Understanding the Routine Contract Manager Report: Guidance for Funded Agencies

NEW YORK STATE | Department of Health | AIDS Institute

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Purpose

The purpose of this document is to provide guidance to funded agencies when reviewing the Routine Contract Manager Report (RCMR). This document delineates the fifteen (15) sections of the RCMR and provides information in each section for the specific contract being reviewed and how agencies can use the information when reviewing it with their contract manager during data calls. There are multiple reports that can be run in the External Reporting Application (ERA) that are not included or explained in this guidance document. Any questions about this guidance or the RCMR should be directed to your contract manager.

Section 1 – Extract and Last Encounter Comparison

This section shows the date the agency submitted its last extract, the date of the last individual level encounter, and the last outreach event. If an agency implements a High Impact Prevention Intervention that includes outreach as a part of the intervention, it will show the date of the last intervention. For most agencies, the number of days since the last outreach entered will be high since the AIDS Institute (AI) stopped requiring agencies to report aggregate level interventions.

There should be no more than fifteen (15) days between the extract date and the encounter dates. If there are more than 15 days between the two dates, this indicates the program did not provide a client service or is behind on data entry. If the program is not conducting individual level services, then the "Days between extract and encounters" is not relevant. Likewise, if the program is not conducting aggregate level services, then "Days between extract and Outreach" is also not relevant.

Extract and Last Encounter Comparison				
Last Extract: 03/31/2017 Agency	Last Encounter	Days between extract and Encounter	Last Outreach	Days between extract and Outreach
BCBS CSP - Regional	02/23/2017	36	07/28/2016	246

Section 2 – Agency Extract and Mapping Dates

This section provides information about the latest version of AIRS the agency has installed, when the agency last ran the AIRS Utility Backup, when the last extract was processed, when the data mapping was last updated by the contract manager/Data Coordination Unit, when the data mapping was created by the contract manager/Data Coordination Unit, and when the agency last imported a data mapping file.

The *AIRS Version* shows the latest version of AIRS the agency has installed. During the Division of HIV/STD/HCV Prevention monthly AIRS data calls with agencies, the Division's Data Coordinator informs agencies what the latest AIRS version number is, what updates were made in the most recent upgrade, and how the updates affect programs. Agencies should verify that they have the most up-to-date version. If not, agencies need to install the most recent version. Even if the new version (patches/changes) does not affect your agency's contract, it is still important that agencies have the current version of AIRS installed.

The *Last Backup* date is the date AIRS was last backed up by your agency. Agencies are strongly encouraged to back up AIRS at least once per week. The shorter the time frame between backups will result in less data that will need restoring should the agency experience a data loss.

The *Extract Processed* is the date the agency's last extract was processed by the AI (if the agency sends an extract and then updates and resends it on the same day, this may cause anomalies with the data in the report. Agencies should wait at least 24 hours to resend an updated extract to ensure the accuracy of the RCMR). The information in the RCMR reflects the data entered as of the *Extract Processed* date (extract submission date) and not the date the RCMR was run.

The *Mapping Updated* date is when a change has been made to the mapping files as recommended by the contract manager. For example, a service was removed or added due to a change in the workplan and was approved by the contract manager.

The *Mapping Created* date is when a mapping file is created by the AI and sent to the agency. The date will change when a new data map is created and sent to the agency. It is important for the agency to upload the new file when it is received as it will directly impact data reporting.

The *Mapping Loaded* date is the date the agency loaded its last mapping file. For example, if the agency's mapping was last updated on March 20th (Mapping Created date) and the last time the agency downloaded the mapping was January 18th, the agency does not have the latest mapping and the agency needs to download the new mapping file.

The *Target Created* is the date the target file was sent to the agency by the contract manager/Data Coordination Unit. The date the target file is uploaded will be shown in the Projection Targets vs. Actuals Report (Section 4).

Agency Extract and Mapping Dates

Data below is based on AIRS data entered through -- **02/28/2017**

AIRS Version	8.9.810
Last Backup	03/27/2017
Extract Processed	02/28/2017
Mapping Updated	07/21/2011
Mapping Created	03/20/2017
Mapping Loaded	01/18/2017
Target Created	

If there are issues with any of the dates listed in this section, the dates will appear in red and a solution for the issue will appear to the right of the date as shown below. Should this happen, the agency needs to address the issues as soon as possible.

11/28/2017

Agency Extract and Mapping Dates

Data below is based on AIRS data entered through -- **11/15/2016**

AIRS Version	8.9.791	
Last Backup	06/28/2016	Agency should be contacted and asked to perform an AIRS Utility backup.
Extract Processed	11/15/2016	
Mapping Updated	08/22/2016	A new mapping file needs to be generated and sent to the agency.
Mapping Created	01/26/2016	Agency should be contacted and asked to load their mapping file. If they do not have it. a new one should be created and sent.
Mapping Loaded	12/23/2015	
Target Created		

Section 3 – ERA Reports Use

This section shows which ERA reports the agency is running, the date a report was last run, and how many were run during the contract period. These reports help monitor the program's service delivery data. It is important for agencies to run reports available in ERA to verify that the data in the RCMR is accurate and up-to-date. If the data is not accurate and up-to-date, the agency can work with staff and their contract manager to correct any errors prior to running the next month's report. Since an agency can receive the RCMR monthly, inaccuracies should be addressed immediately.

ERA Report Use
v 1.0.6.9

Report Name	Date Last Ran	Run Count
Acitve Clients by Intake Program (Date of Last Service)	09/15/2016	4
Aggregate Hep C Rapid Testing Data	12/08/2016	4
CD4 or Viral Load Tests 184 Days Past Due	08/16/2016	1
Client and Aggregate Services Summary	01/10/2017	9
Client Listing by Progra/Service Category	01/09/2017	11
Client Referral Details	08/30/2016	2
Clients Served and Client Services by Month (xtab)	01/10/2017	33
Clients Served and Encounters by Month(xtab)	01/10/2017	19
Clients Served by Model/Service Category	11/14/2016	2
Clients Served Demographics (xtab)	12/07/2016	3
Clients Served Risk and HIV Status	09/15/2016	4
Demographics of Clients Served (Graph)	12/07/2016	5
Detailed Listing of Clients Enrolled	12/15/2016	6
Group Sessions Summary	01/10/2017	2
Lab Test History	12/15/2016	1
Lab Test History by Program Enrollment	12/15/2016	4
Planning Data Report - Active Services	01/10/2017	16
Projected VS Actuals	11/09/2016	3
SEP Unit REferral Report - All	01/12/2017	42

The AI Division of HIV/STD/HCV Prevention recommends agencies run the following reports on a monthly basis:

Client and Aggregate Services Summary

Demographics of Clients Served (Graph)

Outstanding Referrals

Planning Data Report – Active Services

Projected Verses Actuals (PvA)

Viral Loads

Counseling, Testing and Referrals (CTR)

CTR – Demographics

CTR – Positive Test

CTR Positive Tests (No Names) – Providers should only run this report when sending information back to the AI as it is the same as the CTR-Positive Tests Report minus the client names.

CTR – Summary

Other reports available are:

Intervention Delivered to Groups (IDG)

Group Session Summary

Syringe Exchange Program (SEP)

Client Receiving Syringes with no Enrollment

New SEP Anonymous Referrals Entries

SEP Anonymous Referrals Summary

SEP Participants Not Assessed as IDU

SEP Unit Referral Report – All

SEP Unit Referral Report – Anonymous

Services Summary by SEP vs. Non-SEP Participants

Section 4 – Prevention Targets vs Actual Report (PvA)

The ***upper section*** of this report shows the agency's Projected vs. Actual (PvA) number of clients and encounters for interventions and services delivered to clients during the current contract period. It is important to monitor the PvA report to assist with program planning and to ensure the contract is meeting its projections. The percent of each service category should be close to the Year-to-Date (YTD) percentage rate.

The Percent Achieved (YTD) is a measure to show if the program is meeting its projected numbers. Agencies should review the PvAs to see how many interventions are above or below 10 percent of the program's projections and take action to ensure that actual numbers meet projections.

The lower section shows the last target file sent to the agency. Each time the contract manager changes or updates the projections or the data map, a target file is sent to the agency. Agencies need to update the file when a new target file is sent so program staff have the latest projections. If the Target File Created and the Target File Loaded have different dates, the program has not loaded the most current file. Agencies should discuss this with their contract manager and get the most recent file.

Prevention Targets vs Actuals Report
2016 Projections

		Projected Clients	Actual Clients	% Achieved	Projected Encounters	Actual Encounters	% Achieved
BCBS CSP - Regional	C028410-4	7/1/16 - 6/30/17		(YTD - 82%)			
Counseling and Testing		200	231	116%	202	240	119%
Interventions Deliverd to Individs (IDI)		80	67	84%	80	70	88%
Interventions Delivered to Groups (IDG)		500	836	167%	500	1,089	218%
Linkage, Retention, & Adherence Services		10	41	410%	40	43	108%

If projected clients or encounters is in **Red** then projections need to be entered.
If % achieved is in **Red** then the agency is at least 10% below target for this time of year and should be contacted.
If % achieved is in **Green** then the agency has surpassed their goal for this part of the year by at least 10%

Date last target file was created: 04/04/2017
Date of target file agency has loaded : 01/04/2017

If the "Date last target file was created" above is in **RED**, the agency should be contacted and instructed to load their Targets file. If they do not have it, a new one should be created and sent.

Section 5 – Clients Served and Encounters for Client and Aggregate Level Data

This section shows the interventions and services conducted, the number of clients and encounters per service type, and how many of the clients being served are HIV positive. Reviewing this section is important to see the mix of services provided, the number of clients served, the number of encounters provided, and what services HIV positive clients are receiving.

Clients Served and Encounters for Client and Aggregate Level Data

Program / Model / Serv Cat / Enc	Clients	Encounters	Positives
BCBS CSP - Regional			
Linkage and Navigation Services			
Linkage, Retention, & Adherence Services			
Linkage/Navigation	41	43	2
Locally Developed Intervention			
Interventions Delivered to Groups (IDG)			
Single Session Curriculum Based Prevention Education	836	1,089	8
Screening/Testing Services			
Counseling and Testing			
HIV Counseling without Testing	2	2	1
HIV Testing	229	238	0
Transtheoretical (Stages of Change Model)			
Interventions Deliverd to Individs (IDI)			
HIV/STD Risk Reduction Counseling and Referral	67	70	2
Client Level Totals:	1,050	1,442	12
Aggregate Level Totals:	0	0	

Section 6 – Demographics of Clients Served

This section displays the demographics of clients served (see below for an explanation of each category). It does not include aggregate level data for Health Communication/Public Information (HCPI), Community Level Interventions (CLI), and Outreach. The Total Unduplicated Clients in this section should match the number in Client Level Totals in Section 5 of the report (see above).

Category:
- Age – shows clients served by age groupings up through 45+ years of age and separately for clients served under 30 years and "new" client served that are under 30 years old (some contracts track services provided to clients under 30).
- Gender – this shows the percentage of clients served by gender (% female, % male, % Trans-female and % Trans-male)
- Race – details communities served by race and demonstrates if the priority population is being served (programs can serve 25% of clients outside of their priority population with the rationale being that no high-risk individuals should go unserved)
- HIV Risk – shows a breakdown of the targeted risk such as MSM, IDU, MSM/IDU etc. The combination of "Other" and "No Risk" should be below 10%. If this number is higher than 10%, agencies need to review the reasons for this as this indicates they are serving clients with no identified risk behaviors. Contract managers will be addressing this issue during data calls.
- HIV Status – this category shows the number of HIV negative and HIV positive clients served. It also shows how many clients were linked to services (e.g., medical care, PrEP) and how many were enrolled in an evidence based intervention (EBI).

Demographic data should be reviewed monthly to ensure the program is meeting contract targets and identify to what extent the contract's priority population is being served.

Demographics of Clients Served

BCBS CSP - Regional

Age	#	%	Race	#	%	Risk	#	%
< 13	2	0.2	Hispanic	87	8.3	MSM	137	13.0
13 - 18	119	11.3	Black	180	17.1	IDU	225	21.4
19 - 24	121	11.5	Asian/Pac Is	8	0.8	MSM/IDU	8	0.8
25 - 34	335	31.9	Amer/Alask Nat	11	1.0	HR Hetero	358	34.1
35 - 44	206	19.6	White	762	72.6	Hetero	156	14.9
45+	267	25.4	Some Other	2	0.2	Other Risk	23	2.2
						No Risk	143	13.6
< 30	450	42.9						
New < 30	355	33.8						

Gender	#	%				HIV Status	#	%
Female	281	26.8	Total Unduplicated Clients:	**1,050**		HIV Pos	12	1.1
Male	762	72.6				HIV Neg	1,038	98.9
T-id-F	4	0.4				HIV Pos L&N	2	0.2
T-id-M	3	0.3				HIV Pos EBI	8	0.8

Section 7 – STI Lab Tests

This section shows the number of clients tested, the number of HIV positive clients tested, the total number of tests, the number of positive test results, the number of tests with no results recorded in AIRS, and the percent with no results (this is the number of tests with no results divided by the total number of tests taken).

Agencies should always indicate which funded program (e.g. BCBS CSP, BCBS CoC MSM, Women's Services, etc.) is conducting the STI test. This is important to ensure that funded programs are meeting their projections. In the sample report below, "No Program Indicated" means no program was selected for the program conducting the test

Under the column "# Test w/no results" the goal should be zero tests. If a number other than zero is present, it represents the number of tests entered in AIRS with no results. In this case, the contract manager cannot determine if any positive tests are among the non-entered results. For example, in the sample below, there were 14 "Hepatitis C Test" tests performed with no result entered in AIRS.

STI Lab Tests

Program / Test	# Clients	# Positive Clients	# Tests	# Positive Tests	# Tests w/no results	% w/no results
No Program Indicated						
Chlamydia	538	42	1,062	45	0	0%
Gonorrhea	550	21	1,575	23	0	0%
Hepatitis A Test	45	0	84	0	0	0%
Hepatitis B Test	84	1	240	1	80	33%
Hepatitis C Test	329	92	433	112	14	3%
Syphilis Test	649	78	916	90	0	0%
	901	**222**	**4,310**	**271**	**94**	**2%**

Section 8 – HCV Rapid Testing

In this section is a summary of all HCV rapid tests recorded in the "HCV Rapid Test" module.

HCV Rapid Testing

Program	Clients	Tests	Positives	Ref to DX
BCBS CoC	88	91	1	1

Section 9 – HCV Rapid Tests - Positives

This section provides a detailed listing of all HCV rapid positive tests recorded in the HCV Rapid Test module. For each HCV rapid positive client, this report shows the date of the HCV test and whether the client was provided the test results and if the client was referred to diagnostic testing. The Referral Completed section will indicate the status of the referral for diagnostic testing. If a client is highlighted in red, it means the information is not updated or is incomplete and the agency needs to update the information to indicate that the client received the diagnostic test.

HCV Rapid Tests - Positives				
Program / Site / TC_ID	**Date**	**Result Provided**	**Referral to DX**	**Referral Completed**
BCBS CoC				
LT00004855	03/24/2017	Yes	Yes	Other/Invalid

Section 10 – EBI Completeness

This section displays the number of planned sessions for an Intervention Delivered to Groups (IDG), the number of clients who attended at least one session, and the number of clients who have completed 75% or 100% of the planned sessions for the IDG. If the agency does not enter the number of planned sessions for its IDG, the number in the Planned Sessions column will default to a red 5. If the 5 is red, the agency needs to go into the AIRS group setup, select the group at issue, edit, and enter the number of planned sessions.

EBI Completeness				
Program / Group	***Planned Sessions**	**Client Count**	**>= 75 % Complete**	**100 % Complete**
BCBS CoC MSM				
Leadership Board 2015-2016	26	10	0	0

*Planned session colum highlighted with the number 5 in them are groups that did not have a number of planned sessions indicated. A 5 was put in as a place holder for these groups. Agency should be contacted and instructed to enter the correct number of sessions under group setup.

Section 11 – Viral Load Test of Positive Linkage and Navigation (L&N) Clients Served

In this section, the data shows the number of clients served under <u>Linkage and Navigation Services</u> who are HIV positive, had a viral load test, and were virally suppressed at the time of their last viral load test. If the agency does not have co-located medical services and access to viral load information, it is best practice for agencies to ask clients for viral load test results (with medical documentation) from the client's most recent test or work with the medical provider to get this information. Once received, this information needs to be entered in AIRS. It is important to track this data to ensure HIV positive clients are in medical care and are achieving/sustaining viral suppression.

While this section is for Linkage and Navigation clients only, it is best practice to collect/enter viral load data for all HIV positive clients being served and providers are strongly encouraged to do so.

Viral Load Tests of Positive L&N Clients Served
7/1/2016 - 6/30/2017
VL Suppressed in 6/30/2016 - 6/30/2017

Program	Clients Served	Positive Clients Served	VL Test	Suppressed at last VL test
BCBS CSP - Regional	37	2	1	1
BCBS RW CoC MSM	28	27	26	26
BCBS State CoC MSM	41	0	0	0
HR STATE SEP	123	0	0	0
RAP Tier I	11	11	10	9
RAP Tier II	36	36	33	19
WSU Womens Prevention State	34	5	2	1
			88.6 %	77.1 %

Section 12 – Combined CTR with Indicators

This section summarizes the number of HIV tests conducted by each program and includes the percentage of high risk clients and the percentage of individuals tested from communities of color.

The New Clients section details the number of tests conducted, the number of HIV positive results, the number of clients who received their results, the number of referrals to medical care, the number of clients who attended medical appointments, the number of clients referred to partner services (self-report from client), the total number interviewed by Partner Services (as reported by the client), and the number referred to prevention counseling.

When agency staff enter the confirmatory test information in AIRS, they also need to document three referrals – Medical, Partner Services and Prevention Counseling. For Medical Care and Partner Services, staff need to enter the referral outcome when information is known (completion of DOH 4189 Form satisfies the referral requirement for Partner Services). For Prevention Counseling, agency staff only need to enter that the referral was provided and it's not required to add the referral outcome.

Note: for agencies that consistently have zero new HIV positive clients, contract managers will discuss agency/program testing strategies during data calls and how they can best meet their program targets.

Combined CTR with Indicators

Program	# Tests	% HR	% CoC	New Clients						
				# New Pos	# Results Provided	# Med Ref	#Med Ref Attd	# PS Ref	# PS Int	# Prev Ref
BCBS State CoC MSM	47	89.4%	55.3%	1	1	1	1	1	0	1

Section 13 – Confirmed Positive Clients Missing Required Information

This section lists the HIV confirmed positive clients that have missing or incomplete information. Clients are listed by TC_ID/Client Code. Agencies need to update any red highlighted items and ensure this information is entered in AIRS. All columns should indicate a YES, showing the client received and attended the required referrals for Medical Care, Partner Services, and Prevention Counseling. If the

client record is incomplete the status will show one or more of the outcomes listed below in red and guide what needs updating.

Confirmed Positive Clients Missing Required Information

TC_ID / Client code	Previous Positive	Test Date	Result Provided	Medical Referral	Medical Referral Attended	PS Referral	PS Intrviewd	Prev Counslg Referral
BCBS State CoC MSM								
BS00057010	No	12/12/2016	YES	YES	YES	YES	Unk	YES

** - No data.
No Test - No confirmatory test was provided.
No Reason - A result was not provided and no reason was given.
Did Not Return - Client did not return for result.

Declined Notif - Client declined notification.
Result Elsewhere - Client got results elsewhere.
Other - Client got results some other way.
Unk - It is unknown if the client attended the referral.

Section 14 – Linkage and Navigation Services Report

This report identifies the number of Comprehensive Behavioral Risk Assessments (CBRA) that were completed based on identified risks and how many Linkage and Navigation clients (both HIV negative and HIV positive) were "linked"' to a service. All Linkage and Navigation clients served **must** have a CBRA to determine what services the client needs.

The summary in the upper half of this section is for HIV negative clients and the lower half is for HIV positive clients served. The CBRA numbers should match the reported numbers in the PvAs and Clients Served and Encounters for Client and Aggregate Level Data on pages two and three of the RCMR. If they do not, there are data errors that the agency needs to correct.

The client number on each individual line and the number in the bottom row (bold) report the unduplicated number of clients served. These numbers _do **not**_ run a total for each column. Also, the number of CBRAs can equal or be higher than the number of Clients Served as there are multiple services not shown in this chart that clients can be linked to. The chart only shows priority linkage activities for the Division of HIV/STD/HCV Prevention, but the list available is extensive (e.g. Linkage to Benefits is not shown but is available to be entered in AIRS and an allowable Linkage and Navigation activity).

Services outlined in this report reflect the Ending the Epidemic (ETE) goals for linkage services for HIV Negative clients who engage in high risk behaviors and HIV Positive Clients: Linkage to HCV Screening, Linkage to HIV Testing, Linkage to PrEP, Linkage to Primary Care, Linkage to STD Screening, Linkage to Substance Abuse and Mental Health Services, Linkage to Overdose Prevention Training, number of Comprehensive Risk Assessments, and number of Action Plans completed.

Note: Every client who receives Linkage and Navigation Services must have a comprehensive risk assessment (completed at least every six months) and an action plan.

11/28/2017

BCBS State CoC MSM
Negative Clients

Linkage Service	Clients Served	Clients Referred	Referrals	Linked	% Linked
Linkage to HCV Screening	26	0	0	0	0%
Linkage to HIV Testing	41	31	35	29	71%
Linkage to PrEP	17	2	2	1	6%
Linkage to Primary Care	3	0	0	0	0%
Linkage to STD Screening	43	19	43	17	40%
Linkage to Substance Abuse & Mental Health Services	0	0	0	0	0%
Linkage to Overdose Prevention Training	0	0	0	0	0%
Comp. Behavioral Risk Assmt. 37	51	40	80	35	69%
Clients Served 56					

Positive Clients

Linkage Service	Clients Served	Clients Referred	Referrals	Linked	% Linked
Linkage to HCV Screening	0	0	0	0	0%
Linkage to HIV Testing	0	0	0	0	0%
Linkage to PrEP	0	0	0	0	0%
Linkage to Primary Care	1	1	1	1	100%
Linkage to STD Screening	1	1	2	1	100%
Linkage to Substance Abuse & Mental Health Services	1	1	2	0	0%
Linkage to Overdose Prevention Training	0	0	0	0	0%
Comp. Behavioral Risk Assmt. 1	1	1	5	1	100%
Clients Served 1					

Clients: 1	Referrals: 5	Linked: 1	% Linked: **100%**

Section 15 – Linkage Referral without Confirmed Outcomes

This report shows the TC_ID/Client Code of individuals who received services under Linkage and Navigation, the referral category (the type of service they were referred to), and referral status outcomes. Agencies should have systems in place to regularly review this report to ensure that outcomes are tracked and appropriately documented in AIRS. Agencies/programs need to ensure that clients are being linked to services and linkages are being confirmed and documented appropriately in AIRS. The client code is listed so staff can update the client record in AIRS.

If a client has multiple referrals without a confirmed outcome, once staff enters correct and complete referral information for one linkage service, all other services and referrals for this specific linkage service will be closed.

In the below chart, under Referral Status, there can only be three outcomes that are considered valid to close out the client's file. They are: service provided, service refused and lost to follow-up. All other outcomes will require staff follow-up.

11/28/2017

Linkage Referral without Confirmed Outcomes
07/01/2016 - 06/30/2017

Agency/ L&N Type / Program

TC_ID	Date	Ref Category	Ref Service	Ref Status

Linkage to HIV Screening

BCBS CSP - Regional

| GJ00062587 | 9/2/16 | | | |
| GJ00063550 | 12/7/16 | | | |

Linkage to PReP

BCBS CSP - Regional

GJ00044201	11/11/16	Medical/Health	PrEP (Pre-exposure Prophylaxis)	Appointment Pending
GJ00044201	1/9/17			
GJ00044201	2/6/17			

Linkage to Primary Care

BCBS CSP - Regional

| GJ00044549 | 11/2/16 | | | |
| GJ00047138 | 11/1/16 | | | |

Linkage to STD Screening

BCBS CSP - Regional

GJ00038779	3/21/17			
GJ00062102	2/9/17			
GJ00062587	9/2/16			
GJ00064207	3/7/17			
GJ00064263	3/23/17			

*Dates located under the service origin of Linkage Service that do not have any information in the referral category and referral service received a linkage service but did not receive a referral.

*Verifying any record for a particular client with a status of client received service or client refused service will remove all instanc of that client from the report for that particular linkage and navigation service.

Summary

In summary, this document was developed to help agencies understand the RCMR and use it to guide their discussions when reviewing the RCMR data with their contract managers. If any discrepancies are found with the data reported in the RCMR, agencies should work with their contract manager to determine the cause of the discrepancies and resolve them as appropriate. It also provides an overview of the client level services delivered and the outcomes of these services to ensure providers are reaching workplan goals.

If there are any questions regarding this document, agencies should contact their contract manager.