



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

Presentation Transcript

Speakers

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Candace Jackson: Good afternoon. Welcome to the *Healthcare Personnel COVID-19 Vaccination Measure and Maternal Morbidity Structural Measure* webinar. My name is Candace Jackson, and I am with the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. I will be hosting and presenting on today's event. Before we begin, I would like to make a few announcements. This program is being recorded. A transcript of the presentation, along with the question-and-answer summary, will be posted to the inpatient website, www.QualityReportingCenter.com, in the upcoming weeks. If you are registered for this event, links to the slides were sent out a few hours ago. If you did not receive that email, you can download the slides. Again, that is at www.QualityReportingCenter.com. This webinar has been approved for one continuing education credit. If you would like to complete the survey for today's event, please stand by after the event. We will display a link for the survey that you would need to complete for continuing education. The survey will no longer be available if you leave the event early. If you do need to leave prior to the conclusion of the event, a link to the survey will be available in the summary e-mail one to two business days after the event. If you have questions as we move through the webinar, please type the questions into the Ask A Question window with the slide number associated and we will answer questions as time allows after the event.

In addition, our speakers today also include Hannah Rese, who is an epidemiologist from the Centers for Disease Control and Prevention, and Elizabeth Kalayil, who is a public health analyst with the Lantana Consulting Group.

The purpose of today's event is to provide an overview of the new Healthcare Personnel COVID-19 Vaccination and Maternal Morbidity Structural measures. It will also provide guidance on how the HCP COVID-19 Vaccination measure data will be entered into NHSN.

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At the end of today's event, participants will be able to understand the Healthcare Personnel COVID-19 measure specifications and the IQR reporting requirements and will understand the steps to enter the HCP COVID-19 Vaccination measure data into NHSN. In addition, participants will be able to understand the Maternal Morbidity Structural Measure and the IQR reporting requirements.

This slide just lists the acronyms and abbreviations that are used in today's presentation.

We'll start today's event by providing an overview of the Healthcare Personnel COVID-19 Vaccination measure.

The measure denominator is the number of healthcare personnel eligible to work in the healthcare facility for at least one day during the reporting period, excluding those personnel with contraindications to the vaccine. As noted on the slide, the only contraindications to the vaccine are those personnel with a severe allergic reaction, such as anaphylaxis, after a previous dose or to a component of the vaccine and those personnel with an immediate allergic reaction to a previous dose or known allergy to a component of the vaccine. These are the only two contraindications. For purposes of this measure, the CDC does not recognize any other medical issues or religious preferences as a contraindication.

The measure numerator is the cumulative number of healthcare personnel eligible to work in the healthcare facility for at least one day during the reporting period and who have received a completed vaccination course against COVID-19 since the date the vaccine was first available or on a repeated interval if revaccination is recommended.

Although you will be entering additional information into NHSN, for example those who have received only one dose, the CDC will only be reporting to CMS those healthcare personnel that have received a completed course.

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A completed course is defined as dose 1 and dose 2 of those vaccines that require two doses for completion, such as the Pfizer or Moderna, or one dose of the vaccine that requires only one dose for completion, such as the Johnson & Johnson. At this time, the measure does not include the administration of the booster vaccine. Although for surveillance purposes, the CDC is requiring the entry of this data.

For purposes of reporting the measure to CMS, there are two healthcare personnel categories. The All Core healthcare personnel is the sum of employees, licensed independent practitioners, and adult students or trainees and volunteers. All healthcare personnel are those included in the All Core healthcare personnel, along with other contract personnel.

I won't go through all the details on this slide, but the slide outlines what is included in each of the four healthcare personnel categories.

The next portion of the presentation will go over the Hospital Quality Reporting Program requirements.

In the FY 2022 IPPS Final Rule, CMS finalized the reporting of the Healthcare Personnel COVID-19 Vaccination measure for the [Hospital] Inpatient Quality Reporting, the PPS-Exempt Cancer Hospital Quality Reporting, and the Inpatient Psychiatric Facilities Quality Reporting Programs. Additionally, CMS proposed the measure for the Hospital Outpatient Quality Reporting and the Ambulatory Surgical Center Quality Reporting Programs.

For the [Hospital] IQR, PPS-Exempt Cancer Hospital, and the Inpatient Psychiatric Facilities Quality Reporting Programs, facilities will begin reporting the measure as of October 1, 2021. The Quarter 4 2021 data will be required for the fiscal year 2023 annual payment update determinations. Beginning with calendar year 2022, all four quarters worth of data will be required for the annual payment update determinations.

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Per the final rule, hospitals or facilities will collect the numerator and denominator for at least one self-selected week during each month of the reporting quarter and will need to enter that data into the NHSN Healthcare Personnel Safety Component before the quarterly deadline to meet the quality reporting program requirements. Although, hospitals or facilities are only required to submit one week each month, CMS and the CDC encourages weekly reporting of the data. As I noted, you will only be required to submit the data by the quarterly submission deadline.

For example, for the Quarter 4 2021 reporting period, you will be required to submit all three months of data, October, November, and December, by the May 16, 2022, submission deadline. The hospital or facility meets the program submission requirements if the CDC can calculate a quarterly rate.

As with the other IQR submitted measures, CMS allows four and a half months for hospitals to submit, resubmit, change, add new data, or delete existing data up until the submission deadline. We encourage hospitals to submit their data well before the submission deadline to allow time to review and correct the data if necessary. I would also like to note that data in the NHSN tool can be modified at any time. However, any data that are modified in NHSN after the submission deadline will not be sent to CMS and will not be used in any of the CMS programs or for public reporting.

This slide just provides you with the submission deadlines for Quarter 4 2021 and all of 2022 data. You can also find this information on our [Important Dates and Deadlines document that can be found on QualityNet](#) and the Quality Reporting Center websites.

Once the quarter's worth of data has been submitted, the CDC will calculate a single quarterly rate for each hospital or facility. They will do this by taking the average of the data from the three weekly rates submitted by the hospital or facility for that quarter. If you do submit more than one week's worth of data, the most recent week of the month will be used. This calculated rate is what will be submitted to CMS each quarter.

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The Healthcare Personnel COVID-19 Vaccination measure data will be displayed on two of the Hospital Quality Reporting feedback reports. On the Provider Participation Report, it will display as either submitted or non-submitted and then the quarterly rate will show on the Facility, State, and National Report. It is important to note that the feedback reports are not updated in real time. The CDC transmits data to CMS periodically during the submission period. So, if you enter data into NHSN today, they are not going to display on the CMS feedback reports. It could be days or a week or so before they will display depending on when you enter it and when the CDC transmits that data to CMS.

As with the other CMS measures, the Healthcare Personnel COVID-19 Vaccination measure will be publicly reported on Care Compare. The Quarter 4 2021 data will be included in the October 2022 Care Compare refresh. However, the public reporting of this measure will be different from the other measures. Instead of adding one additional quarter of data with each refresh, only the most recent quarter of data will be displayed for each refresh. For example, the October 2022 refresh will only include Quarter 4 2021 data. The next refresh will only include Quarter 1 2022 data, and so forth.

This slide just lists our resources if you have questions or need assistance.

This slide just lists the page number of the *Federal Register* where you can find the Healthcare Personnel COVID-19 Vaccination measure information for each of the programs.

I would now like to turn the presentation over to Hannah and Elizabeth. Hannah and Elizabeth, the floor is yours.

Elizabeth Kalayil: Thank you. My name is Elizabeth Kalayil, and I work in the Division of Healthcare Quality Promotions at the CDC. For this portion of the presentation, I will now go over a few key points about NHSN and data entry. For facilities to participate in the Healthcare Personnel Safety component, they must either enroll in NHSN or activate the Healthcare Personnel Safety component.

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Please note that the process of enrolling in the facility can take a minimum of four to six weeks. Enrollment in NHSN is required for facilities that are currently not participating in NHSN, but wish to participate. During this process, facilities may choose to participate in any NHSN component. If a facility is already enrolled in NHSN and wishes to participate in a Healthcare Personnel Safety component, a facility must activate the component.

To enter COVID-19 vaccination data, they will first need to get to the NHSN landing page. Once you are on the NHSN landing page, facilities will need to select the Healthcare Personnel Safety component from the drop-down box.

Once you're on the home page of the Healthcare Personnel Safety component, click on the weekly COVID-19 vaccination summary on the left-hand navigation bar.

You will then see a screen in a calendar format with the vaccination summary data. Please select the week you wish to enter data.

Before beginning to enter data into NHSN for a particular month, facilities will now need to create a monthly reporting plan. The plan collects data on which modules and months the facility plans to participate. Users should select options to enter data from the weekly COVID-19 vaccination module section of the plan. Please note that units, such as inpatient psychiatric facilities or inpatient rehab facility units, with a different CMS Certification Number should be reported separately from the acute care or critical access facility.

There are five key questions for this module in NHSN. First, what is the number of current healthcare personnel eligible to have worked at the facility? Second, what is the number of these healthcare personnel that have ever been vaccinated for COVID-19? This number is the cumulative number of vaccinated healthcare personnel. Third, what is the number of these healthcare personnel who did not receive vaccinations due to other conditions, for example medical contraindications?

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The fourth question asks for the number of healthcare personnel who have received an initial, or complete COVID-19 vaccine series and who are eligible to receive an additional dose or booster. The final question, number five, asks for the number of personnel who have received an additional vaccine or booster since August 2021.

You will now see the data entry screen for entering weekly COVID-19 vaccination data. Facilities must complete the questions with the red asterisks to see data. The tab key can be used on the computer keyboard to move across columns. If there are not any healthcare personnel for a required field, please enter 0.

The CDC has created a Table of Instructions documents that provides definitions for all categories and questions on the data collection form. Facilities should review all instructions before collecting and entering COVID-19 vaccination data into your NHSN.

After completing data entry for the questions, please be sure to click on the Save button at the bottom of the screen. After clicking on the Save button, a message should appear on your screen indicating that data have been saved successfully.

This slide reviews the data tracking worksheet that the CDC developed for non-long-term care facilities. This is an optional tool in an Excel spreadsheet format that is designed to help with data collection. Facilities can enter healthcare personnel vaccination information and select the week of data collection. The worksheet will automatically calculate data that should be reported to NHSN each week. Please note that this resource is meant to assist facilities, but facilities still need to submit vaccination data through the NHSN application.

To generate reports, facilities can use the analysis tool. There are resources on the NHSN website that show you how to generate these reports. However, please note that these reports are now organized differently into two folders. Reports in the COVID-19 vaccination folder include a default variable list with new healthcare personnel categories.

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Reports in the pre-10.0 folder contain the older default variable list. Freestanding facilities, for example inpatient psychiatric facilities, or IPFs, or inpatient rehabilitation facilities, or IRFs, should click on COVID-19 modules and COVID-19 vaccination facility folders. IPFs and IRF units within other facilities should click on the COVID-19 module and COVID-19 IPF or IRF folders as appropriate. The Healthcare Personnel Safety component website contains links to a variety of training materials such as data collection forms, Table of Instructions, data tracking worksheets, slide sets analysis and reporting guides, and .CSV file resources.

If you have any questions about NHSN, please send an e-mail to User Support at NHSN@CDC.gov. Please include Weekly COVID-19 Vaccination in the subject line of the e-mail along with the facility type. This concludes my portion of the presentation. I will now turn things back over to Candace.

Candace Jackson: Thank you. We will now conclude the presentation by providing an overview and the requirements for the new Maternal Morbidity Structural Measure.

As the United States ranks worse than most other developed nations in preventing pregnancy-related deaths, which is mainly due to inconsistent obstetric practices, CMS developed this structural measure to determine if hospitals were participating in a State or national Perinatal Quality Improvement Collaborative Initiative and if they had patient safety practices or bundles within that initiative. CMS defines a State or national Perinatal Quality Improvement Collaborative as a statewide or multi-state network working to improve women's health and maternal health outcomes by addressing the quality and safety of maternity care. Examples of such collaboratives are the California Maternal Quality Collaborative, the CDC's Perinatal Quality Collaborative Networks, and the Alliance for Innovation on Maternal Health. This list is just examples and is not all inclusive. There could be other collaboratives that meet CMS's definition.

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To meet the IQR reporting requirements, hospitals will respond to the question, “Does your hospital or health system participate in a Statewide and/or National Perinatal Quality Improvement Collaborative Program aimed at improving maternal outcomes during inpatient labor, delivery, and post-partum care, and has it implemented patient safety practices or bundles related to maternal morbidity to address complications, including, but not limited to, hemorrhage, severe hypertension/preeclampsia or sepsis?” You will respond to the question by either selecting Yes, No, or Not Applicable. There is no right or wrong answers and you meet the requirement by just providing a response.

If you do not provide labor/delivery care, the IPPS Measure Exception Form that can be used for the PC-01 measure cannot be applied to the structural measure, and you will need to provide a response to the structural measure. In that case, you would select Not Applicable, or NA.

To meet IQR requirements, hospitals will submit their response once a year via a web-based tool that will be located within the *Hospital Quality Reporting Secure Portal*. The submission period will follow our other annual submission requirements and will be from April 1 through May 15. For calendar year 2021, which will be fiscal year 2023, the reporting period will only include Quarter 4 2021, and that will occur from April 1 to May 16 of 2022. For example, if you participated in a collaborative anytime between October 1, 2021, and December 31, 2021, then you will be able to enter Yes to the structural measure question. Beginning with calendar year 2022, the reporting period will be from January 1 through December 31.

That concludes our presentation today. Again, I would like to thank Elizabeth and Hannah for joining us today. We will have time for a brief Q&A session. Remember that all questions that have been submitted will be responded to and posted on a later date on both the Quality Reporting Center and QualityNet websites. We will go ahead and get started with our questions for today. One of the questions that I am really seeing submitted is that people are asking why this presentation has not included the inpatient rehabilitation facilities and if the COVID-19 vaccine is required for those.

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There are several post-acute care facilities that are going to be required to submit the COVID-19 vaccine measure data. However, for this presentation, we are focusing only on hospital inpatients with more of an emphasis on acute hospitals and a little bit on the inpatient psychiatric facilities. Although, IPFs will require it, this presentation does not include those.

The other thing that I am seeing a lot of is questions about employees who are included in the denominator and numerator. One of the biggest questions are the casual, or PRN, or pool employees, or the remote employees, those that are not actually working within the hospital or come to the hospital, but are working remotely.

Are those employees also included in the vaccination counts? I'm going to say that yes they are, but I'm going to ask Hannah and Elizabeth if they could also speak to that.

Elizabeth Kalayil: This is Elizabeth. Thank you so much. For your question about workers who are only remote, they perform all of their work duties off-site, and they are not physically in the facility, you would not include the individual in your data.

Candace Jackson: Thank you, Elizabeth. There are quite a few questions asking about the requirements for the [Hospital] IQR Program and what the penalty are. As we noted in the webinar, the COVID-19 measure is a required measure for the [Hospital] Inpatient Quality Reporting Program, the [Hospital] IQR Program. Hospitals that do not report this measure are at risk for failing their annual payment update, which would be a fourth of their annual payment update if they fail to submit the data. Yes, it is a required measure for CMS, and it does have penalties if it is not reported.

We also have a question asking how well the validation looks for this measure. This is submitted to NHSN, and we do not have patient-level data. We can only go by the data that you submit to NHSN, and NHSN submits to CMS. This measure will not be included in the validation process. I have a question here for Hannah and Elizabeth.

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How does the CDC expect to obtain Protected Health Information about healthcare risk to be eligible for the booster? This is not part of the requirement for employment to define your risk level.

Hannah Reese: This is Hannah. I can answer this one. Based on the updated guidance related to additional booster dose administration, which can be found with the interim clinical considerations for use of COVID-19 vaccine, on the CDC website, all healthcare personnel who have received their primary vaccine series at least six months ago are considered eligible for a booster dose given the risk of exposure to SARS-CoV-2.

Therefore, the only consideration you have to make when determining if your healthcare personnel are eligible is have they received their primary series at least six months ago. If the answer is Yes, then they are eligible. If the answer is No, then they are not eligible.

Candace Jackson: Thank you. On that same line, we have had several questions asking about employees who were fully vaccinated prior to when the measure goes in effect on October 1. Should those employees also be included in your numerator and denominator?

Hannah Reese: Yes, it should reflect any employees who are eligible to work at the facility during the week for which you are reporting data for.

Candace Jackson: Thank you. We also had several questions in regard to the submission deadline. I know we address that in the webinar. That was on slide 21. For purposes of the IQR measure reporting, the measure has to be reported by the IQR submission deadline. So, as you can see on the slide, Quarter 4 2021, the submission deadline is May 16, 2022. All of your data will need to be into NHSN by that submission deadline. Hannah and Elizabeth, I believe that, although they do not have to submit until the actual submission deadline, you are encouraging people to do that at least maybe monthly. Is that correct?

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Elizabeth Kalayil: Right. By the time we reach the submission deadline, facilities need to have at least one week of data entered per month for the reporting period, but we are encouraging facilities to report as they go, so that the information will be reported as close to real time as possible for accuracy and surveillance tracking purposes.

Candace Jackson: Thank you. There are several questions in regard to the contraindication; although, I believe, Hannah and Elizabeth, they will be entering additional exclusions into the NHSN tool for the purposes of the measure, the only two contraindications were the ones presented in the webinar, which is the actual reactions or anaphylaxis, such as that, to the vaccine. Correct?

Elizabeth Kalayil: This is Elizabeth. Yes, that is correct. Those are the only two medical contraindications.

Candace Jackson: We have had several questions asking about public reporting of both the COVID-19 vaccination measure and the Maternal Morbidity Structural Measure. Both of these, as the slides said, will be publicly reported. The COVID-19 vaccination measure, as we indicated in the slides, will be a little bit different. They will only be reporting only one quarter at a time with each refresh. The structural measure will be reporting whether you are in a collaborative or not. Both of those will start probably with the October 2022 Care Compare refresh.

We've had some questions asking about calendar year versus federal fiscal year. Measures are reported per calendar quarters. It will be Quarter 4 for 2021. Next year, it will be Quarter 1 through Quarter 4 2022, which will then affect a later fiscal year. The Quarter 4 2021 data will affect fiscal year 2023. Quarter 1 2022 data will affect fiscal year 2024.

We have had several questions asking about reports, and we did address that in the webinar. The CDC will be providing CMS with the quarterly rates for each of the hospitals at the submission deadline. Those rates will then be reported out on the Provider Participation Reports, which again you will see that you are either submitted or not submitted. Then, your actual rates will display on the Facility, State, and National Report.

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Again, as noted in the presentation, it is not real time. If you submit your NHSN data today, you're not necessarily going to see the data on the CMS reports today. It could be a day or a week or so.

Several questions ask when the requirement is effective. For the inpatient quality reporting, the [PPS-Exempt Cancer Hospitals], and the inpatient psychiatric facilities, the reporting began with October 1, 2021, data.

A couple questions in regard to the structural measure. What exactly does it mean to participate in a maternal collaborative? Does adoption of their guidelines meet the intent? As noted in the slide, we give you some examples of what a maternal collaborative is. Also note that that list is not all-inclusive. You are going to have to look at the question, and determine if your facility is participating in a collaborative that meets CMS definition. Again, there is no right or wrong answer. You are not penalized if you say No or Not Applicable. This is a structural measure where CMS is trying to get information.

We have had several questions asking if there is a required compliance rate for the Healthcare Personnel COVID-19 Vaccination measure. For the IQR program, and the cancer exempt, and the inpatient psychiatric, there is no compliance rate. This is not a measure like those in the Hospital Value-Based Purchasing Program or one of the pay for performance programs. So, you are just getting... The requirement is reporting. There is no penalty, depending on what your rate is.

Then, there is a question about the Maternal Morbidity Structural Measure and how it will be submitted. As indicated in the presentation, this will be entered within the *Hospital Quality Reporting Secure Portal*. That secure portal site has not been developed yet, but it will be similar to what the web-based measures are or the DACA, where you will go in and there will be the question, and you will respond Yes, No, or Not Applicable. As soon as that has been developed or as we get what the screens will look like, then we will provide additional information to everyone. Again, that measure, is not reported for Quarter 4 for 2021 until April 1 through May 16, 2022.

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Just to make sure everyone is clear; the *Hospital Quality Reporting Secure Portal* is not on the QualityNet website. It is on a separate site, and we will provide those links and instructions when we post the Q&A.

Hannah and Elizabeth, I am going to go back to you. We have hospitals asking, stating that their legal department is asking why religious exemptions are not accepted. Why are they are still included in the denominator for this measure? Are you able to speak to that?

Elizabeth Kalayil: This is Elizabeth. If an individual declines a vaccine because of a religious exemption, they would be recorded as “declined vaccination.” That is question 3.2 on the data collection form. That is how facilities would handle individuals in that category in those instances.

Candace Jackson: Thank you. I have a question for the flu vaccination healthcare personnel requirement. Will it continue to be reported to CMS? Yes, the flu vaccination measure is still a requirement for the IQR program.

We will take maybe one or two more questions here. We have one question, Hannah and Elizabeth. They are asking if there is any updated guidance in regard to the COVID-19 booster.

Elizabeth Kalayil: This is Elizabeth. The CDC has put up some interim clinical considerations for COVID-19 vaccination which is posted on the CDC website. We encourage facilities to review that document to obtain the latest information in terms of eligibility for additional doses and boosters.

Candace Jackson: Thank you. We have had several questions asking if vendors are allowed to submit either the COVID-19 measure data or the structural measure data on behalf of the hospitals. For both of those, that is between you and your vendors. The vendors will have the opportunity to submit the structural measure data into the Hospital Quality Reporting Center [System], and they could do that on your behalf. You would have to work with your vendor to determine if they are going to do that or not.

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Again, we've had several questions about the booster data. At this time, the measure does not include booster shots for the completion of the vaccination. Did I say that correctly? Elizabeth and Hannah?

Elizabeth Kalayil: This is Elizabeth. That is correct. Data on boosters and additional doses are not factored into the measure's calculations.

Candace Jackson: That is going to conclude our question-and-answer session for today. Again, next slide, please. We have approved this webinar for continuing education. You will be able to get that by selecting the link on the slide. Next slide, please.

We would like to thank you for joining the webinar today. Again, the questions, responses, and those that were not responded to today will be responded to and posted at a later date. We hope that you have a great rest of your day. Thank you.