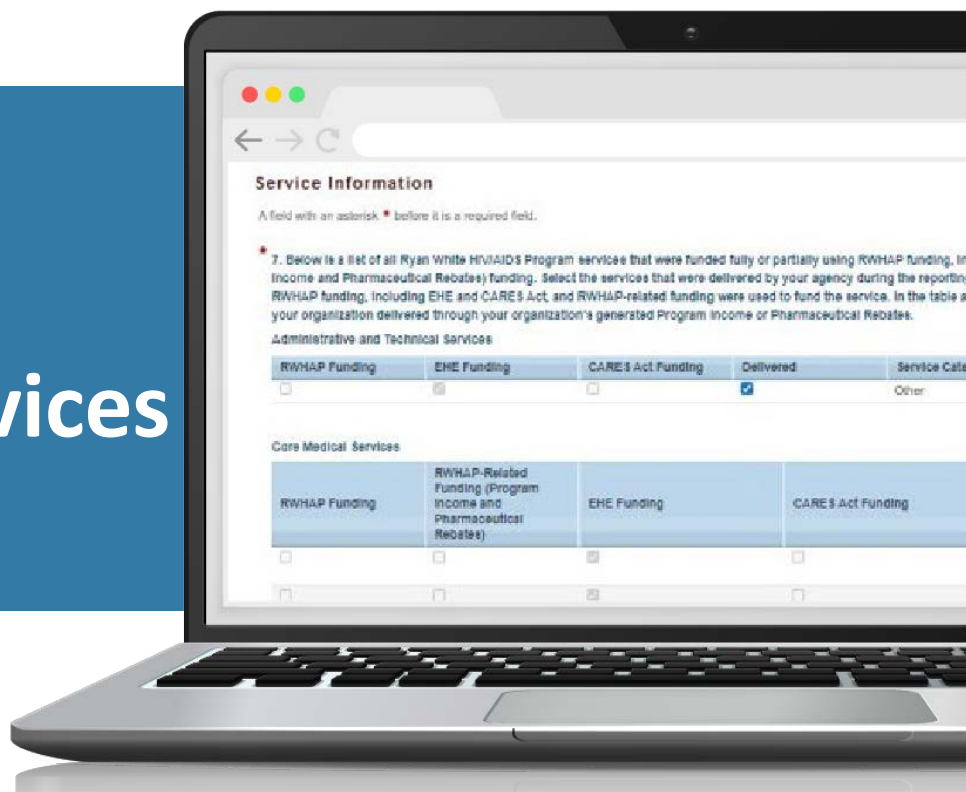


Ryan White HIV/AIDS Program Services Report (RSR)



Instruction Manual **2021**

Release Date: November 01, 2021

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



Icons Used in this Manual

The following icons are used throughout this manual to alert you to important and/or useful information.



The Note icon highlights information you should know when completing this section.



The Tip icon points out recommendations and suggestions that can make it easier to complete this section.



The Question Mark icon indicates common questions and their answers.



All new text in the document is indicated with a gray highlight.



The No icon indicates answer options that cannot be selected or information that cannot be entered under certain circumstances.

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What's New for 2021

Expanding Eligible Scope

Starting in 2021, the eligible reporting scope for the RSR has been officially expanded to include clients who are RWHAP eligible and who received a service funded by RWHAP-related funding (rebates and program income). Previously, it was not a requirement to report clients that received services supported only by RWHAP-related funds.

For further guidance on reporting RWHAP-related funded services, please refer to Policy Clarification Notice (PCN) #15-03 "Clarifications Regarding the Ryan White HIV/AIDS Program and Program Income" and PCN #15-04 "Utilization and Reporting of Pharmaceutical Rebates."

DUNS number being replaced by the Unique Entity Identifier (UEI)

HRSA will be making updates in the electronic handbooks (EHBs) to support the transition from using the DUNS number to the Unique Entity Identifier (UEI);

The UEI is a new 12-digit alphanumeric identifier that [SAM.gov](https://sam.gov) will provide to all entities who register to do business with the federal government.

To support this transition, HRSA's EHBs are being incrementally updated to change all DUNS number fields to UEI fields and to update the associated processes, such as the grant folder search pages. **Please note: you do not need to take any action.** [SAM.gov](https://sam.gov) will automatically create the UEI, and it will be imported into EHBs for all actively registered organizations.

Clients by ZIP code: system update

Providers are still required to report the number of clients served in their ZIP code of residence, and this year we have expanded to 3,000 the number of codes that can be entered (it was only 490 last year).

Providers still have the option to manually enter these data or use the simple upload template available in the Clients by ZIP code section of the Provider Report. For further information on this, see page 37 below.

Background

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 more than 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.

More than half of all people diagnosed with HIV in the United States receive services through the RWHAP. RWHAP provides a comprehensive system of care and treatment that plays a key role in ending the HIV epidemic in the United States. RWHAP is critical to ensuring that under- or uninsured individuals with HIV are linked to and retained in medical care, are prescribed antiretroviral medications, and achieve sustained viral suppression. HIV treatment is a proven form of prevention.

The RWHAP works to support the four national goals outlined in the [HIV National Strategic Plan](#):

- Prevent new HIV infections
- Improve HIV-related health outcomes of people with HIV
- Reduce HIV-related disparities and health inequities
- Achieve integrated and coordinated efforts that address the HIV epidemic among all partners and stakeholders.

RWHAP has been increasingly successful at achieving improved outcomes along the HIV care continuum.² For example, the RWHAP Services Report (RSR) client-level data demonstrate annual improvements in viral suppression, from 69.5 percent in 2010 to 89.4 percent in 2020.

Continued improvements in viral suppression will help improve quality and

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 HRSA's Ryan White HIV/AIDS Program Overview of Clients: Ryan White HIV/AIDS Program, 2019. <https://hab.hrsa.gov/sites/default/files/hab/Publications/factsheets/population-factsheet-overview.pdf>.

length of life for people with HIV and prevents further 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.

Recipient and Subrecipient Reporting Requirements

Federal regulations state explicitly that grant recipients must monitor and report program performance to ensure they are using their federal grant program funds in accordance with program requirements.¹

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 Office of Management and Budget-approved reporting requirements, and has imposed them as a condition of award on RWHAP-funded recipients and subrecipients accordingly.

If any protected health information is included in the RSR, such disclosure is permitted by covered entities, without the written authorization of the individual, as a disclosure to a public health authority. 45 CFR 164.512(b). 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 covered in 45 CFR 164.512.

3

¹The 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 75.

Recipient and Subrecipient Relationships

Recipients receive federal funding directly from HRSA. Recipients may provide services or fund other agencies to provide services to RWHAP-eligible clients. Agencies that receive funding from recipients are called subrecipients. 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

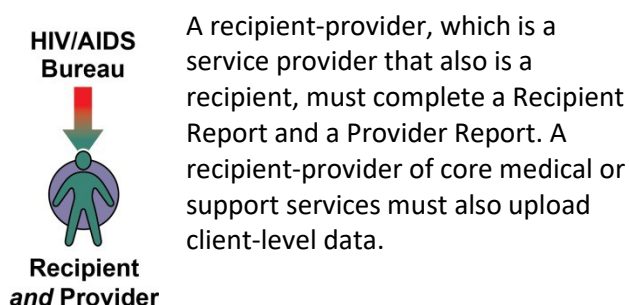


Figure 2. Subrecipient

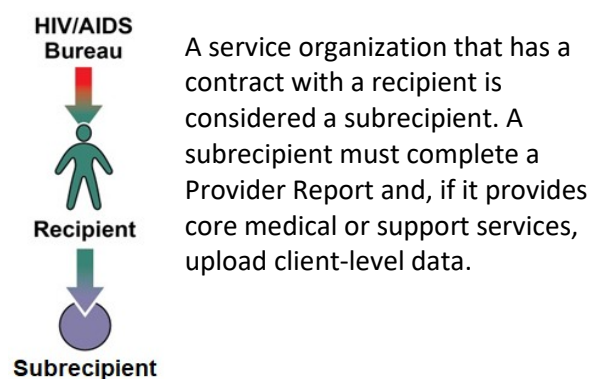
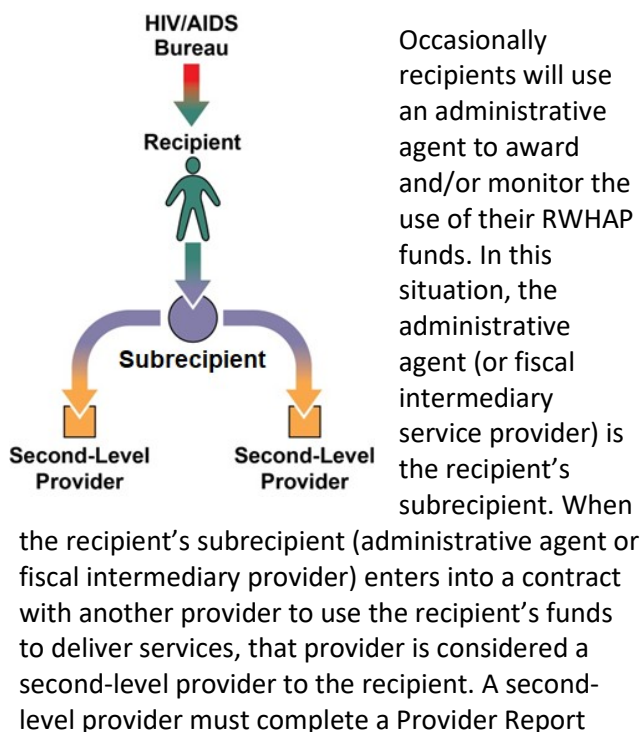
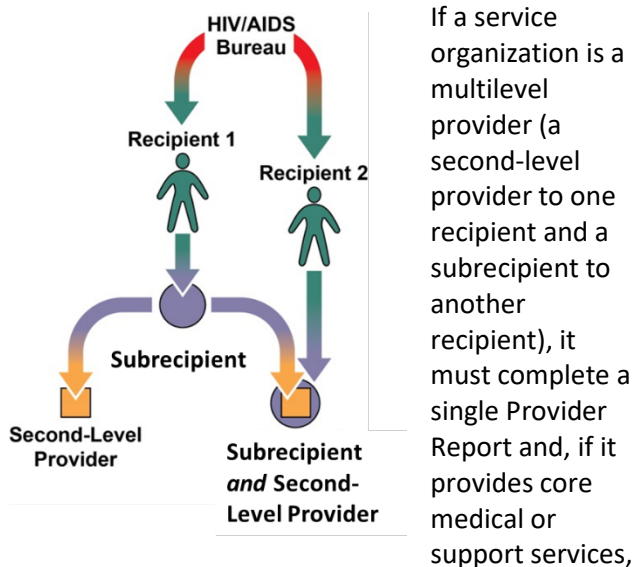


Figure 3. Second-Level Provider



and, if it provides core medical or support services, upload client-level data.

Figure 4. Multi-Level Provider



upload client-level data. The provider must include client data for **all** its RWHAP contracts.

Recipient and Subrecipient Exemptions

At the recipient's discretion, service organizations may be exempt from completing their own Provider and Client Report 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
- 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 **14** for instructions on marking a subrecipient as exempt in the RSR system. If a recipient exempts a subrecipient, it must do one of the following:

- Complete a Provider Report and upload client-level data in the exempted subrecipient's name. In this case, recipients do not select

the “Exempt” check box.

- Report the exempted subrecipient’s data with its agency’s RSR data. In this case, all recipients must select the “Exempt” box.
- Include 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.

Recipient guidelines for exempting subrecipients include the following:

- 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.
- A multiply funded subrecipient may be given an exemption only if all its recipients agree to the exemption.

Frequently Asked Questions About Recipient and Subrecipient Relationships and Reporting Requirements



I have decided to give one of my subrecipients an exemption from submitting the RSR Provider Report and client-level data. How should I report the data for the exempted 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.
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 14 for instructions on marking a subrecipient as exempt in the RSR system.



Subrecipients cannot access a second-level provider's report. Only recipients that provide funding to subrecipients can access the provider report for a second-level provider.



What if a subrecipient that receives 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 their recipients*. If your subrecipient is funded by other recipients, you will need to coordinate with those other entities to ensure that all are in agreement regarding the exemption. If one or more recipients do 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 **17** 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

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

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



For agencies that received Ending the HIV Epidemic in the U.S. (EHE) funds

The service category “Ending the HIV Epidemic Services” (EHE) includes those services that are funded through EHE initiative **but do not** meet the definition of a RWHAP service as outlined in [PCN #16-02](#).

EHE funding dedicated to services that do meet the definition of one of the RWHAP core medical or support service categories should be listed (reported?) under that specific service category.

For agencies that received Coronavirus Aid, Relief, and Economic Security (CARES) Act (2020) funds

Add text here about CAREs Act services to be reported in the RSR

Descriptions of all RWHAP services are located in [PCN #16-02](#), Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds.

Starting in 2021, agencies are now required to submit client-level data for services funded with RWHAP-related funding (program income or pharmaceutical rebates).

For further information, please see [RSR in Focus: Understanding Eligible Services for 2021 Data](#) or the [Preparing for 2021 RSR Submission: Understanding Reporting Changes](#) webinar.

Checking the Client-Level Data XML File

The Check Your XML feature—available to users before the RSR Recipient Report opens—allows subrecipients to confirm that their Extensible Markup Language (XML) file complies with the latest RSR client-level data schema. It also allows agencies to validate their client-level data and helps identify specific data issues prior to final submission.

Click here for the guide [How to Access and Use the Check Your XML Feature for the RSR](#) on the TargetHIV website. Instructions on how to import client-level data are on page **35** of this manual.



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

2021 Ryan White Services Report (RSR) Recipient Checklist

This checklist for recipients/recipient-providers is designed to help you complete each step in the RSR submission process. The Tip box below also lists helpful resources you can review before and/or during the submission process. It's a good idea to review these to help ease the data entry burden.

- Review all RSR guidance material (see suggestion box below).
- Confirm all contracts have been added to the [Grantee Contract Management System \(GCMS\)](#).
- Certify the 2021 RSR Recipient Report. You have completed this step once your report has advanced to "Certified" status. Complete the 2021 RSR Provider Report (if applicable).
- Accept Provider Reports through all funding grants.



Review all RSR guidance materials before starting the submission process to help ease the data entry burden. These materials include this [2021 RSR Instruction Manual](#), the [2021 GCMS Instruction Manual](#), and the [RSR Data Webinar Calendar](#) during the reporting period. If you need further assistance, please contact Ryan White Data Support.

2021 Ryan White Services Report (RSR) Provider Checklist

This checklist for providers is designed to help you complete each step in the RSR submission process. The Tip box below also lists helpful resources you can review before and/or during the submission process. It is highly recommended that you review these resources to help ease the data entry burden.

- Review all RSR Guidance Material (see Tip box below).
- Complete the 2021 RSR Provider Report.
- Contact your funding recipients to notify them your Provider Report is complete.
- Confirm your Provider Report is in “submitted” status to ensure completion of the submission process.



It is highly recommended that you review RSR guidance materials before starting the submission process to help ease the data entry burden. These materials include the [2021 RSR Instruction Manual](#) and [RSR Data Webinar Calendar](#) during the reporting period. If you need further assistance, email [Ryan White Data Support](#) or contact 888-640-9356.

RSR Recipient Report

Recipients must submit a report for each RWHAP grant they receive from HRSA. For example:

- An agency with only a RWHAP Part A grant will complete one Recipient Report.
- An agency with an EHE grant and a RWHAP Part A grant will complete two Recipient Reports—one for its RWHAP Part A grant and one for its EHE grant.
- An agency with RWHAP Parts C and D grants will complete two Recipient Reports—one for its RWHAP Part C grant and one for its RWHAP Part D grant.
- An agency with RWHAP Parts C and D grants and RWHAP Parts C and D CARES Act grants will complete four Recipient Reports—one for its RWHAP Part C grant, one for its RWHAP Part D grant, and two more for its RWHAP Part C CARES Act grant and RWHAP Part D CARES Act grant.

The Grantee Contract Management System

All RWHAP contract information between recipients and the subrecipients providing services for them is stored in the Grantee Contract Management System (GCMS). Information about a recipient's contracts is entered and maintained in one place (yet accessed by multiple reports) to decrease recipients' data entry burden.

If the subrecipient and service information populated from the GCMS is accurate and up to date, you will not have to synchronize any changes to the RSR Recipient Report. However, if the data that populate the Recipient Report are missing and/or incorrect, you must first add or edit the information in the GCMS and then integrate your changes with your RSR via the synchronize step on the Program Information page of the RSR Recipient Report.



Refer to the [2021 GCMS Manual](#) on the TargetHIV website for further guidance on how to manage contracts for your subrecipients.

Instructions to Complete the Recipient Report

STEP ONE: Access the GCMS

There are several methods of accessing the GCMS in the EHBs interface. For further instructions, please see the [Completing the GCMS webinar](#) on the TargetHIV website. However, recipients and recipient-providers can log into the HRSA HAB EHBs and navigate to their GCMS via their RSR by doing the following:

- 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 2021 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 EHBs Customer Support Center 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 2021 RSR, enter “1/1/2021” in the Range Start Date field or select the date from the calendar, and enter “12/31/2021” 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.

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 “Go” to open the desired contract. Make the edits and click “Save.”

Adding Contracts in the GCMS

If you search for a contract for one of your subrecipients and cannot find it, you must add the contract to the GCMS. Follow these steps or refer to the instructions in the [2021 GCMS Manual](#) to add the new contract:

1. Click “Add Contract” 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.



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.



Note: Recipients should refer to the [2021 GCMS Instruction Manual](#) and [2021 GCMS Webinar](#) for further guidance on managing contracts in the system.

Figure 5: GCMS Update Services Table*

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 Inbox” 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 (see Figure 6).

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:

* b. City:

* c. State:

* d. Zip Code:

2. Organization Identification:

a. EIN:

b. DUNS:

3. Contact information of person responsible for this submission:

* a. Name:

* b. Title:

* c. Phone:

Extension:

d. Fax:

* e. Email:


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

1. Official Mailing Address

- a.** Street
- b.** City
- c.** State
- d.** ZIP Code

2. Organization Identification

- EIN
- DUNS



DUNS will be replaced by UEI. To support this transition, HRSA’s EHBs are being updated to change all DUNS number fields to UEI fields. SAM.gov will automatically create the UEI and import it into the EHBs for all active organizations. **Please note: You do not need to take any action.**

3. Contact information of person completing this form (editable fields). This will be the primary contact person for RSR-related issues.
4. **Name**
 - e. Title
 - f. Phone and extension (if applicable)
 - g. Fax
 - h. Email

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"/>	
<input type="button" value="Cancel"/>				<input type="button" value="Save"/>

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

- reporting period.
2. 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.
 3. 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 services Refer to page 5 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 are updated and transferred to your RSR Recipient Report by following these steps.

1. 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 (see Figure 8).

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)
[Synchronize All](#)

X07HA00000 : State Health Department

Report ID: 12345 Status: Working Due Date: 3/28/2022 11:59:59 PM
Report Period: 2021 Annual Last Modified Date: 2/15/2022 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"/>	
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"/>	

[Cancel](#) [Save](#)

- Click "Synchronize All" in the Warning message box at the top of the page to synchronize contract information across providers and their respective reports.

If you added a new subrecipient contract in the GCMS, you will not see that subrecipient in your list. Select the link with the "Synchronize All" button in the Warning at the top of the page for it to synchronize and be added to your list.

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: 3/28/2022 11:59:59 PM
Report Period: 2021 Annual Last Modified Date: 2/15/2022 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: 4/1/2020
End Date: 3/31/2021

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

[Cancel](#) [Synchronize](#)

3. Review the list of changes you made to the subrecipient contract(s) (see Figure 9). To accept the changes and update the data in your Recipient Report, click “Synchronize” at the bottom of the page.
4. 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 left Navigation panel.

1. Allow the system to validate for a few minutes, and then refresh the page by selecting “Validate” again.
2. Once the system displays your validation results, it will let you know if there are any errors, warnings, or alerts.



Errors must be fixed. **You cannot certify your Recipient Report with errors.**



Warnings require that you either address the warning or add a comment that explains why the information is correct or can't be changed. Address warnings to prevent your project officer from returning the report to you. To add a comment to a warning, follow these steps:

- 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. Enter your comment.
- When finished, select “Save” at the bottom of the text box.



Alerts are informational and do not require any action in the system. However, it is highly recommended that you review your data and address the alerts the best way you can before your report is submitted and

reviewed by your Project Officer.

3. Indicate that you have completed data entry for your RSR Recipient Report by certifying the report by doing the following:

- Click “Certify” in the left Navigation panel. Enter a comment in the text box. The comment box is your opportunity to add feedback regarding your submission and is reviewed at the end of the reporting period to help improve future submissions.
- Check the box under the comment box indicating that you certify that the information is accurate.



Try to certify your RSR Recipient Report 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).



If you need to make edits to your Recipient Report after it has been certified, you will need to request a decertification. To request a decertification, call Data Support at 1-888-640-9356 or email RyanWhiteDataSupport@wrma.com.

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 the following:

- Provider Report
- Upload Completeness Report
- Any validation comments
- Use the links in the left Navigation panel 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. If you are unsure which recipients and/or grants need to accept your providers’ reports, please contact [Ryan White Data Support](#) for confirmation.

For Exempted Subrecipients Only: If all recipients have exempted a subrecipient, click the envelope icon “Create” to create and open the Provider Report. Click 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



Are recipients able to pull previous years’ submissions to review the data submitted for the RSR Recipient Report?

Recipients can review previously submitted Recipient Reports in the RSR web system at any time. To access these reports, search for the applicable year’s performance report. If you need further assistance searching for these reports, contact the [DISQ Team](#) and/or [Ryan White Data Support](#).



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 (see Table 1 on page 6 for a full list of core medical services), and support services (see Table 2 on page 6 for a full list of 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 one for your RWHAP Part D grant. Complete one RSR Provider Report that includes data on all the services your agency is funded to deliver. Submit client-level data that includes one record for each eligible client that received a service visit during the reporting period.



Are agencies that are only funded by a Part B Minority AIDS Initiative (MAI dollars required to submit the RSR)?

A Part B Minority Aids Initiative (MAI) funded subrecipient may report on the RSR if the service they are providing fits within a service category definition listed [PCN 16-02](#). If the service does not meet the criteria you should not report the RWHAP Part B MAI service on the RSR.



Is information for RWHAP-related funded (program income or pharmaceutical rebates) services required in my Recipient Report for the 2021 RSR?

Yes. Any recipient-provider and subrecipient providing services with RWHAP-related funding (program income or pharmaceutical rebates) should be reflected in your Recipient Report. These services must be marked accordingly in the appropriate contract.



~~One~~ I contract with one of my subrecipients 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. Recipients should exclude contracts from the GCMS for subrecipients that are exclusively funded to provide only ADAP services.



Our organization contributes RWHAP Part A Eligible Metropolitan Area/Transitional Grant Area funds for RWHAP Part B 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. However, agencies that are only funded for ADAP services will not be required to submit an RSR, and the system will not populate the report. ADAP-only funded services are reported on the ADAP Data 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.” If you need to request a decertification to make changes to your report, contact Ryan White Data Support at 1-888-640-9356 or RyanWhiteDataSupport@wrma.com for assistance.




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.



Do I need to complete a Recipient Report for my EHE and CARES Act funding?

Yes. Because EHE and 2020 CARES Act funding are considered RWHAP funding, you will need to complete a Recipient Report for each grant your organization receives from HRSA.



CARES Act Funding and RSR reporting

All RWHAP recipients will be required to report data for services provided with 2020 CARES Act funding.

Recipients who received a No Cost Extension to continue providing services after the initial funding period ended will still need to report that data in the 2021 RSR.

Note that household members who received services funded through the CARES Act should not be reported in the RSR (if they are not RWHAP eligible clients).

RSR Provider Report

Any organization that provides RWHAP services to people with HIV are required to complete an RSR Provider Report. The four types of organizations are defined in detail on page 4 and are listed below:

- A recipient-provider
- A subrecipient
- A second-level provider
- A multi-level provider

For the purposes of the Provider Report, all these entities are referred to as “providers.”

The Provider Report is a collection of basic information about the provider and the services the provider delivered under each of its RWHAP contracts. Agencies that provide services using RWHAP funding (including 2020 CARES Act funding and EHE funding) and/or RWHAP-related funding (program income and/or pharmaceutical rebates) are required to complete a 2021 RSR Provider Report.




Multiply funded providers will include information from all the 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 is on page 5.

Instructions for Completing the Provider Report

STEP ONE: Open the Provider Report.

Recipient-providers and providers (subrecipients) both access and complete the 2021 RSR Provider Report via the HRSA EHBs. However, your access to the EHBs will differ depending on how your organization is categorized. Recipient-providers will access the EHBs using the Recipient portal; subrecipients will access the EHBs using the Service Provider portal. The following details explain how to access the RSR based on your organization’s categorization.



If you need assistance logging into the appropriate EHBs portal, contact RWHAP Data Support at 1-888-640-9356 or RyanWhiteDataSupport@wrma.com.

Recipient-providers: Access the RSR web system by logging in to the [EHBs](#); then navigate to your Performance Reports (see Figure 10). [EHBs](#); then navigate to your Performance Reports (see Figure 10).

Figure 10. Recipient-Provider Login Page: Screenshot of the Recipient-Provider EHB Login Page

There are several ways to access the RSR in the EHBs interface:

- 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 2021 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 EHBs Customer Support Center at 1-877-464-4772.

EHBs log-in information for Providers

- **Providers Only:** Complete the RSR Provider Report by accessing the RSR web system in the [EHBs service provider portal](#) (Figure 11).
- Enter your username and password and click “Login.” If you are a new user, click “Create an Account”; you will need your agency’s registration code to create a username and password.

Figure 11. Service Provider Login Page: Screenshot of the EHB Service Provider Login Page



To obtain your registration code, contact your recipient or Data Support at 1-888-640-9356 or RyanWhiteDataSupport@wrma.com. If you need help logging in or creating an account, contact the EHBs Customer Support Center at 1-877-464-4772.



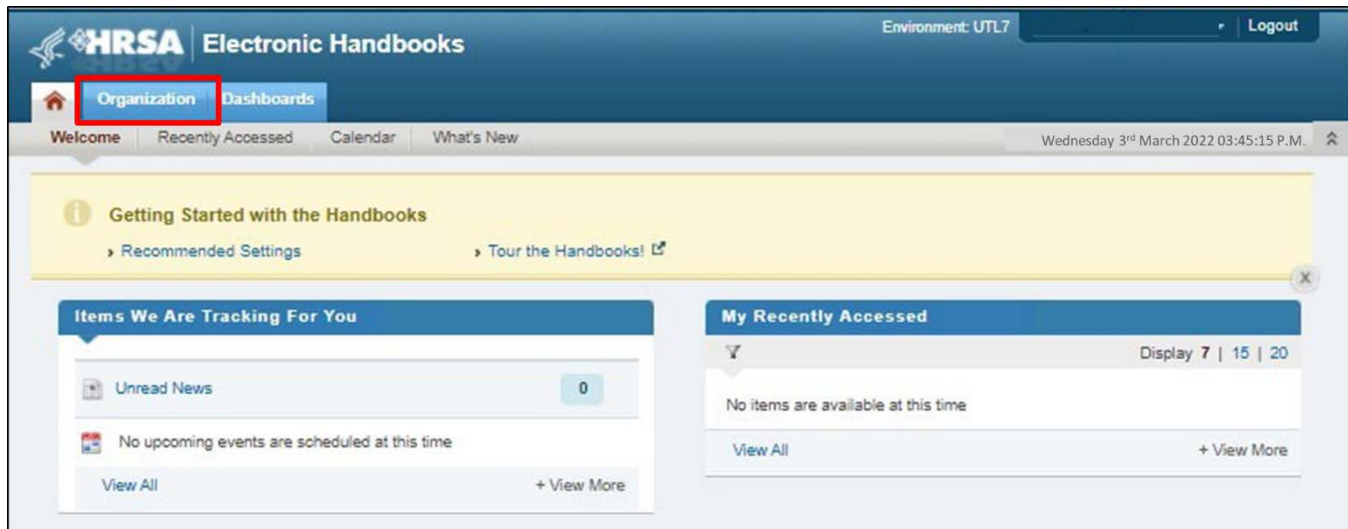
If you need assistance with creating an EHBs account, contact the EHBs Customer Support Center at 1-877-464-4772.

Once you are logged in, follow the steps below to access the Provider

Report inbox page:

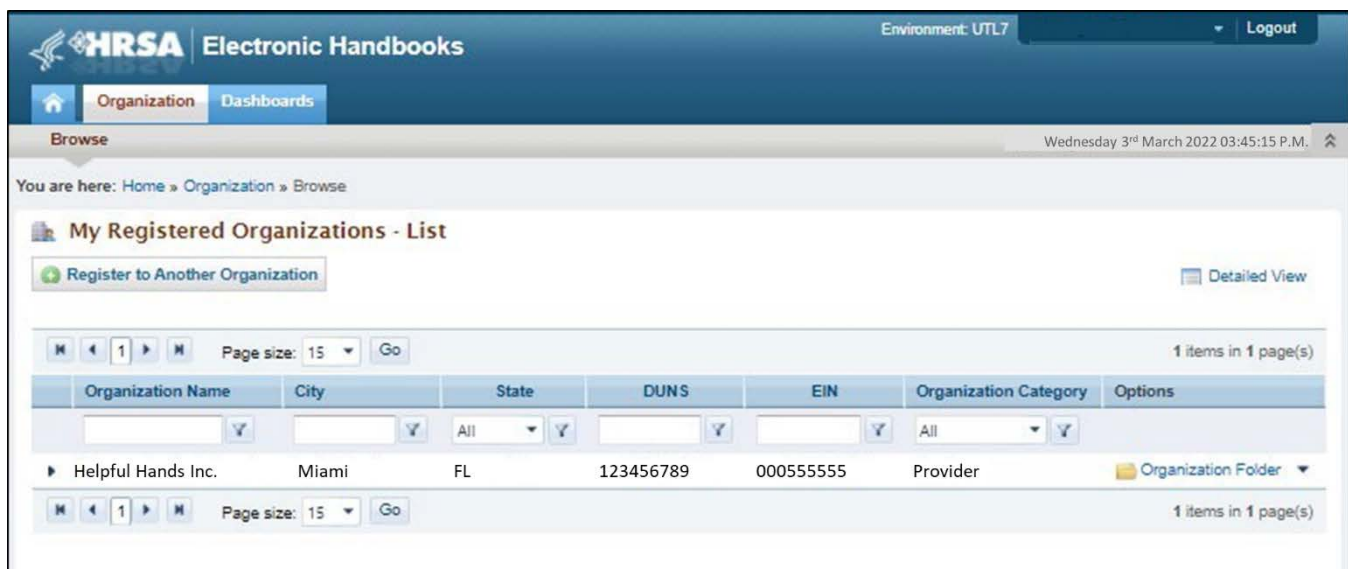
1. Click the Organization tab at the top of the page (see Figure 12).

Figure 12. Getting Started with the Handbooks Page: Screenshot of EHB Service Provider Home Page



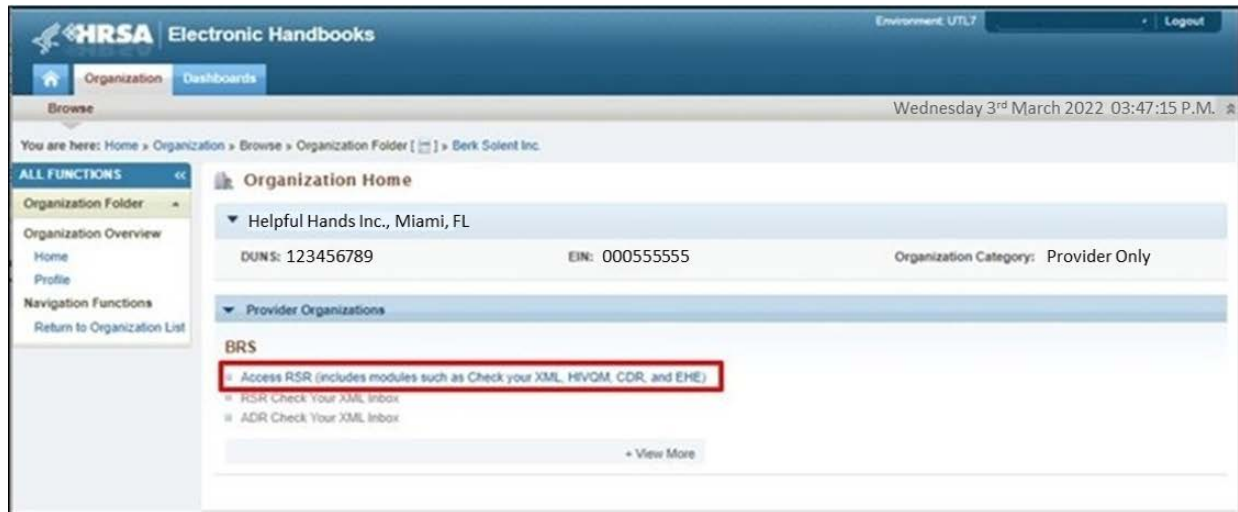
2. Select the “Organization Folder” option for your assigned organization (Figure 13).

Figure 13. My Registered Organizations – List Page: Screenshot of Registered Organization Page



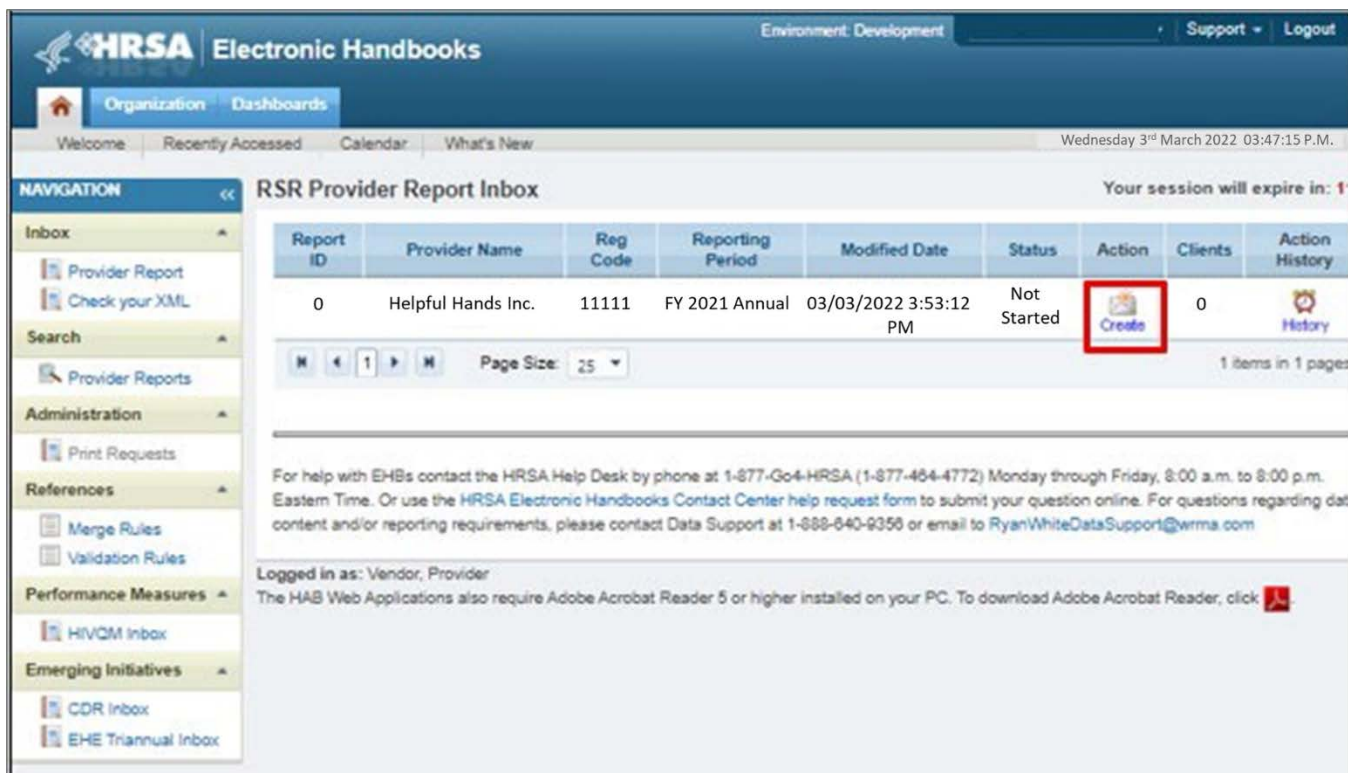
3. Click the “Access RSR (includes modules such as Check your XML HIVQM, CDR, and EHE)” link (see Figure 14).

Figure 14. Organization Home Page: Screenshot of Organization Home Page



The Provider Report inbox page is displayed (Figure 15). Select the envelope icon in the “Action” column to access your Provider Report; you will be taken directly to the first page of your Provider Report.

Figure 15. RSR Provider Report Inbox: Screenshot of RSR Provider Report Inbox



STEP TWO: Complete the Provider Report

On the left Navigation panel, find the “Provider Report Navigation” header. Here you will find six links: General Information, Program Information, Service Information, HC&T Information, Clients by ZIP Code, and Import Client-level Data.


Complete each section before validating and submitting the report. Use these links to navigate between the various sections of the report.

General Information

This information is populated from your organization’s profile (see Figure 16). The provider’s organization information should be entered in the General Information section regardless of whether the recipient completed the Provider Report.

Figure 16. RSR Provider Report Online Form: Screenshot of General Information

General Information


Organization Details  Update

EIN: 123456789
DUNS:
Mailing Address: 123 Main Street
City, NY 12345-6789

Organization Contacts

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

[Add Contact](#)

Provider Profile Information  Update

Provider Type: Publicly funded community health center
Section 330 Funding Received: Yes
Type of ownership: Private, nonprofit
Faith-based Organization: No
Part of a real time electronic data network:

You are responsible for confirming the following information:

Organization Details

Use the “Update” link highlighted in red (Figure 16, above) to modify the Organizational Details as needed.

- Organization Name (editable for service “Provider Only”)

- organizations)
- Tax ID/EIN
- DUNS
- Mailing Address



DUNS will be replaced by UEI. To support this transition, HRSA's EHBs are being updated to change all DUNS number fields to UEI fields. SAM.gov will automatically create the UEI and import it into the EHBs for all active organizations. **Please note: You do not need to take any action.**

Organization Contacts

- The organization contacts are prepopulated from the previous RSR submission. Review the contact information and be sure to update it accordingly, as HAB's technical assistance providers use this information for outreach purposes.
- 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

Provider 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 health care agencies, rehabilitation programs, substance use disorder treatment programs, case management agencies, and mental health care 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 health care 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 health care 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, electronic data network allows clients' health information to be shared and managed by an authorized group of providers. It is a network of electronic health information systems, typically with all data stored on a central server.

- 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's mailing address (see Figure 17). 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 17. 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

Add Organization Address as a Site
Add a Site

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

- **Contact Information of person responsible for this submission.**
Verify that the contact information is correct and make any necessary changes.

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 is in [PCN #15-02](#) available on the HRSA HAB website.

Funding Source Certification

This item lists all your agency’s sources of RWHAP and RWHAP-related funding (program income and pharmaceutical rebates)(see Figure 18). **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 18. 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

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 above-mentioned staff who obtained the waiver in either the current year or prior years. Enter zero if none of the abovementioned staff obtained the waiver.

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.

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 (see Figure 19), 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 19. 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

Review the services funded by your recipient(s) listed in the Administrative and Technical Services, Core Medical Services, Support Services, and EHE Initiative Services tables (see Figure 20).

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 funding (including 2020 CARES Act and EHE initiative funding) and RWHAP-related funding (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 20. 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 fully or partially using RWHAP funding, including EHE and CARES Act, and RWHAP-related (Program Income and Pharmaceutical Rebates) funding. Select the services that were delivered by your agency during the reporting period even if other funding streams in addition to the RWHAP funding, including EHE and CARES Act, and 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	EHE Funding	CARES Act Funding	Delivered	Service Category
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other

Core Medical Services

RWHAP Funding	RWHAP-Related Funding (Program Income and Pharmaceutical Rebates)	EHE Funding	CARES Act Funding	Delivered	Service Category
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outpatient/Ambulatory Health Services
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AIDS Pharmaceutical Assistance (LPAP, CPAP)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Oral Health Care

Support Services

RWHAP Funding	RWHAP-Related Funding (Program Income and Pharmaceutical Rebates)	EHE Funding	CARES Act Funding	Delivered	Service Category
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-Medical Case Management Services
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Emergency Financial Assistance
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Referral for Health Care and Support Services

EHE Initiative Services

EHE Funding	Delivered	Service Category
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Ending the HIV Epidemic Initiative Services

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

Delivered	Service Category
<input type="checkbox"/>	Child Care Services
<input type="checkbox"/>	Early Intervention Services (EIS)
<input type="checkbox"/>	Food Bank/Home Delivered Meals
<input type="checkbox"/>	Health Education/Risk Reduction
<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"/>	Home Health Care
<input type="checkbox"/>	Hospice
<input type="checkbox"/>	Linguistic Services
<input type="checkbox"/>	Medical Case Management, including Treatment Adherence Services
<input type="checkbox"/>	Medical Nutrition Therapy
<input type="checkbox"/>	Medical Transportation
<input type="checkbox"/>	Mental Health Services
<input type="checkbox"/>	Other Professional Services
<input type="checkbox"/>	Outreach Services
<input type="checkbox"/>	Psychosocial Support Services
<input type="checkbox"/>	Rehabilitation Services
<input type="checkbox"/>	Respite Care
<input type="checkbox"/>	Substance Abuse Outpatient Care
<input type="checkbox"/>	Substance Abuse Services (residential)

HIV Counseling and Testing (HC&T) Information

Regardless of whether your agency used RWHAP funding to provide HIV counseling and testing (HC&T) services during the given reporting period, you are required to complete this section. Report ALL people who received the service at your agency during the reporting period, regardless of funding source. Complete this section even if RWHAP funds are only used for staff salaries. If your agency did not provide HC&T during the reporting period select “No” for question #8.

Figure 21. HIV Counseling and Testing Service Information: Screenshot of the HC&T Information Page

HIV Counseling and Testing Service Information

Report the number of individuals who received counseling and testing during the reporting period. A field with an asterisk * before it is a required field.

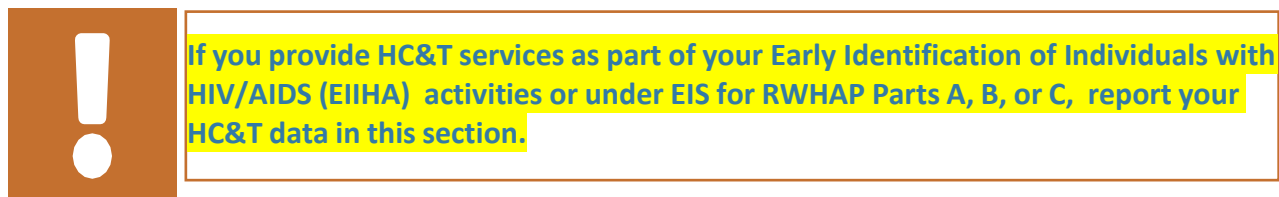
* 8. Did your organization use Ryan White HIV/AIDS Program funds to provide HIV Counseling and Testing services during the reporting period? Yes No

9. Number of individuals tested for HIV:

10. Of those tested (#9 above), number who tested NEGATIVE:

11. Of those tested (#9 above), number who tested POSITIVE:

12. Of those who tested POSITIVE (#11 above), number referred to HIV medical care:



Did your organization use RWHAP funds to provide HIV Counseling and Testing services during the reporting period? Indicate “Yes” or “No.”

Number of individuals tested for HIV: Indicate the number of people tested using an FDA-approved test during the reporting period.

Of those tested (#9 above), number who tested NEGATIVE: Indicate the number who tested NEGATIVE for HIV during the reporting period.

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.

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 (see Figure 22). 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).

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 with an unknown residence or who do not have a proxy, report the client's ZIP Code as "99999" to indicate the residence is unknown.

Figure 22. RSR Provider Report Online Form: Screenshot of Clients by ZIP Code

Clients by ZIP Code

Note: Any changes made to this page must be saved before proceeding to the next page.

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 funding, including EHE and CARES Act and RWHAP-related (Program Income and Pharmaceutical Rebates) funding. For the small number of patients for whom residence is not known or for whom a proxy is not available, residence should be reported as "99999." 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"/>	Delete
<input type="text"/>	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	Delete

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. **The client-level data XML file should include data for clients who received services provided through all RWHAP funding (including CARES Act and EHE) and RWHAP-related funding (program income and/or pharmaceutical rebates) as well as data for those clients who received a service eligible for RWHAP funding, regardless of payor.** To learn how to upload the client-level data XML file, see page 52.

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.

Validation results are divided into three categories: Errors, Warnings, or Alerts.

- **Errors** must be corrected before you can submit the report or data. 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.
- **Warnings** either need to be corrected or you must enter a comment explaining why the data are correct or can’t be corrected. To submit your Provider Report with warnings, write a comment for all the warnings that can’t 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; however, it is highly recommended that you correct these data as much as possible before submission.



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

Your data system contains PHI that includes, but is not limited to, client names, addresses, dates of birth (DOB), social security numbers (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.



Do not disclose sensitive information in your reporting comments. For additional information about client confidentiality and privacy, visit the [HHS Office of Civil Rights Health Information Privacy Page](#)

Step Five: Submit your report

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. On the

page that appears, you will be required to enter a comment. The comment box is your opportunity to add feedback regarding your submission and is reviewed at the end of the reporting period to help improve future submissions. Next, check the box under the comment box indicating that you certify the data are accurate, and select the “Submit Report” button.

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



Should I include funding information for RWHAP-related funding (program income or pharmaceutical rebates) in my Provider Report?

Yes, include funding information for additional services that are provided using your own RWHAP-related funding (program income or pharmaceutical rebates). If a funded service is missing or incorrect, please contact your recipient.



Do providers need to report data on services provided with RWHAP-related funding (program income or pharmaceutical rebates) on the 2021 RSR?

Yes. Services funded with RWHAP-related (program income or pharmaceutical rebates) are required for submission on the 2021 RSR.



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 the agency is funded under.



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 5 to review how to report for an exempted provider.



Do second-level providers have to submit Provider Reports?

Yes, both subrecipients 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 upfront 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, 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 RWHAP eligible 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.



Are we allowed to upload more than 490 ZIP code records in the 2021 RSR?

Providers can now upload 3,000 ZIP code records into the RSR Provider Report. You have the option to upload ZIP codes manually or use the template provided in the Clients by ZIP code section of the report.



Can I upload more than one ZIP Code file?

No. Providers should upload one .csv file that includes their ZIP Code(s) using the provided template. Providers cannot upload multiple files. The system only accepts one file at a time; when a second file is uploaded, the first file's data will be erased and overwritten.



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 have entered contracts in the GCMS for your own organization to provide services through multiple program Parts (e.g., your agency receives RWHAP Parts C and D funding), the report must be accepted under both grants.

RSR Client-Level Data Report

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 5.

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](#) 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](#) on the TargetHIV website. These items are 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 another RSR-ready vendor system to create their client-level data XML file.



If you need help generating or modifying your XML file, contact the DISQ 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 DISQ Team at data.ta@caiglobal.org. Include a screenshot of the schema check error message(s) with your email.

The Upload Completeness Report (UCR) is a report available in the RSR web system that displays the uploaded data by data element so you can review your data quality. The UCR allows you to identify both missing data and incorrect data. Generate the UCR from the left Navigation panel to review your data before submission.



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

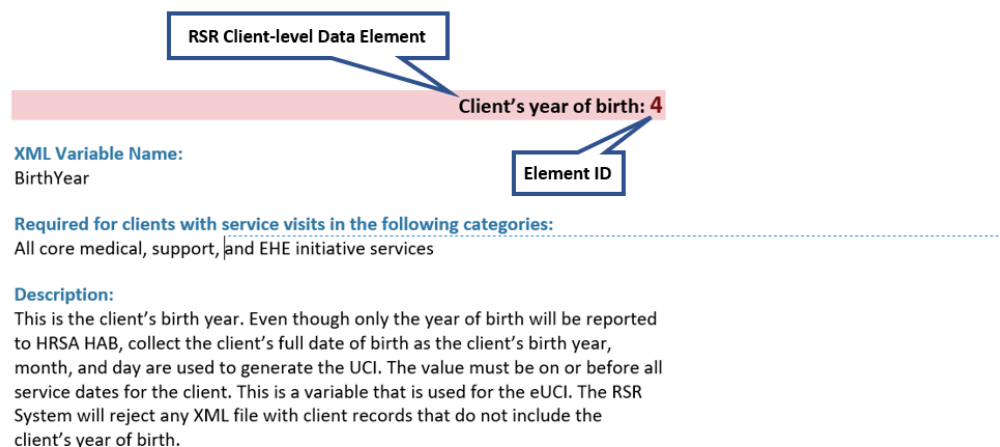
Client-Level Data Elements

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 59 to determine which client-level data elements to report for a client.

Up to 56 data elements may be reported for each client (see Figure 23); they include the following:

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

Figure 23. Screenshot of Client-Level Data Element and Element ID



RSR Client-level Data Element

Client's year of birth: 4

Element ID

XML Variable Name:
BirthYear

Required for clients with service visits in the following categories:
All core medical, support, and EHE initiative 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.

Below is the list of 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 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 were able to report client-level data on additional service categories funded with RWHAP-related funding (program income or pharmaceutical rebates). Agencies now must collect client-level data on these additional services provided with RWHAP-related funding (program income or pharmaceutical rebates) and submit these data in the 2021 RSR.

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

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



Providers are required to report eligible clients who received a service funded with only RWHAP-related funding (program income or pharmaceutical rebates) in the 2021 RSR. For further guidance on these reporting requirements, review [RSR in Focus: Understanding Eligible Services for 2021 Data](#)

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 2021 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 should be reported on the 2021 RSR, as this agency collects data on these services, because he meets the eligibility requirements, and this agency receives RWHAP-related funding (program income or pharmaceutical rebates) to provide the services he received.

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 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:

The client receives a RWHAP-eligible service (regardless of the payor) -OR-

The client received a service from your agency that was funded by any RWHAP or RWHAP-related (including program income and/or pharmaceutical rebates) funding.



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 Housing Opportunities for Persons with AIDS (HOPWA) clients?

HOPWA clients should only be included in the RSR if they have received another service the organization is funded with RWHAP funding or uses RWHAP-related funding to provide. If the client is considered a HOPWA only client please do not report those individuals on the RSR. For further information on the HOPWA program, visit the [HUD Exchange website](#).

System Variables

This section includes the list of data elements that may be reported for each client. It also includes information on how to indicate information for types of variables. The 56 data elements required for the client-level data file are listed in the table below (Table 4).

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](#) 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](#) 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.

Guidelines for collecting Demographic Data

You can report up to 18 demographic data elements for each client. Determine which demographic data elements are required for a particular client by looking

at Appendix A on page 58.

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
- EHE Initiative Services

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), report the client's last known status.



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.

Client's year of birth: 4

XML Variable Name:

BirthYear

Required for clients with service visits in the following categories:

All core medical, support, and EHE Initiative 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.

Guidelines for 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.

Client's self-reported ethnicity: 5

XML Variable Name:

EthnicityID

Required for clients with service visits in the following categories:

All core medical, support, and EHE Initiative 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, support, and EHE Initiative 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, support, and EHE Initiative 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, support, and EHE Initiative 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, support, and EHE Initiative 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, support, and EHE Initiative 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 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, two-spirited).
- *Unknown*—Indicates the client's gender category is unknown, 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, support, and EHE Initiative 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
- EHE Initiative Services

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 you should document changes). 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](#) 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 do so. 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
- EHE Initiative 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
- 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 person

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
- EHE Initiative 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
- EHE Initiative Services

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, or is an affected partner or family member of a person 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:

- [Revised Surveillance Case Definitions for HIV Infection Among Adults, Adolescents, and Children Aged <18 Months and for HIV Infection and AIDS Among Children Aged 18 Months to <13 Years](#)
— United States, 2008
- [Revised Surveillance Case Definition for HIV Infection](#)
— United States, 2014

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
- EHE Initiative Services

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 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., same-sex 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 or childbirth. This category is exclusively for clients with perinatally acquired HIV. This category includes clients born after 1980 who are known to have HIV and whose infection is attributed to vertical transmission, as well as infants with indeterminate serostatus.
- 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, 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
- EHE Initiative Services

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 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.

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 was covered through private insurance for the entire year, select the corresponding response option. Select all responses that apply to the client's payor of premium, copays, or deductibles during the reporting period.



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?

When a client is covered by COBRA, the client is responsible for payment, and insurance status should be reported as "Private-Individual."

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
- EHE Initiative Services

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)

New client: 76

XML Variable Name:

NewClient

Required for clients with service visits in the following categories:

- Core Medical Services
- Support Services
- EHE Initiative Services

Description:

Indicate whether the client is new to the service provider. The allowed values are:

- Yes
- No

Please see the FAQ below for the definition of a new client.

Frequently Asked Questions About This Data Element



How do we determine a new client?

A new client is a client who is new to care at the provider of HIV services (i.e., the client has never received care at the HIV service provider). For example, if a client has received care in the department of cardiology at a university hospital and then receives care a year later at the HIV clinic in the same hospital, they would be considered a new client because they are new to receiving care from the HIV services provider.

Received Service Previous Year: 77

XML Variable Name:

ReceivedServicePreviousYear

Required for clients with service visits in the following categories:

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

Description:

Indicate whether the client received at least one service in the previous year. This should be completed if the client is not new to the service provider. The allowed values are:

- Yes
- No

Service visits delivered: 16, 18–19, 21–27, 28-44, 75, 78

XML Variable Name:

ClientReportServiceVisits

- ServiceVisit
- ServiceID (see Tables 1, 2, and 3)
- 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 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, Sue Chrysler receives five services: a dental exam, a cleaning, a filling, X-rays, and a fluoride treatment. In this situation, even though Sue received five services, the provider will only report one Oral Health Care service visit for that day.

Example 2: On December 7, Tim Ford 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 Tim 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](#) 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	ID 18
27	Substance Abuse Outpatient Care	ID 19

The definitions for the RWHAP support services are in [PCN 16-02](#) 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
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

Table 3. EHE Initiative Services Definition

Element ID	Service Category	ServiceID
78	Ending the HIV Epidemic Initiative Services	ID 46

Frequently Asked Questions About This Data Element



What is the definition of Ending the HIV Epidemic Initiative Services?

The new service category, “Ending the HIV Epidemic Initiative Services,” includes those services that are funded through EHE Initiative funding but do not meet the definition of a RWHAP service as outlined in [PCN #16-02](#). EHE funding dedicated to services that meet the definition of one of the RWHAP core medical or support service categories should be listed under that specific service category.

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 on the HRSA HAB website.

Table 3: RWAP 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

Guidelines for reporting Clinical Information

The final group of data elements collected in the client-level data XML file are the clinical information data elements. All providers that 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](#).

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. 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: [ART Clinical Information](#)

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 infection 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

For additional information, visit: [HIV Clinical 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 pregnant people with HIV (including cisgender women, transgender and non-binary people).

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



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](#) on the TargetHIV 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 **58**.



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 30 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

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

1) 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)	EHE	Rationale
Client-Level Data Elements																													
Client Demographics																													
Year of birth																													
Ethnicity	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Hispanic subgroup	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Race	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Asian subgroup	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
NHPI subgroup	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Gender	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Sex at birth	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Health coverage	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Housing status	•	•																•										•	
Housing status collection date	•	•																•										•	
Federal poverty level percent	•	•																										•	
HIV/AIDS status	•	•																										•	
Client risk factor	•	•																										•	
Vital status	•	•																										•	
HIV diagnosis year (for new clients)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
New Client	•	•																										•	
Received services previous year	•	•																										•	
First outpatient/ambulatory health service visit date	•																											•	
Outpatient ambulatory health service visits and dates	•																											•	
CD4 counts and dates	•																											•	
Viral load counts and dates	•																											•	
Prescribed ART	•																											•	
Screened for syphilis	•																											•	
Pregnant	•																											•	
Date of first positive HIV test (for clients with new HIV diagnosis)	•																											•	
Date of OAHS visit after first positive HIV test	•																											•	

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 Immunodeficiency Syndrome. An advanced stage of HIV infection when CD4+ T- lymphocyte values are usually persistently depressed condition.

ART: Antiretroviral Therapy. Standard ART consists of the combination of at least three antiretroviral drugs to maximally suppress the HIV virus and stop the progression of HIV disease.

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: [HIV/AIDS Treatment 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 focal point for program data collection and analysis, development of policy guidance, advancement of implementation science, and analyses of data for reports for dissemination, coordination of program and clinical performance activities, and technical assistance and training internally and externally. The Division of Policy and Data coordinates all data technical assistance activities for HAB in collaboration with each HRSA HAB division.

Eligible Scope reporting: The method of data reporting where one must report client level data (CLD) on clients who are RWHAP-eligible and received at least one service for which the provider received RWHAP funding.

Eligible Services reporting: The method of data reporting where one must report client-level data (CLD) on clients who are RWHAP-eligible and received at least one service for which the provider received RWHAP funding or used RWHAP-related funding (program income and/or pharmaceutical rebates) to provide the service.

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

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>.

across all provider settings.

UEI: The Unique Entity Identifier is a new 12-digit alphanumeric identifier that [SAM.gov](https://sam.gov) will provide to all entities who register to do business with the federal government. It replaces the DUNS number.

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 HRSA bureau 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. HAB'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 Report.

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/or 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 within HHS that is 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 or the original funding 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: Outpatient/Ambulatory Health Services that provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.

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.

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.

RWHAP-related funding of services: Refers to RWHAP eligible services that are funded with program income or pharmaceutical rebates, as distinguished from direct RWHAP grant funds.

Ryan White HIV/AIDS Treatment Extension Act of 2009: The Federal Legislation that addresses the healthcare and service needs of low income 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.

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.

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: is the term for the classification of cases that summarizes an adult's or adolescent's possible HIV risk factors; the summary

classification results from selecting, from the presumed hierarchical order of probability, the 1 (single) risk factor most likely to have been responsible for transmission. For surveillance purposes, a diagnosis of HIV infection is counted only once in the hierarchy of transmission categories [10]. Adults or adolescents with more than 1 reported risk factor for HIV infection are classified in the transmission category listed first in the hierarchy. The exception is men who had sexual contact with other men and injected drugs; this group makes up a separate transmission category. (Ref: CDC, Diagnoses of HIV Infection in the United States and Dependent Areas 2019: Technical Notes.)

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.

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