Data Reporting Requirements for EHE-Funded Providers

In 2019, the Health Resources and Services Administration HIV/AIDS Bureau (HRSA HAB) awarded the first Ending the HIV Epidemic (EHE) Initiative funding through the Ryan White HIV/AIDS Program (RWHAP). Some 39 metropolitan areas (RWHAP Part A) and eight states (RWHAP Part B) received EHE Initiative funds to implement strategies, interventions, approaches, and core medical and support services to reduce new HIV infections in the U.S.[1]. All recipients and providers that receive EHE Initiative funding are required to complete specific data reporting requirements.

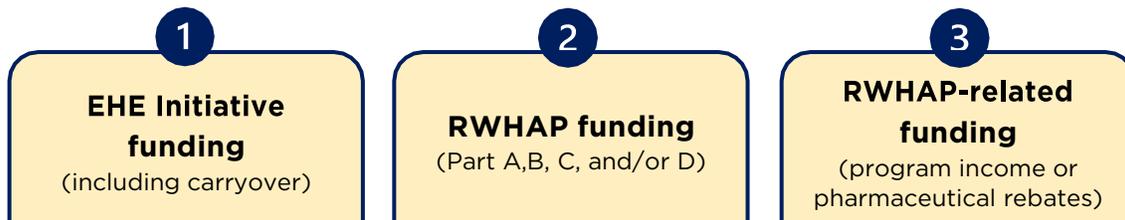## Data Report Requirements for EHE-Funded Providers

There are three types of providers as shown in the graphic below: those that receive only RWHAP Part A, B, C and/or D funding, those that receive only EHE Initiative funding, and those that receive both. Providers that receive only RWHAP Part A-D funding only complete the RWHAP Services Report (RSR); all other providers must complete two reports: the RSR and the EHE Tri-annual Provider Report.

If you receive the following funding:	You must complete the following reports:	
	RSR	**EHE Triannual Provider Report**
Only **RWHAP Part A, B, C, and/or D** funding	✔	
Only **EHE Initiative** funding	✔	✔
Both **RWHAP Part A, B, C, and/or D** _and_ **EHE Initiative** funding	✔	✔

EHE Triannual Provider Report

The EHE Triannual Provider Report is submitted three times a year by EHE Initiative-funded providers. Providers should report **aggregate data on clients with HIV that received a direct service during the reporting period**, regardless of payor or RWHAP eligibility.

On the EHE Triannual Provider Report, providers should include services for which they received funding from one or more of the following sources:

1
EHE Initiative funding
(including carryover)

2
RWHAP funding
(Part A, B, C, and/or D)

3
RWHAP-related funding
(program income or pharmaceutical rebates)

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[1] https://www.hrsa.gov/about/news/press-releases/hrsa-awards-99-million-to-end-hiv-epidemic

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RWHAP Services Report (RSR)

The RSR is an annual data report that is required for all service providers. Providers must report client-level data for **all eligible clients that received a direct service during the calendar year reporting period** regardless of payor. On the RSR, providers should include services for which they received funding from one or more of the following sources:

1 EHE Initiative funding

2 RWHAP funding

3 RWHAP-related funding
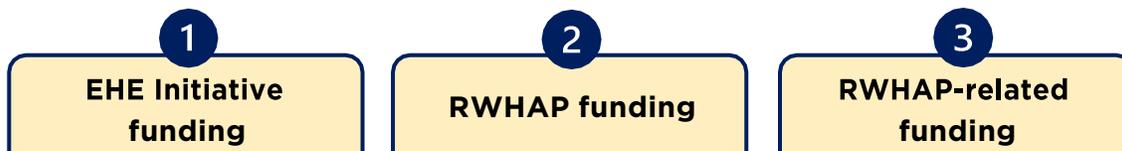
The data that need to be reported in the RSR client-level data depend on the service(s) that the client receives. To learn more about these reporting requirements, review Appendix A in the RSR Manual: Required Client-Level Data Elements for RWHAP Services.

Common Issues in EHE Reporting and How to Address Them

EHE Triannual Provider Report

Providers have reported common issues with the EHE Triannual Provider Report in four main areas: (1) reporting scope; (2) service categories; (3) new, existing, re-engaged, and total clients; and (4) health outcomes reporting.

Area of Concern #1: Reporting Scope

- **Requirement:** On the EHE Triannual Provider Report, providers should report all clients with HIV who received a service for which their agency received EHE, RWHAP, or RWHAP-related funding, regardless of RWHAP eligibility or payor.

- **Common Issue:** Some providers are only reporting clients who received EHE-funded services and not reporting clients receiving RWHAP or RWHAP-related funded services. **Basically, if the client is reported in the RSR, they should also be reported in the EHE Triannual Provider Report**.

> **Reminder:** Every client reported in the RSR should also be in at least one of the three annual EHE Triannual Provider Reports, depending on when the client was seen.

- **How to Check Your Data:** Reach out to DISQ or Ryan White Data Support to review data across the RSR and the EHE Triannual Report and identify possible reporting issues.

Area of Concern #2: Service Categories

- **Requirement:** In the "Triannual Report" section of the EHE Provider Report, providers should report a deduplicated count of all clients who received services within the reporting period in Row 1, and a count of clients who received individual service categories in Rows 1a-1h (see screenshot on the next page).
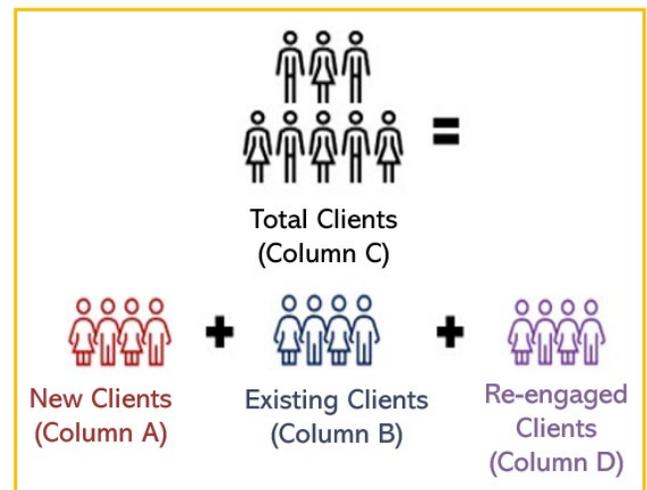
EHE Provider Report

Navigation

- General Information
- **Triannual Report**

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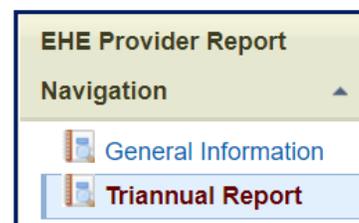
Services	# of New Clients who received service(s) in the reporting period[1] (A)	# of Clients who received service(s) in the reporting period and received at least one service during a previous reporting period of the current calendar year or during the previous calendar year[2] (B)	Total # of Clients who received service(s) in the reporting period (C)	# of Clients served during the reporting period who were estimated to be re-engaged in care[5,6] (D)
RWHAP/ Initiative Services				
1. Any RWHAP[3] or Initiative Service				
1a. Ending the HIV Epidemic Initiative Services[4]				
1b. Outpatient/Ambulatory Health Services				
1c. Medical Case Management, including Treatment Adherence Services				
1d. Non-Medical Case Management Services				
1e. Mental Health Services				
1f. Substance Abuse Outpatient Care				
1g. Substance Abuse Services (residential)				
1h. Housing				
Health Outcomes				
2. Prescribed ART in the reporting period				

- **Common Issue #1: Providers should not add the number of clients who received services in Rows 1a-1h to get the value for Row 1.** Doing so can cause issues for two reasons:
    - This results in clients who received multiple services being duplicated in Row 1. **Row 1 should be a de-duplicated count of all clients served during the reporting period**; if a client received two services across two different service categories, they should only be counted once in Row 1.
    - **Additional funded services not listed in Rows 1a-h should still be included in Row 1** (e.g., Outreach Services, Food Bank/Home Delivered Meals).
- **Common Issue #2:** Not all clients should be reported in Row 1a (Ending the HIV Epidemic Initiative Services). **The EHE Initiative Services category is limited to those services that do not meet the service category definitions outlined in PCN #16-02.**
- **Common Issue #3:** The system will not accept blanks, so **zeros must be reported if no clients received a specific service category.**

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- **How to Check Your Data:** The system will check the data to ensure the following:
    - For each column, the number of clients reported in Rows 1a-1h must be less than or equal to the number of clients reported in Row 1.
    - The number of clients must be populated for all services (including zeroes).

Area of Concern #3: New, Existing, Re-engaged and Total Clients

- **Reporting Requirement:** As shown in the screenshot on the previous page, there are three columns in which you can enter data into the EHE Triannual Provider Report data table:
    - New Clients (Column A) – A new client is someone that was seen during the current reporting period but has not been seen by your agency at any previous point.
    - Existing Clients (Column B) – These are clients that were seen during the current reporting period but that also have been seen during a prior reporting period in the current or prior calendar year.
    - Total (Column C) – All clients receiving services during the reporting period.

- **Common Issue #1: Providers should not add Columns A and B to calculate Column C**, , as that would exclude any clients who received a service in the current reporting period and last received a service prior to the previous calendar year (known as **re-engaged clients**). The EHE Triannual Report will calculate the number of re-engaged clients using the formula: Column D = column C [total clients] – column A [new clients] – column B [existing clients].

Total Clients (Column C) = New Clients (Column A) + Existing Clients (Column B) + Re-engaged Clients (Column D)

- **Common Issue #2:** Providers should not report a greater number of re-engaged clients for a specific service category (Rows 1a-1h) than all service categories (Row 1).

- **How to Check Your Data:** The system will check the data to ensure that:
    - For each row, the number of clients reported in Columns A and B must be less than or equal to the number of clients reported in Column C.
    - The number of re-engaged clients calculated in Column D for all sub rows (1a-h) must be less than or equal to the number of re-engaged clients for Row 1.

> **Reminder:** Providers who have data in more than one data system and commonly upload two data files for the RSR will need to combine and aggregate the data in order to complete the EHE Triannual Provider Report.

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Area of Concern #4: Health Outcomes Reporting

- **Reporting Requirement:** If a client was either newly prescribed or continued on anti-retroviral therapy (ART) as part of Outpatient/Ambulatory Health Services (OAHS) or any service through which ART could be prescribed or provided (e.g., EHE Initiative Services), they should be reported in Row 2 (Prescribed ART in the reporting period).

- **Common Issue: Providers should only report prescribed ART for clients for whom the provider prescribed ART.** If clients are prescribed ART from another provider, they should not be included in Row 2 of the EHE Triannual Provider Report.

- **How to Check Your Data:** Reach out to DISQ or Ryan White Data Support to review their data and figure out which clients, if any, they should be reporting on ART prescription in their EHE data.

RSR

Area of Concern: Scope of Reporting

- **Reporting Requirement:** The RSR should include all eligible clients who receive a service for which your agency receives RWHAP, RWHAP-related, or EHE Initiative funding.

- **Common Issue: Providers must include clients that received EHE Initiative-funded services in the RSR.** If the provider has data in more than one data system (e.g., if their EHE recipient uses one data system and a Part B recipient uses a different data system), two data files can be uploaded.

- **How to Check Your Data:** The system will check for client-level data on all services listed as funded by the provider's recipient(s). If there are no clients reported as having received one of the provider's funded services, it will be marked as missing data.

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

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