



**2013 ANNUAL
RYAN WHITE
HIV/AIDS PROGRAM
SERVICES REPORT (RSR)
INSTRUCTION MANUAL**



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 0915-0323, and the expiration date is 05/31/2014. Public reporting burden for this collection of information is estimated to average 12 hours per respondent annually, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, 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 10-33, Rockville, MD 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 7C-26
Rockville, MD 20857

- Receipt of transfusion of blood, blood components, or tissue cases include transmission through receipt of infected blood or tissue products given for medical care.
- Mother with/at risk for HIV infection (perinatal transmission) cases include transmission from mother to child during pregnancy. This category is exclusively for infants and children infected by mothers who are HIV positive or at risk.
- Other indicates the client's exposure category is known, but not listed above.
- Unknown indicates the client's exposure category is unknown or was not reported.



FREQUENTLY ASKED QUESTIONS

about this data element

What if a client has more than one risk factor for HIV?

Select all risk factors that apply.

What if a client does not have a risk factor? Several of my HIV-affected clients receive RWHAP-funded services, but they do not have an HIV risk factor. How do I respond to this data element for these clients?

Until further notice, if your RWHAP client does not report a HIV risk factor, report the client's risk factor as "Unknown".

XML Variable Name:

MedicalInsuranceID

Required for clients with RWHAP-funded service visits in the following categories:

- All core medical services
- Non-medical case management

Description:

Report all sources of health insurance the client had for any part of the reporting period. If the insurance that the client had was unknown for the entire reporting period, report "Unknown" (select one or more).

High-risk insurance pool clients should be reported based on who pays the premium for the insurance. If the client pays, select "Private." If the State or Federal government pays, report "Other public." **If RWHAP funds (including ADAP, regardless of the source of ADAP funding) are used to pay the client's insurance premium, report "No insurance."**

- Private means health insurance plans such as BlueCross/BlueShield, Kaiser Permanente, and Aetna.
- Medicare is a health insurance program for people 65 years of age and older, some disabled people under 65 years of age, and people with end-stage renal disease (permanent kidney failure treated with dialysis or a transplant).
- Medicaid is a jointly funded, Federal-State health insurance program for certain low-income and needy people.
- Other public means other Federal, State, and/or local government programs providing a broad set of benefits for eligible individuals. Examples include State-funded insurance plans, military health care (TRICARE), State Children's Health Insurance Program (SCHIP), Indian Health Service, and Veterans Health Administration.

- No insurance means the client did not have insurance to cover the cost of services at any time during the reporting period, the client self pays, or services are covered by RWHAP funds.
- Other insurance means client has an insurance type other than those listed above.
- Unknown means the primary source of medical insurance is unknown and not documented.

If the “Unknown” option is reported, no additional options may be reported. Providers may report the “Private,” “Medicare,” “Medicaid,” “Other public,” and/or the



FREQUENTLY ASKED QUESTIONS

about this data element

Where should high-risk insurance pool clients (including PCIPs) be reported?

High-risk insurance pool clients should be reported based on who pays the premium for the insurance. For example, if the client pays, select “Private.” If the State or Federal government pays, report “Other public.” If RWHAP funds (including ADAP, regardless of the source of ADAP funding) are used to pay the client’s insurance premium, report “No insurance.”

Ryan White HIV/AIDS Program Funded Service Data

The next set of data elements collect information about the service visits the client received that were paid for, at least partially, with RWHAP funds. For example, Elizabeth has insurance coverage through the State’s high-risk insurance pool. Elizabeth comes in to see her nurse case manager. During her case management visit, her nurse case manager performs Elizabeth’s semiannual needs assessment and provides treatment adherence counseling. The State’s high-risk insurance pool pays for her semiannual needs assessment; however, it does not cover treatment adherence counseling. Therefore, the provider uses RWHAP funds to cover Elizabeth’s treatment adherence counseling service. In this case, the provider will report the medical case management service visit as a RWHAP-funded visit, because RWHAP funds were used to cover a portion of the service visit.

Keep the following guidance in mind as you prepare your client-level data XML file for submission:

- You should only report the RWHAP-funded core medical and support services that your clients received during the reporting period in this section. Definitions for these services can be found in the section [Ryan White HIV/AIDS Program Services](#) on page 6.
- HAB does not want providers to include data on clients that did not receive at least one Ryan White-funded service **visit** during the reporting period. Every client reported in your client-level data XML file should have at least one RWHAP-funded core medical or support service visit. Core medical services (Items 16–27) should be reported only for HIV-positive and HIV-indeterminate clients. HIV-negative clients who receive HIV counseling and testing services as part of Early Intervention Services for Part A and B are reported in your Provider Report in the HIV Counseling and Testing section.
- If a client received a core medical or support service that was not paid for with RWHAP funds, do not report that service for the client in this section (Items 16–45). This includes services visits where the negotiated compensation rate does not cover the full cost of the service (for example, if you agreed to take \$30 for a \$100 service, you can’t “bill” the RWHAP \$70). The RWHAP is the “payer of last resort” and should not be “balance billed” for services provided to clients that are paid for by other third-party payers. However, if Ryan White HIV/AIDS Program funds are used to cover the client’s co-payment, the service visit may be reported as a RWHAP-funded service visit.
- HAB expects that staff whose salary is paid by the RWHAP will see clients whose services are not otherwise reimbursed and meet the eligibility requirements of the RWHAP. Providers should not report services that are paid for entirely by another third-party payer **and** should not balance bill