CLEVELAND TGA CAREWARE USER MANUAL

2020

Revised January 2020

25 Ryan White HIV/AIDS Program

U.S. Department of Health and Human Services HRSA Health Resources and Services Administration

CUYAHOGA COUNTY BOARD OF HEALTH
YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

Ryan White Part A Cleveland TGA

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INTRODUCTION

Who Was Ryan White?

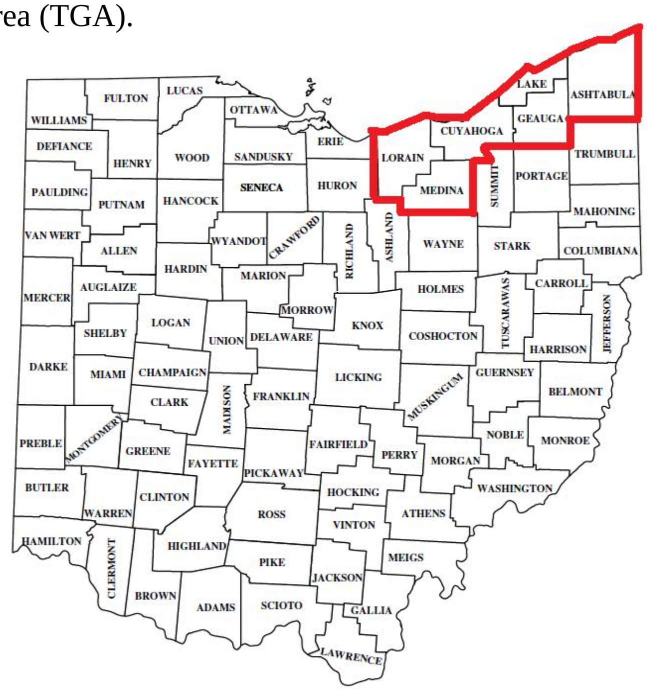
Ryan White and his mom courageously fought AIDS-related discrimination and helped educate the Nation about his disease.

Ryan White was diagnosed with AIDS at age 13. He and his mother Jeanne White Ginder fought for his right to attend school, gaining international attention as a voice of reason about HIV/AIDS. At the age of 18, Ryan White died on April 8, 1990, just months before Congress passed the AIDS bill that bears his name – the Ryan White CARE (Comprehensive AIDS Resources Emergency) Act.

About the Ryan White HIV/AIDS Program (RWHAP)

The Ryan White HIV/AIDS Program provides HIV-related services for those who do not have sufficient health care coverage or financial resources to cope with HIV disease. The program is federally funded through the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB). Annually, the Ryan White HIV/AIDS Program serves an estimated 533,036 individuals living with HIV/AIDS throughout the United States. In 1996, HRSA first designated the six county Cleveland Region as a Part A Transitional Grant Area (TGA).

25 YEARS
Ryan White
HIV/AIDS Program
Moving Forward with CARE:
Building on 25 years of Passion, Purpose and Excellence



The Cuyahoga County Board of Health (CCBH) serves as the Administrator of the Cleveland TGA grant which serves the following Ohio Counties:

- Cuyahoga
- Ashtabula
- Geauga
- Lake
- Lorain
- Medina.

According to the Ohio Department of Health, in 2018 there were a total of 5,857 individuals living with HIV/AIDS throughout the TGA. The Cleveland TGA Part A program provided care and support services to a total of 2,911 individuals in 2018, or 50% of the region's total population living with HIV/AIDS.

Federal Reporting Requirements

As a condition of the grant awards, Ryan White HIV/AIDS Program (RWHAP) recipients are required to report data on clients, services provided, and expenditures.

What kind of data is collected?

Previously, the HIV/AIDS Bureau (HAB) required all RWHAP-funded recipients and the contracted service providers (or “sub-recipients”) to report aggregate data annually using the RWHAP Annual Data Report (RDR). However, aggregate data are limited in two ways:

1. Aggregate data lack client identifiers and, by definition, cannot be merged and unduplicated across providers within a given geographic area. As a result, recipients—and ultimately HAB—cannot obtain accurate counts of the number of people RWHAP serves.

2. Aggregate data cannot be analyzed in the detail required to assess quality of care or to sufficiently account for the use of RWHAP funds.

What is client-level data?

To address the barriers with aggregate data, in 2009 HAB started to require all recipients use a new data reporting system called the Ryan White HIV/AIDS Program Services Report (RSR). HAB’s goal was to have a client-level data reporting system that provides data on the characteristics of the funded recipients, their providers, and the clients served.

The data submitted through the RSR will be used to do the following:

- Monitor the outcomes achieved on behalf of HIV/AIDS clients and their affected families receiving care and treatment through RWHAP recipients and/or providers;

- Address the disproportionate impact of HIV in communities of color by assessing organizational capacity and service utilization in minority communities;

- Monitor the use of RWHAP for appropriately addressing the HIV/AIDS epidemic in the United States;

- Address the needs and concerns of Congress and the Department of Health and Human Services (HHS) concerning the HIV/AIDS epidemic and RWHAP; and

- Monitor progress toward achieving the goals identified in the National HIV/AIDS Strategy.

HAB has taken every measure possible, including the implementation and use of an encrypted Unique Client Identifier (eUCI), to limit data collection to only the information that is “reasonably necessary to accomplish the purpose” of the RSR.

Client-level data must be submitted for all providers who used RWHAP funds to provide core medical or support services directly to clients during the reporting period.

HAB also understands how important the data reported can be to each RWHAP as each assesses its client service needs and establishes practical outcome measures for its programs. HAB considers these data the property of the grantee and will not share the data with other grantees without the permission of the reporting grantee.

What is CAREWare?

CAREWare is free, HRSA sponsored software used to manage and monitor HIV clinical and supportive care as well as produce federally required service reports. CAREWare is updated regularly to be compliant with HAB reporting requirements. The software is scalable and can be customized to meet local needs.

CAREWare was originally released at a Grantee (Recipient) Meeting in 2000. Usage has increased steadily each year and today over 800 Ryan White-funded agencies in 48 States, Puerto Rico, and the U.S. Virgin Islands use the software to manage their HIV/AIDS information.

CAREWare on a local level

The Cleveland TGA began using the CAREWare data collection system in 2011. The Cleveland TGA CAREWare database is hosted on our own secure server and meets all federal, state and local privacy standards. All Cleveland TGA sub-recipients are required to enter data using the CAREWare system. Due to changes in HRSA/HAB reporting requirements and availability of new features or modules, the Cleveland TGA CAREWare software is typically updated every 6-8 months. Only clients that meet out TGA's eligibility requirements should be entered into the Cleveland TGA's CAREWare system.

Cleveland CAREWare User Manual Appendices

Please reference **Appendix A** for the current instructions to access CAREWare from your internet browser. Keep in mind that the approved web-browsers for CW6 are: Microsoft Edge, Google Chrome, Firefox, and Safari. Note: Microsoft Internet Explorer will not work with CW6. **Appendix B** provides instructions if a user account is locked out and needs to reset their password.

Appendix C and **Appendix D** outline the specific requirements for client level data entry. Standards have been developed for the Cleveland CAREWare server to ensure that all users are entering client-level data in a consistent manner. This simplifies data-entry for all funded providers and helps reduce duplicate client records in CAREWare.

In 2015, the Cleveland TGA began requiring that all sub-recipients upload client eligibility applications and verification documents to individual records using the CAREWare database. Electronic Eligibility instructions are outlined in **Appendix E**. Maintaining shared eligibility documents in CAREWare streamlines the eligibility process throughout the region.

The Cleveland TGA also uses customized built-in CAREWare Data Quality Reports outlined in **Appendix F**. Using these customized reports, agencies can quickly identify and correct missing client-level data. This enables funded sub-recipients to maintain high data quality standards throughout the reporting year.

As mentioned above, as a condition of award of Ryan White funds, HRSA/HAB requires that each funded provider submit their own annual RSR Provider Report. The RSR TIP Sheet outlined in **Appendix G** was developed as a reference for program staff that are responsible for submitting the RSR for their agency and is updated annually.

Each service category in the Cleveland TGA has certain client-level data elements required within CAREWare. These elements are outlined in **Appendix H.**

In 2014, the Cleveland TGA also began collecting billing information through CAREWare. Through this addition, providers no longer have to maintain separate spreadsheets with billing notations, instead contracts are set up in CAREWare to either default to a pre-negotiated rate or are adjusted so that the provider can enter the dollar amount associated with the services themselves. CAREWare billing instructions are included in **Appendix I** and are also updated annually.

Appendix J includes federal and local CAREWare and data reporting resources.

As resources are updated or new information is released, an updated Cleveland TGA CAREWare Manual will be distributed to your agency and an electronic copy will be posted on the Cleveland TGA Provider website. Please make sure that you maintain the most recent CAREWare manual resources at your agency.

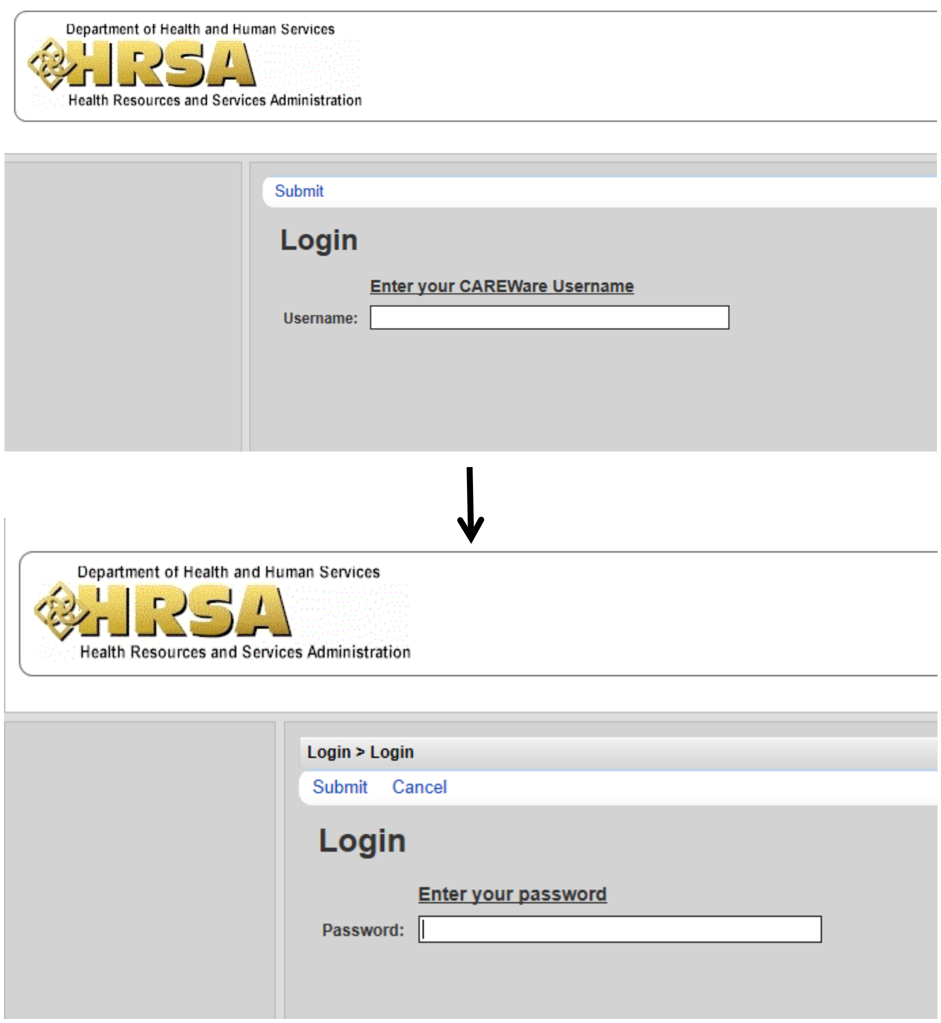
APPENDIX A – CAREWARE ACCESS

CAREWare 6.0 is a web-based system, thus no installation is needed. One can simply access CAREWare 6.0 by entering the following web address into your internet browser (the approved web-browsers for CW6 are Microsoft Edge, Google Chrome, Firefox, and Safari; Microsoft Internet Explorer will not work with CW6):

Recommended to use the Google Chrome browser.

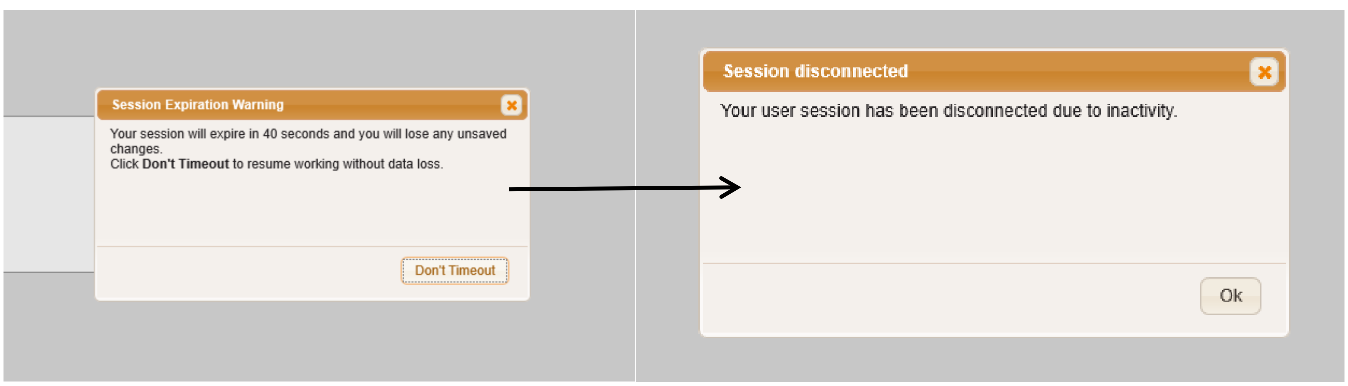
https://carewarecl.ixn.com

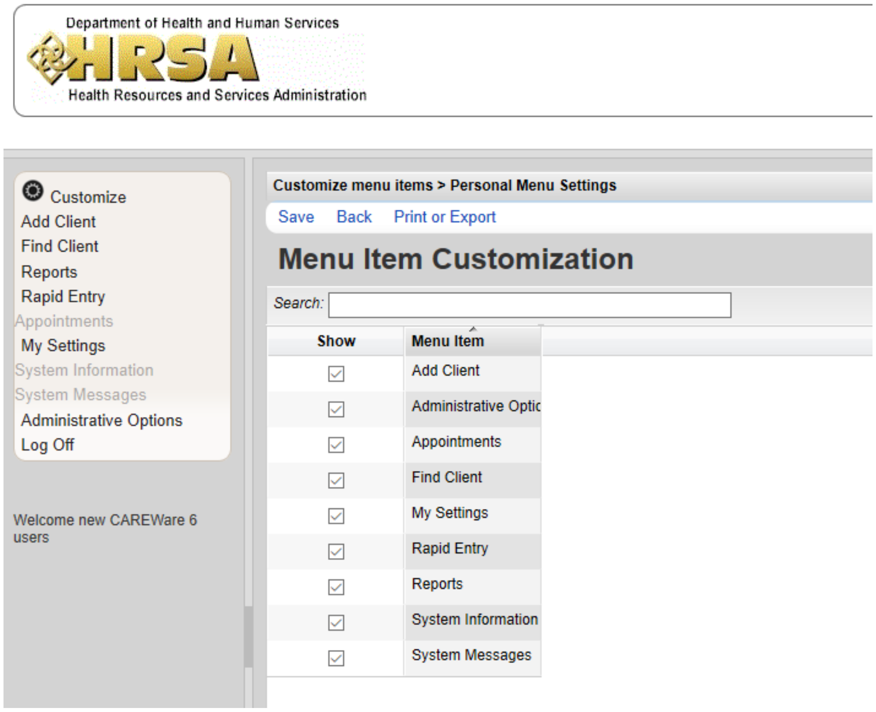
The first step to access CAREWare is to enter your username and password into the login page:



After entering your login and password, the first screen you will encounter is the following:

From this screen, take note of the navigation pane on the far left. From this, one can access the many functions used in CAREWare just as before (i.e. add/find client, reports, settings, etc.) NOTE: if you remain inactive (not using or interacting with CAREWare) for an extended period of time, the site will automatically sign you out due to inactivity.



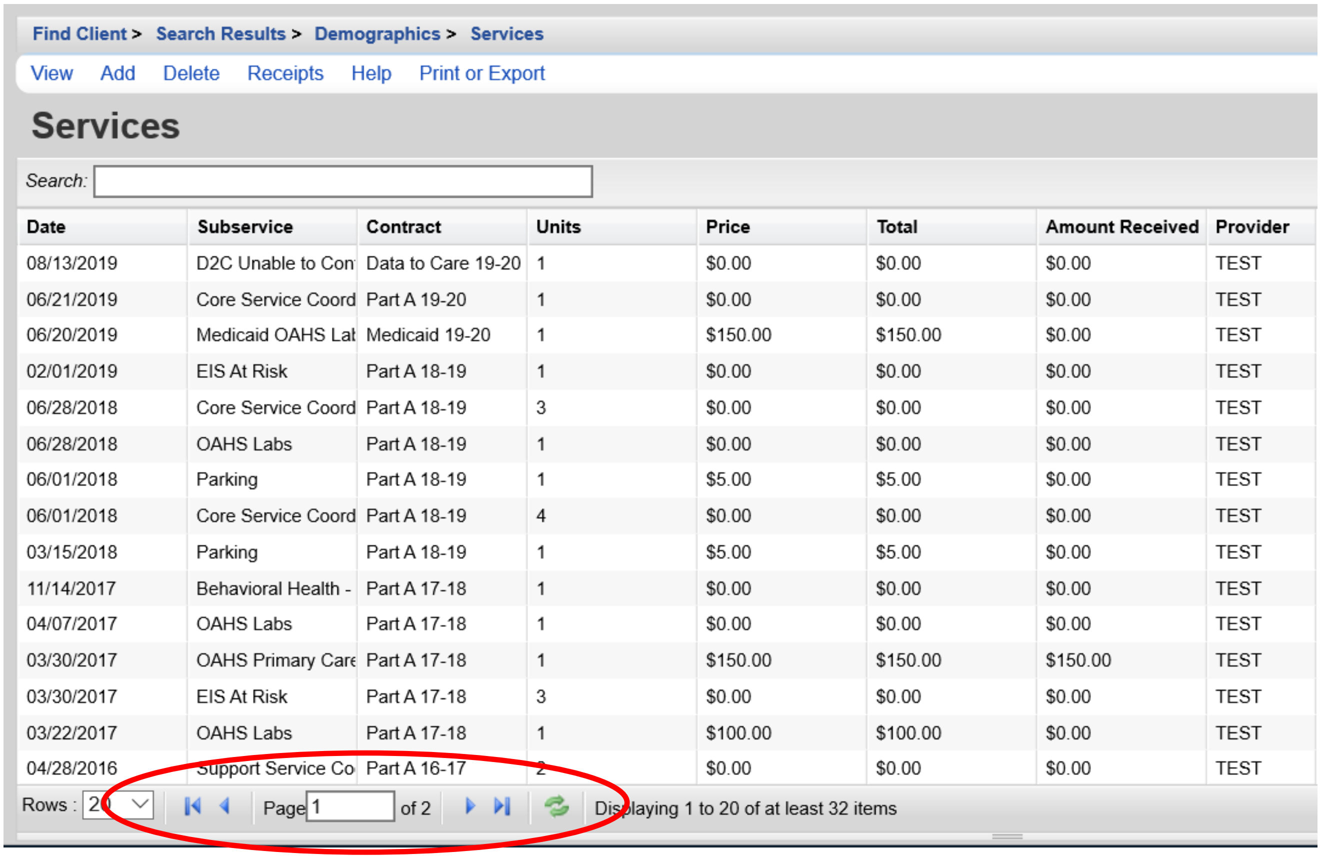


The list of functions on the far left navigation pane can be customized to the user's preference.

Notice the check boxes next to each "Menu Item". One can choose to show (or not show) a menu item by checking (or unchecking) the corresponding box. Be sure to **save** your preferences before navigating away from this screen.

If you cannot see the full text in any column (in the image above, one can see that "Administrative Options" is cut off), you can expand the column by selecting the right margin of a column header and dragging it to the right.

Menus only allow for 20 rows of information/items *per page*. Thus, you must use the navigation buttons at the bottom to view more information/services/menu items. For example, “this client had more than 20 services—to see the rest of the services, you must utilize the bottom navigation buttons to view additional services over the 20 listed here.



Find Client > Search Results > Demographics > Services

View Add Delete Receipts Help Print or Export

Services

Search:

Date	Subservice	Contract	Units	Price	Total	Amount Received	Provider
08/13/2019	D2C Unable to Con	Data to Care 19-20	1	$0.00	$0.00	$0.00	TEST
06/21/2019	Core Service Coord	Part A 19-20	1	$0.00	$0.00	$0.00	TEST
06/20/2019	Medicaid OAHS Lat	Medicaid 19-20	1	$150.00	$150.00	$0.00	TEST
02/01/2019	EIS At Risk	Part A 18-19	1	$0.00	$0.00	$0.00	TEST
06/28/2018	Core Service Coord	Part A 18-19	3	$0.00	$0.00	$0.00	TEST
06/28/2018	OAHS Labs	Part A 18-19	1	$0.00	$0.00	$0.00	TEST
06/01/2018	Parking	Part A 18-19	1	$5.00	$5.00	$0.00	TEST
06/01/2018	Core Service Coord	Part A 18-19	4	$0.00	$0.00	$0.00	TEST
03/15/2018	Parking	Part A 18-19	1	$5.00	$5.00	$0.00	TEST
11/14/2017	Behavioral Health -	Part A 17-18	1	$0.00	$0.00	$0.00	TEST
04/07/2017	OAHS Labs	Part A 17-18	1	$0.00	$0.00	$0.00	TEST
03/30/2017	OAHS Primary Care	Part A 17-18	1	$150.00	$150.00	$150.00	TEST
03/30/2017	EIS At Risk	Part A 17-18	3	$0.00	$0.00	$0.00	TEST
03/22/2017	OAHS Labs	Part A 17-18	1	$100.00	$100.00	$0.00	TEST
04/28/2016	Support Service Co	Part A 16-17	2	$0.00	$0.00	$0.00	TEST

Rows : 20 Page 1 of 2 Displaying 1 to 20 of at least 32 items

NOTE: Use the navigation buttons that appear on the action bar (Save, Back, Cancel, etc.) or the navigation buttons at the bottom of the screen (rows, page, skip to next page etc.), DO NOT use the forward/back buttons on your internet browser. Further, if you edit any information, make sure to SAVE before navigating away from that screen.

Each user now manages their own CAREWare account. There is no need to contact the Ryan White program office or contractor to 'unlock' your user account. (CAREWare does not keep any historical record of previous user passwords, so you can use the same password indefinitely for CAREWare.)

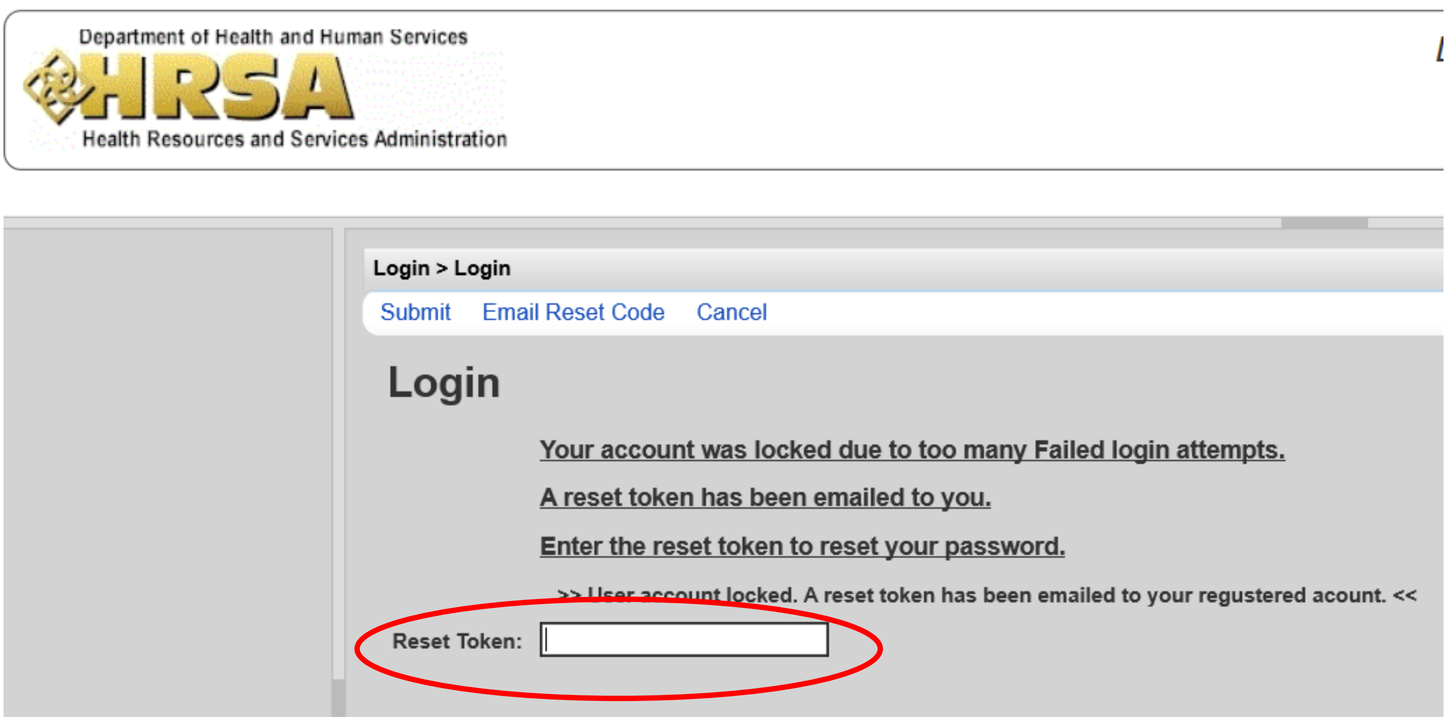
Should you forget your password or your CAREWare account becomes locked, follow these steps with the 'Change My Password' feature in CAREWare (note: you can intentionally lock your account by entering an incorrect password three times in CAREWare).

DISCLAIMER: passwords will expire and need to be reset if a CW user does not login for 6 months/180 days. That being said, the password only needs to be changed <u>for the next login</u>. Once this reset is complete, one may go to settings to change their password back to what it was before the expiration.

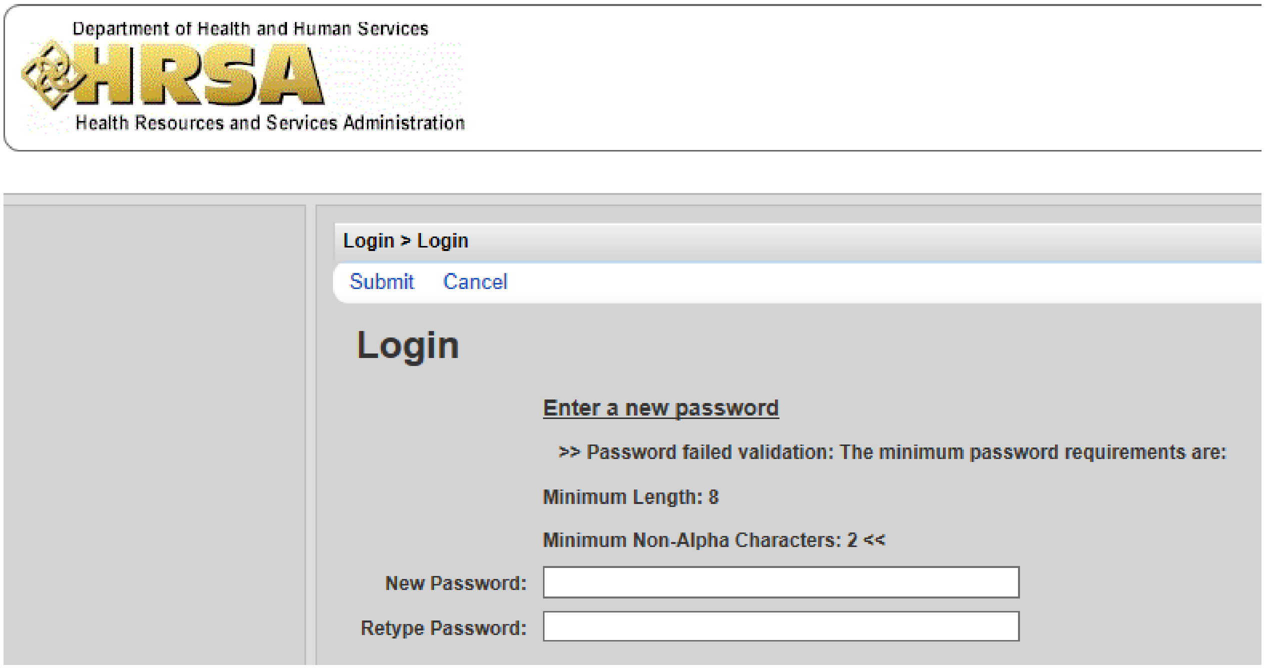
Reset password when CAREWare account is locked:

After three (3) failed login attempts, CAREWare 6 will bring you to the following screen in addition to you receiving an email with password reset instructions:

Note: User account has to be locked in order to see the reset prompt screen.

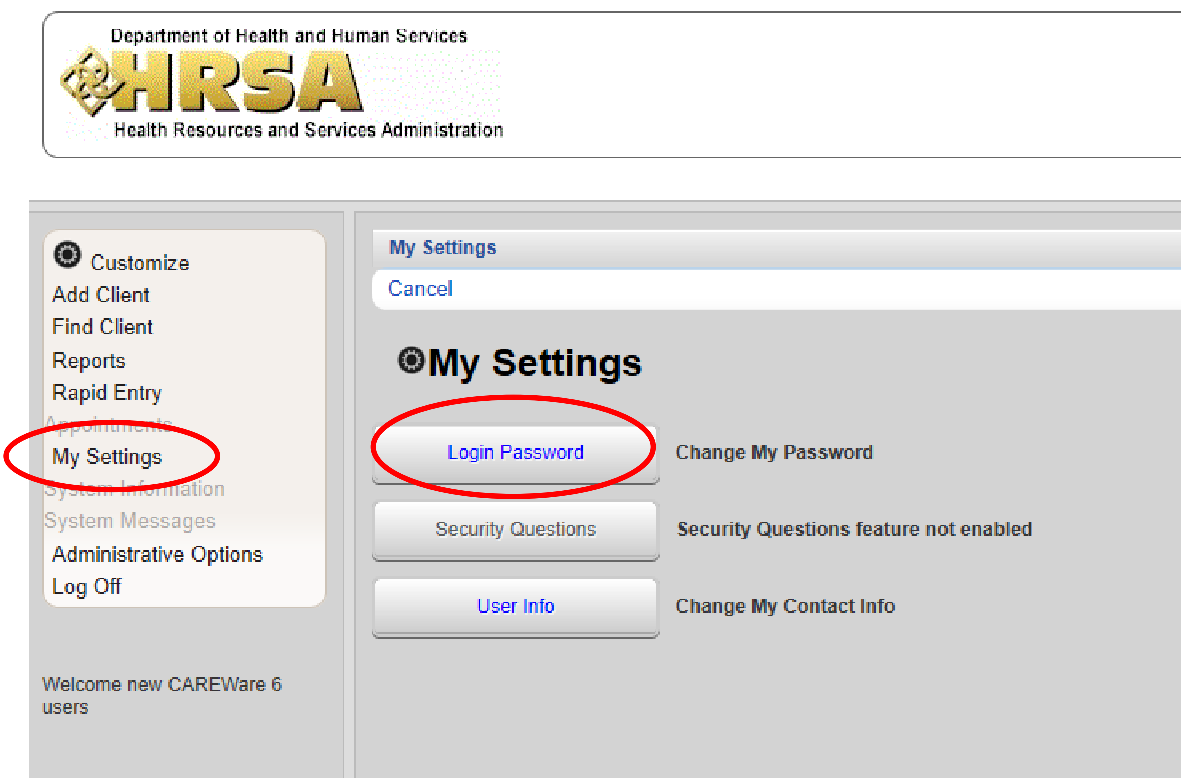


The "token" is an alphanumeric code which you will receive in an email from the CAREWare server (you can resend this email code with the **Email Reset Code** option). Enter this token into the **Reset Token** field to be able to once again access your account. **NOTE:** this token is only available to 1 hour. After entering your token, you will be brought to the following screen from which you will change your password:

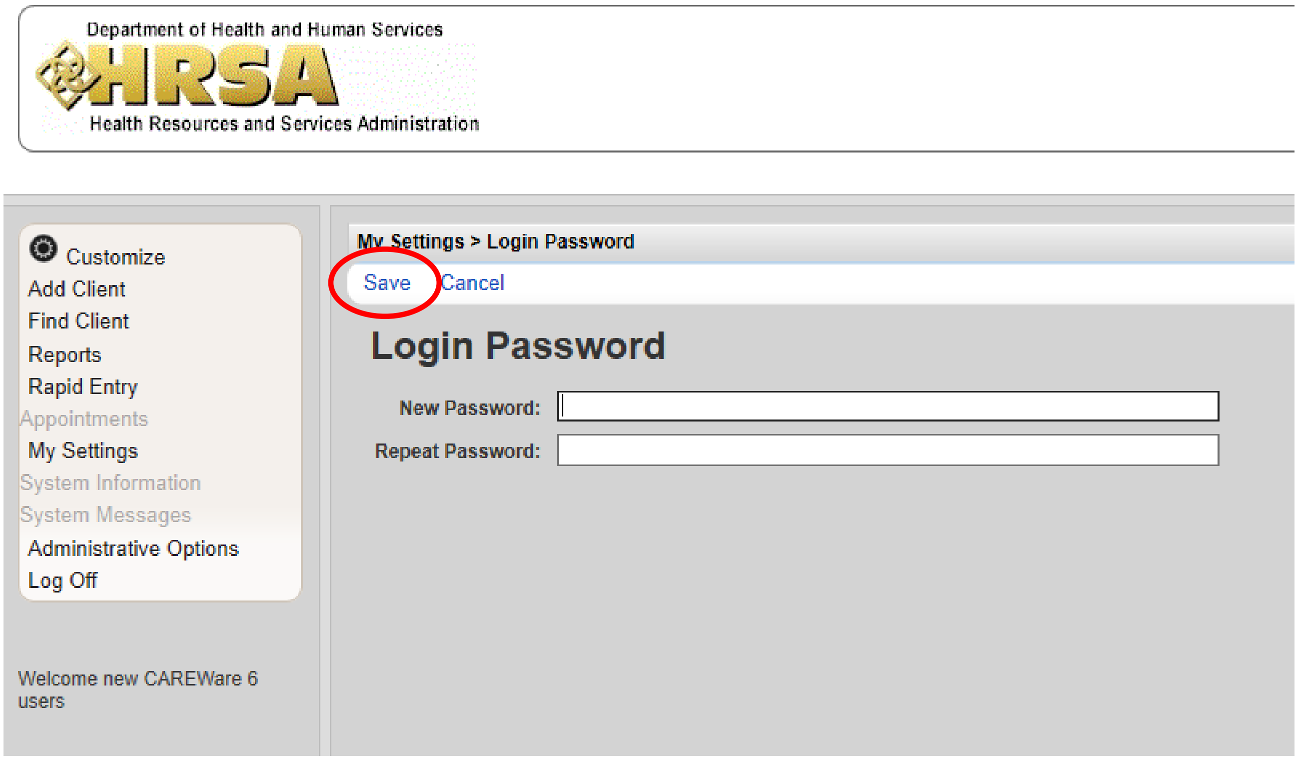


Change your password when already logged in to CAREWare 6:

Click on **My Settings** from the selection menu on the far left of the screen. This will bring you to the following:

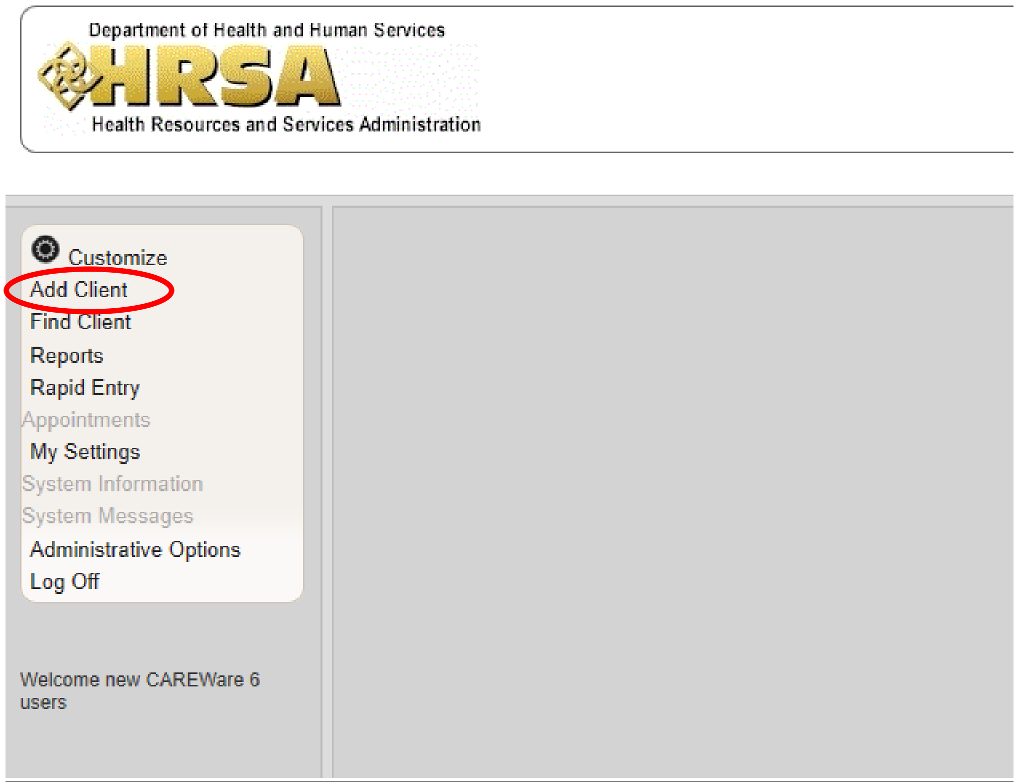


Select the blue hyperlinked **Login Password** to change your password. In the next screen you will enter your new password.

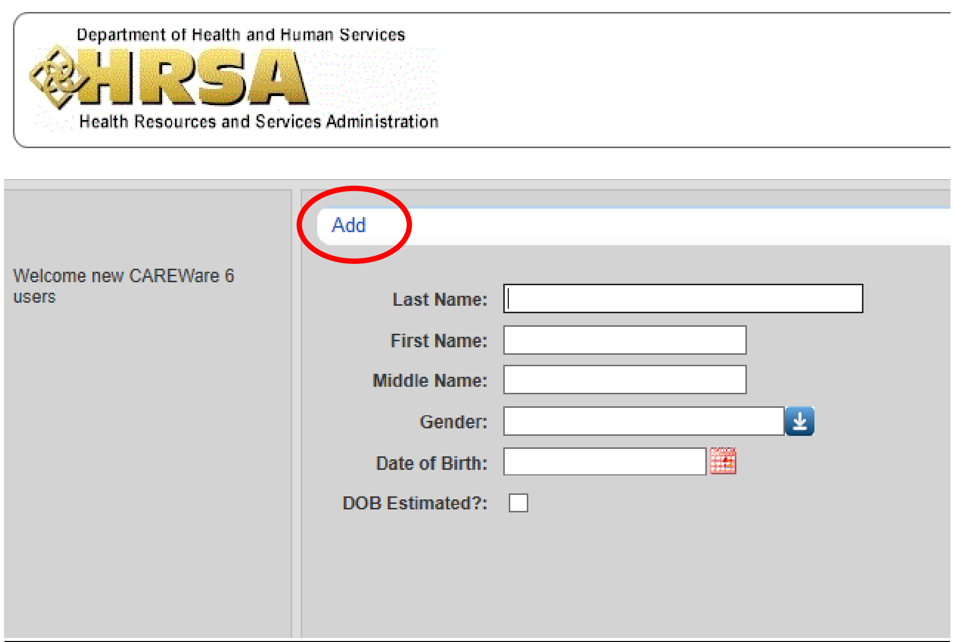


Note: Make sure to click **Save** (above where it says "Login Password" and is in blue) before navigating elsewhere on the site—otherwise the new password will NOT be saved.

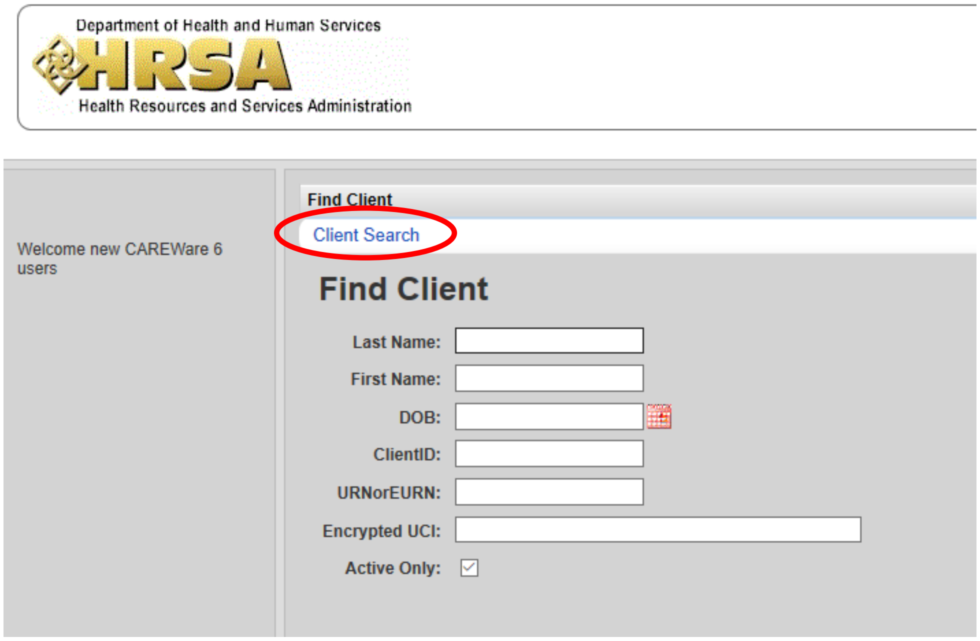
To add a client or view a client, use the navigation pane on the far left.



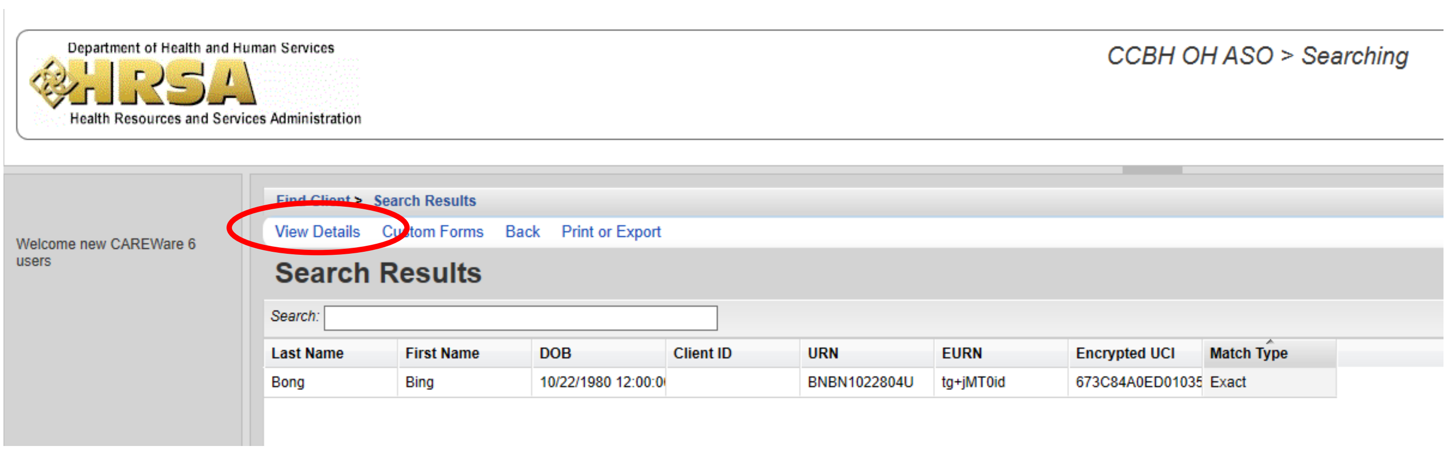
To add a client, select **Add Client**—this will bring you to the following screen in which you will enter the appropriate information and then hit the blue **Add. CAREWare may prompt you if a similar client record already exists.**



Finding a client is done in the same way—select **Find Client** from the navigation pane which will bring you to the following search parameters screen.



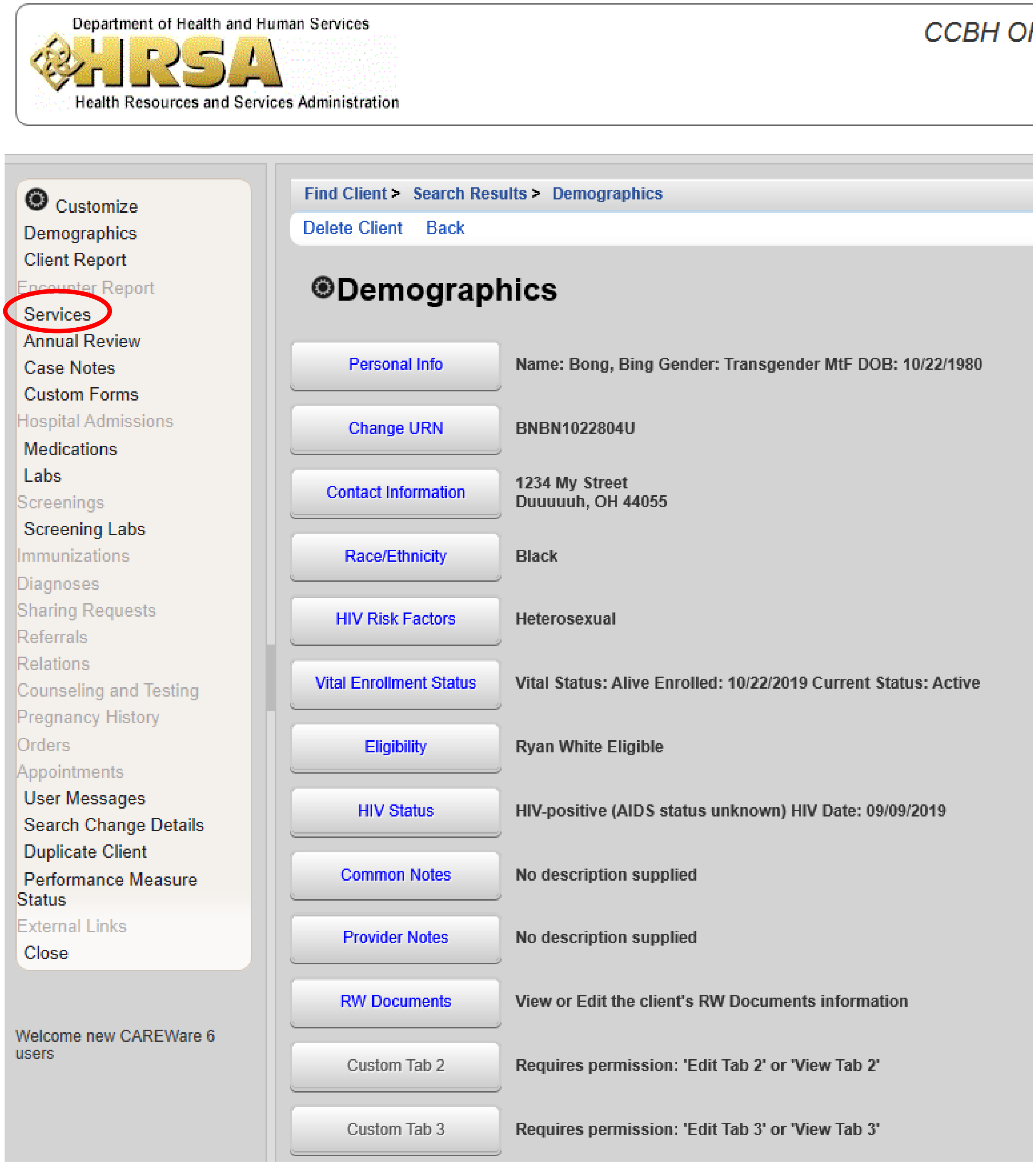
After filling in the search parameters, click on **Client Search**, to initiate the search. The search results will display as follows:



Either double-click the client name, or select the client and hit “view details” to open the client file (the client listed above is a sample client). The client record will open in a separate tab in your browser. This way, you will still be able to access the home screen and functions such as “Reports” or “add/find client” since it is in a separate tab.

Upon opening the client record, you will first encounter the **Demographics** screen. From this point, you can navigate freely using the far left navigation pane to see the client's information (e.g. Medications, Screening Labs, Services, Referrals, Appointments, etc.).

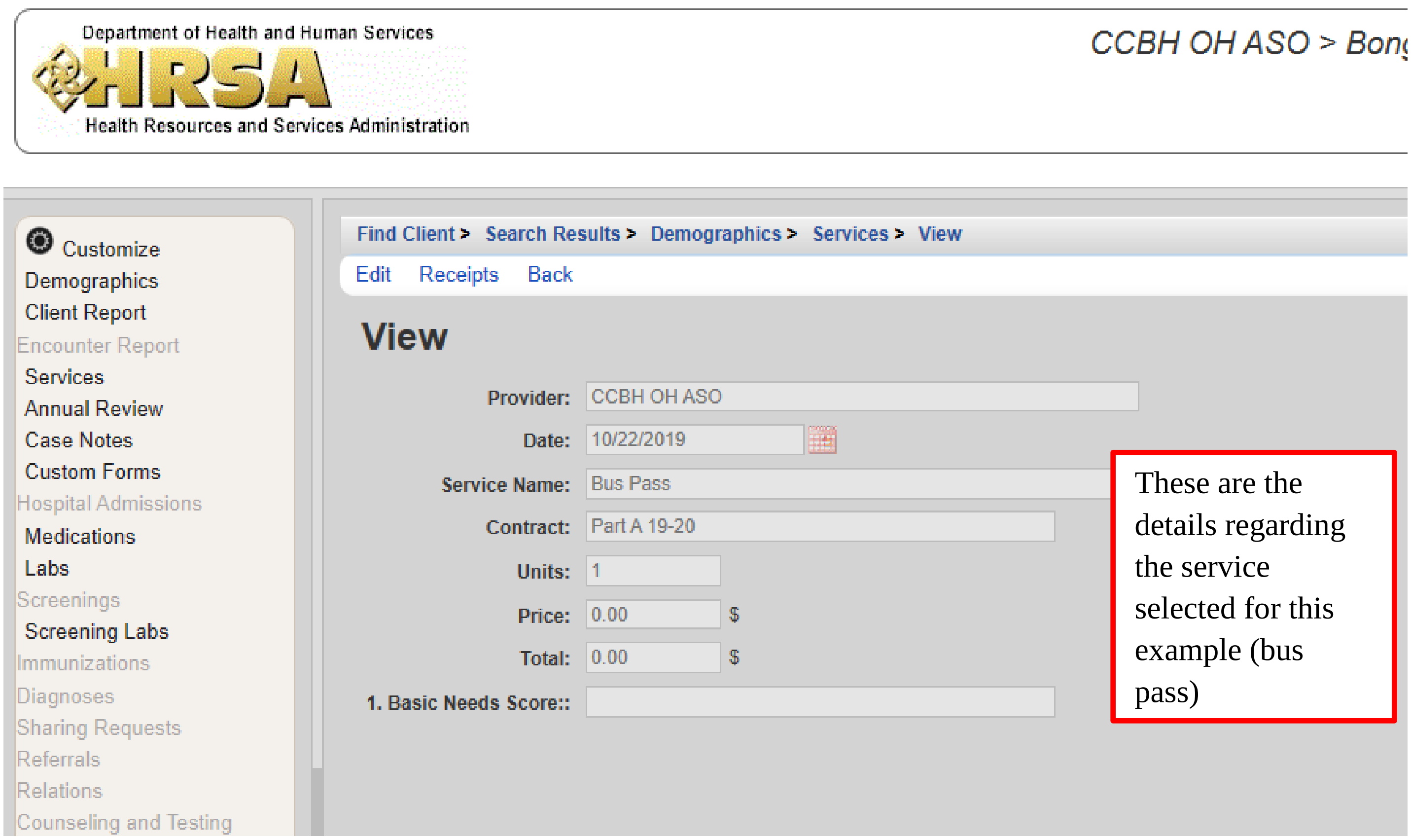
Demographics



Services

From this menu, all services delivered are listed. One can view, add/delete a service, see the receipt for the service, and print/export. One can view the details of a service, either by selecting the service and selecting "view" from the hyperlink above "Services", or by double-clicking the service.

Note: After initial service entry the Service Date and Service Name cannot be changed.



Annual Review

Annual Review, just like the other functions, can be found on the far left navigation pane after a client record is selected. Each of the subsections (Annual Screenings, Insurance Assessments, Poverty Level Assessments, etc.) can be clicked to view or edit the details.

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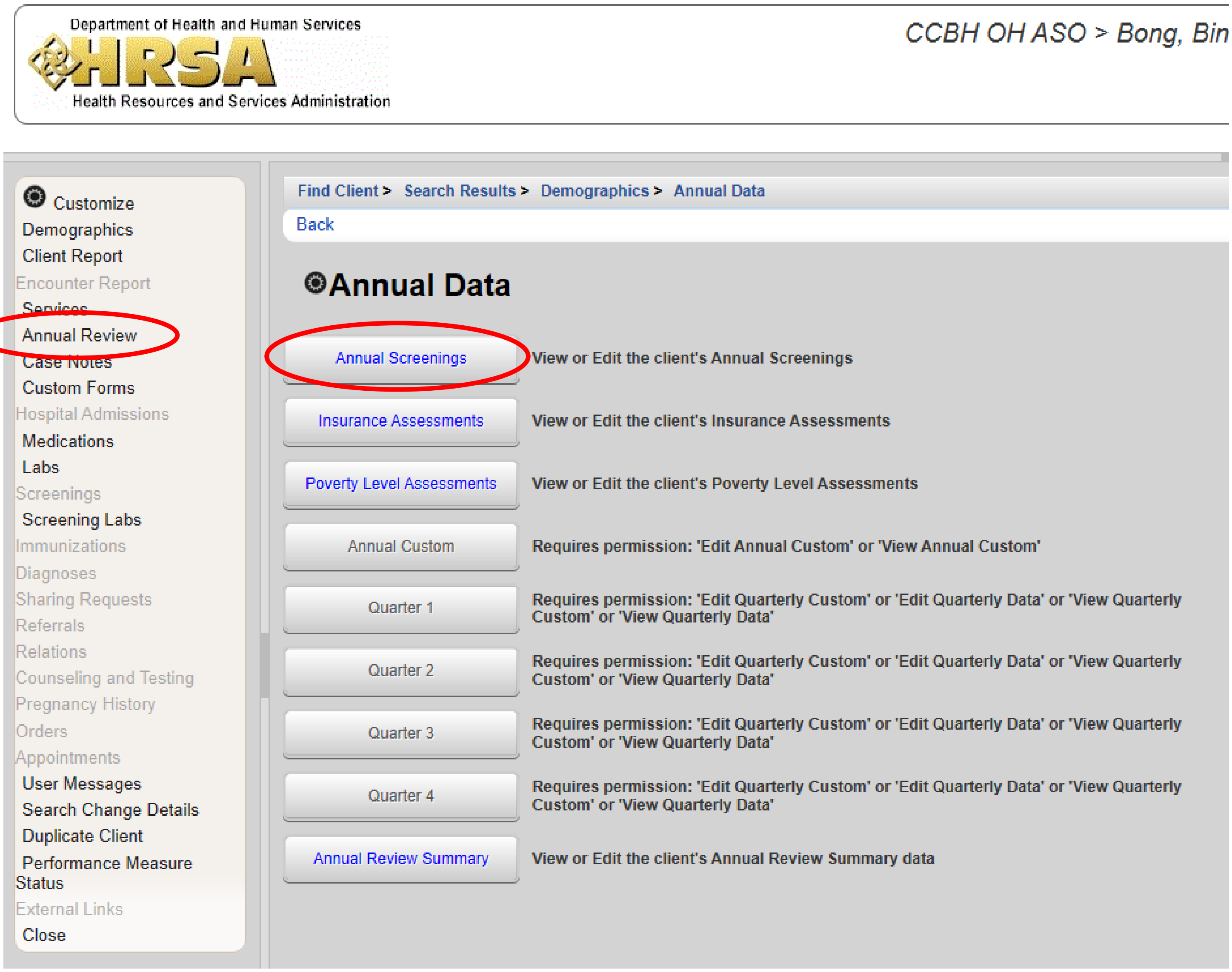
All Providers are required to report Annual Screenings, Insurance Assessments, Poverty Level Assessments, whenever any client service is delivered at the start of each calendar year.



CAREWare Data Entry TIP Sheet

1. Only enter new clients into CAREWare after the initial intake or first client service has been completed at your agency. Work from left to right as you click on the tabs in RW CAREWare; ***Demographics**, **Service**, and **Annual Review**, completing *ALL* required fields and dropdowns.
*** *Enrollment Date*** needs to be entered for new clients and **RW Eligibility History** added/updated for all clients!

2. Determine the legal name and exact date of birth (do not estimate birth date) and gender of client from approved federal, state, and/or legal ID (driver's license, birth certificate, etc.). *These fields are critical to the generation of the Unique Record Number (URN)* and if incorrect, it creates duplicate client records in CAREWare.

   ***Note:** If there is a change in the legal name and/or gender for an existing client, update the information in the **existing client record**. Do not create a new client record, as this causes duplicate clients records.

3. When entering compound or hyphenated names, do not leave any spaces or use apostrophes. For example: *William O'Connor, Jr*. should be entered as: Last Name: **OConnor Jr** list surname(s) afterwards, First Name: **William**. Addresses should use the same format, **123 N Main St Apt 3** *without* punctuation, with abbreviations used by the United States Postal Service website: https://tools.usps.com/go/ZipLookupAction!input.action

4. Remember to enter **both** *Ethnicity* and *Hispanic Subgroup*, **and** *Race and Race Subgroup, when applicable*, as these entries are treated as separate and required fields—remember not to leave either section 'Blank'.

5. The *Enrollment Date* (mm/dd/yyyy) should be the client's First service (Intake) at your agency. A *Case Closed Date* is required anytime the *Enrollment Status* is reported differently than '**Active**'. If the *Vital Status* is reported as '**Deceased**', a *Date of Death* is also required.

6. When reporting the *HIV Status*: be sure to fill in the corresponding *HIV+ Date* **and** *AIDS Date*, as applicable. When selecting the *HIV Risk Factor(s):* this refers to client's current risk factor(s) for HIV infection, which may not necessarily be the initial mode of HIV infection.

7. Remember to complete all sections under the Annual Review tab, including, **Insurance** and **Federal Poverty Level**. (For clients with no income, enter zero (0) in the Household Income field, CAREWare auto-fills the dollar sign and decimals, to show $0.00; and will calculate the Poverty Level Percent (%), once the household size is entered.)

8. The only Annual Screening that is required is **Housing Arrangement**; Annual Review information should be verified every six (6) months for recertification, specifically **Income** and Medical **Insurance**. If there are no changes, the 'Bring Forward' feature may be used.

9. It is highly recommended to schedule regular time throughout the week and month, to enter and correct client-level data in CAREWare and avoid waiting until the last day of the month.

10. **IMPORTANT:** First correct the **TLSMissingRyanWhiteEligibility** report, then the **RSR Client Report Viewer** correcting all *Missing* and *Unknown* values, and remaining **TLS Missing** data reports until *'No records were found. The report will not be displayed.'* for each custom missing data report – prior to submitting monthly agency reimbursement requests.

Have Program Questions? Regarding contracted funded services, unit rates, or reimbursement requests?
Please contact the Ryan White Part A program office at (216) 201-2001 or visit: www.ccbh.net/ryan-white
Need Help with CAREWare or Technical Assistance?
Please contact the Ryan White program office at (216) 201-2001.

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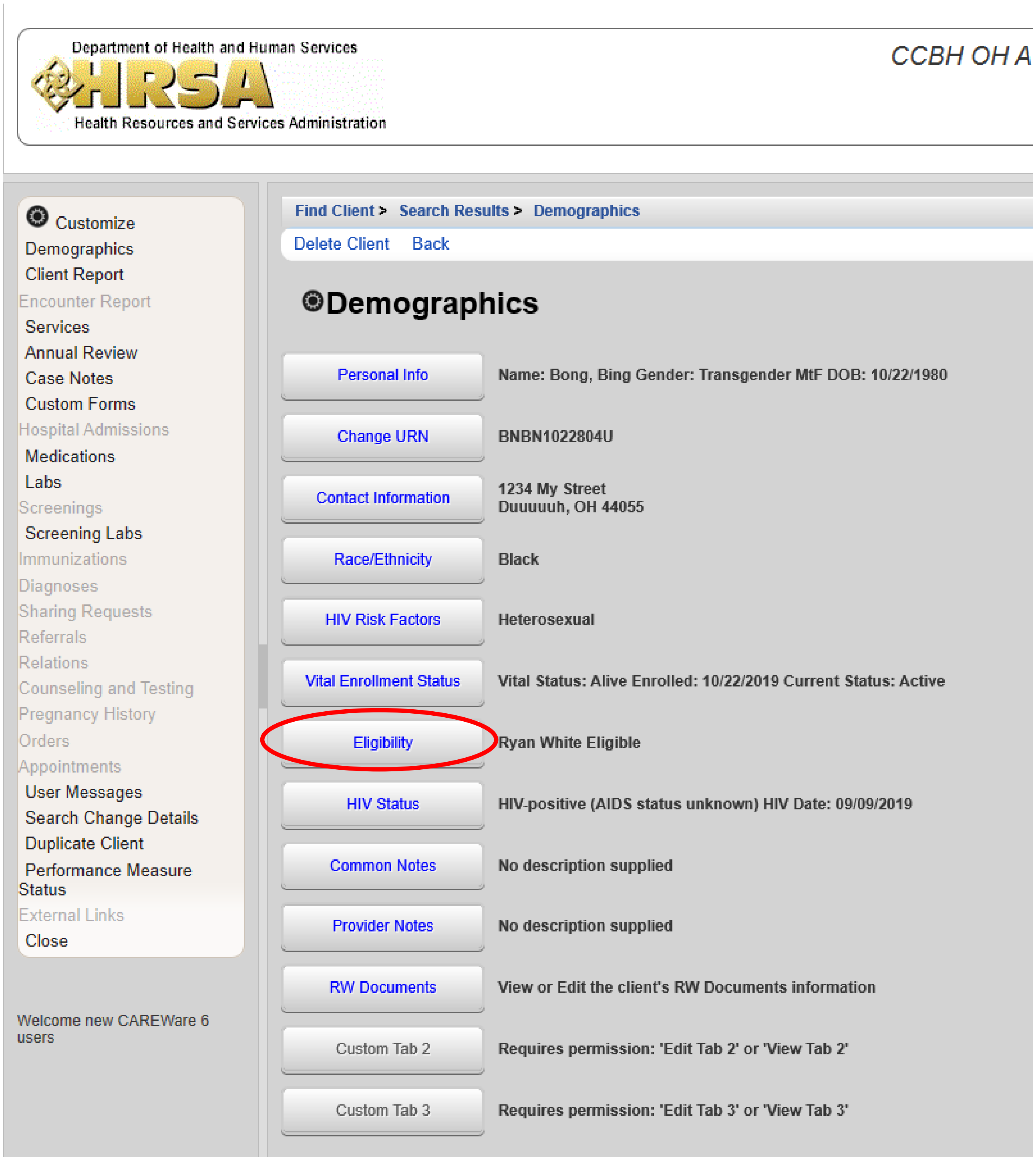
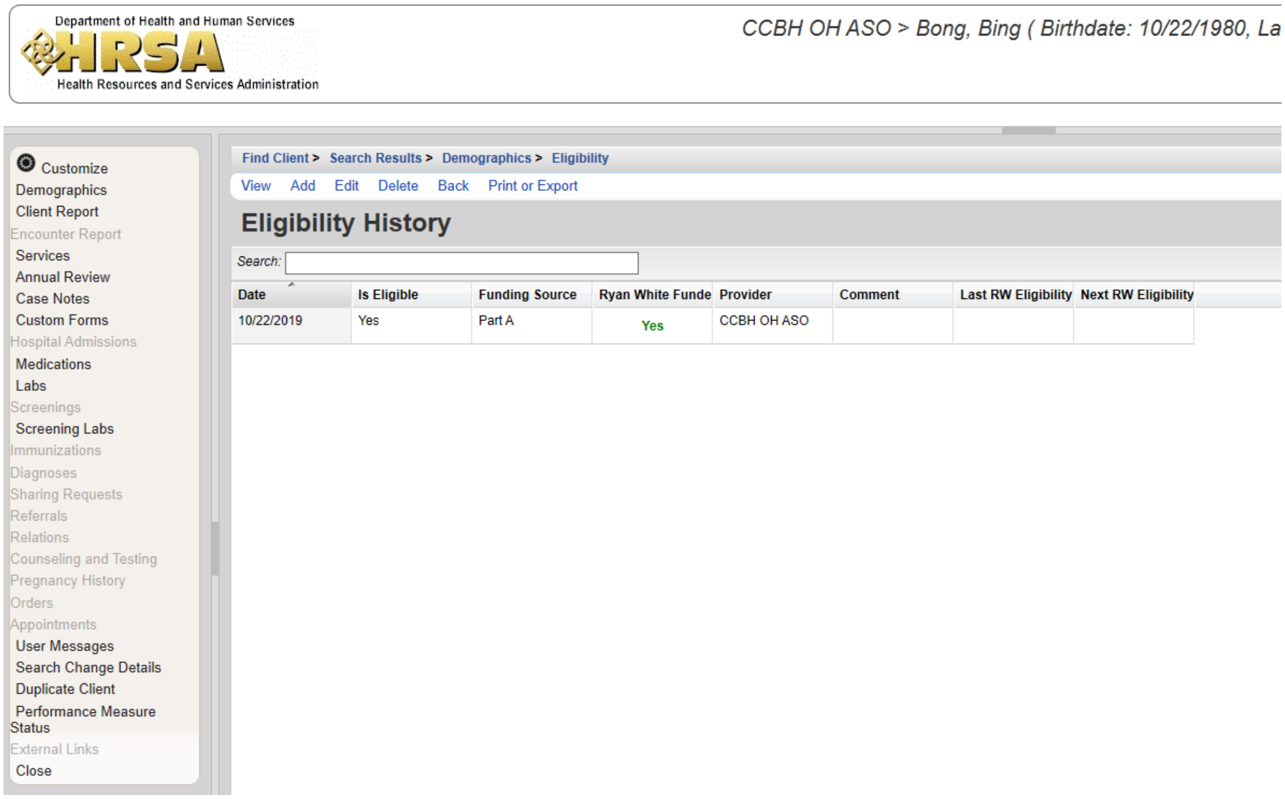
APPENDIX E – ELECTRONIC ELIGIBILITY

Electronic Eligibility is the centralized storage of all Ryan White Part A client eligibility documents in the CAREWare database. To accomplish this, provider agencies upload eligibility documents in the **Eligibility** link in individual client CAREWare records. The eligibility link is in the shared domain, meaning every agency serving the client can view the uploaded documents. Eligibility can be found on the **demographics** page:



Upon selecting the eligibility link, you will be brought to the “Eligibility History”. You can double click any eligibility entry to view and/or edit its details.

Note: Ensure RW-eligibility is determined before services are entered.



Getting Started:

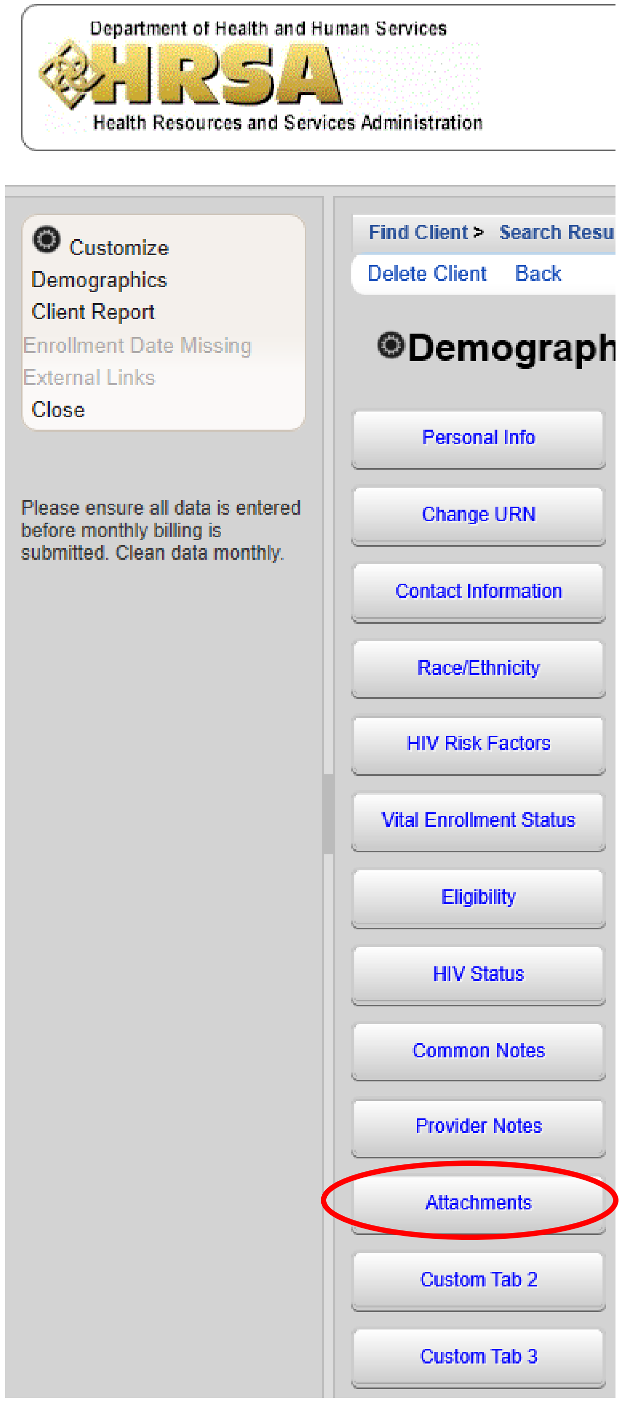
1. Prior to upload, each eligibility document must be assigned the correct file name:
    - In assigning the file name, the Eligibility Document Type[1] determines the File Name Format[2] used. The client eligibility date, located on the Eligibility Application or Six-Month Recertification Form, is used to populate (mm dd yy) in the file name.

      Note: The value of (mm dd yy) in the file names of an eligibility application and every document supporting it, such as Proof of Income, will be identical.
    - Each Eligibility Document Type is assigned a corresponding Custom Attachment Field[3] to which it will be uploaded.

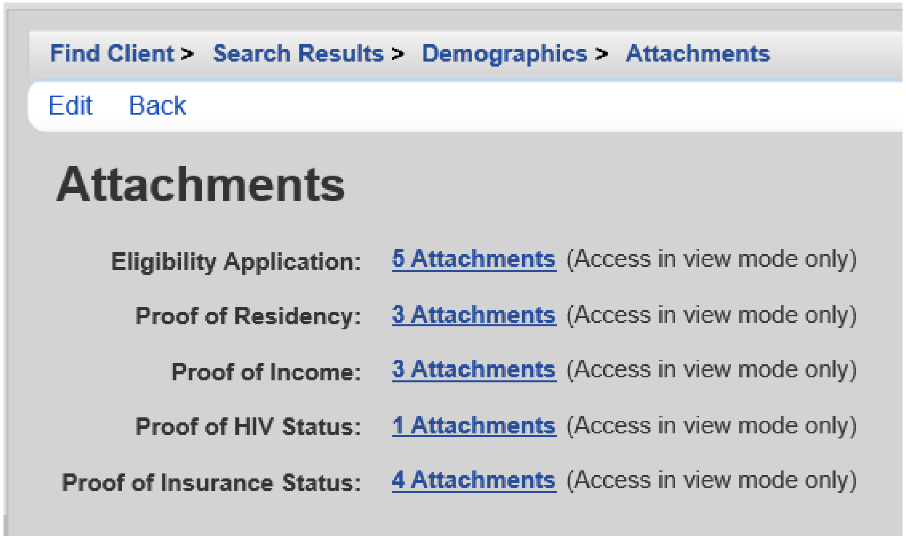
Eligibility Document Type[1]	File Name Format[2] mm dd yy = Eligibility Date	Custom Attachment Field[3]
Eligibility Application	mm dd yy APP	Eligibility Application
Proof of Residency	mm dd yy RES	Proof of Residency
Proof of Income	mm dd yy POI	Proof of Income
Proof of HIV Status	mm dd yy HIV	Proof of HIV Status
Proof of Insurance Status	mm dd yy INS	Proof of Insurance Status
Six Month Recertification- No Change	mm dd yy 6NC	Eligibility Application

Uploading Documents:

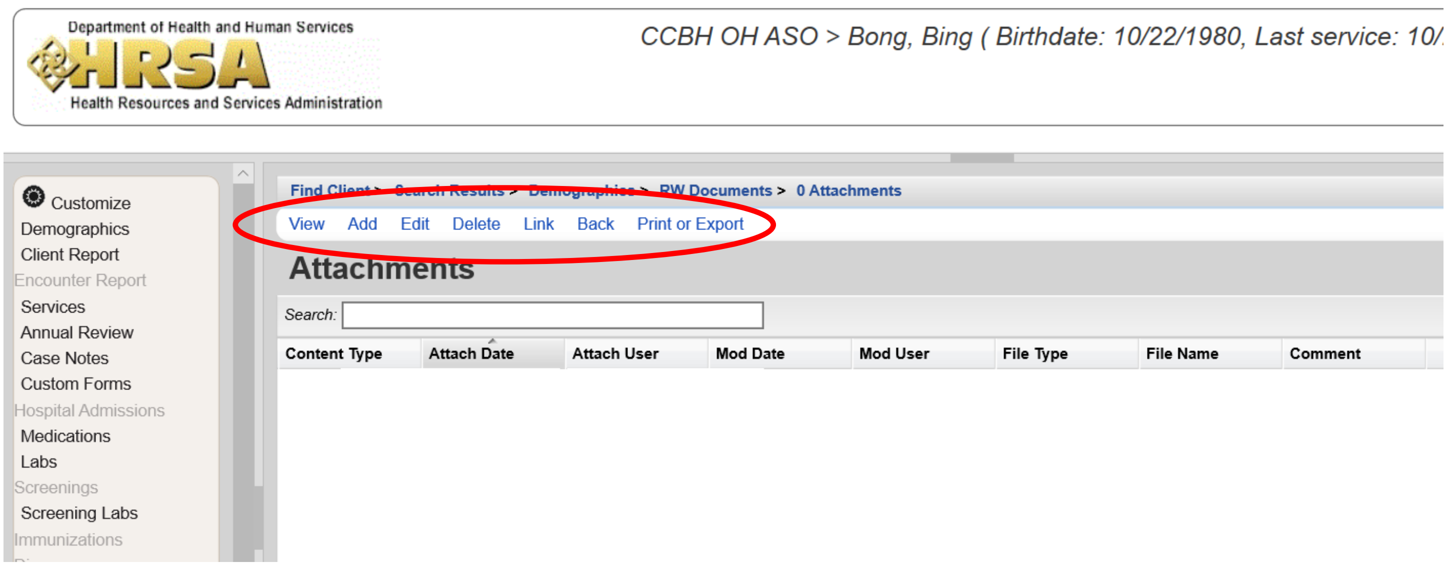
When in the client you are completing eligibility for, you will upload all eligibility documents into **Attachments**, which is on the demographics page.



Clicking on "**Attachments**" will bring you to the following screen, from which you can upload eligibility documents: Eligibility Application, Proof of Residency, Proof of Income, Proof of HIV Status, and Proof of Insurance Status such as the eligibility application and proof of residency.



By clicking on each blue hyperlink for which you need to upload documents, you will see the following screen, upon which you can View, Add, Edit, etc. each attachment:



APPENDIX F – DATA QUALITY

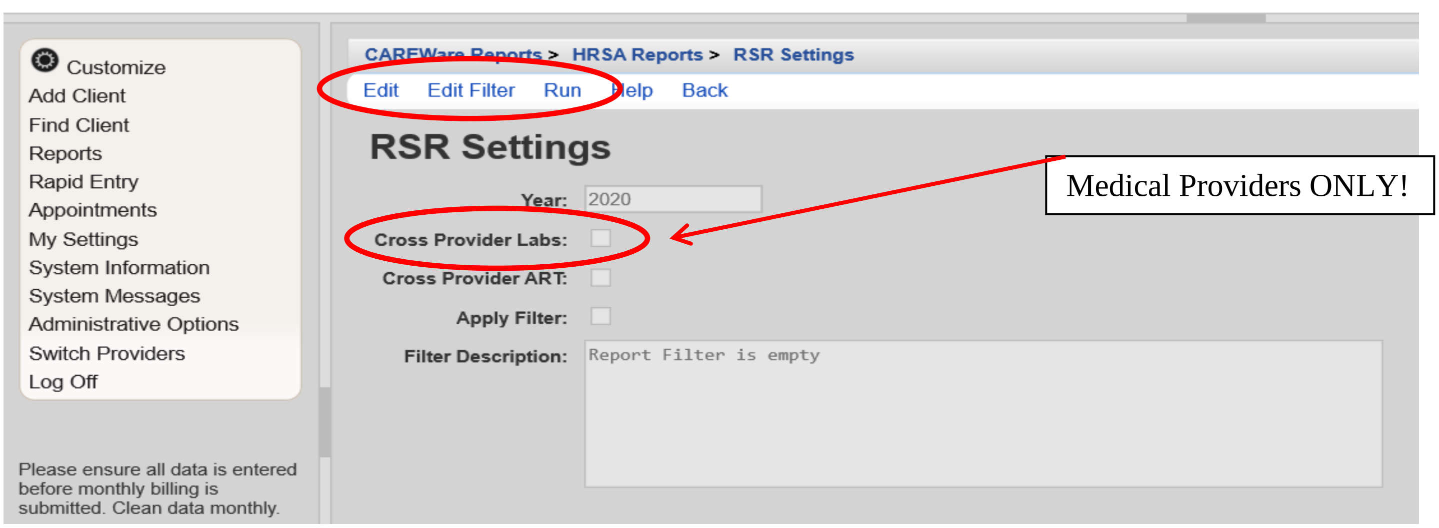
In CAREWare, enhanced RSR data quality reports are available, including the **RSR Client Report**.

To access this function, you will need to click on **Reports** in the far left navigation pane of the home screen (the screen you see after logging in i.e. cannot be done from an individual client's file). Then select **HRSA Reports**—within this link you will see the RSR Client Report, RSR Viewer, and RSR Validation Report.

To run an RSR, you will first select **HRSA Reports**, which will bring you to the following screen:

After selecting **RSR Client Report** you will arrive at the following screen from which you can edit the information, edit what filters you want to use, and finally, run the RSR Client Report. You will save this report to your desktop as YEAR_RSR_Export.xml (e.g. 2019_RSR_Export.xml)

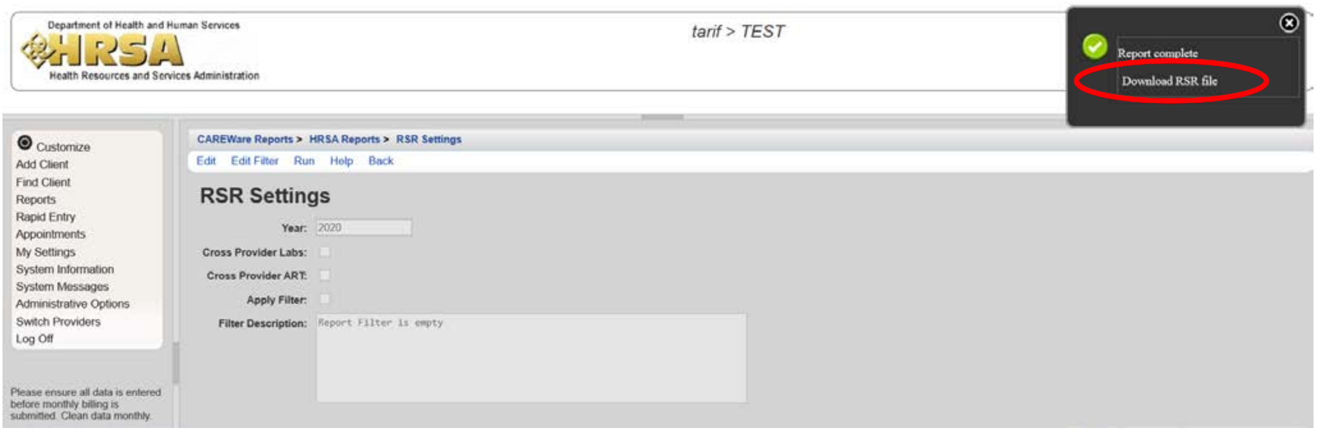
NOTE: Medical Providers <u>ONLY</u>—check **Cross Provider Labs box.**



RSR Client Report – Steps Summary:

Running the RSR

1. From your home screen, select **Reports** from the far left navigation pane
2. From the **CAREWare Reports** screen, select **HRSA Reports**
3. From the **HRSA Reports** screen, select **RSR Client Report**
4. From the **RSR Settings** screen—after editing the desired settings—select *RUN* from the action bar
5. Once the report is complete, a notification will pop up in the top right of your browser, with a text box which says "Download RSR File"—click on that text to download the RSR file to your computer



6. Save the file on your computer (it is recommended to save the file to your desktop for easy access) as "YEAR_RSR_Export.xml" (e.g. 2019_RSR_Export.xml)

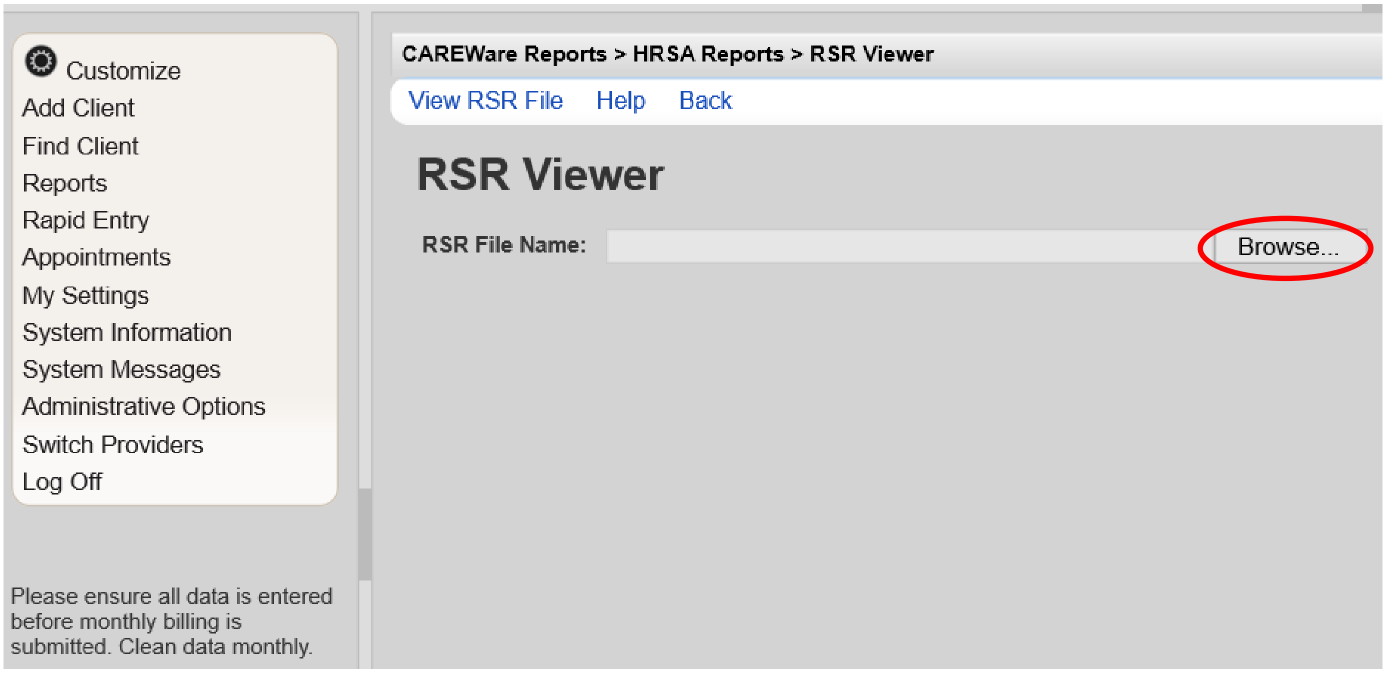
   Note: For easy viewing resize the columns.

   Menus only allow for 20 rows of information/items *per page*. You may need to scroll down to see all the information on that page. Use the navigation buttons at the bottom to view additional pages of information/services/menu items if there is more than one page of results.

Viewing the RSR

1. From your home screen, select **Reports** from the far left navigation pane
2. From the **CAREWare Reports** screen, select **HRSA Reports**
3. From the **HRSA Reports** screen, select **RSR Viewer**

4. After selecting **RSR Viewer**, you will be bought to the following screen:

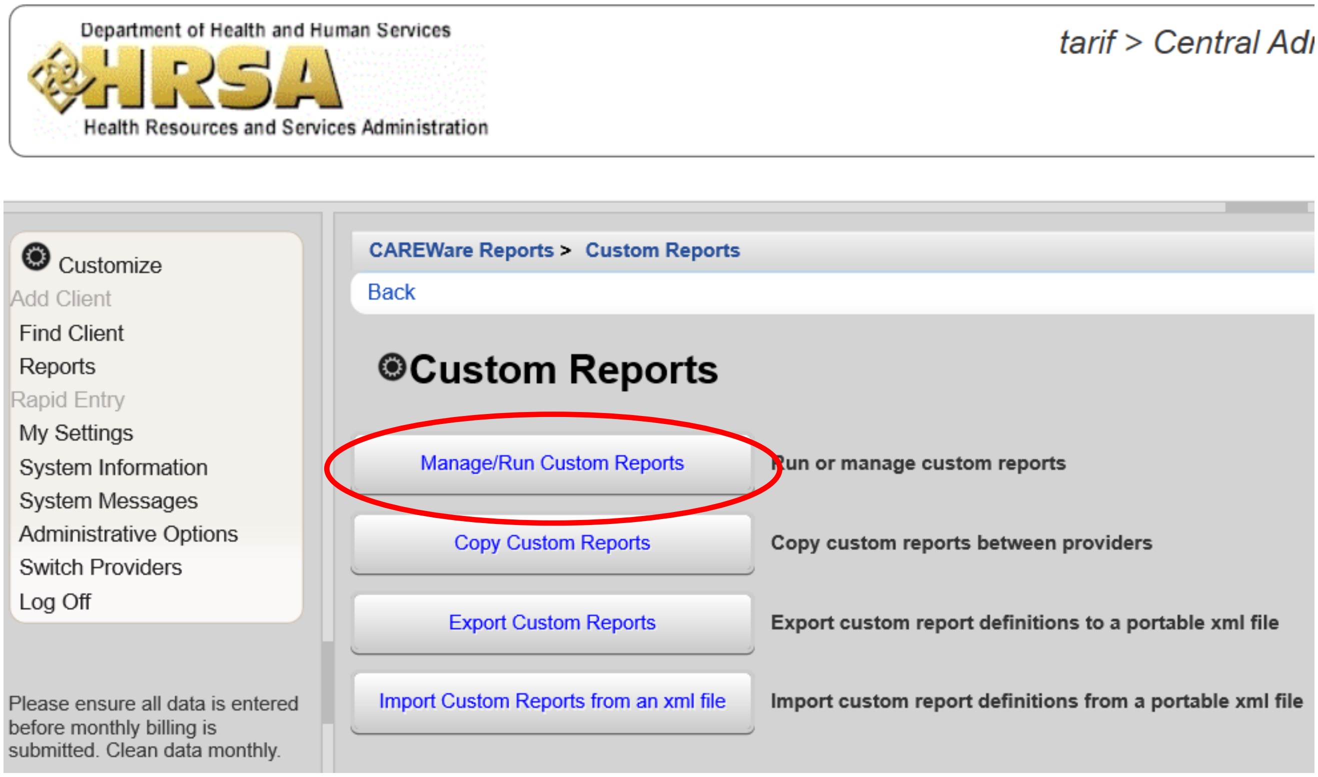


5. From the **RSR Viewer** screen, select **Browse or Choose File** and find the RSR XML file that you downloaded onto your desktop when running the RSR Client Report. Click on that file and select "Open" to view the RSR.

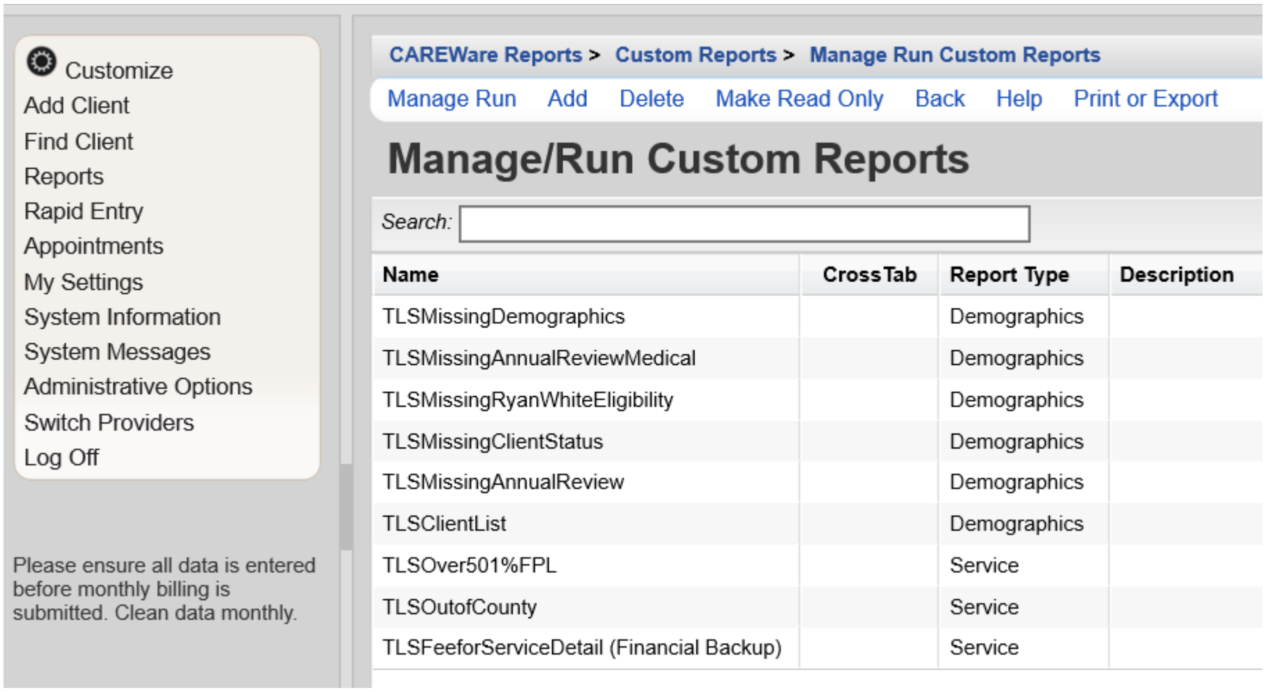
6. Select **View RSR File.**

Following are the five (5) data quality reports used to identify and correct missing client data in CAREWare at your agency. These reports should be run in the order listed, prior to submitting monthly reimbursement requests to the County. For each of the custom TLS missing data reports, set the Data Span from: 1/1/2020 through 12/31/2020 to display accurate results. To find these data quality reports, first navigate to the home screen of CAREWare 6 and select **Custom Reports**:

After selecting **Custom Reports**, you will see the following screen from which the required custom reports can be ran, copied, exported, or imported. To run the reports needed, select **Manage/Run Custom Reports**:



After selecting **Manage/Run Custom Reports**, you will be brought to a list of all custom reports available, shown below (note the search bar at the top of the list that can be used to quickly find a desired report):



Name	CrossTab	Report Type	Description
TLSMissingDemographics		Demographics	
TLSMissingAnnualReviewMedical		Demographics	
TLSMissingRyanWhiteEligibility		Demographics	
TLSMissingClientStatus		Demographics	
TLSMissingAnnualReview		Demographics	
TLSClientList		Demographics	
TLSOver501%FPL		Service	
TLSOutofCounty		Service	
TLSFeeforServiceDetail (Financial Backup)		Service	

1. **TLSMissingRyanWhiteEligibility**—clients listed have been reported as, 1) Not Eligible for Ryan White; however, 2) have received a Ryan White funded service in the reporting year. (Note: clients listed on this report will not be included on the annual RSR report, until corrections are made. As a result, your agency will not get full credit for client services or medical tests and screenings provided.)

   TO RESOLVE: This information can be updated in the Demographics section add an Eligibility History record for each qualifying Ryan White Funding Source(s); AND/OR delete/change the client service(s) to a non-Ryan White funded contract.

2. **TLSMissingAnnualReview** All sub-recipients must use this report. Clients listed may be missing insurance, income, or housing arrangement.

   TO RESOLVE: This information can be updated in the Annual Review section.

3. **TLSMissingAnnualReviewMedical** – Note: This is only for OAHS funded sub-recipients. Clients listed may be missing CD4, Viral load, Syphilis, ARV, and Pregnancy.

   TO RESOLVE: Add any missing information to the client file via the Clinical section.

4. **TLSMissingClientStatus -** Clients listed may be missing enrollment date, case closed date if discharged, vital status, HIV status, HIV risk, and/or HIV+ date, or AIDS date.

   TO RESOLVE: Add any missing information to the client file.

5. **TLSMissingDemographics** – clients listed may be missing ethnicity, race, street address, city, county, state, or zip code.

   TO RESOLVE: Add any missing information to the client file.

6. **TLSOutofCounty** - Clients listed have reported Ryan White funded services, however; are ineligible to receive Ryan White services, due to residing outside a county within the Transitional Grant Area (TGA). Agency reimbursement for client services allocated to Ryan White funding is disallowed.
   TO RESOLVE: Delete all Ryan White funded services or reassign to non-RW funded contracts for all clients listed.

7. **TLSOver501%FPL** - Clients listed have reported Ryan White funded services, however; are ineligible to receive Ryan White services, due to annual household income over 501% of Federal Poverty Level (FPL). Agency reimbursement for client services allocated to Ryan White funding is disallowed.
   TO RESOLVE: Delete all Ryan White funded services or reassign to non-RW funded contracts for all clients listed.

Upon double-clicking/opening any of the TLS, you will see the clients listed that have missing data. If a client is missing data, the field will be blank on the report. For example (for the purposes of the manual, we will be using sample client records—no actual patients' information is displayed here):

Fields that are missing information are in red text.

TLSMissingAnnualReview

Data Scope: CCBH OH ASO
Report Start Date: 10/22/2018
Report End Date: 10/22/2019

Name:	URN:	Primary Ins:	Housing Arr:	HH Size:	HH Income:	PovertyLev:
Adams, Morticia	MRAA1031624U					
holl, margaret n	MRHL0223862U	Medicaid				
Smith, Jonah	JNSI0102031U	Medicaid		3	1.0000	0%
Test, John D	JHTS1212761U	Medicare Part A/B		1	20000.0000	160%
Vicious, Sid	SDVC0101701U	Private - Individual		1	3500000.0000	28,022%
Ziegler, Kristin Kathleen	KIZE0114712U	Medicaid	Temporary	88	1000000000.0000	251,870%

Number of Records : 6
(Count is unduplicated across providers)

** - Restricted Field*

Use the TLS reports to identify which patients are missing information, as well as the type of missing information (i.e. housing, HH size, etc.) In this example we are using TLSMissingAnnualReview and sample clients. Any field that is missing information is in red text. For instance, for "Adams", the primary insurance, housing arrangement, household size, and household income.

Note: All missing data reports should be complete upon submitting your monthly invoices.

RSR TIP SHEET

2019 RSR Submission / HRSA Electronic Handbook
Using CAREWare to Create the Client Level Data XML Upload File

1. For complete step-by-step RSR data submission instructions, please refer to the HRSA/HAB 2019 Annual Ryan White HIV/AIDS Program Services Report (RSR) Instruction Manual, available for download here:

https://targethiv.org/sites/default/files/file-upload/resources/2019_RSR_Manual_091919_508.pdf

2. ***STEP ONE: Open the Provider Report*.** A valid registered user account on the HRSA Electronic Handbook (EHB) or HAB RSR Web Application system is required to submit your 2019 RSR Report to HRSA/HAB.

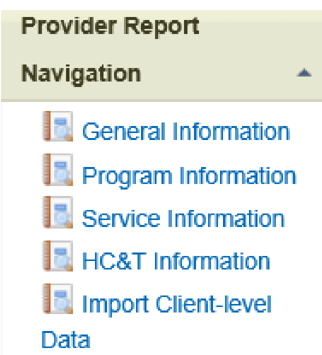
Recipient and Recipient-Providers:HRSA EHB **https://grants.hrsa.gov/webexternal** **>**Performance Reports.

Subrecipient Providers: HAB RSR **https://performance.hrsa.gov/hab/RegLoginApp/Admin/Login.aspx**

Enter your username and password, and click "login." You will automatically be taken to the first page of your Provider Report. If you have submitted the RSR report in the past, you do not need to re-register in the system.

If you do not have an account, you will need to complete a **Registration Form**, which requires your agency's HAB Registration Code and Tax ID (EIN) number to create a username and password.

3. Log into your EHB or RSR user account and navigate to the Provider Report for your agency. You should see your agency name or organization, and a menu of options on the left pane, (similar to that listed below):



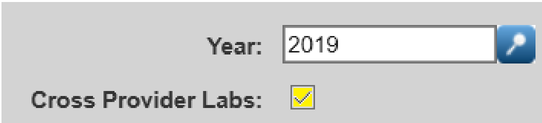
4. ***STEP TWO: Complete the Provider Report.*** Provider Report Navigation which has five links: **General Information**, **Program Information (1-4), Opioid-Use Treatment (5-7), Service Information (8)**, and **HC&T Information (9-15)**, as applicable. Click *Save* at the bottom of each web page and proceed to the next section.

(Opioid-Use Treatment - applies ONLY to medical providers.)

(HC&T Information - applies ONLY to agencies that are required to report anonymous HIV testing.)

5. ***STEP THREE: Complete the Client-Level Data Report.*** Import client-level data XML upload file from CAREWare. *Main Menu* > CAREWare *Reports* > *HRSA Reports* > *RSR* > ***RSR Client Report***

Medical Providers (ONLY): check the ***Cross Provider Labs:*** box, then *Run* the '**RSR Client Report**' to create the RSR client level data XML file.



*(It is recommended to add the reporting year to the file name and Save As - **2019_RSR_Export.xml** file on your computer's Desktop, for easy retrieval.)*

6. ***STEP FOUR: Validate your RSR Provider Report and client-level data.*** Validation of the 'RSR Provider Report' requires review of all report validation results. This may require fixing data errors in CAREWare and re-uploading a corrected client-level data file to the HRSA EHB or HAB RSR System.

- **Errors** – information that triggered the error **MUST be corrected** prior to submission; it may be related to contracts, services, missing or unknown client-level data, etc.;

- *Warnings* – should be corrected if possible or a comment must be entered explaining the data.
(see the Ryan White Part A '*Warning Comments*' list for suggested provider comment(s);

- 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.

(Note: In subsequent RSR reporting periods - Alerts may become *Warnings*, *Warnings* may become **Errors**.)

7. ***STEP FIVE: Submit your data.*** Your 2019 RSR Provider Report includes agency information entered in the RSR Provider Report AND client-level data uploaded in the RSR Client Level Data Report from CAREWare.

Click **Submit** from the left Navigation panel menu options.

IMPORTANT: Continue to monitor the HRSA EHB or HAB RSR Web System and e-mails for changes in your 2019 RSR Provider Report status - through the submission deadline of **Monday, March 30, 2020 6:00 PM ET**.

IMPORTANT – The RSR system opens on Monday, February 3rd. All 2019 RSR Sub-recipient Reports need to be in "Review" status on the HAB RSR Web Application System by **Monday, February 17, 2020**!

Need Help with the HRSA EHB or HAB RSR Web Application system?

Please contact the HRSA Contact Center at (877) 464-4772, available Mon - Fri, 8am - 8pm ET or electronically: http://www.hrsa.gov/about/contact/ehbhelp.aspx

Need Help with the HAB RSR data content and/or reporting requirements?

Please contact HRSA Data Support at (888) 640-9356 or email: RyanWhiteDataSupport@wrma.com

Have Program, Fiscal, or Agency Specific Questions? Please contact the Ryan White Part A program office -

Cuyahoga County Board of Health at (216) 201-2001 or reference http://www.ccbh.net/ryan-white

Need Help with CAREWare?

To arrange CAREWare technical support or training - please contact the Ryan White Program Office (CCBH) -

at (216) 201-2001 or e-mail Melissa Rodrigo, Ryan White Part A Supervisor, mrodrigo@ccbh.net

NOTE: **Highlighted service categories are those that will not be funded for FY2020: Health Insurance Program (HIPCSA), Substance Abuse Outpatient Care, Outreach Services, and Substance Abuse Services (residential)**

2020 RSR Reporting Requirements

Client-level Data Elements	Core Services	Early Intervention Services (EIS)	Health Insurance Program (HIPCSA)	Home and Community-Based Health Services	Home Health Care	Medical Case Management	Medical Nutrition Therapy	Mental Health Services	Oral Health Care	Outpatient Ambulatory Health Services (OAHS)	Substance Abuse Outpatient Care	Support Services	Emergency Financial Assistance (EFA)	Food Bank / Home Delivered Meals	Medical Transportation	Non-medical Case Management Services	Other Professional Services	Outreach Services	Psychosocial Support Services	Substance Abuse Services (residenti
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)		●	●	●	●	●	●	●	●	●	●		●	●	●	●	●	●	●	●
First outpatient/ambulatory health service visit date						●				●										
Outpatient ambulatory health services visits and dates						●				●										
CD4 counts and dates						●				●										
Viral Load counts and dates						●				●										
Prescribed ART						●				●										
Screened for syphilis										●										
Pregnant										●										

● Report data element in CAREWare

APPENDIX I – BILLING INSTRUCTIONS

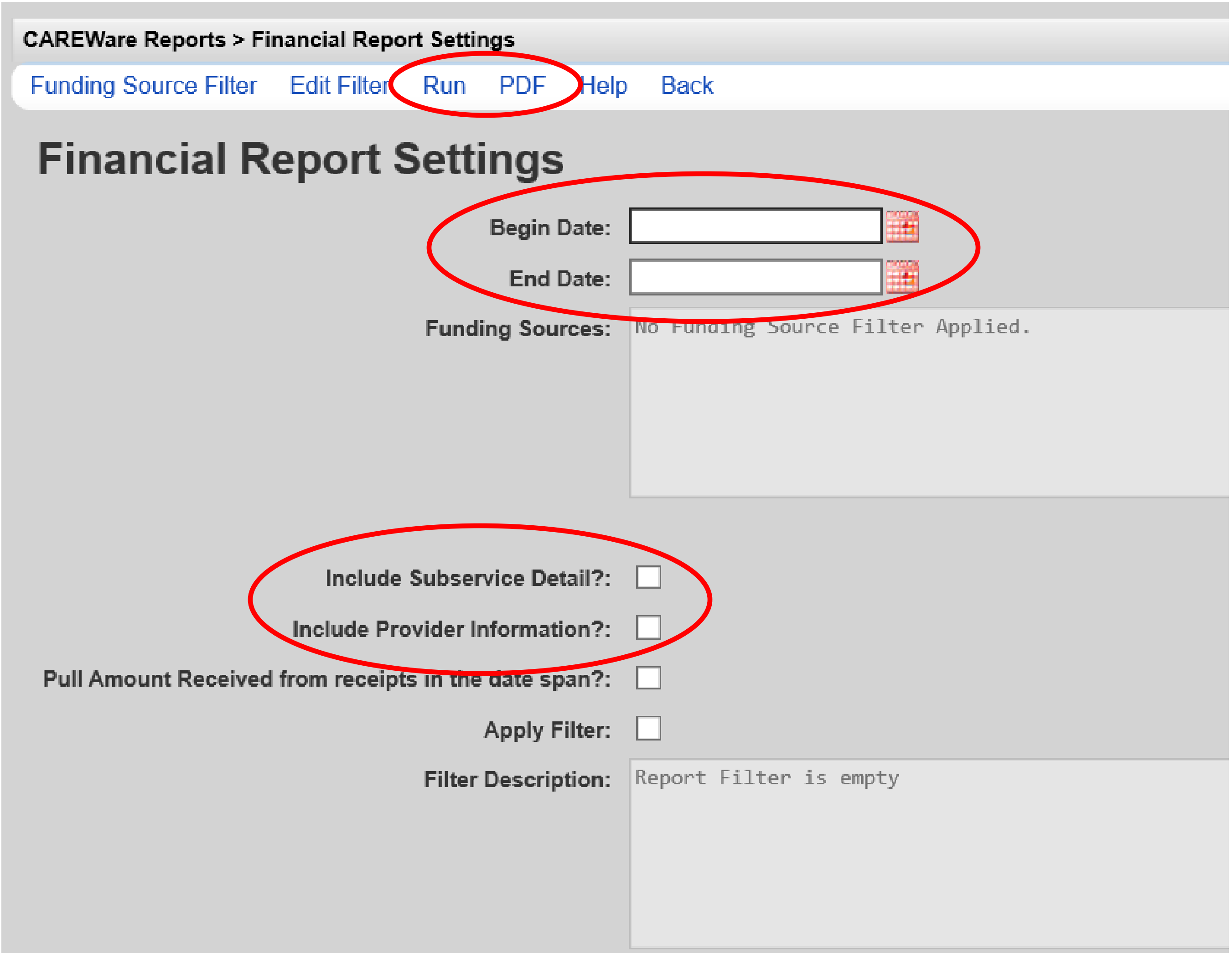
1. All service level data should be entered into CAREWare by your agency's agreed upon internal deadline. We suggest entering in data as close to real time as possible. Your agency should use the FY2020 CAREWare Activity Description spreadsheet to assure that you are using the proper unit descriptions and associated costs. Invoices will not be paid if services data is not entered into CAREWare.

2. As soon as all service level data is entered you will need to run the following two reports out of CAREWare:

a) From your home screen you will click the **Reports** tab on the far left navigation pane which will bring you to the following screen.

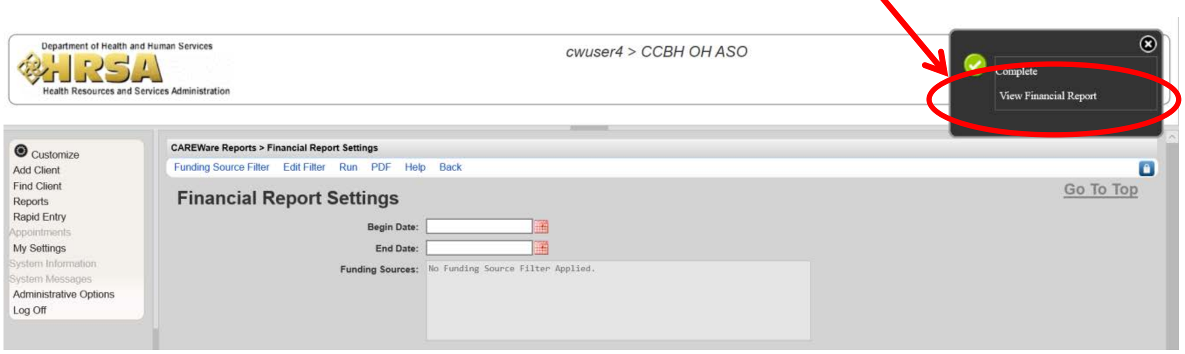
b) The first report you will run is the **Financial Report**:

Note: CAREWare 6 can only print Financial reports if Google Chrome is being used.



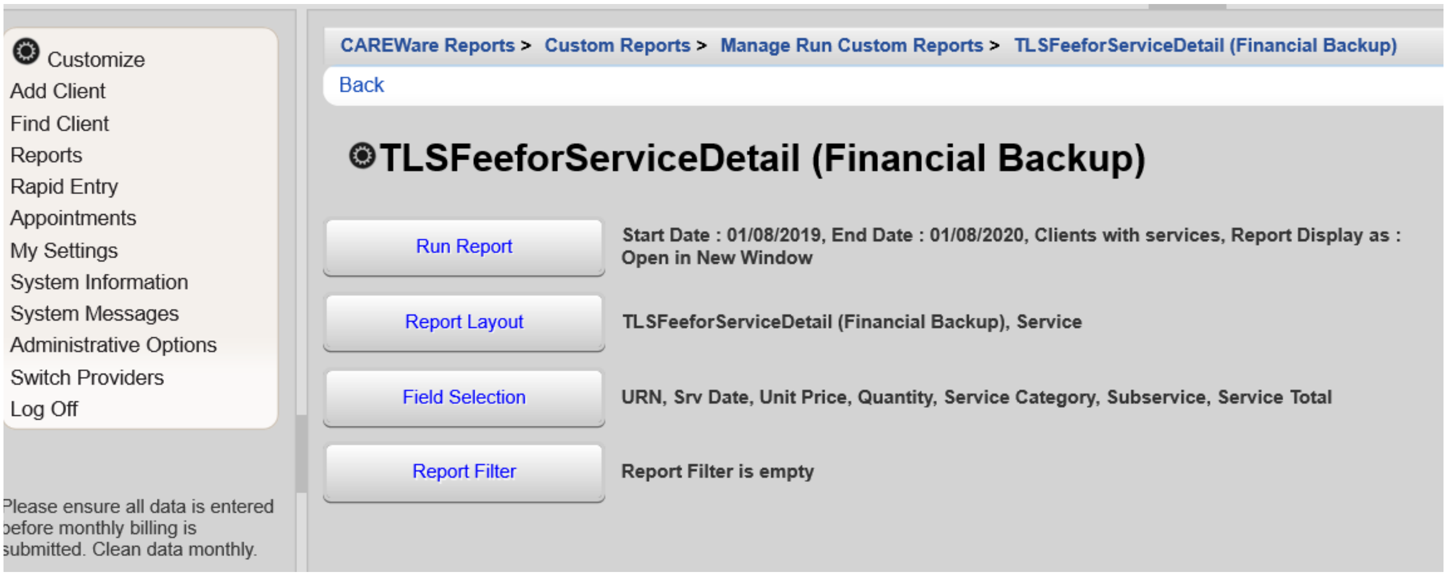
c) When setting up the Financial Report, make sure that you set the date range to the billing month and check the two boxes that say: *Include Subservice Detail* and *Include Provider Information*. Then you run the report.

d) Once you have reviewed and approved the Financial Report you will need to export it by clicking **PDF—**a black text box will pop up on the top right of the screen. Click "View Financial Report" to open the PDF and save this PDF to your computer.



e) The second report you will run is located under the custom reports tab: **TLSFeeForService.** Navigate to this custom report by first going to **Reports** on the left navigation pane, then to **Custom Reports**, then to **Manage/Run Custom Reports** which will bring you to all the custom reports that can be run. Double-click the listed report labeled **TLSFeeForServiceDetail (Financial Backup)** and run the report**.**

(Home page left navigation pane – "Reports" → Custom Reports → Manage/Run Custom Reports → TLSFeeForServiceDetail (Financial Backup) → Run Report



*Please note that some agencies have the ability to run this report with client names. Please make sure that you are not running the report with names for your invoice submission.

g) Click on "Run Report"—this report will open in a separate tab on your browser. To print out the report, you will need to right-click on the report. A "print" option should show up on the right-click.

3. Both of these reports should be printed from your computer and, depending on your agencies internal process, submitted to your fiscal contact or combined with the required items listed on the FY2020 Fiscal Checklist.

4. If your agency receives funding for Lab services under OAHS, or Emergency Financial Assistance (EFA):

- You will also need to maintain a monthly spreadsheet that includes the following information:
  - **Service Category Name**
  - **Client URN (CAREWare ID)**
  - **Date of Service**
  - **Name of drug or lab service performed.**

This spreadsheet should match the total number of units that you have entered into CAREWare and be submitted with your financial package on a monthly basis. Where applicable, a sample spreadsheet has been provided on your FY2020 flash drive.

- If you have services within these three categories that are not able to be billed during the current invoice period, you will also need to maintain a spreadsheet outlining back-charges within the grant period. This spreadsheet should also include:
  - Service Category Name
  - Client URN (CAREWare ID)
  - Date of Service
  - Name of drug or lab service performed.

Again, where applicable, a sample spreadsheet has been provided on your FY2020 flash drive.

1) CAREWare Help Desk

Free technical support for the RW CAREWare software available to end-users nationwide.

Toll Free (877)294-3571
Mon - Fri
12pm - 5:00pm ET
Email: cwhelp@jprog.com

2) Using the CAREWare Modules

Link to interactive CAREWare on-line training modules, developed by the State of Oregon, (scroll to the bottom of the webpage, see 'CAREWare Modules'). This training consists of a series of 11 modules demonstrating the features of CAREWare.

http://public.health.oregon.gov/DISEASESCONDITIONS/HIVSTDVIRALHEPATITIS/HIVCARETREATMENT/Pages/CaseManagerTraining.aspx

3) Join or Leave the NIH CAREWare ListServ

Sponsored by the National Institute of Health (NIH), CAREWare ListServ is an on-line user group forum. End-users can inquire and collaborate with colleagues regarding the use of modules and features in CAREWare.

https://list.nih.gov/cgi-bin/wa.exe?A0=CAREWARE

4) TARGET Center

Resource Library (archived HRSA/HAB webinars), News and Events, Ryan White Community, and Help Desk.

https://careacttarget.org/

5) Cleveland TGA Website

Resources for providers, and the community. Information includes local policy notices, presentations, training materials, service standards of care, and more.

www.ccbh.net/Ryan-White