

Reporting Services Correctly in the RSR

The Health Resources and Services Administration HIV/AIDS Bureau (HRSA HAB) provides grants to cities, states, counties and community-based groups to provide care, medication and essential support services to people with HIV.¹ [Policy Notice Clarification \(PCN\) 16-02](#) provides guidance regarding eligible individuals and allowable use of Ryan White HIV/AIDS Program (RWHAP) funds. Service category descriptions and program guidance include both core medical and support services, ranging from outpatient/ambulatory health services (OAHS) to medical transportation.

Annually, RWHAP-funded recipients and providers are required to submit the RWHAP Services Report (RSR). The RSR includes three reports: the Recipient Report, the Provider Report and the Client-Level Data (CLD) Report (i.e., client-level data XML file). This document provides guidance regarding how to ensure that CLD accurately reflects the services for which providers were funded. It was primarily developed to support service providers that are direct recipients of RWHAP funding from HRSA HAB. Providers that are subrecipients (e.g., receive RWHAP funding from a state or local health department) should consult their recipient for additional guidance.

Client-Level Data Report Requirements Overview

Guidance related to reporting services in the **CLD** include:

- Client-level data should include all clients who were RWHAP eligible and received a service within a category funded by RWHAP or RWHAP-related funding in the reporting period.
- All service visits within those categories, regardless of who paid for the service (e.g., RWHAP, Medicaid) should be reported. For more information on this requirement, see the [RSR in Focus on Eligible Services Reporting](#).
- The specific data that needs to be reported for each client depends on the services that the client receives. For example, providers only report clinical data for HIV-positive clients who received OAHS. Appendix A of the [RSR Instruction Manual](#) (the [Required CLD Elements for RWHAP Services table](#)) outlines the required data elements in more detail.

In the **Provider Report**, you should check off all the RWHAP service categories that were delivered in the reporting period. The service tables in the Provider Report are pre-populated by the **Recipient Report**, which indicates which RWHAP service categories you are funded to provide. For example, if your agency is funded directly by HRSA HAB for Part C and by the state through Part B, your agency and the state will each complete a Recipient Report, which will pre-populate the service table in the Provider Report.

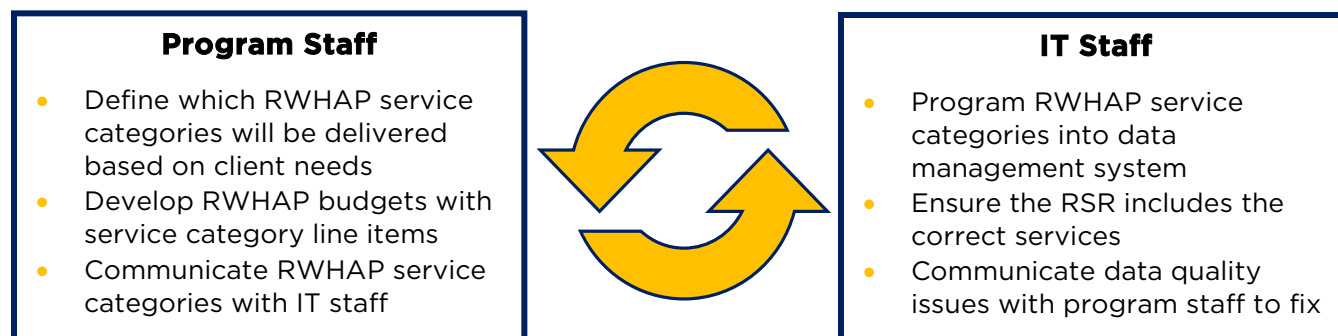
¹ <https://ryanwhite.hrsa.gov/about/parts-and-initiatives>, accessed 5/25/2022

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Strategies for Meeting Requirements

Accurately reporting RSR client-level data involves close collaboration between program and data/IT staff. Specifically, program staff need to share the services for which they are funded to the data/IT staff to ensure that their respective data systems are capturing the needed information. It is important to understand not just what the funded service is, but how it is being provided in order to ensure it is accurately reported. For example, treatment adherence activities provided during an OAHS visit is reported as OAHS whereas treatment adherence activities provided during a Medical Case Management (MCM) visit are considered MCM services.

Program staff need to work closely with data/IT staff to ensure those RWHAP service categories and associated subservices are incorporated into data management systems for tracking and reporting. Together, program and IT staff can review the RSR to identify and address data quality issues. See the figure below for roles and responsibilities



Tips for Program Staff

Make sure information on your funded RWHAP service categories is up to date and has been communicated to your data/IT. If you are a recipient (meaning that you receive your funding directly from HRSA HAB), funded services are determined when you complete reports such as the Program Term Report (PTR) or Allocation Reports. It is also possible that during the fiscal year, the categories change based on provider requests or funding changes, so ensure that any updates are quickly communicated. If you do not have access to this information, check with your Program Director at your organization.

If you are a subrecipient, you should be able to find information on services funded by RWHAP in your contract or agreement from your recipient (e.g., state or local health department). Contact to your recipient if you have questions about what services you are funded to provide.

Important Tips

- Data systems should be set up as soon as funding for service categories has been determined
- If there is a change in reporting, ensure that it is communicated to data/IT staff

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Tips for Data/IT Staff

The strategy you use to capture services for RSR reporting depends on the system you use to generate the CLD. [RSR-Ready Systems](#) (e.g., CAREWare) typically allow you to create subservices that are specific activities that fall within larger RWHAP service categories. Many providers are required to use a specific data system by their funded recipients; the recipient usually determines what subservices can be used. In this case, it is important to develop a crosswalk for data/IT staff entering or importing data to ensure that it is being reported in the correct subservice.

If you extract data from an [electronic health record \(EHR\)](#) to create your XML file (e.g., via [TRAX](#)), you'll need to map the subservices or specific activities in your EHR to the appropriate RWHAP service category. Common strategies include mapping by Current Procedural Terminology (CPT) codes or clinician providing the service (e.g., all services provided by Dr. Doe are OAHS). Regardless, work with program staff to develop a mapping strategy of RWHAP service categories and related subservices in your system.

Example Mapping of RWHAP Service Categories to Services in System

RWHAP Service Category	Subservices in System
Outpatient Ambulatory Health Services	Diagnostic Services – Primary Care Diagnostic Service – Specialist Care Therapeutic – Primary Care Therapeutic – Specialist Care Vision Care
Substance Abuse – Outpatient Care	Counseling Methadone (Medication assisted therapy) Neuro-psychiatric pharmaceuticals

Checking Data Quality

The [Upload Completeness Report \(UCR\)](#), available through the Electronic Handbooks (EHBs), summarizes the data submitted in the RSR client-level data file. Review the *Service Visits* table to see the total number of clients and visits for each RWHAP service category. Do counts match your expectations? If not, program and IT staff should work together to address possible issues. For example, if you have a large number of OAHS visits per client, you may be mapping individual procedures instead of days with the service. If no clients are reported with a service you know you provide, you may be coding those services incorrectly in your system. The [RSR UCR Module](#) can show you how to interpret the UCR and resolve data issues.

[Validations](#) can also shed light on data quality issues. The services reported in the Recipient Report, Provider Report, and CLD file should align or you will receive a warning or alert. For example, if you mark a service as “delivered” in the “Service Information” section of the Provider Report, you must include at least one client with that service in the CLD file. If you receive validation messages, program and IT staff should work together to address the issues.

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The table below shows the warnings you will receive if services are not consistent across the components of the RSR:

Services Reported In...			Validation Message	Potential Issue / Response
Recipient Report	Provider Report	CLD File		
•			[Service Category] services funded but not delivered.	You may be funded for services that you don't deliver because clients don't need them. You should report this in your warning comment.
•	•		[Service Category] services delivered but not uploaded.	Re-upload a file that includes the services. Or, uncheck the box in the Provider Report to indicate the service was not delivered.
•		•	[Service Category] service uploaded but not delivered.	Check the box in the Provider Report to indicate the service was delivered.
•	•	•	None – delivered services should be included in all 3 places	

Still have questions? Reach out to the DISQ Team at data.ta@caiglobal.org for help.

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