*Grant Year 30* Part A: March 1, 2020 to February 28, 2021 Part B: April 1, 2020 to March 31, 2021

# HAHSTA CARE AND TREATMENT DC EMA CAREWARE DATA ELEMENTS

**DC EMA CAREWare Team** 

DC GOVERNMENT 899 North Capitol St NE, Washington, DC 20002

### Contents

Summary 2
exp_provider Table
exp_client Table
exp_service Table4
exp_relations (only if reporting on affected dependents)5
exp_test Table6
exp_diagnosis Table6
exp_immunization Table7
exp_insurance_assessment Table (All Core Medical Services)7
exp_eligibility Table
exp_referral8
Exp_medication9
exp_poverty_level_assessment Table10
exp_annual_review Table 10
exp_pregnancy Table
Location of RSR Client-level Data Elements1
Demographics
Services
Clinical Information5

#### **Summary**

HAHSTA expects 100% completion for the data elements indicated below. These are the minimum CAREWare client-level data elements required monthly for payment.

For providers that are uploading data: note that the Table and Field Names were derived from the Provider Data Import (PDI) specification documents. Reference the PDI materials on <u>HAHSTA's ShareFile</u> site or <u>Provider Data</u> <u>Import - Specifications</u> site for field format requirements. It is <u>very important</u> that providers coordinate with HAHSTA to establish what codes and values should be used and that the same values are consistently used. Failure to do this will result in inability to upload data and/or incorrect data being imported.

All Data deliverables are due to be imported by 10<sup>th</sup> business day.

#### exp\_provider Table

Field Name	Description/Comment
prv_name	The name of the provider
prv_taxpayer_id	The agency's taxpayer ID

#### exp\_client Table

Note: an exp\_client record must be included for any associated record in the file, even if the client record itself has not changed since the last export.

Field Name	Description/Comment	
cln_pk	Used only for database relations within this file.	
cln_eurn	Encrypted URN (usually nine characters). Required if cln_first_name or	
	cln_last_name is blank.	
cln_urn_suffix	Used to distinguish multiple clients with the same URN.	
_cln_client_id	The ID that you use to identify clients.	
cln_last_name	The client's last name.	
cln_first_name	The client's first name.	
cln_middle_name	New field holds 25 characters, but initial is acceptable.	
cln_street	Number and street name of the client's address.	
cln_city	The client's city of residence.	
cln_state	FIPS code for the state.	
cln_county	FIPS code for the county. Must be a valid county code for the given State.	
	If no state is given then this must be null as well.	
cln_zip	Do not code the hyphen.	
cln_phone	Use any format.	
cln_dob	Full DOB is required.	
cln_dob_estimated	Signifies whether or not the DOB is an estimate	
cln_gender	Code for:	
	• 1 - Male	
	• 2 - Female	
	• 3 - Transgender Unk	
	• 4 - Transgender MtF	
	• 5 - Transgender FtM	
	• 6 – Refused to Report	
	• 9 – unknown	
cln_race_white	Checked if the client is white.	
cln_race_black	Checked if the client is African American.	
cln_race_asian	Checked if the client is Asian.	

DC EI	via Careware Data Elements Specification
cln_race_pacific	Checked if the client is Native Hawaiian or Other Pacific Islander.
cln_race_indian	Checked if the client is American Indian or Alaska Native.
cln_race_other	Checked if the client is a race other than the options listed.
cln_race_unknown	Checked if the client's race is unknown (another race box cannot be
	checked).
cln_hispanic	Indicates Hispanic ethnicity (Yes, No, or Unknown); technically, distinct
	from the race fields but often used in a similar fashion.
	Code for:
	0 – No
	1 – Yes
cln_risk_msm	Men who have Sex with Men; now a separate Boolean value.
cln_risk_idu	Intravenous Drug Use; now a separate Boolean value.
cln_risk_hetero	Heterosexual contact; now a separate Boolean value.
cln_risk_hemo	Hemophilia/coagulation disorder; now a separate Boolean value.
cln_risk_perinatal	Perinatal transmission; now a separate Boolean value.
cln risk transfusion	Receipt of transfusion of blood, blood components, or tissue; now a
	separate Boolean value.
cln_risk_other	Now a separate Boolean value.
	Description of the "other" risk; now a separate Boolean value.
	Code for:
	1 - Alive
	2 - Deceased
	3 - Unknown
	Enrollment Status now a separate value.
cln_date_of_death	
cln_enrollment_ status	Code for:
	Active
	Referred or Discharged
	Removed
	Incarcerated
	Relocated
	Deceased
	Vital Status now a separate value.
cln enrollment date	Enrollment date of client
cln_date_case_ closed	Date client's case is closed
cln_hiv_status	Code for:
	1 - HIV-positive (not AIDS)
	2 - HIV-positive (AIDS status unknown),
	3 - CDC defined AIDS,
	4 - HIV-negative (affected),
	5 - HIV-indeterminate, or
cln_hiv_date	The date on which the client was diagnosed HIV+.
cln_hiv_date_est	Yes if the HIV+ date is an estimate.
cln_aids_date	The date on which the client was diagnosed with AIDS.
cln_aids_date_est	Yes if the AIDS date is an estimate.
cln_date_art_first_ prescribed	Date ART first prescribed to the client.
cln_pre_art_reason	Code for explanation of why client was not prescribed ART after diagnosed
	with HIV:
	1 - Treatment not medically indicated per guidelines,
	2 - Client not ready (as determined by clinician),
	3 - Client refused therapy, or

#### DC EMA CAREWare Data Elements Specification

DC EMA CAREWare Data	<b>Elements Specification</b>
----------------------	-------------------------------

	4 - Other extenuating circumstances (e.g. inadequate insurance,
ala ananyated LICI	ability to pay) If URN fields are supplied then this value is not used (it is generated from
cln_encrypted_UCI	
de vers label	the URN).
cln_race_label	Enables entry of multiple race subgroup values from this field
cln_risk_label	Enables entry of multiple risk subgroup values from this field
cln_birth_gender	Code for:
	• Male
	Female
cln_hispanic_subgroup	Enables entry of multiple Hispanic subgroup values from this field
	1- Mexican, Mexican American, Chicano
	2- Puerto Rican
	3- Cuban
	4- Another Hispanic, Latino/a or Spanish Origin
cln_pacific_subgroup	Enables entry of multiple pacific subgroup values from this field
	1- Native Hawaiian
	2- Guamanian or Chamorro
	3- Samoan
	4- Other Pacific Islander
cln_asian_subgroup	Enables entry of multiple Asian subgroup values from this field
	1- Asian Indian
	2- Chinese
	3- Filipino
	4- Japanese
	5- Korean
	6- Vietnamese
	7- Other Asian
cln_phone_type	Phone Type Code for:
	01 - Home
	02 - Mobile
	03 – Work
	04 - Fax
cst_Date_Incarcerated	Pick the date client is incarcerated
cst_Release_Date	Pick the date client is released from incarceration
cst_Returning_Citizen_	Code for:
	0 – No
	1 – Yes

required for all clients. Additionally, responses to "cln\_date\_art\_first\_prescribed" and "cln\_pre\_art\_reason" are both used to calculate medication use in RW clients.

\* All Boolean fields are required by CAREWare. Any left null will be interpreted as FALSE.

\*\* CAREWare dropdown lists that specify an Unknown option do not permit null values. Any left null will be interpreted as "Unknown."

\*\*\* Null value will default to 'U'

#### exp\_service Table

Field Name	Description/Comment
srv_pk	Not used by the import process; only useful for user reference.
srv_cln_fk	Points to the client record to which this record is related.

DC EMA CAREWare	<b>Data Elements</b>	Specification
-----------------	----------------------	---------------

	A CAREWare Data Liements Specification
srv_delete	<i>Yes</i> if this record has been deleted at the provider and should be deleted in CAREWare.
srv_subservice	Code for the description of the service provided to the client. The master list is created and maintained by the central administrator.
srv date	Date of service
srv_contract_name	Specifies which contract the service is attached to. NOTE: An error will occur if the value provided does not match a valid contract name.
srv_category	Label for the service category to which this service entry belongs. *This field is not imported*
cst_Health_Care	When entering referral or Linkage to services, check the box if done/provided/completed
cst_Health_Litracy_and_Access	When entering referral or Linkage to services, check the box if done/provided/completed
cst_Hep_C	When entering Education, Test, Diagnosis and/or Treatment related service record check the box if done/provided/completed
cst_HIV	When entering Education, Test, Diagnosis and/or Treatment related service record check the box if done/provided/completed
cst_HRRS	When entering Education, Test, Diagnosis and/or Treatment related service record check the box if done/provided/completed
cst_PEP	When entering Education, Test, Diagnosis and/or Treatment related service record check the box if done/provided/completed
cst_PrEP	When entering Education, Test, Diagnosis and/or Treatment related service record check the box if done/provided/completed
cst_Preventive	When entering referral or Linkage to services, check the box if done/provided/completed
cst_Rapid_ART	When entering Education, Test, Diagnosis and/or Treatment related service record check the box if done/provided/completed
cst_Rapid_ARTART	When entering Education, Test, Diagnosis and/or Treatment related service record check the box if done/provided/completed
cst_STIs	When entering Education, Test, Diagnosis and/or Treatment related service record check the box if done/provided/completed
cst_Support	When entering Education, Test, Diagnosis and/or Treatment related service record check the box if done/provided/completed
cst_UU	When entering Education, Test, Diagnosis and/or Treatment related service record check the box if done/provided/completed

\* All Boolean fields are required by CAREWare. Any left null will be interpreted as FALSE.

\*\* The quantity field defaults to 1 if no value is supplied.

\*\*\* Price defaults to \$0 if no values are supplied.

# exp\_relations (only if reporting on affected dependents)

Field Name	Description/Comment
rlt_pk	Uniquely identifies each record.
rlt_delete	Yes if this record has been deleted at the provider and should be deleted
	in CAREWare.
rlt_index_cln_fk	FK to the index client in the relation.
rlt_dependant_cln_fk	FK to the dependent client in the relation.
rlt_relation_fk	Code for the relation the dependent client has with the index client.
rlt_relation_label	Descriptive label to help with matching.

### DC EMA CAREWare Data Elements Specification

Field Name	Description/Comment
tst_pk	Uniquely identifies each record.
tst_cln_fk	Points to the client record to which this record is related.
tst_delete	<i>Yes</i> if this record has been deleted at the provider and should be deleted in CAREWare.
tst_test_definition_code	Code for the specific type of test. The master list is created and maintained by the central administrator.
tst_date	Date of the test. (This is usually the date the specimen was collected)
tst_comment	Free text that can be used to supply additional information about the test.
tst_result	Code for a qualitative test result. This is a customizable list of result codes. Note: if an operator is included in the result, it is expected to be one of the following: Acceptable values are: • "<" • "<" • "<=" • "=" • ">"
tst_titer	Include if the test produces a titer result.
tst_test_definition_label	Descriptive label for Test code, primarily used in the CAREWare PDE.
tst_action_code	Code for Action taken for this test. Will be mapped to a CAREWare test action.
tst_action_label	Descriptive label for action.

#### exp test Table (Outpatient/Ambulatory Health Services-only)

\* All Boolean fields are required by CAREWare. Any left null will be interpreted as FALSE.

## exp\_diagnosis Table (Outpatient/Ambulatory Health Services-only)

Field Name	Description/Comment
dgn_pk	Uniquely identifies each record.
dgn_cln_fk	Points to the client record to which this record is related.
dgn_delete	<i>Yes</i> if this record has been deleted at the provider and should be deleted in CAREWare.
dgn_definition_code	Code for the specific diagnosis. The master list is created and maintained by the central administrator.
dgn_assessment	Code for:
	1 - Definitive
	2 - Presumptive
	3 - Unknown
dgn_date	Date the diagnosis was given
dgn_comment	Free text that can be used to supply additional information about the diagnosis.
dgn_definition_name	Descriptive label for diagnosis code, primarily used in the CAREWare PDE
prv_name	Added to allow importing data from multiple domains in a single file;
	prv_name acts as a referential key to the provider for each record.
dgn_problem	Medical issue resulting in diagnosis
dgn_problem_status	Status of client's problem
dgn_date_resolved	Date of when problem was resolved
dgn_date_icd10_code	ICD-10 diagnosis code

#### DC EMA CAREWare Data Elements Specification

Field Name	Description/Comment		
imm_pk	Uniquely identifies each record.		
imm_cln_fk	Points to the client record to which this record is related.		
imm_delete	Yes if this record has been deleted at the provider and should be deleted		
	in CAREWare.		
imm_definition_code	Code for the specific diagnosis. The master list is created and maintained		
	by the central administrator.		
imm_received_code	Determines whether the immunization was given. CAREWare values:		
	1 - Yes		
	2 - NMI		
	3 - No		
	4 - Refused		
imm_date	Date the immunization was given		
imm_immunity_code	Code for any immunity:		
	01 - Immune		
	02 - Nonimmune		
	03 - History of infection		
	04 - History of vaccination		
	99 - Unknown		

#### exp immunization Table (Outpatient/Ambulatory Health Services-only)

#### exp\_insurance\_assessment Table (All Core Medical Services)

Field Name	Description/Comment		
ins_as_pk	Uniquely identifies each record.		
ins_as_primary_insurance_code	Primary Insurance for the client. Codes are:		
	3 - Medicaid		
	4 - Other public (e.g. Champus, VA)		
	5 - No Insurance		
	6 - Other		
	7 - Medicare part A/B		
	8 - Medicare part D		
	9 - Unknown		
	10 - Private – Employer		
	11 - Private – Individual		
	13 - VA, Tricare and other military health care		
	14 - IHS		
Ins_as_primary_insurance_label	Label for primary insurance		
Ins_as_ins_tp_private	Adds private insurance as other insurance		
Ins_as_ins_tp_medicare	Adds Medicare insurance as other insurance		
Ins_as_ins_tp_medicaid	Adds Medicaid insurance as other insurance		
Ins_as_ins_tp_other_public	Adds Other Public insurance as other insurance		
Ins_as_ins_tp_no_insurance	Adds No insurance as other insurance.		
Ins_as_ins_tp_other	Adds other insurance as other insurance		
Ins_as_ins_tp_unknown	Adds unknown insurance as other insurance		
Ins_as_ins_tp_medicare_ab	Adds Medicare Part A/B insurance as other insurance		
Ins_as_ins_tp_medicare_d	Adds Medicare Part D insurance as other insurance.		
Ins_as_other_insurance	Stores the value of the 'other' insurance if 'ins_as_ins_tp_other' is chosen		
Ins_as_date	Date the insurance record was added		
Ins_as_cln_fk	Points to the client record to which this record is related		
Ins_as_delete	If set, it will delete the record		

The client's Primary Insurance. This label field is not required, but the code	
field is (see above).	
Adds Medicare insurance part A/B	
Adds Medicare insurance part D	
If set, it will delete the record	
With Medicare Part D Checked	
Full LIS Secondary Insurance	
Added to allow importing data from multiple domains in a single file;	
prv_name acts as a referential key to the provider for each record.	
Adds Private – Individual as other insurance.	
Adds Private - Employer as other insurance.	
Adds VA-military as other insurance.	
Adds Indian Health Services as other insurance.	

#### DC EMA CAREWare Data Elements Specification

## exp\_eligibility Table

Field Name	Description/Comment
elg_pk	Uniquely identifies each record
elg_cln_pk	Yes if this record has been deleted at the provider and should be deleted
	in CAREWare. Null value is false.
elg_date	Date of change to client's eligibility status
elg_yes_no_code	Eligibility status confirmation reference code
elg_yes_no_label	Descriptive label for confirmation
elg_elg_cs_code	Eligibility status custom reference code
elg_elg_cs_label	Descriptive label for custom fields
elg_comment	Any comments the user wishes to enter.
elg_delete	
prv_name	Added to allow importing data from multiple domains in a single file;
	prv_name acts as a referential key to the provider for each record.
elg_fnd_sr_code	Eligibility status funding reference code
elg_fnd_sr_label	Descriptive label for funding source

## exp\_referral

Field Name	Description/Comment	
rfr_pk	Uniquely identifies each record	
rfr_delete	Yes if this record has been deleted at the provider and should be deleted	
	in CAREWare. Null value is false.	
rfr_cln_fk	Foreign key to the cw_client table.	
rfr_referred_to	Name of provider client Referred to	
rfr_service_category	Description of Service Category client is being referred for	
rfr_date_referred	Enter referral date	
rfr_status	Descriptive label for custom fields	
rfr_date_received	Date referral is received	
rfr_class	Referral provider specialty	
rfr_comment	Any comments the user wishes to enter.	
rfr_referred_to_label	Descriptive label for provider client is referred to	
rfr_class_label	Descriptive label for referral class	
prv_name	Provider Name	
rfr_service_category_label	Descriptive label for service category client is referred for	

rfr_status_label	Descriptive label for referral status

# exp\_medication

Г

Field Name	Description/Comment			
mdc_pk	Uniquely identifies each record			
mdc_cln_fk	Foreign key to the cw_client table.			
mdc_delete	Yes if this record has been deleted at the provider and should be deleted			
	in CAREWare. Null value is false.			
mdc_medication_code	Uniqe code of medication selected from CAREWare list			
mdc_units	The quantity in number of units.			
mdc_strength	The unit strength of the regimen.			
	Number of frequency medication is taken per day			
	Code for:			
	01 – qd			
	02 – bid			
	03 – tid			
	04 – qid			
	05 – prn			
	06 – qw			
mdc_frequency	07 – biw			
	08 – tiw			
	09 – qow			
	10 – qod			
	11 – qh			
	12 – qhs			
	13 – qm			
	14 – q6h			
	15 – q12h			
mdc_start_date	Put date of ART/PrEP prescribed			
mdc_end_date	Enter date if medication is stopped			
	Choose options from drop down menu for indication.			
	Code for:			
mdc_indication	01 – ART			
Inde_Indication	02 – Ol Prophylaxis			
	03 – OI Treatment			
	99 - Other			
	If indication is OI then indicate the type next to the indication field			
	Code for:			
	01 – Pneumocytis carinii pneumonia (PCP)			
	02 – M. avium complex (mac)			
mdc_prophylaxis	03 – M. tuberclosis (Mtb)			
	04 – Candida			
	05 – Cytomegalovirus (CMV)			
	06 – Toxoplasma gondii			
	07 – Varicella zoster virus (VZV)			
	08 - Other			
mdc_discontinue_reason	Select Reason for discontinuing ART/PrEP			
made commont	User comment. Please enter PrEP for all clients with HIV status "HIV-			
mdc_comment	User comment. Please enter PrEP for all clients with HIV status "HIV- Negative Affected"			

prv_name	Provider Name
mdc_instructions	Any instruction given to the client

# exp\_poverty\_level\_assessment Table

exp_poverty_level_assessment Table		
Field Name	Description/Comment	
pvr_lv_pk	Uniquely identifies each record.	
Pvr_lv_household_income	1-9999	
Pvr_lv_household_size	\$0.00 - \$999,999,999.99	
Pvr_lv_date	Date the poverty level record was added	
Pvr_lv_delete	If set, it deletes poverty level record	
Pvr_lv_cln_fk	Points to the client record to which this record is related	
prv_name	Added to allow importing data from multiple domains in a single file;	
	prv_name acts as a referential key to the provider for each record.	

#### exp\_annual\_review Table

Field Name	Description/Comment			
ann_rv_pk	Primary k	Primary key for the record that must be unique.		
ann_rv_cln_fk	Foreign ke	Foreign key to the cw_client table.		
ann_rv_year	Contains t	Contains the date of the client review		
ann_rv_housing_arrangement	Types of h	nousing arrangement. See hsn_l	v_label	
hsn_lv_rpk	Numeric counter starting at 01			
hsn_lv_label	Housing label codes:			
	0	Stable/Permanent		
	1	Non-permanently Housed		
	2	Institution		
	3	Other		
	4	Unstable		
	6	Temporary		
	9	Unknown / Unreported		
hsn_lv_active	Checked if the record is active			
hsn_lv_last_updated	The date and time this record was last updated			

## exp\_pregnancy Table (Outpatient/Ambulatory Health Services-only)

Field Name	Description/Comment
prg_pk	Uniquely identifies each record
prg_hs_cln_fk	Foreign key to the cw_client table.
prg_est_conception_date	Pregnancy conception date
prg_hs_delivery_date	Pregnancy delivery date
prg_hs_pn_take_art_yes_un_rfk	During this pregnancy did the client take ART to reduce risk of maternal
	HIV transmission?

#### **DC EMA CAREWare Data Elements Specification**

#### Location of RSR Client-level Data Elements

This table maps location of RSR client level data elements required in CAREWare system. The table is aimed to facilitate preparation of providers throughout the year for successful submission of their Ryan White Services Report (RSR) **Demographics** 

• Required of all clients who received any core medical or support service if they are ELIGIBLE for RWHAP services. For more information regarding reporting requirements based on services received, review Appendix A in the RSR Instruction Manual.

<sup>•</sup> Eligibility recorded in CAREWare in Eligibility History accessed from the Demographics tab in the client record.

Field ID	Field Name	Coding	Location in CAREWare
SV4	Encrypted Unique client ID (eUCI)	Encrypted using hash function	Auto-calculated by CAREWare from first and last name, date of birth, and gender of each client
4	Client's year of birth	<u>YYYY</u>	Demographics>Personal Info - Date of Birth field
5	What is the client's self reported ethnicity?	<ul><li>Hispanic/Latino</li><li>Non-Hispanic/Latino</li></ul>	Demographics>Race/Ethnicity - Hispanic or Latino field
68	Hispanic Subgroups (Select one or more)	<ul> <li>Mexican, Mexican American, Chicano/a</li> <li>Puerto Rican</li> <li>Cuban</li> <li>Other Hispanic, Latino/a or Spanish origin</li> </ul>	<b>Demographics&gt;Race/Ethnicity</b> Check each Hispanic ethnicity that is true. (The Hispanic or Latino field value must be set to Yes to see these options.)
6	What is the client's race? (Select one or more)	<ul> <li>White</li> <li>Black or African American</li> <li>Asian</li> <li>Native Hawaiian/ Pacific Islander</li> <li>American Indian or Alaska Native</li> </ul>	<b>Demographics&gt;Race/Ethnicity</b> More than one race can be selected.
69	If Asian, what subgroup? (Select one or more)	<ul> <li>Asian Indian</li> <li>Chinese</li> <li>Filipino</li> <li>Japanese</li> <li>Korean</li> <li>Vietnamese</li> <li>Other</li> </ul>	<b>Demographics&gt;Race/Ethnicity</b> Check each Asian race that is true. (The Asian field value must be checked to see these options.)
70	If Native Hawaiian/Pacific Islander, what subgroup? (Select one or more)	<ul> <li>Native Hawaiian</li> <li>Guamanian or Chamorro</li> <li>Samoan</li> <li>Other Pacific Islander</li> </ul>	Demographics>Race/Ethnicity Check each NHPI race that is true. (The Native Hawaiian or Other Pacific Islander field value must be checked to see these options.)

Field ID	Field Name	Coding	Location in CAREWare	
7	Client's current self- reported gender	<ul> <li>Male</li> <li>Female</li> <li>Transgender</li> <li>Unknown</li> <li>Transgender Male to Female</li> <li>Transgender Female to Male</li> </ul>	Demographics>Personal Info – Gender field	
71	Client sex at birth	<ul> <li>Male</li> <li>Female</li> </ul>	Demographics>Personal Info – Sex At Birth field	
	Data elements required if client receives Outpatient Ambulatory Health Services, Medical Case Management or Non-Medical Case Management except where noted			
2	What was the client's vital at the end of this reporting period?	<ul><li>Alive</li><li>Deceased</li><li>Unknown</li></ul>	Demographics>Vital Enrollment Status - Vital Status field	
9	Client's percent of the Federal poverty level	Continuous variable- actual poverty level percentage reported	Annual Review>Poverty Level Assessments Household size must be 1 or higher Value will only be exported if it falls within the current reporting period; otherwise no value will be reported	
10	Client's housing status	<ul> <li>Stable/permanent</li> <li>Temporary</li> <li>Unstable</li> </ul>	Annual Review>Annual Screenings> Value will only be exported if it falls within the current reporting period; otherwise no value will be reported. Also required for clients receiving if housing services.	
11	Client's housing status collection date	mm/dd/yyyy	Annual Review>Annual Screenings> Value will only be exported if it falls within the current reporting period; otherwise no value will be reported. Also required if for clients receiving housing services.	
12	What was the client's HIV/AIDS status?	<ul> <li>CDC defined AIDS</li> <li>HIV indeterminate (infants only &lt; 2 yrs)</li> <li>HIV-negative (affected)</li> <li>HIV-positive, AIDS status unknown</li> <li>HIV-positive. not AIDS</li> </ul>	Demographics>HIV Status- HIV Status field HIV/AIDS dates must be prior to the end of the report year.	

Field ID	Field Name	Coding	Location in CAREWare
72	Year of HIV Diagnosis	γγγγ	Demographics>HIV Status- HIV+ Date or AIDS Date
14	Client's risk factor for HIV	<ul> <li>Male to Male sexual contact (MSM)</li> <li>Injection drug use (IDU)</li> <li>Heterosexual Contact</li> <li>Perinatal transmission</li> <li>Hemophilia/ coagulation disorder</li> <li>Receipt of blood transfusion, blood components, or tissue</li> <li>Not Reported or not</li> </ul>	<b>Demographics&gt;HIV Risk Factors</b> More than one risk can be selected
15	Client's health coverage (includes all health coverage reported during the reporting period)	<ul> <li>Private - Employer</li> <li>Private - Individual</li> <li>Medicare</li> <li>Medicaid, CHIP or other public plan</li> <li>Veteran's Administration, TRICARE, or other Military health care</li> <li>Indian Health Insurance</li> <li>Other Plan</li> </ul>	Annual Review >Insurance Assessments Select the Primary Insurance from the drop down list and check all insurance coverage that apply Value will only be exported if it falls within the current reporting period; otherwise no value will be reported Also required for clients that receive any core medical service

•Only services that are set up in a contract that has some RWHAP-funding are included in the RSR

•RSR includes number of visits <u>inthecurrentreportingyear</u> for each core medical and support service (except for LPAP/CPAP and Health Insurance Premium and Cost Sharing Assistance) if the client was eligible and provider was funded to deliver the service, even if the service was not paid for by RWHAP for that client. LPAP/CPAP and Health Insurance Premium and Cost Sharing Assistance are reported as delivered for clients receiving the service.

Field ID	Field Name	Coding	Location in CAREWare
16,18,19, 21, 27	Core Medical Services	<ul> <li>Outpatient/Ambulatory Health Services</li> <li>Oral Health Care</li> <li>Early Intervention Services</li> <li>Home Health Care</li> <li>Home and Community-Based Health Services</li> <li>Hospice</li> <li>Mental Health Services</li> <li>Medical Nutrition Therapy</li> <li>Medical Case Management, including Treatment Adherence Services</li> </ul>	Services •Service funding sources are established in contracts •Core medical services only reported for HIV-positive or indeterminate clients
28, 44, 75	Support Services	<ul> <li>Non-Medical Case Management Services</li> <li>Child Care Services</li> <li>Emergency Financial Assistance</li> <li>Food Bank/Home-Delivered Meals</li> <li>Health Education/Risk Reduction</li> <li>Housing</li> <li>Linguistic Services</li> <li>Medical Transportation</li> <li>Outreach Services</li> <li>Psychosocial Support Services</li> <li>Referral for Health Care and Supportive Services</li> <li>Rehabilitation Services</li> <li>Respite Care</li> <li>Substance Abuse Services (residential)</li> </ul>	Services •Service funding sources are established in contracts
17, 20	Core Medical Services	<ul> <li>AIDS Pharmaceutical Assistance (LPAP, CPAP)</li> <li>Health Insurance Premium and Cost- Sharing Assistance for Low-Income Individuals</li> </ul>	Services <ul> <li>Service funding sources are established in contracts</li> <li>Core medical services only reported for HIV- positive or indeterminate clients</li> </ul>

•Only one visit per day per service category is reported

•Only reported for HIV-positive clients that have at least one Outpatient/ambulatory health service (OAHS) visit

Field ID	Field Name	Coding	Location in CAREWare
47	Date of the client's <u>first</u> outpatient/ambulatorycarevisit at this provider agency	mm/dd/yyyy	<b>Service</b> The first service date may be in a different year and may not have been paid for by RWHAP
48	All dates of the client's outpatient ambulatory health service visits during this reporting period	mm/dd/yyyy	Service
49	All <b>CD4 counts</b> and their dates for this client during the reporting period	Test Values and Dates	<b>Clinical encounter: Lab tab</b> Enter date and result for CD4 tests throughout the year
50	All <b>Viral Load</b> counts and their dates for this client during the reporting period	Test Values and Dates	<b>Labs</b> Enter date and result for Viral Load tests throughout the year
52	Client prescribed ART	<ul><li>Yes</li><li>N</li></ul>	Labs At least one ART medication (indication=ART)
55	Was the client screened for syphilis during this reporting period? (excludes all clients under the age of 18 who are not sexually active)	<ul> <li>Yes</li> <li>No</li> <li>Not medically indicated</li> </ul>	Screening Labs Test is labeled Syphilis (not RPR) and date is in the RSR calendar year. New and custom screenings can be set as the equivalent Test Name for HRSA Reporting under Screening Lab Setup to be included in the RSR
64	(For HIV+ women only) Was the client pregnant during this reporting period?	<ul><li>Yes</li><li>No</li><li>Not applicable</li></ul>	<b>Pregnancy History</b> CAREWare uses the estimated date of last menstrual period (LMP) and the pregnancy outcome date to populate this field
73	<b>Positive HIV Test Date</b> Required of clients newly diagnosed in the reporting year	mm/dd/yyyy	Demographics>HIV Status HIV+ Date or AIDS Date Counseling and Testing First Test Date with positive result
74	OAHS Link Date Required of clients newly diagnosed in the reporting year	mm/dd/yyyy	Service Date of first medical visit when the HIV diagnosis date is in the current reporting year (newly diagnosed HIV)