Hospital Quality Reporting

Frequently Asked Questions: COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) Measure

February 2022

Table of Contents

DENOMINATOR AND NUMBERATOR 1

1. For the COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) measure, are the numerator and denominator the same for the Hospital Inpatient Quality Reporting (IQR) Program and the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program? 1
2. For the HCP COVID-19 Vaccination measure, are religious reasons and medical conditions, such as a permanent neurological issue or a medical exemption for the influenza vaccination, considered exclusions? 1
3. Our legal department is asking why religious exemptions are not accepted and why these employees are not removed from the denominator, when there is a Federal law regarding religious exemptions. 1
4. For employees that have a religious exemption for the vaccine, will hospitals be penalized since it is entered as declined? 1
5. If the booster is not part of the measure and is not reported to CMS, why is it required in NHSN for surveillance? Does surveillance apply to any CDC requirement? If we do not report the booster, do we meet the HCP COVID-19 Vaccination measure? 1
6. Did you indicate you only include employees who have completed the series of vaccination? Does the definition of "completed" also include the booster? 2
7. What happens if the definition of a "complete series" changes? 2
8. Should we track those personnel who have received only one dose of Moderna/Pfizer even though it will not be reported? 2

HEALTHCARE PERSONNEL (HCP) CATEGORIES 2

9. Would the following be considered HCP and included in our counts: delivery drivers; contracted employees (e.g., Health Information Management, dietary); Outpatient Dialysis Centers; workers (e.g., maintenance workers, painters) not on the payroll, but with a contract to work with the facility; Licensed Independent Practitioners (LIP), telehealth only; casual/PRN/pool employees; remote employees; student/volunteers; affiliated outpatient and walk-in clinics; employees on Family and Medical Leave Act (FMLA); hybrid employees? 2
10. With the understanding that students must be included, student facilities in Texas tell us that we are not able to ask students about their COVID-19 vaccine status. Is there a place to note this in the reporting? Do organizations have leniency regarding inclusion of students and non-employees? What guidance can be provided to report student information when they are not employees of hospitals? 3
11. For students, is it one day a week for the semester, or one day during the self-selected week? 3
12. I work at a major teaching hospital with residents coming and going constantly. It's difficult to obtain their retrospective information. If a resident is captured as not fully vaccinated in one reporting week, he/she may not be at the facility for the next reporting period and will not be counted. This would underrepresent our vaccination rate. How do we capture these residents? 3
13. Are these data cumulative? If an HCP is terminated or chooses to leave, do they come off? For example, what if there is an employee who is terminated for not getting vaccinated? . 3

14. Is there any guidance on who qualifies as "HCP" versus "Non-HCP"? For example, if there is a clinical department that has administrative or clerical staff that do not provide direct patient care (but work in the clinical space), are these staff considered HCP due to their department or if they directly care for patients? 3
15. For states that legally cannot require the vaccine or ask for proof of vaccination, how can we collect these data? 4
16. Our facility reports for the Hospital IQR, Hospital Outpatient Quality Reporting (OQR), and IPFQR Programs. Do we remove HCP from the IQR reporting to report separately for the IPFQR Program, or can we use an all-inclusive facility total for all programs? For example, for an inpatient psych unit within our hospital, how do we isolate HCPs only in the IPF, such as dietary and housekeeping? If a facility has distinct areas (IPF/IRF/IP/OP), are the rates reported specific to each area? 4
17. If we have two hospitals with medical staff working at both, should we include the physician data in both hospital submissions? Would we only include them in the facility where they primarily work? 4
18. Are Critical Access Hospitals (CAHs) required to submit the HCP COVID-19 Vaccination measure? If a CAH has an IPF unit, are they required to report? 4
19. Will this be required and reported for the Hospital OQR Program and Ambulatory Surgical Center Quality Reporting (ASCQR) Program? 4
20. Is the HCP COVID-19 measure required for the Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP)? 5
21. If an acute care hospital has swing beds interspersed in the acute care hospital, will there be a skilled nursing facility (SNF) or swing bed option for reporting, so the acute care hospital meets the requirement for SNF reporting? 5

REPORTING REQUIREMENTS 5

22. What is the penalty for not reporting the new HCP COVID-10 Vaccination measure? 5
23. When is this requirement required/effective? 5
24. How long will weekly reporting continue? 5
25. Is it a federal requirement to report the HCP COVID-19 Vaccination measure data via NHSN to pass the reporting of the measure? 5
26. Is there an expected threshold for vaccination rates? Is so, what are the repercussions if a facility fails to meet the threshold? 5
27. Will CMS be validating the HCP COVID-19 Vaccination Measure? 6

DATA SUBMISSION 6

28. What is the deadline for submission? Are we required to report one week a month but when data are finalized? 6
29. Do we submit one week per month? If so, we will receive a missing summary item alert since we added the month to the reporting plan. 6
30. Is reporting in NHSN a voluntary requirement? Is monthly reporting required or encouraged? Most facilities report on a weekly basis at a minimum. Can they report monthly? 6
31. Are the quarters calendar year (CY) quarters or federal fiscal year (FY) quarters? 6
32. Can the HCP COVID-19 Vaccination measure data be reported via a third-party vendor such as IBM Watson Health? 6

CMS REPORTING **7**
33. Is there a concern regarding the usefulness of data reported so long after collection? 7
34. Even though the requirement for HCP COVID-19 Vaccination measure reporting is only one week per month, is it your recommendation to do more than one week per month? 7
35. Is it best to submit data as close to real time as possible? 7
36. If hospitals continuously submit weekly data throughout the reporting period, what weeks will be sued to calculate the quarterly rate? 7
37. Why would you use an average when the intent is to improve the rate? Why not take the maximum at the end of the quarter, as that information is important for consumers? An average can give the wrong message to consumers. 7
38. Is the quarterly reporting for Q4 2021 only or is that the process for all CY 2022? 7
39. Will CMS pull data out of NHSN or will hospitals enter denominator and numerator data manually into the *Hospital Quality Reporting (HQR) Secure Portal*? 8

CMS REPORTS AND PUBLIC REPORTING **8**
40. For IPFs, will there be a separate report in the *HQR Secure Portal* to run to see if the data sent match the NHSN report? 8
41. Will the COVID-19 vaccination metrics be publicly reported? 8

NHSN ENROLLMENT **8**
42. For those new to NHSN, what is the enrollment process? 8
43. For those hospitals that have multiple sites or campuses with the same CCN but unique NHSN accounts, how should they submit data to NHSN? 8
44. We have an inpatient psychiatric unit within our hospital with a CCN number that is only different by one character (with an "S" as the third digit). Does this mean we'll need to report for the inpatient psychiatric unit separately? 9
45. If you have multi-campus hospitals, can you do group submissions? 9
46. Will there be any specific training for systems reporting for multiple hospitals through the Group reporting option? 9

CALENDAR WEEK, MONTHLY REPORTING PLAN, AND REPORTING **9**
47. The weekly reporting form looks exactly like the form I use for our Long-Term Care Facility. Is there a difference between the two? 9
48. If we are reporting monthly as required, can the alerts page be updated so there are no missing data for those who are not reporting weekly? 9
49. Are the weekly reports cumulative or is it that week only? 9
50. What option should I choose for an inpatient hospital setting for the weekly COVID-19 Vaccination module? 9
51. Why does the CDC request weekly data if they are only going to use the most recent week submitted/reported? 9
52. Since October ends on a Sunday, if we choose the final week of October (October 25 through 31) and update NHSN in November, does that meet the standard or must the update occur in October? Are we able to go back into NHSN to edit the October week data later on, before the submission deadline? 9

53. We have been giving COVID vaccines for almost a year. How do we record what has already been done? 10
NHSN DATA ENTRY..... 10
54. How do we account for people who were positive for COVID-19 and received Regeneron within the last 90 days? I received Regeneron in September 2021, and I am not eligible for a booster until January 2022. Is this counted as a booster failure or will it become an exclusion?..... 10
55. How do we enter the brands of vaccine if we have had two vaccines administered by different manufacturers (e.g., those who received one dose of Moderna and one of Pfizer)? Additionally, if we have not collected the manufacturer data or do not know the manufacture, can we enter that under the unspecified category?..... 10
56. Are we required to submit the spreadsheet with employee names into NHSN or just the numerator and denominator numbers?..... 10
57. What is the difference between question 2 (cumulative number of HCP in question 1 who have received COVID-19 vaccines at this facility or elsewhere since December 2020) and question 4 (cumulative number of HCP in question 2 eligible to receive an additional dose or booster of COVID-19 vaccine)? 11
58. What is your recommendation for obtaining the information for question 3 (medical contraindication reason to not receive COVID-19 vaccine), as employees may not provide that information?..... 11
59. For HCPs that are initially vaccinated after August 2021, are these included in question 5 (cumulative number of HCP in question 4 who have received an additional dose or booster of COVID-19 vaccine at this facility or elsewhere since August 2021)?. 11
60. Will there be options to upload the COVID-19 data into NHSN?..... 11
61. Please explain the difference between CMS mandatory reporting versus the CDC surveillance data, as the NHSN vaccine component has marked nearly all fields as mandatory (red *). Is it possible to only report what is required for CMS and not participate in CDC surveillance? 11
62. What if you do not have statistics on personnel who have not received the vaccine? How does that affect reporting?..... 11
63. Are there any tools, like an Excel spreadsheet, that will help us calculate the vaccinations, or does each hospital have to develop their own tools? 11
64. Will there be a CMS report in NHSN that will reflect what is sent to CMS for the HCP COVID-19 Vaccination measure?..... 12
65. If the COVID-19 vaccine data are reported to a state agency, such as the New York State Health Commerce System, are the data shared with NHSN automatically for inclusion into CMS data? Will health departments have access to the COVID-19 reports in the HCP module or will we have to request that hospitals confer rights in NHSN?..... 12
HEALTH AND HUMAN SERVICES (HHS) TELETRACKING 12
66. We are currently reporting this data into the HHS Corvena TeleTracking. Is this dual reporting required?..... 12

DENOMINATOR AND NUMERATOR

1. **For the COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) measure, are the numerator and denominator the same for the Hospital Inpatient Quality Reporting (IQR) Program and the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program?**

   Yes, the measure numerator and denominator are the same for all programs.

2. **For the HCP COVID-19 Vaccination measure, are religious reasons and medical conditions, such as a permanent neurological issue or a medical exemption for the influenza vaccination, considered exclusions?**

   For the National Healthcare Safety Network (NHSN) COVID-19 vaccination surveillance, philosophical, religious, or other reasons for declining the COVID-19 vaccine that are not listed in the Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States are not considered medical contraindications.

   The CDC considers a history of the following to be the only contraindications to the COVID-19 vaccines: 1) Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine and 2) Immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the COVID-19 vaccine.

   You would include these individuals under the total healthcare personnel (question 1) and under "offered but declined COVID-19 vaccine" (question 3.2).

3. **Our legal department is asking why religious exemptions are not accepted and why these employees are not removed from the denominator, when there is a Federal law regarding religious exemptions.**

   For NHSN COVID-19 vaccination surveillance, philosophical, religious, or other reasons for declining COVID-19 vaccine not listed in the Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States are not considered medical contraindications for COVID-19 vaccination. Therefore, an individual who declines to receive vaccination for any reason other than the medical contraindications listed in Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States should be categorized as "offered but declined COVID-19 vaccination" for question 3.2. This is true even if your facility permits religious or philosophical exemptions for COVID-19 vaccination.

4. **For employees that have a religious exemption for the vaccine, will hospitals be penalized since you would enter it as being declined?**

   Facilities should report COVID-19 vaccination summary data through NHSN per CDC guidance. For CMS, if the CDC can calculate a quarterly rate and submit it to CMS, then the facility will meet the reporting requirement and would not be subject to any penalties.

5. **If the booster is not part of the measure and is not reported to CMS, why is it required in NHSN for surveillance? What surveillance is the CDC requirement applicable to? If we do not report the booster, do we meet the HCP COVID-19 Vaccination measure?**

According to the Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States, all adults are eligible for a booster dose six months after receiving an initial completed COVID-19 vaccination series. Although data on booster doses are not included in the quality measure calculations, CDC aims to gauge the level of protection against COVID-19 infection among healthcare personnel; therefore, facilities enter data on booster doses into NHSN.

6. **Did you indicate you only include employees who have completed the series of vaccination? Does the definition of "completed" also include the booster?**

   The measure numerator includes those personnel who received a completed vaccination course against COVID-19 since the date the vaccine was first available. A completed course is defined as dose 1 and dose 2 of COVID-19 vaccines requiring two doses for completion or one dose of COVID-19 vaccine requiring only one dose for completion. The definition of "completed" does not include the booster.

7. **What happens if the definition of a "complete series" changes?**

   NHSN will update instructions on data collection as necessary to reflect any changes in definitions and/or CDC guidelines.

8. **Should we track those personnel who have received only one dose of Moderna/Pfizer even though it will not be reported?**

   For NHSN surveillance purposes, data on those HCP with only one dose of the vaccine must be recorded in NHSN (questions 2.1 and 2.3).

HEALTHCARE PERSONNEL (HCP) CATEGORIES

9. **Would the following be considered HCP and included in our counts: delivery drivers; contracted employees (e.g., Health Information Management, dietary); Outpatient Dialysis Centers; workers (e.g., maintenance workers, painters) not on the payroll, but with a contract to work with the facility; Licensed Independent Practitioners (LIP), telehealth only; casual/PRN/pool employees; remote employees; student/volunteers; affiliated outpatient and walk-in clinics; employees on Family and Medical Leave Act (FMLA); hybrid employees?**

   HCP are defined as those who were eligible to have worked at this healthcare facility for at least one day during the week of data collection, regardless of clinical responsibility or patient contact, defined by the CDC as individuals who work in the facility on a regular (weekly) basis.

   If they are eligible to physically work at the facility at least one day during the reporting week, then they are included. If an individual does not physically perform any work in the facility, then they would not be included in the data. As such, if a healthcare worker only works off-site, then they would not be included in the data. For more information, please review the table of instruction on the data collection form: 57.219 Instructions for Completion of the Weekly COVID-19 Vaccination Summary Data Form for Healthcare Personnel (cdc.gov). Please note that vendors are currently not included in healthcare personnel COVID-19 vaccination summary data; if there is a contract in place to work with the facility, they would fall into the contractor category and would be included.

10. **With the understanding that students must be included, student facilities in Texas tell us that we are not able to ask students about their COVID-19 vaccine status. Is there a place to note this in the reporting? Do organizations have leniency regarding inclusion of students and non-employees? What guidance can be provided to report student information when they are not employees of hospitals?**

    Students aged 18 and older are included and required to be reported. The facility categories are described in the table of instruction on the data collection form: 57.219 Instructions for Completion of the Weekly COVID-19 Vaccination Summary Data Form for Healthcare Personnel (cdc.gov). If a facility is unable to determine vaccination status, please report these individuals in question 3.3 under Unknown COVID-19 Vaccination Status.

11. **For students, is it one day a week for the semester, or one day during the self-selected week?**

    HCP are defined as those who were eligible to have worked at this healthcare facility for at least one day during the week of data collection, regardless of clinical responsibility or patient contact. This is defined by the CDC as individuals who work in the facility on a regular (weekly) basis. Therefore, you would include students who are scheduled to work in the facility at least one day each week.

12. **I work at a major teaching hospital with residents coming and going constantly. It's difficult to obtain their retrospective information. If a resident is captured as not fully vaccinated in one reporting week, he/she may not be at the facility for the next reporting period and will not be counted. This would underrepresent our vaccination rate. How do we capture these residents?**

    HCP are defined as those who were eligible to have worked at this healthcare facility for at least one day during the week of data collection, regardless of clinical responsibility or patient contact. This is defined by the CDC as individuals who work in the facility on a regular (weekly) basis. Therefore, you would include residents who are scheduled to work in the facility at least one day each week.

13. **Are these data cumulative? If an HCP is terminated or chooses to leave, do they come off? For example, what if there is an employee who is terminated for not getting vaccinated?**

    Include healthcare personnel who were eligible to have worked at this healthcare facility for at least one day during the week of data collection, regardless of clinical responsibility or patient contact. For example, if an individual worked at the facility from Monday through Thursday but was terminated on Friday of the current reporting week, you would still include the individual in the data for the current reporting week. However, you would remove the individual from your data for subsequent reporting weeks.

14. **Is there any guidance on who qualifies as "HCP" versus "Non-HCP"? For example, if there is a clinical department that has administrative or clerical staff that do not provide direct patient care (but work in the clinical space), are these staff considered HCP due to their department or if they directly care for patients?**

    HCP are included regardless of clinical responsibility or patient contact. Refer to the Instructions for Completion of the Weekly HCP COVID-19 Vaccination Cumulative Summary for further guidance.

15. For states that legally cannot require the vaccine or ask for proof of vaccination, how can we collect these data?

If a facility is unable to determine vaccination status, report these individuals in question 3.3 under Unknown COVID-19 Vaccination Status.

16. Our facility reports for the Hospital IQR, Hospital Outpatient Quality Reporting (OQR), and IPFQR Programs. Do we remove HCP from the IQR reporting to report separately for the IPFQR Program, or can we use an all-inclusive facility total for all programs? For example, for an inpatient psych unit within our hospital, how do we isolate HCPs only in the IPF, such as dietary and housekeeping? If a facility has distinct areas (IPF/IRF/IP/OP), are the rates reported specific to each area?

If the IRF or IPF unit CMS Certification Number (CCN) is 100 percent identical to the CCN of its acute care or critical access facility, then separate healthcare personnel COVID-19 vaccination summary data reporting is not required by CMS. Therefore, counts of healthcare personnel working in the IRF or IPF unit can be included in the total counts for the acute care or critical access facility.

However, IRF or IPF units whose CCNs differ from the acute care or critical access facility CCN by even one letter or number—for example, having a "T" or "R" in the third position—must either be mapped as locations of the parent facility or enrolled as a separate NHSN facility, and their data must be reported separately. Also, if an individual works in both the IPF unit and the acute care facility, then the individual will be counted in the reports for both the IPF unit and acute care facility. However, if an individual only works in the IPF unit, the individual should only be included in the report for the IPF unit.

17. If we have two hospitals with medical staff working at both, should we include the physician data in both hospital submissions? Would we only include them in the facility where they primarily work?

These reports describe vaccination rates among individuals working at a specific facility, so all eligible individuals must be counted at each facility where they work during the week of data collection.

18. Are Critical Access Hospitals (CAHs) required to submit the HCP COVID-19 Vaccination measure? If a CAH has an IPF unit, are they required to report?

Under the Hospital IQR Program, CAHs are strongly encouraged, but are not required, to report on the HCP COVID-19 Vaccination measure. (CAHs are not required to report data for any quality measure.)

All inpatient psychiatric facilities that are eligible to participate in the IPFQR Program are required to submit data for the measure. An IPF unit that is part of a CAH and has the letter "M" in the third position of the CMS Certification Number (CCN) will be required to submit the HCP COVID-19 Vaccination measure data. The finalization of this requirement can be found at 86 FR 42640.

19. Will this be required and reported for the Hospital OQR Program and Ambulatory Surgical Center Quality Reporting (ASCQR) Program?

CMS has finalized this measure for both the Hospital OQR Program and ASCQR Program. Per the FY 2022 Inpatient Prospective Payment System (IPPS)/Long Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule, hospitals should count HCP working in all inpatient or outpatient units that are physically attached to the inpatient site and share the same CCN. Beginning with Q1 2022 discharges, only one file will be sent to CMS that will encompass both the Hospital IQR Program and Hospital OQR Program.

20. Is the HCP COVID-19 measure required for the Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP)?

The IRFQR Program did finalize the adoption of the COVID-19 Vaccination Coverage Among HCP measure, and the measure numerator and denominator are the same across multiple settings. For more information, please see the IRF PPS Final Rule.

21. If an acute care hospital has swing beds interspersed in the acute care hospital, will there be a skilled nursing facility (SNF) or swing bed option for reporting, so the acute care hospital meets the requirement for SNF reporting?

Skilled nursing facilities can report COVID-19 vaccination summary data through the Long-Term Care Facility Component of NHSN.

REPORTING REQUIREMENTS

22. What is the penalty for not reporting the new HCP COVID-10 Vaccination measure?

As the measure is required for the Hospital IQR Program, hospitals that do not report this measure are at risk for having their annual payment update (APU) reduced by one-fourth of the applicable market basket update.

23. When is this requirement required/effective?

Facilities will begin reporting the measure as of October 1, 2021. The quarter (Q)4 2021 data will be required for the fiscal year (FY) 2023 APU determinations. Beginning with calendar year (CY) 2022, all four quarters worth of data will be required for the APU determinations.

24. How long will weekly reporting continue?

For CMS, the requirement to report at least one week per month of the HCP COVID-19 Vaccination measure will continue until further notice. Any substantive changes to the measure or removal of the measure would be proposed in future rule making.

25. Is it a federal requirement to report the HCP COVID-19 Vaccination measure data via NHSN to pass the reporting of the measure?

Yes, in the FY 2022 IPPS/LTCH PPS Final Rule, CMS finalized that hospitals would collect the numerator and denominator for the HCP COVID-19 Vaccination measure for at least one self-selected week during each month of the reporting quarter and submit the data to the NHSN Healthcare Personnel Safety (HPS) Component before the CMS quarterly deadline to meet quality reporting program requirements.

26. Is there an expected threshold for vaccination rates? Is so, what are the repercussions if a facility fails to meet the threshold?

In the FY 2022 IPPS/LTCH PPS Final Rule, CMS finalized only the reporting of the HCP COVID-19 Vaccination measure. Facilities will not be penalized for their quarterly rates.

27. Will CMS be validating the HCP COVID-19 Vaccination measure?

The HCP COVID-19 Vaccination measure will not initially be included in the validation process. Any substantive changes to validation requirements would be proposed in future rule making.

DATA SUBMISSION

28. What is the deadline for submission? Are we required to report one week a month but when data are finalized?

The submission of the HCP COVID-19 Vaccination measures follows the same submission deadline as the other clinical measures, such as the Sepsis (SEP)-1 and Healthcare-Associated Infection (HAI) measures. The deadline for submitting the Q4 2021 data is May 16, 2022. The submission deadlines can be found on the Important Dates and Deadlines document.

29. Do we submit one week per month? If so, we will receive a missing summary item alert since we added the month to the reporting plan.

If a facility has submitted data for at least one week per month, then they can ignore other alerts pertaining to submitting weekly data.

30. Is reporting in NHSN a voluntary requirement? Is monthly reporting required or encouraged? Most facilities report on a weekly basis at a minimum. Can they report monthly?

In the FY 2022 IPPS/LTCH PPS Final Rule, CMS finalized that hospitals would collect the numerator and denominator for the HCP COVID-19 Vaccination measure for at least one self-selected week during each month of the reporting quarter and submit the data through the NHSN HPS Component before the CMS quarterly deadline to meet quality reporting program requirements. Facilities are required to report data on at least one week per month.

CMS has not announced any expected changes to the performance standards calculations for the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey and HAI measures for FY 2024. CMS will continue to monitor the optional hospital submissions for the HAI measures and HCAHPS survey in Q1 2020 and Q2 2020. For notifications regarding CMS inpatient quality programs, sign up for the QualityNet Program Notifications Groups.

31. Are the quarters CY quarters or federal FY quarters?

The reporting is done by CY quarters. Reporting will begin with Q4 2021, which will be October 1, 2021, through December 31, 2021.

32. Can the HCP COVID-19 Vaccination measure data be reported via a third-party vendor such as IBM Watson Health?

Facilities have two options for data submission: Facilities can enter data directly into the NHSN application and facilities can submit COVID-19 vaccination data to NHSN using .CSV file upload.

The .CSV file templates and COVID-19 vaccination data submission instructions can be found on this CDC web page: https://www.cdc.gov/nhsn/hps/weekly-covid-vac/index.html. Please select Weekly COVID-19 Vaccination Summary Data Form for Healthcare Personnel at non-LTCFs.

Facilities looking to use a vendor to upload their data will need to work with the vendor directly to provide their OrgID and establish the process. Vendors (e.g., electronic health record (EHR) providers, evidence of care (EOC) providers, etc.) intending to provide COVID-19 .CSV uploads on behalf of NHSN facilities should submit an inquiry to NHSN@cdc.gov with the title Vendor Support for NHSN COVID-19 HCP Vaccination Reporting. NHSN will follow up to confirm procedural details as the process may differ by vendor.

CMS REPORTING

33. Is there a concern regarding the usefulness of the data being reported so long after collection?

Facilities are encouraged to report HCP COVID-19 vaccination summary counts on a weekly basis so the data can be used to inform COVID-19 vaccination activities at the facility and monitor national trends for public health surveillance purposes. In addition, while the HCP COVID-19 vaccination data publicly reported on the CMS Care Compare website will not necessarily reflect "real-time" data, we believe the hospital-specific information will still be helpful for patients, consumers, and their families and caregivers as they choose their healthcare providers.

34. Even though the requirement for HCP COVID-19 Vaccination measure reporting is only one week per month, is it your recommendation to do more than one week per month?

Only one week per month is required for the CMS measure; however, CMS and the CDC strongly encourage weekly reporting for epidemiologic surveillance purposes, particularly during the continuing Public Health Emergency.

35. Is it best to submit data as close to real time as possible?

Yes, it is best to submit as close to real time as possible.

36. If hospitals continuously submit weekly data throughout the reporting period, what weeks will be used to calculate the quarterly rate?

If a hospital reports every week, in every month in each quarter, the CDC will use the last week of each month to calculate the quarterly rate.

37. Why would you use an average when the intent is to improve the rate? Why not take the maximum at the end of the quarter, as that information is important for consumers? An average can give the wrong message to consumers.

The average will give an estimation of COVID-19 vaccination coverage for a given time-period (in this case, the reporting quarter). However, facilities are encouraged to report HCP COVID-19 vaccination summary counts on a weekly basis so the data can be used to inform COVID-19 vaccination activities at the facility.

38. Is the quarterly reporting for Q4 2021 only or is that the process for CY 2022 as well?

Beginning with Q4 2021 and each quarter in subsequent years, the CDC calculates a single quarterly HCP COVID-19 vaccination coverage rate for each facility. The CDC will calculate the rate by taking the average of the data from the three weekly rates submitted by the facility for that quarter.

39. Will CMS pull data out of NHSN or will hospitals enter denominator and numerator data manually into the *Hospital Quality Reporting (HQR) Secure Portal*?

The CDC transmits data to CMS periodically during the submission period and immediately following the CMS quarterly submission deadline.

CMS REPORTS AND PUBLIC REPORTING

40. For IPFs, will there be a separate report in the *HQR Secure Portal* to run to see if the data sent match the NHSN report?

Yes, there will be separate reports for the IPFs in the *HQR Secure Portal*. The *HQR Secure Portal* feedback reports are not updated in real time. The CDC transmits data to CMS periodically during the submission period and immediately following the quarterly submission deadline.

41. Will the COVID-19 vaccination metrics be publicly reported?

With the adoption of this new measure, public reporting will begin with the October 2022 Care Compare refresh, or as soon as technically feasible, using data collected from Q4 2021 (October 1, 2021–December 31, 2021).

We will only report the most recent quarter of data in each refresh. We will not add one additional quarter of data during each advancing refresh (i.e., each refresh will not display four rolling quarters of data).

NHSN ENROLLMENT

42. For those new to NHSN, what is the enrollment process?

For guidance related to the enrollment process in NHSN, refer to the New to NHSN? Enroll Facility Here web page. The enrollment process usually takes at least four to six weeks.

43. For those hospitals that have multiple sites or campuses with the same CCN but unique NHSN accounts, how should they submit data to NHSN?

Facilities should follow the guidance below when making determinations about which areas of the acute care facility to include when reporting healthcare personnel COVID-19 vaccination summary data to NHSN as part of the CMS Hospital IQR Program:

Include all inpatient units/departments of the acute care facility sharing the exact same (100% identical) CCN as the acute care facility, regardless of distance from the facility.
Include all outpatient units/departments of the acute care facility sharing the exact same (100% identical) CCN as the acute care facility, regardless of distance from the facility.
Exclude all inpatient and outpatient units/departments of the acute care facility with a different CCN (even if different by only one letter or number) from the acute care facility.

44. We have an inpatient psychiatric unit within our hospital with a CCN number that is only different by one character (with an "S" as the third digit). Does this mean we'll need to report for the inpatient psychiatric unit separately?

Yes, this IPF unit would be reported separately since the CCN is different from the acute care facility.

45. If you have multi-campus hospitals, can you do group submissions?

Groups can upload the HCP COVID-19 Vaccination measure data via a .CSV file upload. Instructions and file templates can be found on the CDC website.

A Group is a collection of facilities that have joined together within the NHSN framework to share some or all of their data at a single (Group) level for a mutual purpose (e.g., performance improvement, state and/or public reporting).

46. Will there be any specific training for systems reporting for multiple hospitals through the group reporting option?

Groups can upload the HCP COVID-19 Vaccination measure data via a .CSV file upload. Instructions and file templates can be found on the CDC website.

CALENDAR WEEK, MONTHLY REPORTING PLAN, AND REPORTING

47. The weekly reporting form looks exactly like the form I use for our Long-Term Care Facility. Is there a difference between the two?

Currently, there is only one form for reporting healthcare personnel COVID-19 vaccination data.

48. If we are reporting monthly as required, can the alerts page be updated so there are no missing data for those who are not reporting weekly?

Facilities can simply ignore the alerts that do not apply to them.

49. Are the weekly reports cumulative or is it that week only?

Facilities report cumulative COVID-19 vaccination data each week.

50. What option should I choose for an inpatient hospital setting for the weekly COVID-19 Vaccination module?

You would select COVID-19 Vaccination Summary for the hospital under the Weekly COVID-19 Vaccination Module.

51. Why does the CDC request weekly data if they are only going to use the most recent week submitted/reported?

Facilities are encouraged to report HCP COVID-19 vaccination summary counts on a weekly basis so data can be used to inform COVID-19 vaccination activities at the facility and to monitor national trends for public health surveillance purposes.

52. Since October ends on a Sunday, if we choose the final week of October (October 25 through 31) and update NHSN in November, does that meet the standard or must the update occur in October? Are we able to go back into NHSN to edit the October week data later on, before the submission deadline?

As October ends on a Sunday, and the CDC surveillance weeks also end on Sundays, the week of October 25 through October 31 would count for October reporting. If the week-ending date was in November, the week would count towards November reporting.

Data can be modified in NHSN at any time. Data that are modified in NHSN after the CMS submission deadline are not sent to CMS and will not be used in CMS programs.

53. We have been giving COVID vaccines for almost a year. How do we record what has already been done?

Whether reporting weekly or one week per month, facilities should report cumulative COVID-19 vaccination data for the week of data collection. This means a facility should report the total number of individuals at the facility for that week. Then, of these individuals, the facility should report the number who have ever received COVID-19 vaccination (at that facility or elsewhere) since it became available in December 2020. Do not limit reporting to just the individuals who were vaccinated that week; instead, report the cumulative total of all individuals vaccinated to date.

NHSN DATA ENTRY

54. How do we account for people who were positive for COVID-19 and received Regeneron within the last 90 days? I received Regeneron in September 2021, and I am not eligible for a booster until January 2022. Is this counted as a booster failure or will it become an exclusion?

If an individual is not eligible for an additional dose or booster dose, they would not be included in questions four and five on the data collection form.

55. How do we enter the brands of vaccine if we have had two vaccines administered by different manufacturers (e.g., those who received one dose of Moderna and one of Pfizer)? Additionally, if we have not collected the manufacturer data or do not know the manufacture, can we enter that under the unspecified category?

"Unspecified" is used in the following situations: HCP received the complete course of COVID-19 vaccination elsewhere, but the information for the specific manufacturer of the vaccine was unavailable; HCP received the complete course of COVID-19 two-dose vaccination series and had documentation of different manufacturers for each dose received; HCP received the complete COVID-19 vaccination by a vaccine manufacturer not listed but specified for emergency use by the World Health Organization (WHO) and had documentation of a complete vaccination; and HCP received a complete COVID-19 vaccination through a clinical trial by a vaccine manufacturer not listed and had documentation of a complete vaccination.

56. Are we required to submit the spreadsheet with employee names into NHSN or just the numerator and denominator numbers?

CDC has developed data tracking worksheets that will automatically calculate data for entry each week for the COVID-19 Vaccination Modules. For example, the worksheet can be used to track the number of healthcare personnel who receive COVID-19 vaccination. After entering COVID-19 vaccination data for each healthcare personnel in the worksheet, simply select a reporting week, and the worksheet will automatically calculate each entry that should be reported to NHSN for that week.

However, please note that these data worksheets are meant to be a tool for facilities to gather data, and only aggregate data (not employee names) are submitted to NHSN.

57. What is the difference between question 2 (cumulative number of HCP in question 1 who have received COVID-19 vaccines at this facility or elsewhere since December 2020) and question 4 (cumulative number of HCP in question 2 eligible to receive an additional dose or booster of COVID-19 vaccine)?

Question 2 refers to the primary vaccination series and question 4 refers to additional doses/boosters.

58. What is your recommendation for obtaining the information for question 3 (medical contraindication reason to not receive COVID-19 vaccine), as employees may not provide that information?

If a facility is not able to obtain information on medical contraindications, the facility can enter a zero (0) in the NHSN application for this question.

59. For HCPs that are initially vaccinated after August 2021, are these included in question 5 (cumulative number of HCP in question 4 who have received an additional dose or booster of COVID-19 vaccine at this facility or elsewhere since August 2021)?

Healthcare personnel who received a vaccine dose as part of the primary vaccination series should be counted in question 2.

60. Will there be options to upload the COVID-19 data into NHSN?

Facilities have two options for data submission: Facilities can enter data directly into the NHSN application and facilities can submit COVID-19 vaccination data to NHSN using .CSV file upload. The .CSV file templates and COVID-19 vaccination data submission instructions can be found on this CDC web page: https://www.cdc.gov/nhsn/hps/weekly-covid-vac/index.html. Please select Weekly COVID-19 Vaccination Summary Data Form for Healthcare Personnel at non-LTCFs.

61. Please explain the difference between CMS mandatory reporting versus the CDC surveillance data, as the NHSN vaccine component has marked nearly all fields as mandatory (red *). Is it possible to only report what is required for CMS and not participate in CDC surveillance?

At this time, facilities must complete all required fields on the data collection form (indicated by an asterisk) to save the data in the NHSN application. Therefore, facilities will need to report data for CDC surveillance purposes.

62. What if you do not have statistics on personnel who have not received the vaccine? How does that affect reporting?

Report these individuals in question 3.3 under Unknown COVID-19 Vaccination Status.

63. Are there any tools, like an Excel spreadsheet, that will help us calculate the vaccinations, or does each hospital have to develop their own tools?

CDC has developed data tracking worksheets that will automatically calculate data for entry each week for the COVID-19 Vaccination Modules, including the worksheet to track the number of healthcare personnel who receive COVID-19 vaccination.

After entering COVID-19 vaccination data for each healthcare personnel in the worksheet, simply select a reporting week, and the worksheet will automatically calculate each entry that should be reported to NHSN for that week. However, please note that these data worksheets are meant to be a tool for facilities to gather data, and only aggregate data (and not employee names) are submitted to NHSN.

64. Will there be a CMS report in NHSN that will reflect what is sent to CMS for the HCP COVID-19 Vaccination measure?

Facilities can generate data reports using the NHSN analysis and reporting functions. It is recommended to allow ample time before the submission deadline to review and, if necessary, correct your HCP data. Data that are modified in NHSN after the CMS submission deadline are not sent to CMS and will not be used for payment determination and will not be publicly reported.

65. If the COVID-19 vaccine data are reported to a state agency, such as the New York State Health Commerce System, are the data shared with NHSN automatically for inclusion into the CMS data? Will health departments have access to the COVID-19 reports in the HCP module or will we have to request that hospitals confer rights in NHSN?

Facilities should report data through NHSN for data to be shared with CMS. Refer to the Group Users | NHSN | CDC web page for information on establishing groups in NHSN.

HEALTH AND HUMAN SERVICES (HHS) TELETRACKING

66. We are currently reporting this data into the HHS Corvena TeleTracking. Is this dual reporting required?

The reporting of COVID-19 vaccination data for healthcare personnel into HHS TeleTracking is optional, but the reporting of these data for at least one week per month into NHSN is required as of October 2021. Therefore, we recommend that you only enter these data into NHSN going forward. Please review the NHSN instructions document as the questions and instructions are slightly different from those in HHS.

As of this date, information contained in this document is consistent with Hospital Reporting Program policies finalized through the Inpatient Prospective Payment System (IPPS) calendar year 2020 rulemaking cycle and subsequent Interim Final Rules and is current at the time of publication. In the event of any conflict between the information provided in this document and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. As the situation evolves, additional changes and updates may be required.