019 RSR, submitted in March 2020. Recipients and subrecipients would be required to submit client level data for all HRSA RWHAP eligible clients that received an allowable service funded through any RWHAP and RWHAP-related expenditures. The proposed reporting change, which includes services funded through RWHAP-related funding, is permissible because the RWHAP-related funding is required to be used for the purposes and under the conditions of the award.

The proposed change may require recipients to collect additional data, either on clients or outcome measures. For example, if medical case management services are funded using pharmacy rebate dollars, eligible clients who only receive these services will need to be reported under the proposed eligible services reporting. Likewise, if a recipient funds outpatient/ambulatory health services (OAHS) using pharmaceutical rebate dollars, additional outcomes data on these clients will need to be reported. We anticipate that some recipients currently receive this information from subrecipients for monitoring purposes. However, those subrecipients who are not collecting this information would be required to submit additional client level information.

To minimize recipient collection and reporting burden in this additional data collection, we propose a phased approach to allow time for recipients to expand their systems to collect the data. We anticipate that some recipients currently receive this information from subrecipients for monitoring purposes. However, those subrecipients who are not collecting this information would be required to collect additional client level information.

HRSA HAB anticipates that simplifying reporting to include all clients eligible to receive RWHAP-funded services, regardless of payer, will be less burdensome for RSR reporting than restricting client reporting based on funding stream. This change will require minimal data system adjustments. In addition, by using a phased approach to implementation, recipients would have until 2021 to fully comply with the requirements change, thus providing recipients with time to make any potential data system changes.

The benefits to recipients of collecting this additional data are substantial. Recipients will have access to information on the full scope of services provided through RWHAP-related expenditures. This information will provide a clearer picture of service utilization and client

outcomes in HRSA RWHAP eligible clients. It will increase recipients' ability to conduct required monitoring of all funded subrecipients. In addition, collecting this additional information will support recipients in showing the impact of the HRSA RWHAP within their states/jurisdictions/service areas. The information collected through this proposed initiative will allow the HRSA RWHAP to understand the full scope and impact of the program's investment in HRSA RWHAP services at the state and local levels. This will provide necessary data to understand service utilization and client outcomes for all HRSA RWHAP eligible clients.