



How To:

**Create, Upload, Validate, & Submit
the 2017 RSR PROVIDER REPORT on
the HRSA RSR Web Site**

For the Report Period 1/1/17 – 12/31/17

1. HRSA - RSR Web Site

Using **Internet Explorer** only, log in using <https://performance.hrsa.gov/hab/regloginapp/admin/login.aspx>

- Agencies who have Ryan White Part C or Part D funding must use the EHB address.
- Enter your **Username**, **Password**, and select **HAB RSR Web Application**.

HRSA HIV/AIDS Bureau
Welcome to the HAB Web Applications

Username:

Password: [I forgot my username/password](#)

If you do not have an account, please use the [Registration Form](#) .

Select Application: -- Select Application --

Ryan White HIV/AIDS Grantees cannot access the HAB Web Application system through this login page. If you are a grantee you must access the HAB Web Application through HRSA's Electronic Handbooks (EHBs).

If you are a provider who receives funding from a Ryan White HIV/AIDS grantee, you may use this web system to enter, validate and submit your Ryan White HIV/AIDS Report(s) for the 2009 reporting period. To access the system, enter your **username** and **password** in the text boxes above, then click **"Log In"**. If you forgot your password, or need help logging in, call the HRSA Contact Center at **1-877-Go4-HRSA (1-877-464-4772)**.

If you are a provider but do not have a username and password, you must register to create one. You will need your **registration code**. If you wish to register but do not have a registration code, contact your grantee. For more information, contact the Ryan White HIV/AIDS Data Support Line at **1-888-640-9356**.

| |
|--|
| ***WARNING*** ***WARNING*** ***WARNING*** |
| <ul style="list-style-type: none">• This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network.• This system is provided for Government-authorized use only.• Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties.• Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring.• By using this system, you understand and consent to the following:<ul style="list-style-type: none">• The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct HHS business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.• Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose. |
| ***WARNING*** ***WARNING*** ***WARNING*** |

The HAB Web Applications support **Microsoft Internet Explorer Browsers, Version 9 and above**. To download the latest version of Microsoft Internet Explorer, click the following link:



The HAB Web Applications also require **Adobe Acrobat Reader 5 or higher** installed on your PC. To download Adobe Acrobat Reader, click the following link



2. RSR PROVIDER REPORT INBOX

- You should see this screen when first logging into the HRSA RSR Web Site.
NOTE: If you are a Part C or Part D recipient, it is likely you will see a slightly different screen.
- Note that the Status is 'Not Started'. Click on the ACTION, **CREATE**.
- You will not create the file again. It can be edited, however.

The screenshot displays the HRSA Electronic Handbooks interface for the RSR Provider Report Inbox. The top navigation bar includes 'Tasks', 'Organizations', 'Grants', 'Free Clinics', 'FQHC-LALs', and 'Resources'. The main content area shows a table with the following data:

| Report ID | Provider Name | Reg Code | Reporting Period | Modified Date | Status | Action | Clients | Action History |
|-----------|---------------|------------|------------------|----------------------|-------------|--------|---------|----------------|
| 0 | [Redacted] | [Redacted] | 2017 Annual | 2/14/2018 3:20:32 PM | Not Started | Create | 0 | History |

The 'Action' column for the 'Not Started' status contains a 'Create' button, which is highlighted with a red arrow. The page also includes a navigation sidebar on the left, a search bar, and a footer with links for 'Acceptable Use Policy', 'Accessibility', 'Viewers And Players', and 'Contact Us'. The footer also displays product information: 'Product: HAB Applications | Platform #: 2.35.25 | Build #: 2.0.0 | Environment: Production'.

3. GENERAL INFORMATION

- Update as needed
- Note 'Provider Report Navigation' menu on left.

Provider Report Navigation

- General Information
- Program Information
- Service Information
- HC&T Information
- Import Client-Level Data

Provider Report Actions

- Validate
- Submit
- Submit / Accept
- Un-Submit
- Print
- Clear Clients
- Return for Changes
- Release Lock

Provider Report - Reports

- Upload Completeness Report
- Action History

Manage Contracts

- Search Contracts

Search

- Grantee Reports
- Provider Reports

Administration

- Print Requests

Comments

- Add Comments
- View Comments

References

- Merge Rules
- Validation Rules

General Information

Organization Details [Update](#)

EIN: 141802152
DUNS: 141802152
Mailing Address: 154 BROADWAY STE 500
MENANDS, NY 13364-0119

Organization Contacts

| Name | Title | Phone | Email | FAX | Is Primary POC | Actions |
|--|-------|-------|-------|-----|----------------|---------|
| There are no contacts for this organization. | | | | | | |

[Add Contact](#)

Provider Profile Information [Update](#)

Provider Type:

Section 330 Funding Received: No

Type of ownership:

Faith-based Organization: No

Categories that best describes the agency's racial/ethnic characteristics:

Not Applicable

Service Delivery Sites

You can use organization address for a service delivery site if this address is used to deliver client services. If not, select the Add a Site button to add a service delivery site.

| Name | Address | City | State | Zip | Phone Number | Actions |
|---|---------|------|-------|-----|--------------|---------|
| This Organization does not have any Service Delivery Sites. | | | | | | |

[Add Organization Address as a Site](#)
[Add a Site](#)

4. PROGRAM INFORMATION

- Update as needed. Pay special attention to **Question 2 (Paid staff in FTEs)**. See Page 11 for 'How to Calculate'.
- Be sure to *check* the '**Funding Source Certification**' box on bottom left.
- **SAVE**

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- Add Comments
- View Comments

References

- Merge Rules

Program Information

A field with an asterisk * before it is a required field.

1. Contact information of person responsible for this submission:

- * a. Name:
- * b. Title:
- * c. Phone:
- d. Fax:
- * e. Email:

* **2. Report the number of paid staff, in full-time equivalents (FTEs) in up to two decimal places, that were funded by the Ryan White HIV/AIDS Program during this reporting period:**

* **3. Please select the status of your agency's clinical quality management program for assessing core medical services.**

- Clinical quality management program initiated this reporting period
- Previously established quality management program
- Previously established program with new quality standards added this reporting period
- Not applicable

4. Funding Source Certification

This item lists all of your agency's sources of Ryan White HIV/AIDS Program funding. Please verify that this list is accurate. If a funding source is missing, contact your grantee and ask them to add your agency to their list of contractors. If a grantee that did not fund your organization is listed, contact Ryan White HIV/AIDS Program Data Support for assistance.

| | Funding Source | Grantee Name | Funded Through | Grant Number | Exempt |
|--------------------------|----------------|-----------------------|----------------|--------------|--------|
| <input type="checkbox"/> | Part B | HEALTH RESEARCH, INC. | | X07HA00025 | No |

I have reviewed my agency's list of Ryan White HIV/AIDS Program funding sources and certify that the list is accurate.

5. SERVICE INFORMATION

- Ryan White funds the Services seen at your agency.
- Be sure to *check the DELIVERED* box(es) on bottom left.
- **SAVE**

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Provider Report - Reports

- Upload Completeness Report
- Action History

Service Information

A field with an asterisk * before it is a required field.

* 5. Below is a list of all of the Ryan White HIV/AIDS Program services that your organization was funded to provide. Select the services that were delivered by your agency during the reporting period regardless of funding source.

Administrative and Technical Services

| Funded | Delivered | Service Category |
|------------------------|-----------|------------------|
| No records to display. | | |

Core Medical Services

| Funded | Delivered | Service Category |
|------------------------|-----------|------------------|
| No records to display. | | |

Support Services

| Funded | Delivered | Service Category |
|-------------------------------------|--------------------------|---------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Food Bank/Home Delivered Meals |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Health Education/Risk Reduction |

Cancel Save

6. HC&T INFORMATION (HIV Counseling and Testing Service Information)

- Select 'YES' for Question 6: If your agency received any Ryan White funds for Counseling & Testing in the reporting year. Complete other questions.
- Select 'NO' for Question 6: If your agency does not receive any Ryan White funds for Counseling & Testing in the reporting year. The screen is complete.
- **SAVE**

Provider Report

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- Service Information
- HC&T Information**
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Provider Report - Reports

- Upload Completeness Report
- Action History

Manage Contracts

- Search Contracts

Search

- Grantee Reports
- Provider Reports

HIV Counseling and Testing Service Information

Report the number of individuals who received counseling and testing during the reporting period. A field with an asterisk * before it is a required field.

* 6. Did your organization use Ryan White HIV/AIDS Program funds to provide HIV Counseling and Testing services during the reporting period? Yes No

7. Number of individuals tested for HIV:

8. Of those tested (#7 above), number who tested NEGATIVE:

9. Number who tested NEGATIVE (#8 above) and received posttest counseling:

10. Of those tested (#7 above), number who tested POSITIVE:

11. Number who tested POSITIVE (#10 above) and received posttest counseling:

12. Of those who tested POSITIVE (#10 above), number referred to HIV medical care:

7. IMPORT CLIENT-LEVEL DATA

- **BROWSE** to select your RSR client data XML file that you've obtained and found on your computer.
- Click on **UPDATE FILE** to import your client data to HRSA's RSR web site.
- Note history of uploads on bottom. This is where you can remove and replace a data file if needed.

NAVIGATION << RSR Provider Report Your session will expire in: 29:3

Inbox ▲

- Grantee Report
- Provider Report
- Check your XML

Provider Report

Navigation ▲

- General Information
- Program Information
- Service Information
- HC&T Information
- Import Client-level Data**

Provider Report Actions

- Validate ▲
- Submit
- Submit / Accept
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- Release Lock

Provider Report - Reports ▲

- Upload Completeness Report
- Action History

Manage Contracts ▲

- Search Contracts

Report ID: [REDACTED] **Status:** Working **Due Date:** 3/26/2018 12:00:00 AM

Report Period: 2017 Annual **Last Modified Date:** 2/6/2018 11:23:36 AM **Last Modified By:** [REDACTED]

Access Mode: ReadWrite **Client Count:** [REDACTED] **Locked By:** [REDACTED]

Client Level Data Upload

If your agency provided core medical or support services during the reporting period, upload client-level data to complete your Provider Report. When your XML file is successfully processed, you can view any alerts, warnings, or errors that are in the data. You can also view the Upload Completeness Report. Select the arrow to the left of the ID number to see the Validation Report and Upload Completeness Report for each individual file that was successfully processed. To see the Validation Report and Upload Completeness Report for the merged client-level data, select the links in the left navigation menu.

Please note:

- This feature only works with RSR client-level data XML files that conform to the RSR Client-Level Data XML Schema Definitions. The most recent RSR XML Schema Definitions are available on the [TARGET Center website](#).
- You will be unable to upload files larger than 29MB. If your client-level data XML file is larger than 29MB, please zip your file before upload. [Create Compressed Zip File](#)
- Changes to the file status in the Upload History Table are not automatically displayed. To view real-time updates to the Upload History Table, you must manually refresh this browser window.

Client Upload

Select the client records that you would like to upload. You will receive an email confirmation after your records are successfully processed.

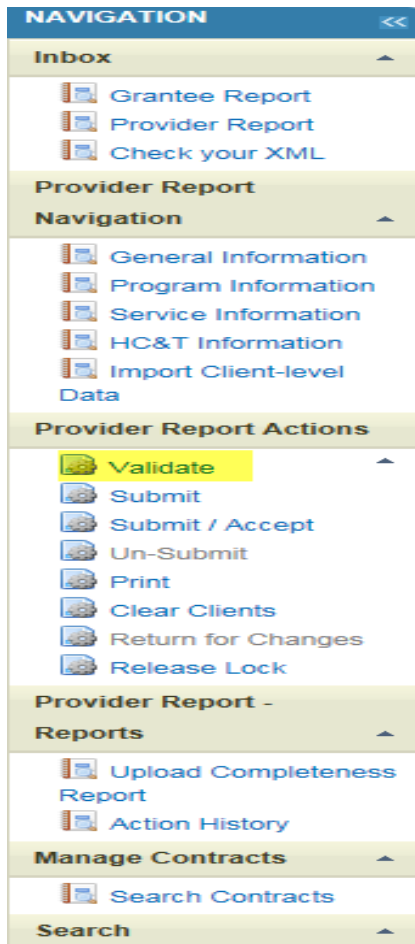
Upload History

| ID | User | Description | Request Date | Processed Date | Clients in File | Status |
|------------------------|------|-------------|--------------|----------------|-----------------|--------|
| No records to display. | | | | | | |

Page Size: 25 0 items in 1 pages

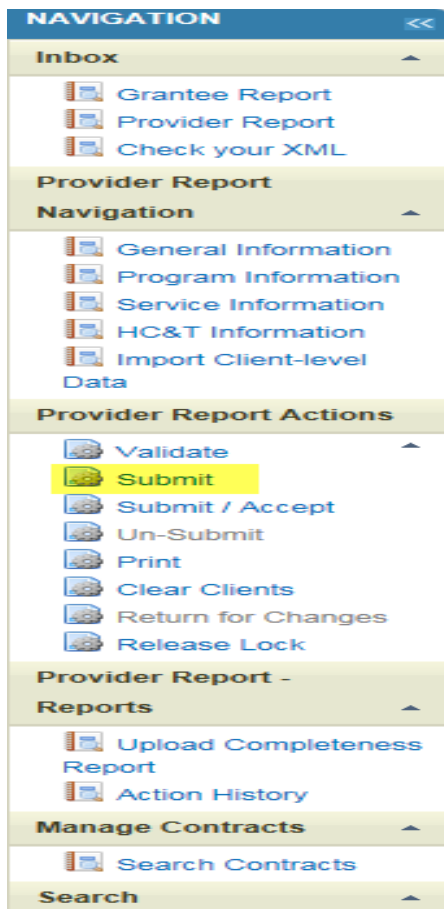
8. VALIDATE

- Click on **VALIDATE** (under 'Provider Report Actions' on left Navigation menu).
NOTE: You will likely have errors if you have not uploaded all of your client-level data.
- *If there are errors:* Go back, correct, and replace prior submitted data.
- *If your have Warnings:* Add COMMENTS for any missing or problem data.



9. SUBMIT

- When there are no Validation Errors, click on **SUBMIT** (under 'Provider Report Actions' on left Navigation menu).
If you receive Part C or Part D, click on SUBMIT/ACCEPT
- **Logout**
- Inform ALL of your Grantees so they can accept the submission.
- When all the Grantees have accepted, your RSR is complete.



How to Calculate FTEs

Count each staff member who works full time (at least 35–40 hours per week) on a Ryan White HIV/AIDS Program as one FTE.

- Full-time employees who regularly work overtime should not be counted as more than one FTE.
- If a percentage of each staff member's time is being funded (e.g., part-time employees or full-time employees who spend only a portion of their time in HIV care), simply add the percentages to calculate the total.
 - For example: An agency uses program funds to support two physicians, one full time (1.0 FTE) and another part time (0.50 FTE); a nurse practitioner full time (1.0 FTE); a dentist part time (0.20 FTE); and two case managers, one part-time (0.75 FTE) and another full-time (1.0 FTE). This agency would report 4.45 FTEs in Item 10 of its Service Provider Report.