



COVID-19 HCP Vaccination Measure FAQs

Candace Jackson, ADN

Program Lead, Hospital Inpatient Quality Reporting (IQR) Program
Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor

April 22, 2022

Purpose

This webinar will provide answers to frequently asked questions to aide hospitals in successfully reporting their COVID-19 Vaccination Coverage Among Healthcare Personnel (COVID-19 HCP Vaccination) measure data.

Acronyms and Abbreviations

APU	Annual Payment Update	IPF	Inpatient Psychiatric Facility
ASCQR	Ambulatory Surgical Center Quality Reporting	IPFQR	Inpatient Psychiatric Facility Quality Reporting
CAH	critical access hospital	IPPS	inpatient prospective payment system
CCN	CMS Certification Number	IQR	Inpatient Quality Reporting
CDC	Centers for Disease Control and Prevention	LTCF	Long-term Care Facility
CMS	Centers for Medicare & Medicaid Services	LTCH	Long-term Care Hospital
CSV	comma-separated values	NHSN	National Healthcare Safety Network
FAQ	Frequently Asked Question	OQR	Outpatient Quality Reporting
FR	<i>Federal Register</i>	OrgID	Organization Identification
FY	fiscal year	PPS	prospective payment system
HAI	Healthcare-Associated Infections	Q	quarter
HCP	healthcare personnel	SEP	sepsis
HHS	Health and Human Services	VIQR	Values, Incentives, and Quality Reporting
HPS	Healthcare Personnel Safety	WHO	World Health Organization
HQR	Hospital Quality Reporting		Back

Webinar Questions

If we do not get to your question during the webinar, please submit your question to the [QualityNet](#) Inpatient Questions and Answers Tool:

https://cmsqualitysupport.servicenowservices.com/qnet_qa

- If your question is about a specific slide, please include the slide number.
- If you have a question unrelated to this webinar topic, we recommend that you first search for it in the QualityNet Inpatient Questions and Answers Tool. If you do not find an answer, then submit your question to us via the same tool.

Denominator and Numerator

Are the measure's numerator and denominator the same for the Hospital IQR Program and the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program?

- The measure numerator and denominator are the same for all programs.
- 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.
- Additionally, CMS has finalized this measure for both the Hospital Outpatient Quality Reporting (OQR) and Ambulatory Surgical Center Quality Reporting (ASCQR) Programs. Per the Fiscal Year (FY) 2022 Inpatient Prospective Payment System (IPPS)/Long Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule, hospitals should count healthcare personnel (HCP) working in all inpatient or outpatient units that are physically attached to the inpatient site and share the same CMS Certification Number (CCN). Beginning with quarter (Q)1 2022 discharges, only one file will be sent to CMS that will encompass both the Hospital IQR Program and Hospital OQR Program.

Denominator Exclusions

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 Centers for Disease Control and Prevention (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
 2. Immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the COVID-19 vaccine
- 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.

Completed Vaccination Series

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

Healthcare Personnel

Who are considered HCP?

- 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 COVID-19 HCP 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.

Students

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.

Cumulative Data

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 HCP 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.

Prior Vaccination

**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.
- HCP who received a vaccine dose as part of the primary vaccination series should be counted in Question 2.

Reporting Requirements

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

- The FY 2022 IPPS/LTCH PPS Final Rule finalized that hospitals would collect the numerator and denominator for the COVID-19 HCP 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.
- 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.
- Facilities will begin reporting the measure as of October 1, 2021. The Q4 2021 data will be required for the FY 2023 APU determinations. Beginning with calendar year 2022, all four quarters worth of data will be required for the APU determinations.
- For CMS, the requirement to report at least one week per month of the COVID-19 HCP 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.

CAHs

Are critical access hospitals (CAHs) required to submit the COVID-19 HCP 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 COVID-19 HCP 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 CCN will be required to submit the COVID-19 HCP Vaccination measure data. The finalization of this requirement can be found at [86 FR 42640](#).

Vaccination Rates

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 COVID-19 HCP Vaccination measure. Facilities will not be penalized for their quarterly rates.

Validation

Will CMS validate the COVID-19 HCP Vaccination measure?

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

Data Submission

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

- The submission of the COVID-19 HCP Vaccination measure 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 Q4 2021 data is May 16, 2022. The submission deadlines are on the [Important Dates and Deadlines](#) document.
- The reporting is done by calendar year quarters. Reporting will begin with Q4 2021, which will be October 1, 2021–December 31, 2021.
- All four quarters are required beginning with calendar year 2022.

Reporting Requirements

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 COVID-19 HCP 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.
- 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.
- 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.
- Facilities report cumulative COVID-19 vaccination data each week.
- Facilities are encouraged to report COVID-19 HCP 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.

Third-Party Vendors

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

- 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 (such as electronic health record providers and evidence of care providers) intending to provide COVID-19 .CSV uploads on behalf of NHSN facilities should submit an inquiry to NHSN@cdc.gov. Use 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.
- Facilities have two options for data submission: Facilities can enter data directly into the NHSN application or facilities can submit COVID-19 vaccination data to NHSN using .CSV file upload.
- The .CSV file templates and COVID-19 vaccination data submission instructions are 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](#).

CMS Reporting of Data

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

- Facilities are encouraged to report COVID-19 HCP 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.
- While the COVID-19 HCP 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.

Calculating Rate

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 COVID-19 HCP vaccination summary counts on a weekly basis as the data can inform COVID-19 vaccination activities at the facility.

Transmission of Data to CMS

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.

Public Reporting

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. (Each refresh will not display four rolling quarters of data.)

NHSN Enrollment

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.

Multiple Campuses

How should hospitals with multiple sites or campuses with the same CCN, but unique NHSN accounts, submit data to NHSN?

- Facilities should follow this guidance when making determinations about which areas of the acute care facility to include when reporting COVID-19 HCP vaccination summary data to NHSN as part of the 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 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 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 facility.
- Groups can upload the COVID-19 HCP 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 data at a single (Group) level for a mutual purpose (performance improvement, state and/or public reporting, etc.).
 - Groups can upload the COVID-19 HCP Vaccination measure data via a .CSV file upload. Instructions and file templates can be found on the CDC website.

Unique Psychiatric Units

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.

Different Vaccination Manufacturers

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 manufacturer, 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.
- HCP received a complete COVID-19 vaccination via a clinical trial by a vaccine manufacturer not listed and had documentation of a complete vaccination.

NHSN Tools

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.

NHSN Spreadsheets

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.

Entering Data Into NHSN

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

Facilities have two options for data submission:

1. Facilities can enter data directly into the NHSN application.
2. 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](#).

NHSN Reports

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

HHS TeleTracking

We are currently reporting this data into the US Department of Health and Human Services (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.

COVID-19 HCP Vaccination Measure FAQs

Thank You

Continuing Education Approval

This program has been approved for [continuing education credit](#) for the following boards:

- **National credit**
 - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
 - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
 - Board of Registered Nursing
 - Board of Nursing Home Administrators
 - Board of Dietetics and Nutrition Practice Council
 - Board of Pharmacy

Note: To verify continuing education approval for any other state, license, or certification, please check with your licensing or certification board.

Disclaimer

This presentation was current at the time of publication and/or upload onto the Quality Reporting Center and QualityNet websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to this presentation change following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials included in the presentation are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the presentation and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.