Hospital Inpatient Quality Reporting (IQR) Program

Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

HCP COVID-19 Vaccination Measure and Maternal Morbidity Structural Measure

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Subject-matter experts researched and answered the following questions after the live webinar. The questions may have been edited for grammar.

Denominator and Numerator

Question 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 Facilities Quality Reporting (IPFQR) Program?**

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

Question 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).

Question 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.

Question 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.

Question 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.

Question 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.

Question 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.

Question 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

Question 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; students/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.

Question 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 attempt to report student information when they are not employees of hospitals?**

Student's 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."

Question 11: **For students, is it one day a week for the semester, or just 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.

Question 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.

Question 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.

Question 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), would these staff be considered HCP given the department they work in, or only 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.

Question 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."

Question 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.

Question 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.

Question 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.

Question 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 1Q 2022 discharges, only one file will be sent to CMS that will encompass both IQR and OQR.

Question 20: **Is the HCP COVID-19 measure required for the Inpatient Rehabilitation Facility Quality Reporting (IRFQR) Program?**

This presentation is specific to the Hospital IQR Program. 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.

Question 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 requirements for SNF reporting?**

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

Reporting Requirements

Question 22: **What is the penalty for not reporting the new HCP COVID-19 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.

Question 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.

Question 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.

Question 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.

Question 26: **Is there an expected threshold for vaccination rates? If 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.

Question 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

Question 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.

Question 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.

Question 30: **Is reporting in NHSN a voluntary requirement? Is monthly reporting required or encouraged? Must facilities report on a weekly basis at a minimum, or 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.

Question 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.

Question 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 webpage: 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 upload their data by working directly with a vendor 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 please 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

Question 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 that will be 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.

Question 34: **Even though the requirement for the 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.

Question 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.

Question 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.

Question 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.

Question 38: **Slide 22. Is the quarterly reporting for Q4 2021 only or is that the process for all of 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.

Question 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

Question 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 *Hospital Quality Reporting (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.

Question 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

Question 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.

Question 43: **For those hospitals that have multiple sites or campuses that have the same CCN and that have 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 Inpatient Quality Reporting (IQR) Program:

Include all inpatient units/departments of the acute care facility sharing the exact same CCN (100% identical) 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 CCN (100% identical) 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.

Question 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.

Question 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).

Question 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

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

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

Question 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.

Question 49: **Are the weekly reports cumulative or is it that week only?**

Facilities report cumulative COVID-19 vaccination data each week.

Question 50: **Slide 32. 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."

Question 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 the data can be used to inform COVID-19 vaccination activities at the facility and to monitor national trends for public health surveillance purposes.

Question 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.

Question 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

Question 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

Question 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 who received the complete course of COVID-19 vaccination elsewhere, but the information for the specific manufacturer of the vaccine was unavailable; HCP who received the complete course of COVID-19 two-dose vaccination series and had documentation of different manufacturers for each dose received; HCP who 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 who received a complete COVID-19 vaccination through a clinical trial by a vaccine manufacturer not listed and had documentation of a complete vaccination.

Question 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.

Question 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.

Question 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.

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.

Question 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 webpage: 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.

Question 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.

Question 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."

Question 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.

Question 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.

Question 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 webpage for information on establishing groups in NHSN.

Health and Human Services (HHS) TeleTracking

Question 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.

Maternal Morbidity Structural Measure

Question 67: **Will the Maternal Morbidity Structural Measure be publicly reported on Care Compare? If so, when?**

The Maternal Morbidity Structural Measure will be publicly reported on Care Compare beginning with the October 2022 refresh.

Question 68: **What exactly does it mean to participate in a maternal collaborative? Does adoption of their guidelines meet the intent?**

A hospital participating in a statewide or national Perinatal Quality Improvement (QI) Collaborative, such as the California Maternal Quality Care Collaborative (CMQCC) or the Alliance for Innovation on Maternal Health (AIM) program, that has actively implemented patient care safety practices and/or bundles would meet the intent of the measure and would be able to select Yes.

Question 69: **Does the CMQCC count for the maternal collaborative requirement?**

Examples of a maternal collaborative include, but are not limited to, the CMQCC, the CDC's Perinatal Quality Collaborative Networks (including state-level networks), and AIM.

Question 70: **How can facilities determine if the program they participate in meets the requirements to select Yes to the maternal morbidity question?**

We define a statewide or national Perinatal QI Collaborative as a statewide or a multi-state network working to improve women's health and maternal health outcomes by addressing the quality and safety of maternity care. These collaboratives employ clinical practices and processes to address gaps in care, as well as collect and review performance data. These collaboratives also include implementation of evidence-based maternity safety bundles and/or patient safety practices to improve patient outcomes and reduce maternal mortality and severe maternal morbidity. Hospitals that have actively implemented patient care safety practices and/or bundles would meet the intent of the measure and would be able to select Yes.

Question 71: **Does the maternal measure require data submission? If so, how will that be submitted?**

Hospitals will submit responses once a year via a CMS-approved web-based tool within the *HQR Secure Portal*. The submission period will be from April 1 through May 15. For CY 2021/FY 2023, the reporting period will be October 1, 2021 through December 31, 2021 with the submission period being from April 1 through May 16, 2022. Beginning with the CY 2022 reporting period/FY 2024 payment period determination and for subsequent years, the reporting period will be from January 1 through December 31.

Question 72: **If a facility participates in a collaborative focused on emergency care of obstetric (OB) patients but does not have an OB unit, how should they answer the structural questions?**

Hospitals that do not provide inpatient labor and delivery care services, would select C (N/A) (Our hospital does not provide inpatient labor/delivery care.).

Question 73: **Why can't the Maternal Morbidity Structural Measure have two parts to answer? 1) Implemented patient safety practices for hypertension, pre-eclampsia, etc. 2) Participate in a collaborative. It would be nice if we could at least report that we have implemented safety practices, instead of an outright No.**

Thank you for your question. We will take the feedback into consideration. Any substantive changes to the measure would be proposed in future rule making.

Question 74: **If an organization is part of a collaborative (and can answer Yes to the first question) but not engaged in a bundle associated with that collaborative, how should it answer the second part of the question?**

As noted, there are two parts to this measure's question. Both parts of the measure's question have to be considered by hospitals when determining which answer choice is appropriate.

For example, part one of the question assesses a hospital's participation in a statewide and/or national Perinatal QI Collaborative. Part two of the question assesses a hospital's implementation of patient safety practices and/or bundles related to maternal morbidity from the QI collaboratives. In order to select (A) Yes, a hospital must be able to answer yes to both parts of the question. If a hospital deems a No response to either part of the question is correct, then their attestation for the entire question must be (B) No.

Question 75: **For the maternal morbidity measure, we participate in a statewide maternal/neonatal quality collaborative. The projects do not always run the whole year. If you are in the collaborative and doing all the projects, but there is a quarter between projects with no work, how do you report for that quarter?**

For CY 2021, if a facility participated in a statewide maternal/neonatal quality collaborative during 4Q 2021 (October 1 through December 31,

2021), they would satisfy the requirement. For the upcoming performance period in 2022 and future years, if a facility participated in a statewide maternal/neonatal quality collaborative anytime during the year, they would satisfy the requirement.

Question 76:	**Are inpatient psychiatric hospitals required to submit the Maternal Morbidity Structural Measure?**

All acute care hospitals, with an acute CCN and that are eligible for the Hospital IQR Program, are required to submit the Maternal Morbidity Structural Measure. Inpatient psychiatric hospitals that have an IPF CCN and that are eligible for the IPFQR Program, will not report this measure.

Question 77:	**Related to the Maternal Morbidity Structural Measure, what if the perinatal quality program focuses on health equity? Does that count?**

This measure focusses on patient safety practices and/or bundles related to maternal morbidity. Perinatal quality programs focusing solely on health equity would not count for purposes of this measure.

Question 78:	**Quality Improvement Initiatives typically have a finite time, then a new one starts. If one pertains to implementing patient safety practices or bundles related to maternal morbidity to address complications including, but not limited to, hemorrhage, severe hypertension/preeclampsia or sepsis, does that need to be part of the current statewide and/or national Perinatal QI Collaborative, or can it be from a previous one that the hospital continues to use to track the bundle?**

As long as the facility is engaged in and is implementing a national Perinatal QI Collaborative during a performance year, they can attest to the measure. There is no limitation on the number or particular type of Perinatal QI Collaboratives.

Question 79:	**If you complete the Perinatal Care (PC)-01 Exception Form, are you required to answer the Maternal Morbidity Structural Measure questions?**

If you do not provide labor/delivery care, the IPPS Measure Exception Form (used for the PC-01 measure) cannot be applied to the structural measure. You will need to provide a response to the structural measure. In that case, you would select N/A.

Miscellaneous Questions

Question 80: **Will the HCP Influenza Vaccination measure continue to be reported to CMS?**

Yes. The HCP Influenza Vaccination measure is still required under the Hospital IQR Program.

Question 81: **Can you clarify if it is an HCP flu vaccine or a patient vaccine?**

For the Hospital IQR Program, the HCP Influenza Vaccination measure is required.

Question 82: **Is the *HQR Secure Portal* on the QualityNet website?**

The HQR Secure Portal can be accessed at https://hqr.cms.gov/hqrng/login.

Question 83: **When do you expect to have the interim final rule on the vaccine mandate?**

The Omnibus COVID-19 Health Care Staff Vaccination interim final rule is located at https://www.federalregister.gov/documents/2021/11/05/2021-23831/medicare-and-medicaid-programs-omnibus-covid-19-health-care-staf vaccination.

Question 84: **Does this measure tie in with the federal mandate from President Biden that all federal contractors/employees must have the COVID-19 vaccine? Is this where hospitals can find compliance information? If so, we have a religious exemption. How will that affect us?**

The COVID-19 vaccination mandate, Omnibus COVID-19 Health Care Staff Vaccination interim final rule, is different from the HCP COVID-19 Vaccination Measure that is required for the Hospital Quality Reporting Programs. The Omnibus COVID-19 Health Care Staff Vaccination mandate will be monitored under the Medicare Conditions of Participation.

Question 85: **Is it true that the Emergency Department (ED)-2b measure has been removed from the Hospital IQR Program since December 31, 2019,**

and the Immunization (IMM)-3 measure was removed after March 31, 2019, discharges?

The ED-2 chart-abstracted measure was removed from the Hospital IQR Program beginning with January 1, 2020 discharges. (The last time to submit this measure was Q4 2019 discharges.) The IMM-2 (Influenza Vaccination) measure was removed from the Hospital IQR Program beginning with January 1, 2019 discharges. (The last time to submit this measure was Q4 2018 discharges.) The Influenza Vaccination Coverage Among Healthcare Personnel (HCP), which is referred to as IMM-3 for public reporting, is still required under the Hospital IQR Program.