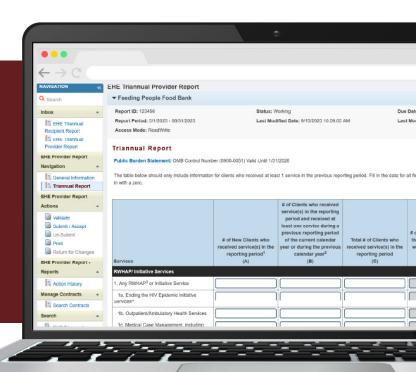
Ending the HIV Epidemic (EHE) Triannual Report



2025 Instruction Manual

Release Date: September 5, 2025

Public Burden Statement: The purpose of this data collection system is to collect aggregate data on the number of new and existing clients, and clients who have been out of care treated with Ending the HIV Epidemic in the U.S. initiative funding. HAB will use these data to show the impact of the increased funding on reducing new HIV transmissions, identifying new HIV diagnoses, and engaging clients in care and treatment. 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 information collection is 0906-0051 and it is valid until 1/31/2026. This information collection is mandatory (through increased Authority under the Public Health Service Act, Section 311(c) (42 USC 243(c)) and title XXVI (42 U.S.C. §§ 300ff-11 et seq.). Public reporting burden for this collection of information is estimated to average one (1) hour 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 or paperwork@hrsa.gov.

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Division of Policy and Data
Health Resources and Services Administration
U.S. Department of Health and Human Services
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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 asked with answers provided.



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

Background

In 2020, the federal government launched a new initiative called Ending the HIV Epidemic in the U.S. (EHE). The initiative focuses on four strategies — diagnose, treat, prevent, and respond — that together can end the HIV epidemic in the U.S.

To accomplish these goals, the Health Resources and Services Administration (HRSA) awarded funding to Ryan White HIV/AIDS Program (RWHAP) EHE recipients to link people with HIV to critical care and treatment services as well as provide workforce training, technical assistance, and systems coordination. This initiative is focused on 48 counties; Washington, D.C.; and San Juan, Puerto Rico, where more than 50 percent of HIV diagnoses occur, and seven states with a substantial rural burden of HIV.

To support federal requirements to monitor and report on funds distributed through the EHE initiative, HRSA HIV/AIDS Bureau (HAB) uses both the EHE Triannual Report and the RWHAP Services Report (RSR). Both reports are available through the HRSA Electronic Handbooks (EHBs). The information collected in the EHE Triannual Report complements the annual data collected through the RSR and supports HRSA HAB in its ability to monitor EHE initiative activities and assess progress toward meeting national goals for ending the HIV epidemic.

This manual contains detailed instructions for EHE initiative recipients and providers to submit the EHE Triannual Report. In the EHE Triannual Report, EHE initiative-funded providers report aggregate data on the number of clients receiving specific services and the number of clients who were prescribed antiretroviral medications in the fourmonth reporting period.

Overview

The EHE Triannual Report is an aggregate data report submitted three times a year by EHE initiative recipients and EHE initiative-funded providers.

EHE initiative recipients begin by adding and/or editing contracts for their EHE initiative funding in the Grantee Contract Management System (GCMS). These contracts will then populate in recipients' EHE Triannual Recipient Reports. The information in the EHE Triannual Recipient Report will then be used to generate an EHE Triannual Provider Report for each EHE initiative-funded service provider. Providers submit their aggregate data in their EHE Triannual Provider Report. The EHE Triannual Provider Report must then be accepted by all EHE-funded recipients before advancing to "Submitted" status.

All agencies that use EHE initiative funding to provide services during the reporting period must submit an EHE Triannual Provider Report. The data reported in the EHE Triannual Report, however, are not limited to services provided with EHE initiative funding. Providers must report data for all clients with HIV who received a service that the provider was funded to provide with any of the following funding sources:

- EHE initiative funding
- EHE initiative carryover funding
- RWHAP funding (including RWHAP Parts A, B, B Supplemental, C, and D)
- RWHAP-related funding (including program income and pharmaceutical rebates)

For instructions on each component of the EHE Triannual Report, see the sections below. If your organization is just an EHE initiative-funded provider and not the direct recipient of the EHE initiative award, then you only need to complete the EHE Triannual Provider Report.

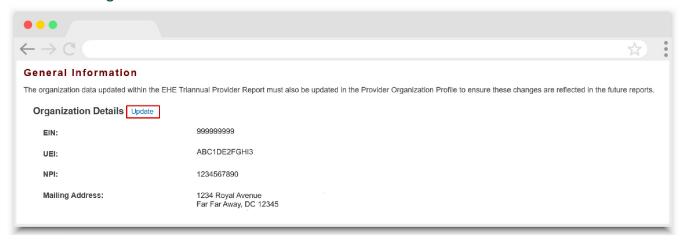
- EHE Triannual Recipient Report
- EHE Triannual Provider Report

What's New for 2025

New National Provider Identifier (NPI) Field

A new field has been added to the General Information section of the EHE Triannual Provider Report where providers can enter their National Provider Identifier (NPI). The NPI is a 10-digit ID issued by the Centers for Medicare and Medicaid Services (CMS) for health care providers. Select the "Update" link (Figure 1) to add the NPI to your agency's Provider Report. Providers that do not have an NPI may leave this field blank.

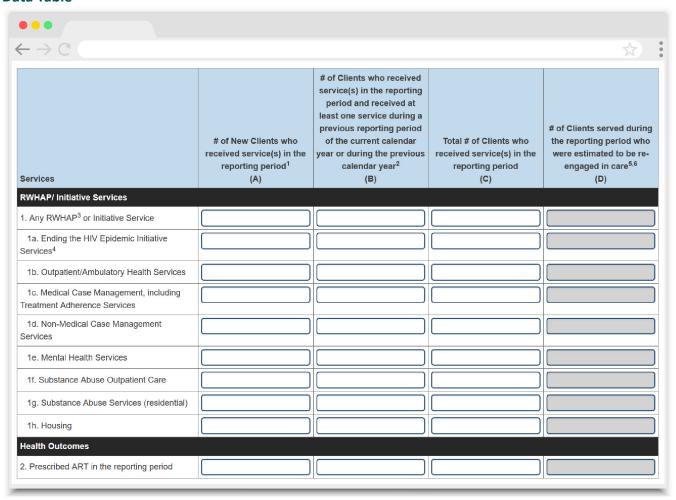
Figure 1. EHE Triannual Provider Report: Screenshot of the General Information Organization Details



New Re-engaged Clients Calculated Column

An additional column has been added to the data table in the Triannual Report section of the EHE Triannual Provider Report. This column will automatically calculate and display the *estimated* number of re-engaged clients served during the reporting period [calculated as Column C – (Column A + Column B)]. The number in this column should indicate those clients who were served during the reporting period who were last seen prior to the previous calendar year. Please note this column will calculate automatically and there are no additional data to report.

Figure 2. EHE Triannual Provider Report: Screenshot of the Triannual Report Data Table



EHE Triannual Recipient Report

EHE initiative recipients will complete an EHE Triannual Recipient Report during each triannual (four-month) reporting period. The EHE Triannual Recipient Report pulls contract information from the GCMS for the specified reporting period. To complete the EHE Triannual Recipient Report, recipients should add/review their contracts in the GCMS and review the list of funded providers in their report for accuracy. Step-by-step instructions for completing the EHE Triannual Recipient Report begin below.

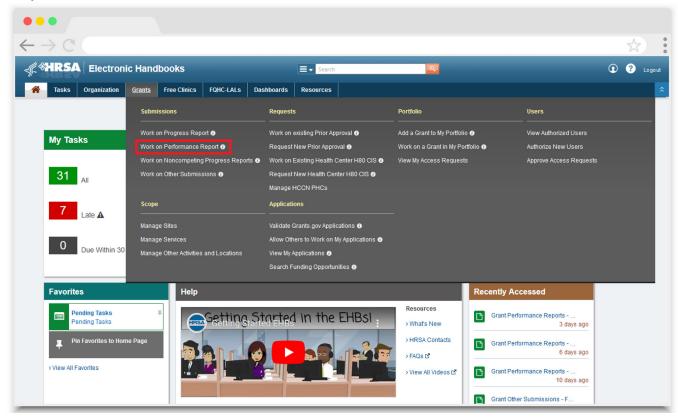
Accessing the EHE Triannual Recipient Report

Start by logging into the <u>HRSA Electronic Handbooks (EHBs)</u> by selecting the "Login" button and entering your Login.gov username and password. Hover over the Grants tab at the top of the page and select "Work on Performance Report" (Figure 3).



If you need assistance with your Login.gov username or password, contact the Login.gov Support Team at 1-844-875-6446 or submit a help ticket online.

Figure 3. HRSA EHBs: Screenshot of HRSA EHBs Homepage with Grants Dropdown Menu

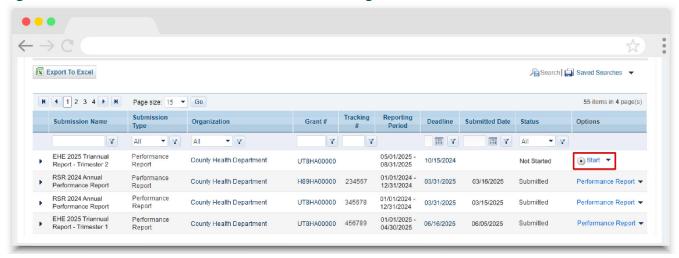




If you need assistance navigating the EHBs, contact the EHBs Customer Support Center at 1-877-464-4772.

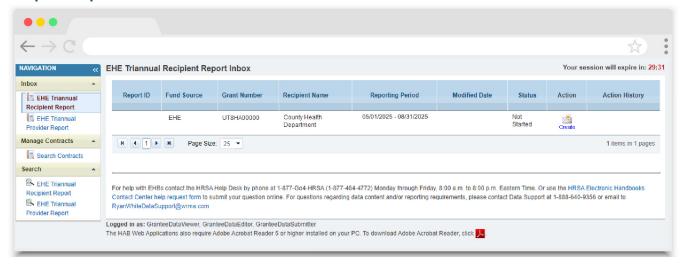
On the next page, the Submissions-All page (<u>Figure 4</u>), locate your EHE Triannual Report submission. Select "Start" or "Edit" under the far-right Options column. The first time you access your report, the link will read "Start." Once your report has been started, the link will read "Edit."

Figure 4. HRSA EHBs: Screenshot of Submissions-All Page



From there, you will be taken to the EHE Triannual Recipient Report Inbox (<u>Figure 5</u>). On this page, you can access your EHE Triannual Recipient Report as well as the GCMS to add/manage your contracts.

Figure 5. EHE Triannual Recipient Report: Screenshot of EHE Triannual Recipient Report Inbox



Adding and/or Managing Contracts in the GCMS

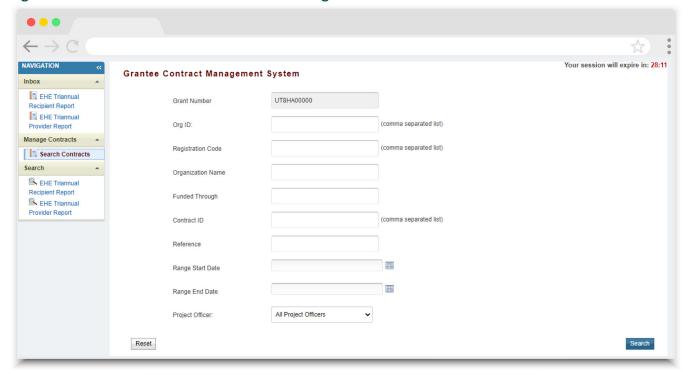
To access the GCMS, click on "Search Contracts" under the Manage Contracts header in the Navigation panel on the left side of the page. This will take you to the GCMS search page (Figure 6), where you can search for your EHE initiative-funded contracts. Recipients must ensure that they have a contract in the system for each agency funded to provide services with their EHE initiative award during the reporting period.

For instructions on utilizing the GCMS and adding/editing your contracts, review the GCMS Manual on the HRSA HAB website.



Use the reporting period dates in the "Range Start Date" and "Range End Date" search fields to only return contracts relevant to the reporting period in your search results.

Figure 6. GCMS: Screenshot of GCMS Search Page





If you need assistance locating or adding a provider in the web system, contact RWHAP Data Support at 1-888-640-9356 or email RyanWhiteDataSupport@wrma.com.



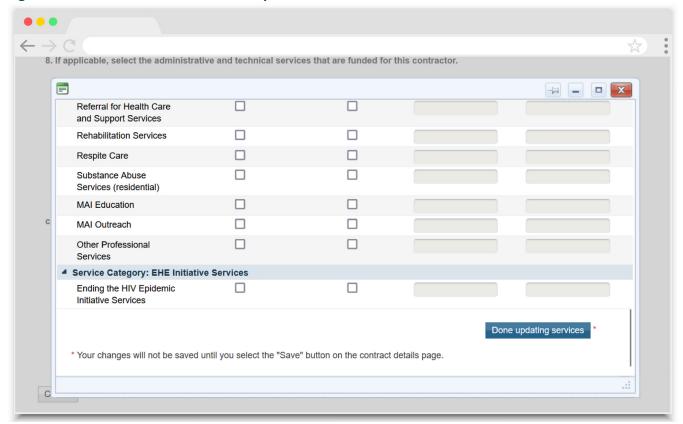
Where do I input services that I provide as the recipient?

Recipients should enter a contract in the GCMS with their own agency for the services they provide.

EHE Initiative Contracts

EHE initiative funding used for services that meet the definition of one of the existing RWHAP core medical or support service categories as outlined in <u>Policy Clarification Notice (PCN) #16-02</u> should be listed under that specific service category. The service category "Ending the HIV Epidemic Initiative Services" (<u>Figure 7</u>) should only be used if the funded activities do not align with one of the existing service categories in PCN #16-02. For example, EHE initiative funding used to provide medical case management should be listed under the service category Medical Case Management.

Figure 7. GCMS: Screenshot of GCMS Update Services Table





The Ending the HIV Epidemic Initiative Services category should only be used for services that do not meet the definition of one of the existing RWHAP core medical or support services.

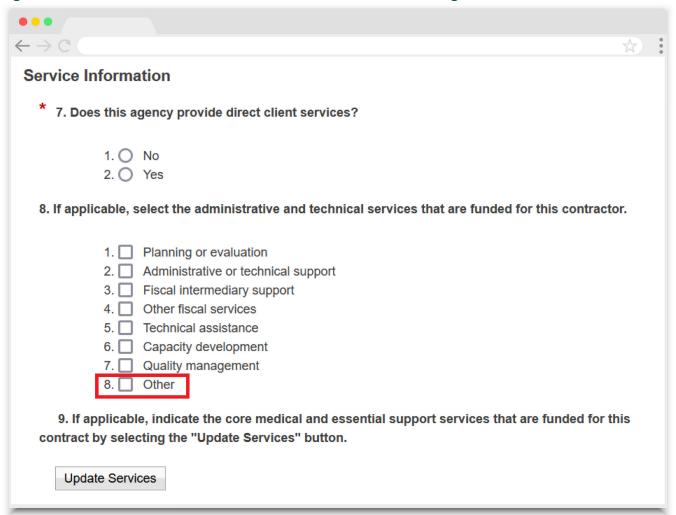


To review the RWHAP core medical and support service category definitions, see PCN #16-02 available on the HAB website.

Please also note the "Other" service category in question 8 of the GCMS contract details page (<u>Figure 8</u>). Agencies should select this service category if a provider is funded by their EHE initiative award to provide non-services (i.e., activities that do not directly serve clients) that do not meet the definition of one of the existing administrative and technical service category definitions (see <u>Appendix A</u> of this manual for administrative and technical service category definitions).

Non-services that fall under the definition of one of the existing administrative and technical service categories should be reported under that specific service category. For example, EHE initiative funding used to provide capacity development should be reported under Capacity Development.

Figure 8. GCMS: Screenshot of Question 8 of the Contract Details Page



Services funded and provided with EHE initiative carryover funding should also be reported on in the EHE Triannual Report and marked in your agency's contracts in the GCMS. Select the checkbox in the "EHE Carryover Funding" column for any service category an agency is funded to provide with EHE initiative carryover funding. For further detailed instructions, please see the GCMS Manual.



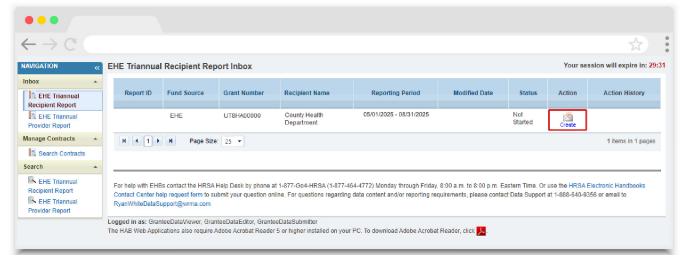
For assistance setting up your contracts in the GCMS and selecting the correct service categories, contact RWHAP Data Support at 1-888-640-9356 or email RyanWhiteDataSupport@wrma.com.

Completing the EHE Triannual Recipient Report

In the EHE Triannual Report system, select "EHE Triannual Recipient Report" under the Inbox header on the Navigation panel on the left side of the screen to access the EHE Triannual Recipient Report Inbox. Alternatively, use the instructions in Accessing the EHE Triannual Recipient Report to navigate to the EHE Triannual Recipient Report Inbox from the EHBs.

Once you have accessed your report inbox (<u>Figure 9</u>), select the envelope icon under the Action column to open your report. The first time you access the report, the link will read "Create," but once the report has been started, the link will read "Open."

Figure 9. EHE Triannual Recipient Report: Screenshot of EHE Triannual Recipient Report Inbox



EHE Triannual Recipient Report: General Information

Upon opening your report, you will be taken to the first section, General Information (<u>Figure 10</u>). This page includes multiple fields prepopulated from the web system, including your organization's address, EIN, and UEI as well as the contact information of the person responsible for completing the report. Review all fields for accuracy and make any updates as needed. Once finished, select "Save" on the bottom right of the page.

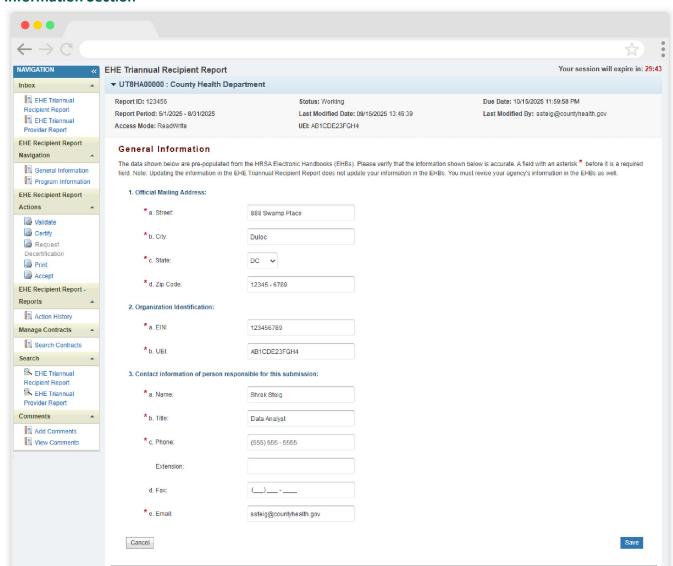


Figure 10. EHE Triannual Recipient Report: Screenshot of General Information Section

EHE Triannual Recipient Report: Program Information

To access the next section of the report, Program Information, select "Program Information" under the EHE Recipient Report Navigation header in the Navigation panel on the left side of the screen. The Program Information section (<u>Figure 11</u>) displays all the agencies funded to provide services with your EHE initiative award during the reporting period as specified in the contracts in the GCMS.

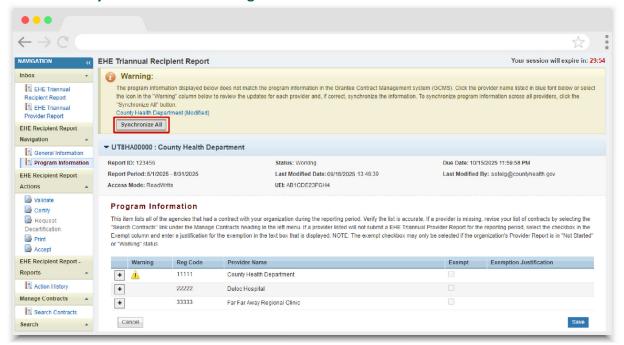
Figure 11. EHE Triannual Recipient Report: Screenshot of Program Information Section



This information is populated from the GCMS, and recipients should review the list for accuracy and completeness. If any of the listed information is incorrect, you must make any necessary changes to the associated contracts in the GCMS.

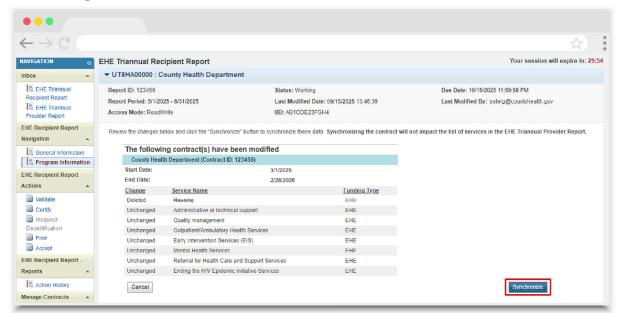
If you make any changes to your contracts after your Recipient Report has been started, you must synchronize the changes with your report. Navigate back to the Program Information section of the report, and you will see a yellow warning banner at the top of the page (Figure 12).

Figure 12. EHE Triannual Recipient Report: Screenshot of Program Information Synchronization Warning Banner



Select the "Synchronize All" button to synchronize all contract changes at once or select the blue link(s) in the banner to synchronize contracts individually. On the next page (Figure 13), review the changes you made to your contracts and then select the "Synchronize" button to add all contract changes to the report.

Figure 13. EHE Triannual Recipient Report: Screenshot of the Synchronize Contract Page



Once you have reviewed both sections of the report and made sure that all EHE initiative-funded providers are listed, you are ready to move on to the next step of the EHE Recipient Report, validating your report.

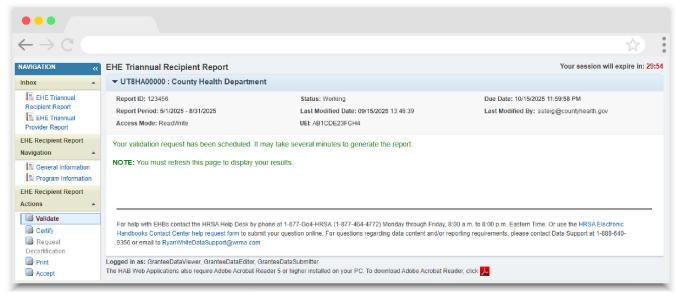


If you need to make changes to your contracts after certifying your EHE Recipient Report, contact RWHAP Data Support for assistance at 1-888-640-9356 or email RyanWhiteDataSupport@ wrma.com.

Validating the EHE Triannual Recipient Report

Once you have reviewed and completed both the General Information and Program Information sections, the next step is to validate your report. The validation process checks your report against HRSA HAB's system requirements. To start the validation process, select "Validate" in the Navigation panel on the left side of the screen. The system will display a message letting you know that the validation is processing (Figure 14). After a few minutes, refresh the page by selecting the "Validate" link again in the Navigation panel.

Figure 14. EHE Triannual Recipient Report: Screenshot of Validation Processing Page



If your report has no validation messages to address, you will see a "Congratulations" message and can advance to the next step. Otherwise, you will see a table of your validation results once the validation process has been completed.

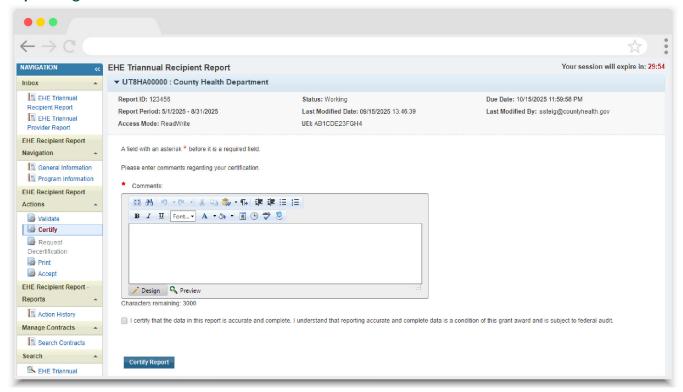
The only validation messages in the EHE Recipient Report are errors. If you receive an error in your validation results, you must correct your report based on the error message and revalidate your report before you can certify your submission.

Once you have addressed your validation results, you can advance to the next step, certifying your report.

Certifying the EHE Triannual Recipient Report

To certify your EHE Triannual Recipient Report, select "Certify" in the Navigation panel on the left side of the screen. On the next page (Figure 15), enter a comment in the text box with any meaningful feedback you have about the submission process. Underneath the comment box, select the checkbox to indicate that the submitted data are accurate and complete. Once finished, select the "Certify Report" button at the bottom of the page.

Figure 15. EHE Triannual Recipient Report: Screenshot of the Certify Report Page





If you need assistance completing your EHE Triannual Recipient Report, contact RWHAP Data Support at 1-888-640-9356 or email RyanWhiteDataSupport@wrma.com.



Providers will not be able to submit their EHE Triannual Provider Report until their recipients' EHE Triannual Recipient Reports have been certified. Recipients should start their EHE Triannual Recipient Report as soon as possible once the report opens and not wait until the end of the submission period.

EHE Triannual Provider Report

Each organization that receives EHE initiative funding to provide services must complete an EHE Triannual Provider Report each reporting period. The EHE Triannual Provider Report is submitted three times a year and includes aggregate data on the number of clients receiving services as well as the number of clients prescribed antiretroviral therapy (ART). Step-by-step instructions for completing the EHE Triannual Provider Report begin below.

Accessing the EHE Triannual Provider Report

The steps to access the EHE Triannual Report vary based on your organization. EHE initiative recipients (the organization that receives the EHE initiative award from HRSA HAB) can access the EHE Triannual Provider Report through their EHE Triannual Report deliverable in the HRSA Electronic Handbooks (EHBs).

EHE initiative-funded providers that are not EHE recipients but are the recipient of a RWHAP grant (such as a RWHAP Parts C or D recipient) access the EHE Provider Report through their most recent RWHAP Services Report (RSR) deliverable in the EHBs. EHE initiative-funded providers that are not the recipient of any RWHAP grant (provider-only organizations) access the EHE system by going through the RSR system and the "Access RSR" link in the EHBs.

Detailed instructions for each method of accessing the EHE Triannual Provider Report follow below.

Figure 16. Accessing the EHE Triannual Provider Report

EHE Recipient

 Access through EHE Triannual Report deliverable in HRSA EHBs

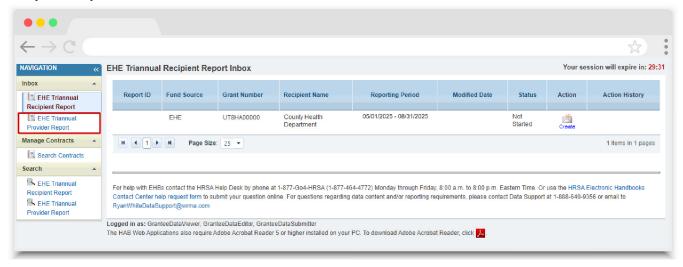
Not EHE Recipient

- RWHAP Recipient: Access through most recent RSR deliverable HRSA EHBs
- Provider Only Agency: Access through RSR system

EHE Recipients

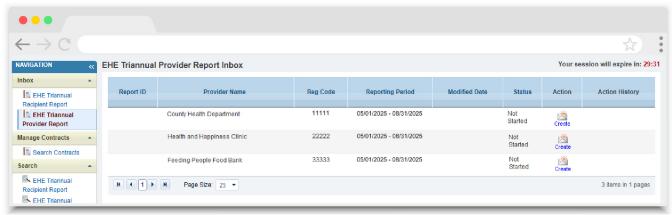
Organizations that are EHE recipients can use the steps detailed in Accessing the EHE <u>Triannual Provider Report</u> to navigate to the EHE Recipient Report Inbox (<u>Figure 17</u>). From there, select "EHE Triannual Provider Report" under the Inbox header in the Navigation panel on the left side of the screen to access the EHE Provider Report Inbox.

Figure 17. EHE Triannual Provider Report: Screenshot of EHE Triannual Recipient Report Inbox



Once in the EHE Provider Report Inbox (<u>Figure 18</u>), recipients will see a Provider Report in the inbox for each EHE initiative-funded provider as listed in their EHE Recipient Report. Locate the Provider Report you would like to open and select the envelope icon under the Action column to open the report. The first time you access the report, the link will read "Create," but once the report has been started, the link will read "Open."

Figure 18. EHE Triannual Provider Report: Screenshot of EHE Provider Report Inbox (EHE Recipient View)

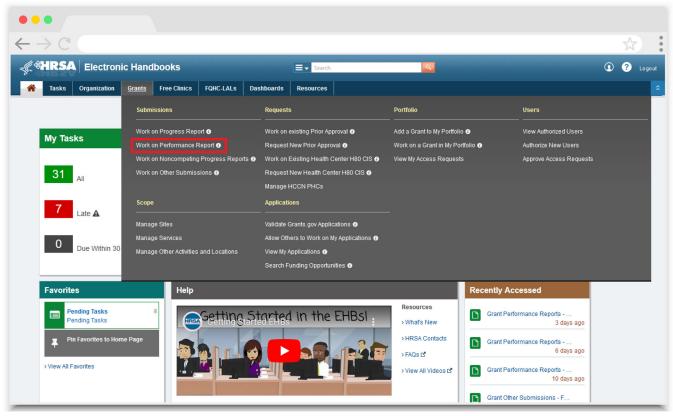


RWHAP Recipients

EHE initiative-funded providers that are not the recipient of the EHE award (i.e., not the organization that receives the EHE initiative award directly from HRSA HAB) but are a recipient of a RWHAP grant (such as a RWHAP Parts C or D recipient) access the EHE system through their most recent RSR deliverable.

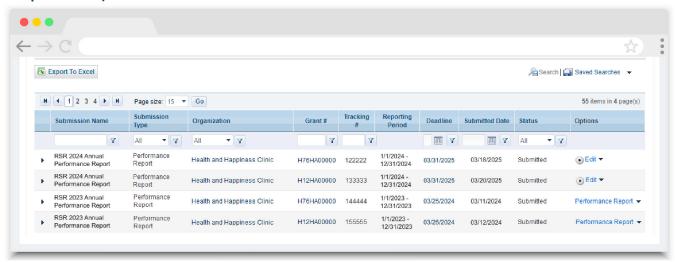
Start by logging into the <u>HRSA EHBs</u>. From the EHBs homepage, hover over the "Grants" tab at the top of the page and then select "Work on Performance Report" (Figure 19).

Figure 19. HRSA EHBs: Screenshot of EHBs Homepage with Grants Drop-Down Menu



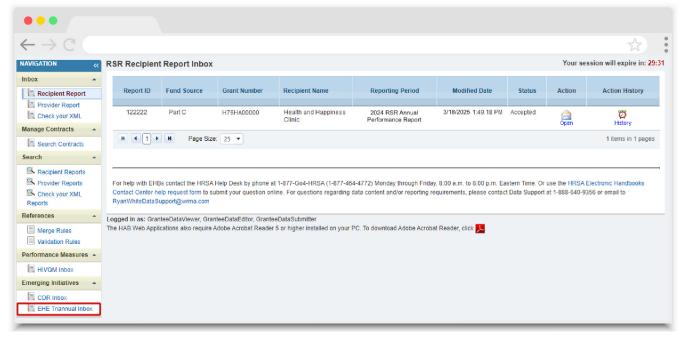
On the next page, Submissions-All, scroll down and locate your most recent RSR deliverable. Select the "Start" or "Edit" link under the far-right Options column (Figure 20) to access the RSR system.

Figure 20. HRSA EHBs: Screenshot of Submissions-All Page (RWHAP Recipient View)



That will bring you to the RSR Recipient Report Inbox (<u>Figure 21</u>). Look at the bottom of the Navigation panel on the left side of the screen and select "EHE Triannual Inbox" under the Emerging Initiatives header.

Figure 21. EHE Triannual Provider Report: Screenshot of RSR Recipient Report Inbox



You will now be in the EHE Provider Report Inbox (<u>Figure 22</u>). To access your EHE Provider Report, select the envelope icon under the Action column on the right side of the page.

Figure 22. EHE Triannual Provider Report: Screenshot of EHE Triannual Provider Report Inbox

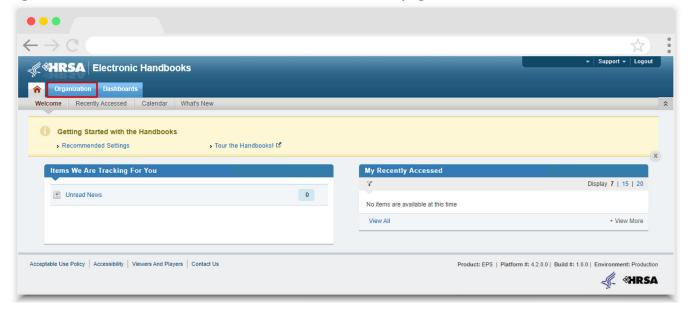


Provider-Only Organizations

EHE initiative-funded providers that are providers only and do not receive any RWHAP grant from HRSA HAB access the EHE Provider Report through the RSR system using the "Access RSR" link in the HRSA EHBs.

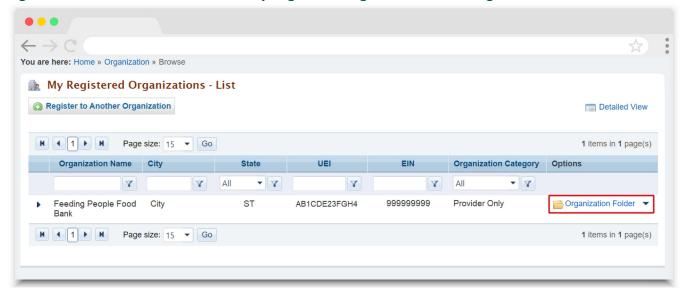
Start by logging into the <u>HRSA EHBs</u>. Once you have logged in, select the Organization tab at the top of the page (Figure 23).

Figure 23. HRSA EHBs: Screenshot of Providers' EHBs Homepage



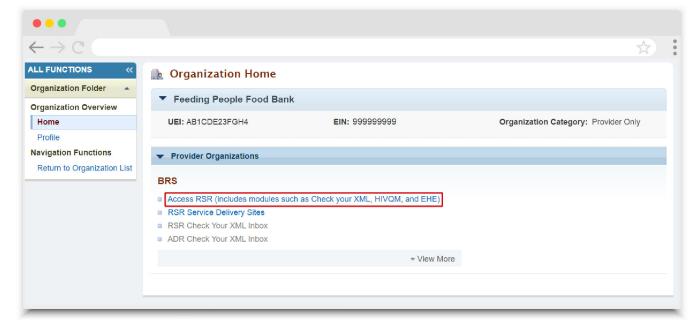
On the next page titled "My Registered Organizations – List," locate your organization's name and then select "Organization Folder" under the far-right Options column (Figure 24).

Figure 24. HRSA EHBs: Screenshot of My Registered Organizations - List Page



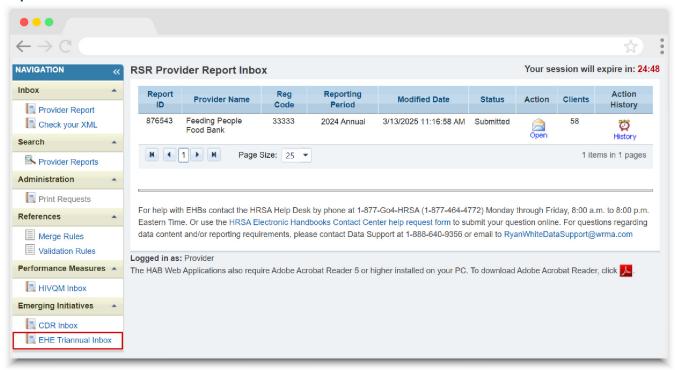
That will bring you to the Organization homepage. Look in the center of the page and select "Access RSR (includes modules such as Check your XML, HIVQM, CDR, and EHE)" (Figure 25).

Figure 25. HRSA EHBs: Screenshot of Organization Homepage



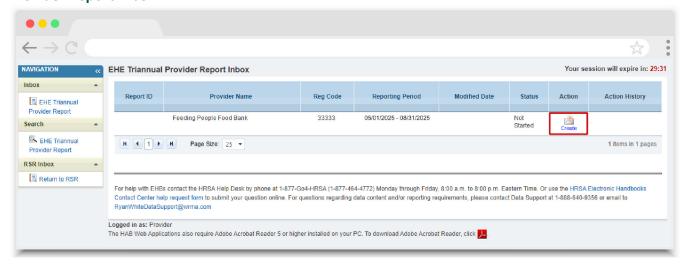
Selecting "Access RSR" will navigate you to the RSR system. Look at the bottom of the Navigation panel on the left side of the screen and select "EHE Triannual Inbox" under the Emerging Initiatives header (Figure 26).

Figure 26. EHE Triannual Provider Report: Screenshot of RSR Provider Report Inbox



From there, you will be taken to the EHE Provider Report Inbox. To open your report, select the envelope icon under the Action column on the right side of the page (Figure 27).

Figure 27. EHE Triannual Provider Report: Screenshot of EHE Triannual Provider Report Inbox



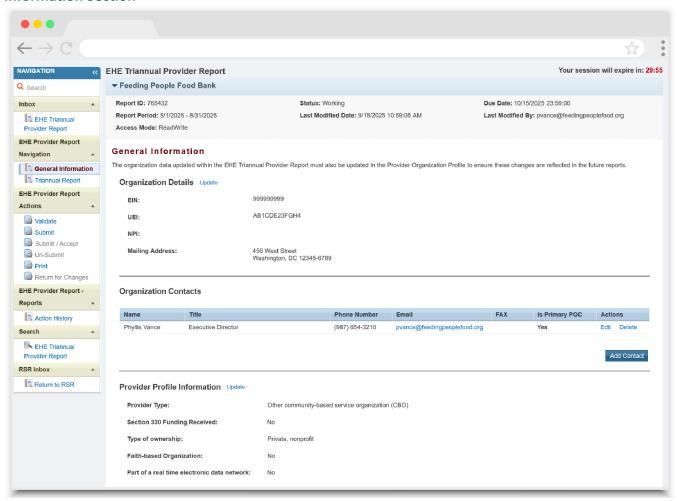
Completing the EHE Triannual Provider Report

EHE Triannual Provider Report: General Information

Once you have opened your report, you will be taken to the first section, General Information (<u>Figure 28</u>). This section contains details about the organization and its contacts, populated by the HRSA EHBs. Review the data in this section for accuracy and make any adjustments as needed.

Select the "Update" link next to the section headers to make any necessary edits to the Organization Details and Provider Profile Information. To add a new contact to the Organization Contacts table, select the "Add Contact" button. Select the "Edit" or "Delete" links in the Actions column to remove or edit a contact currently listed in the Organization Contacts table.

Figure 28. EHE Triannual Provider Report: Screenshot of General Information Section





Further details and definitions on the fields in this section can be found in the General Information section of the RSR Manual, available on the HRSA HAB website.

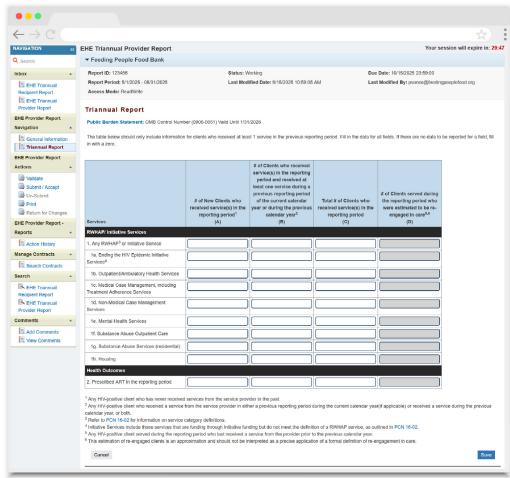
EHE Triannual Provider Report: Triannual Report

To navigate to the next section of the report, select "Triannual Report" under the EHE Provider Report Navigation header in the Navigation panel on the left side of the screen. In the Triannual Report section (<u>Figure 29</u>), enter your aggregate data directly into the table on the screen. The table should only include data for clients with HIV who received at least one service during the reporting period.



A value must be entered for every field. If there are no data to be reported for a field, enter a zero.

Figure 29. EHE Triannual Provider Report: Screenshot of Triannual Report Section



RWHAP/Initiative Services

In this part of the table, enter a value for the number of clients who received the service category specified in each row during the reporting period. Not all RWHAP service categories are listed individually in the RWHAP/Initiative Services table section. The services included in the table are:

- 1. Any RWHAP or Initiative Service
- 1a. Ending the HIV Epidemic Initiative Services
- 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

For each service category, report the number of clients with HIV who received the service during the reporting period, regardless of payor or RWHAP eligibility. Only EHE initiative-funded providers must complete the EHE Triannual Provider Report, but these providers should report on services funded through all RWHAP and EHE initiative funding sources, including EHE initiative funding (including EHE initiative carryover), RWHAP funding, and RWHAP-related funding (including RWHAP-related program income or pharmaceutical rebates). If your organization is not funded to provide a service by any of these funding sources, enter all zeroes for that row of the Triannual Report table.

In row "1. Any RWHAP or Initiative Service," report all clients with HIV who were served during the reporting period with any service that your organization was funded to provide with either EHE initiative, RWHAP (including RWHAP Parts A, B, B Supplemental, C, and D), or RWHAP-related (including program income and/or pharmaceutical rebates) funding. Row 1 is a deduplicated count of your clients served during the reporting period.

Additional service categories not included in rows 1a through 1h should still be considered and included when reporting data in row 1. Clients who did not receive one of the indicated services in rows 1a through 1h but did receive a funded service not included in those rows should still be included in the deduplicated count of clients served in row 1.



For every column, the value reported in row "1. Any RWHAP or Initiative Service" should be greater than or equal to the values reported in all other rows.

Row "1a. Ending the HIV Epidemic Initiative Services" is a service category that only includes client services that are funded with EHE initiative funding but do not meet the definition of a RWHAP core medical or support service as outlined in PCN #16-02. Client services provided with EHE initiative funding that meet the definition of a RWHAP service category should be reported under that specific service category and not the EHE Initiative Services category. For example, if your organization uses EHE initiative funding to provide medical case management, those services should be reported under the Medical Case Management category and not the EHE Initiative Services category.



What services should be included in the EHE Initiative Services category?

The EHE Initiative Services category includes all client services that do not align with one of the RWHAP core medical or support service categories outlined in PCN #16-02. If an EHE initiative-funded service fits into an existing PCN #16-02 RWHAP service category, the service should be reported under the RWHAP service category. If an EHE initiative-funded service does not fit into an existing PCN #16-02 RWHAP service category, then the EHE Initiative Services category should be used.

Each row is divided into four columns that each pertain to a different client population:

- # of New Clients who received service(s) in the reporting period (A): This
 column represents new clients. In this column, report any client with HIV
 who has never received services from the service provider before the current
 reporting period.
- # 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 (B): This column represents existing clients. In this column, report any client with HIV who also received a service from the service provider in a previous reporting period either during the current calendar year (if applicable), the previous calendar year, or both.
- Total # of Clients who received service(s) in the reporting period (C): This
 column represents all clients served. In this column, report all clients with HIV
 who received a service from the service provider during the reporting period.



For every row, the value in column C (Total # of Clients) must be greater than or equal to the values reported in columns A and B. The value in column C does not need to equal the sum of columns A and B.

of Clients served during the reporting period who were estimated to be re-engaged in care (D): This column represents re-engaged clients. The value here indicates the number of clients who received a service during the current reporting period who were last seen by the service provider prior to the previous calendar year. The system will automatically calculate this value for each row based on the values entered in the other columns [column D = column C – (column A + column B)].

Re-engaged clients should still be represented in column C if they were served during the reporting period. For any row, the total clients served (column C) can be thought of as a sum of new clients plus existing clients plus re-engaged clients (Figure 30).



The number of re-engaged clients (column D) in row "1. Any RWHAP or Initiative Service" should be greater than or equal to the number of re-engaged clients reported in all other rows.

Figure 30. EHE Triannual Report Total Clients Explanation





How should I report a client served during the reporting period who was previously seen two years ago?

This client does not qualify as a new client (column A) or an existing client (column B) since they have been seen previously but not in the current or prior calendar year. Therefore, only report this client in column C, the total number of clients served.



My clinic is part of a larger organization. How should we determine whether a client is new?

For the EHE Triannual Report, a client is new if they are new to care at the provider of HIV services. Therefore, if a client has never received services previously from your agency, the provider of HIV services, they would be considered new.



For each column, the values reported in rows 1a through 1h must be less than or equal to the value reported in row "1. Any RWHAP or Initiative Service."



For definitions of RWHAP core medical and support service categories, see PCN #16-02, available on the HRSA HAB website.



Where do I report service categories that I provide that aren't specifically listed in the EHE Triannual Report table (e.g., Medical Transportation or Food Bank/Home-Delivered Meals)?

RWHAP service categories funded through EHE initiative (including EHE initiative carryover), RWHAP, or RWHAP-related funding that are not listed in a specific row (e.g., Medical Transportation) should be included in row "1. Any RWHAP or Initiative Service."



Where do I report household members who received a funded service?

Only report clients with HIV who received a service during the reporting period in your EHE Triannual Report data. Household members who are not living with HIV should **not** be included in your data, even if they received a funded service.

Health Outcomes

The Health Outcomes section of the table contains a single row, "2. Prescribed ART in the reporting period." In this row, report the number of clients with HIV in each column who were prescribed or continued ART during the reporting period. All clients who were prescribed ART by Outpatient/Ambulatory Health Services (OAHS) or any other mechanism through which ART could be prescribed or provided should be reported in this row.

Clients should be sorted into new, existing, and total clients as explained in the previous section of this manual. Providers only need to report on ART prescription when their agency is providing the prescription. For example, a case management agency that monitors their clients' treatment adherence should not report on ART prescription if their agency is not providing the prescription for their clients.



For each column, the value reported in row "2. Prescribed ART in the reporting period," must be less than or equal to the value reported in row "1. Any RWHAP or Initiative Service."

Once you have entered a value for each field of the table, select "Save" at the bottom right of the screen.

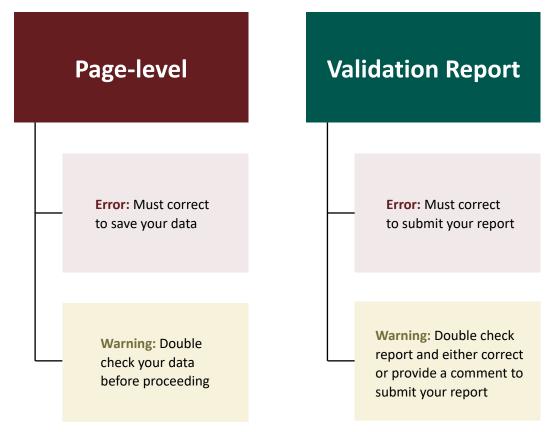


If you need assistance extracting your data from your EHR or data management system or mapping your data to the required data elements, contact the DISQ Team at Data.TA@caiglobal.org.

Validating the EHE Triannual Provider Report

Data validation in the EHE Triannual Provider Report occurs in two places: (1) on the Triannual Report page itself, a page-level validation, and (2) in the Validation Report, a system-generated check of your entire report that you process by clicking "Validate" in the Navigation panel. Once you have addressed any page-level and Validation Report messages, you can advance to the next step of the report, submitting.

Figure 31. EHE Triannual Provider Report Validation Guide



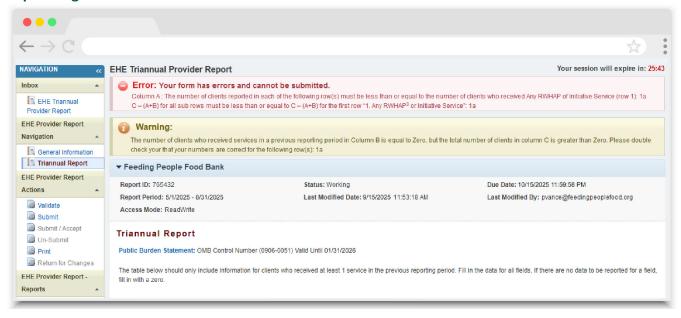
Page-level Validation

Page-level validation occurs after selecting "Save" on the Triannual Report page. The page-level validation process checks to make sure all fields in the Triannual Report table are complete and make sense. Page-level validation messages that must be addressed will appear as a banner at the top of the page after selecting "Save" (Figure 32).

Page-level validation messages are sorted into two categories: errors and warnings. Errors will appear in a red banner and must be corrected. You will not be able to submit your report without correcting all page-level errors that you receive. Amend your Triannual Report data based on the error message(s) and attempt to save your data again.

Page-level warnings appear in a yellow banner and provide information on your data (e.g., data accuracy issue). Review your data based on the warning message for accuracy. If the data are correct, you can proceed to validating your EHE Provider Report using the Validation Report. Otherwise, amend your data based on the warning message and attempt to save your data again.

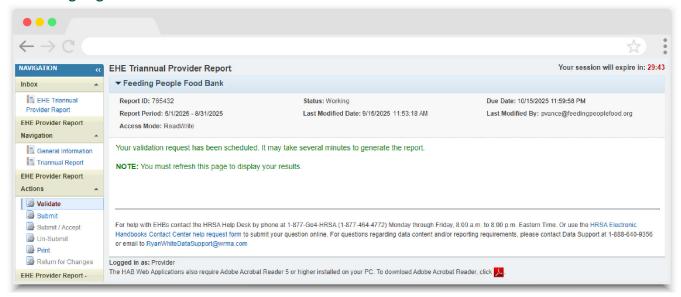
Figure 32. EHE Triannual Provider Report: Screenshot of the Triannual Report Page-level Validation Banners



Validation Report

The validation process checks your report against HRSA HAB's system requirements. To start the validation process and generate the Validation Report, select "Validate" in the Navigation panel on the left side of the screen. The system will display a message letting you know that the validation request is processing (<u>Figure 33</u>). After a few minutes, refresh the page by selecting the "Validate" link again in the Navigation panel.

Figure 33. EHE Triannual Provider Report: Screenshot of Validation Processing Page



If your report has no validation messages to address, you will see a "Congratulations" message and can advance to the next step. Otherwise, you will see a table of your validation results once the validation process has been completed (Figure 34).

Validation messages in the Validation Report are sorted into two categories: errors and warnings. If you receive an error in your validation results, you must correct your report based on the error message and revalidate your report before you can submit it.

Validation Report warnings should also be corrected whenever possible. If you are not able to correct your report, you may submit it with a warning by adding a comment for each one in your Validation Report. To add a comment, select "Add Comment" in the Actions column of the validation results table. In the comment explain your agency's situation as it relates to the warning message and select "Save."

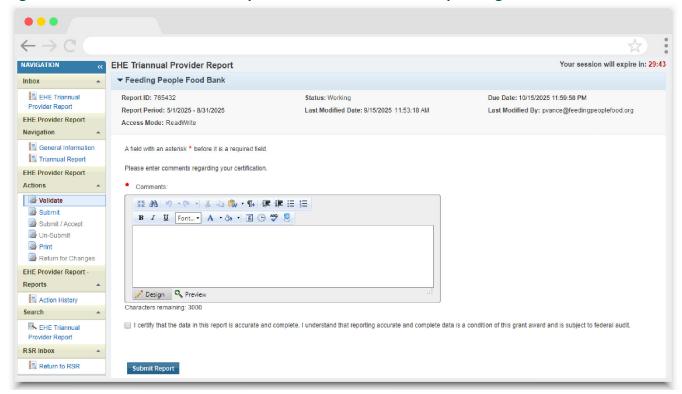
 $\leftarrow \rightarrow C$ Validation Results You must fix all errors in your report before you can submit your data. Please fix all warnings as appropriate. For the warnings that you cannot or should not fix, enter a warning comment before you submit your data. To enter warning comments for a specific check, select the "Add Comment" link located in the Action column of the validation results table(s). Contact the help desk if you have guestions about any of the validation errors, warnings, or alerts, **General Information** Row Check No. Message Type Comment Count Action No report validation errors found. **Triannual Report** Check No. Action Message Comment Count Type The number of clients must be populated for all services. If a service is not Error provided to any clients, then the number of clients must be reported as a zero.

Figure 34. EHE Triannual Provider Report: Screenshot of the Validation Report

Submitting the EHE Triannual Provider Report

To submit your EHE Triannual Provider Report, select "Submit" in the Navigation panel on the left side of the screen. On the next page (<u>Figure 35</u>), enter a comment in the text box with any meaningful feedback you have about the submission process. Underneath the comment box, select the checkbox to certify that the data submitted are accurate and complete. Once finished, select the "Submit Report" button at the bottom of the page.

Figure 35. EHE Triannual Provider Report: Screenshot of Submit Report Page



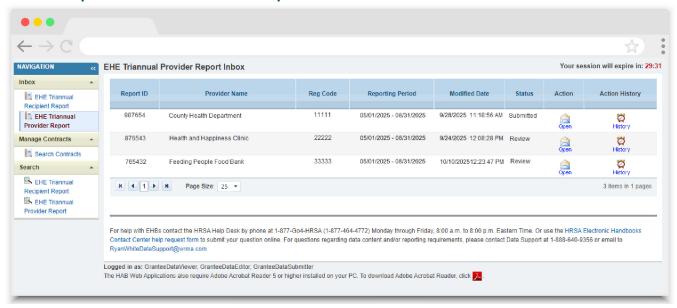


If you need assistance completing your EHE Triannual Provider Report, contact RWHAP Data Support at 1-888-640-9356 or email RyanWhiteDataSupport@wrma.com.

Accepting Providers' Reports (Completed by EHE Recipients Only)

Once an EHE Triannual Provider Report has been submitted, it must be reviewed and accepted by all EHE initiative recipients that fund them. Recipients will know that an EHE Provider Report still needs to be accepted when it is in "Review" status (Figure 36).

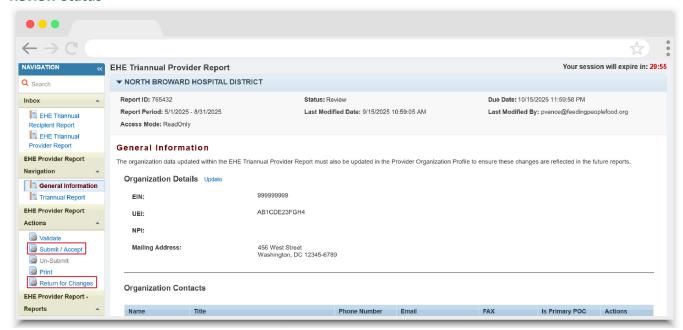
Figure 36. EHE Triannual Provider Report: Screenshot of EHE Triannual Provider Report Inbox with Submitted Reports



Each report must be opened and accepted separately. Select the envelope icon under the Action column to open the report you wish to review and accept.

Review the selected report and, when ready, select "Submit/Accept" in the Navigation panel on the left side of the screen to accept the report (Figure 37). Alternatively, if you need to return the report for corrections, select "Return for Changes" in the Navigation panel. Your EHE Triannual Recipient Report will not advance to "Submitted" status until all your providers' EHE Triannual Provider Reports have been submitted and accepted through your agency's grant.

Figure 37. EHE Triannual Provider Report: Screenshot of Report in Review Status





If you need assistance accepting your providers' reports, contact RWHAP Data Support at 1-888-640-9356 or email RyanWhiteDataSupport@wrma.com.

Appendix A. Administrative and Technical Services Definitions

Administrative or Technical Support: The provision of quality and responsive support services to an organization. These may include human resources, financial management, and administrative services (e.g., property management, warehousing, printing/publications, libraries, claims, medical supplies, and conference/training facilities).

Capacity Development: Services to develop a set of core competencies that in turn help organizations foster effective HIV health care services, including the quality, quantity, and cost-effectiveness of such services. These competencies also sustain the infrastructure and resource base necessary to develop and support these services. Core competencies include management of program finances; effective HIV service delivery, including quality assurance, personnel management, and board development; resource development, including preparation of grant applications to obtain resources and purchase supplies/equipment; service evaluation; and development of cultural competency.

Fiscal Intermediary Support: The provision of administrative services to the recipient of record by a pass-through organization. The responsibilities of these organizations may include determining the eligibility of providers, deciding how funds are allocated to providers, awarding funds to providers, monitoring providers for compliance with RWHAP-specific requirements, and completing required reports.

Other Fiscal Services: The receipt or collection of reimbursements on behalf of health care professionals for services rendered or other related fiduciary services pursuant to health care professional contracts.

Planning or Evaluation: The systematic, orderly collection of information about the characteristics, activities, and outcomes of services or programs to assess the extent to which objectives have been achieved, identify needed improvements, and/or make decisions about future programming.

Quality Management: The coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction. To be effective, a CQM program requires:

- · Specific aims based on health outcomes
- Support by identified leadership
- Accountability for CQM activities
- Dedicated resources
- Use of data and measurable outcomes to determine progress and make improvements to achieve the aims cited above

Please see PCN #15-02 for further information.

Technical Assistance: Identifying the need for and delivery of practical program and technical support to the RWHAP community. These services should help recipients, planning bodies, and communities affected by HIV to design, implement, and evaluate RWHAP-supported planning and primary care service-delivery systems.