



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

COVID-19 HCP Vaccination Measure FAQs

Presentation Transcript

Speaker

Candace Jackson, ADN
Project Lead, Hospital IQR Program
Inpatient VIQR Outreach and Education Support Contractor

April 22, 2022

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Candace Jackson: Hello. Thank you for tuning into the *COVID-19 HCP Vaccination Measure FAQs On Demand* webinar. My name is Candace Jackson, and I am the Hospital Inpatient Quality Reporting Program Lead for the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor. I will be your virtual host and speaker for the webinar.

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

This slide lists the acronyms that will be used throughout the presentation.

As stated in the slide, if you have questions that did not get addressed during this presentation, please submit your question to the [QualityNet Inpatient Question and Answer Tool](#) at the link provided in the slide.

Let's get started with our first question, which is related to the measure denominator and numerator. The question is: Are the measure's numerator and denominator the same for the Hospital Inpatient Quality Reporting Program and the Inpatient Psychiatric Facility Quality Reporting Program? Before directly answering the question, let's go over the definitions for both the denominator and numerator, which is the same across all quality reporting programs. The denominator is the number of healthcare personnel eligible to work in the healthcare facility for at least one day during the reporting period, excluding persons with contraindications to the COVID-19 vaccination that are described by the Centers for Disease Control and Prevention. The 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 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. If an individual works in both the inpatient psychiatric facility unit and the acute care facility, then the individual will be counted in the reports for both the inpatient psychiatric facility and acute care facility.

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However, if an individual only works in the inpatient psychiatric facility unit, the individual should only be included in the report for the inpatient psychiatric unit. As we stated, CMS has finalized this measure for multiple quality reporting programs. In addition to the Hospital Inpatient Quality Reporting and Inpatient Psychiatric Facility Reporting Programs, CMS has finalized this measure for both the Hospital Outpatient Quality Reporting and Ambulatory Surgical Center Quality Reporting Programs. For the Inpatient Prospective Payment System final rule, hospitals should count healthcare personnel working in all inpatient or outpatient units that are physically attached to the inpatient site and share the same CMS Certification Number, or CCN. Beginning with Quarter 1 2022 discharges, only one file will be sent to CMS, by the Centers for Disease Control, that will encompass both the Hospital Inpatient Quality Reporting Program and the Hospital Outpatient Quality Reporting Program.

As we stated on the last slide, the denominator is the number of healthcare personnel eligible to work in the healthcare facility for at least one day during the reporting period, excluding persons with contraindications to the COVID-19 vaccination that are described by the Centers for Disease Control and Prevention. Our next question addresses those denominator exclusions. The question is: Are religious reasons and medical conditions, such as a permanent neurological issue or a medical exemption for the influenza vaccination, considered exclusions? The Centers for Disease Control and Prevention only allows a history of a severe allergic reaction, such as anaphylaxis, after a previous dose or to a component of the COVID-19 vaccine or an immediate allergic reaction of any severity to a previous dose or known or diagnosed allergy to a component of the COVID-19 vaccine to be considered as contraindications to the COVID-19 vaccine and be considered an exclusion. For the National Healthcare Safety Network, or NHSN, COVID-19 vaccination surveillance and measure collection, philosophical, religious, or other reasons for declining the COVID-19 vaccine are not considered medical contraindications. We refer you to the [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States](#) at the link provided in the slide for further guidance.

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An individual who declines the vaccine for any other reason should be categorized as “offered but declined COVID-19 vaccination” for Question 3.2 within the NHSN collection tool. This also applies even if your facility permits religious or philosophical exemptions for COVID-19 vaccination.

Our next question asks: Does the definition of “completed” also include the booster? The Centers for Disease Control and Prevention defines a completed course as dose 1 and dose 2 of COVID-19 vaccines requiring two doses for completion, such as the Pfizer or Moderna vaccine, or one dose of COVID-19 vaccine requiring only one dose for completion, such as Johnson & Johnson. The definition of completed does not include the booster. Currently, the measure does not include the administration of the booster vaccine, and booster doses are not included in the quality measure calculations. However, for surveillance purposes, the Centers for Disease Control is requiring the data entry of the number of healthcare personnel that are eligible to receive an additional dose or booster of COVID-19 vaccine. Please refer to the Interim Clinical Considerations for Use of COVID-19 Vaccines, at the link on the slide, for additional information. If the definition of “completed” changes, such as the requiring of the booster, NHSN will update the instructions on data collection as necessary to reflect any changes in definitions and/or the CDC guidelines.

One of the most frequently asked questions is: Who are considered healthcare personnel? For purposes of reporting the measure to CMS, there are two healthcare personnel categories. The All Core Healthcare Personnel, which is the sum of employees, which is staff on your payroll, licensed independent practitioners, and adult students or trainees and volunteers. There is also the All Healthcare Personnel, which are those included in the All Core Healthcare Personnel, along with other contract personnel. Healthcare personnel are defined as those personnel who were eligible to have worked at your healthcare facility for at least one day during the week of data collection, regardless of their clinical responsibility or patient contact. As such, if the personnel is eligible to physically work at your facility at least one day during the reporting week, then they are included in your counts.

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If an individual does not physically perform any work at your facility, then they would not be included in the data. For example, if a healthcare worker only works off-site, and not within your facility, then they would not be included in your data or counts. For more information, we would refer you to the table of instruction within the [57.219 Instructions for Completion of the Weekly COVID-19 Vaccination Summary Data Form for Healthcare Personnel](#) at the link included on the slide. As noted in the slide, vendors are not currently included in the COVID-19 healthcare personnel vaccination summary data. However, if there is a contract in place for them to work within your facility, then they would fall into the contractor category and would be included.

We have received, along with the Centers for Disease Control and Prevention, many questions related to how the vaccination data can be collected for states that legally cannot require the vaccine or ask for proof of vaccination. So, although this slide calls out students, it can apply to other situations. This question asks: 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? Regarding students, students aged 18 and older are included and required to be reported if the student is scheduled to work in the facility at least one day each week. For additional information regarding the different facility categories, we would refer you to the 57.219 Instructions for Completion of the Weekly COVID-19 Vaccination Summary Data Form for Healthcare Personnel at the link provided on the slide. If a facility is unable to determine vaccination status, those individuals should be included in the Unknown COVID-19 Vaccination Status in Question 3.3 within the NHSN tool.

Our next question asks if the data are cumulative. For example, if a healthcare personnel is terminated or chooses to leave, do they get removed from the numbers?

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As we touched on previously, you would include healthcare personnel who were eligible to have worked at your healthcare facility for at least one day during the week of data collection, regardless of clinical responsibility or patient contact. So, if an individual worked at your 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.

Although the COVID-19 vaccination measure data reporting began with October 1, 2021, discharges, many hospitals had already been collecting this data. This question asks: We have been giving COVID vaccines for almost a year. How do we record what has already been done? The response to this question goes back to the cumulative reporting of the data. 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 your facility or elsewhere, since it became available in December 2020. Facilities should not limit reporting to just the individuals who were vaccinated that week; instead, you will report the cumulative total of all individuals vaccinated to date. Those healthcare personnel who received a vaccine dose as part of the primary vaccination series should be counted in Question 2 within the NHSN tool.

Our next question asks: What is the penalty for not reporting the healthcare personnel COVID-19 vaccination measure? In the Fiscal Year 2022 Inpatient Prospective Payment System Final Rule, CMS finalized the proposal that hospitals would collect the numerator and denominator for the COVID-19 healthcare personnel vaccination measure for at least one self-selected week during each month of the reporting quarter and the hospitals would be required to submit the data to the NHSN Healthcare Personnel Safety Component before the applicable CMS quarterly deadline to meet the quality reporting program requirements.

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As such, this measure is required for the Hospital Inpatient Quality Reporting Program. Hospitals that fail to submit the data will not meet the inpatient quality reporting requirements and are at risk for having their annual payment update reduced by one-fourth of the applicable market basket update. As per the rule, hospitals will begin reporting the COVID-19 healthcare personnel vaccination measure with fiscal year 2023. For fiscal year 2023, CMS finalized a shortened reporting period which goes from October 1, 2021, through December 31, 2021. The submission deadline for Quarter 4 2021 COVID-19 healthcare personnel vaccination measure data is May 16, 2022. The hospital meets submission requirements if the CDC can calculate a quarterly rate. Beginning with calendar year 2022, which will be for fiscal year 2024, all four quarters worth of data will be required to meet the Hospital Inpatient Quality Reporting Program requirements and to receive your full annual payment update. I would like to have you note that hospitals will need to continue to report these data, at least one week per month, until further notice. Any substantive changes to the measure or the removal of the measure would be proposed in future rule making.

There has been quite a bit of confusion related to the critical access hospitals and if they are required to submit the COVID-19 healthcare vaccination measure data. As the critical access hospitals are not included in the Hospital Inpatient Quality Reporting Program, they are not required to submit the COVID-19 healthcare personnel vaccination measure data. However, as with the other Hospital Inpatient Quality Reporting Program measures, the critical access hospitals are strongly encouraged to submit these data. However, this is not the true for the Inpatient Psychiatric Facility Quality Reporting Program. All inpatient psychiatric facilities that are eligible to participate in the Inpatient Psychiatric Facility Quality Reporting Program are required to submit data for the measure. An inpatient psychiatric facility unit that is part of a critical access hospital and has the letter “M” in the third digit of the CMS Certification Number will be required to submit the COVID-19 healthcare personnel vaccination measure data. Additional information can be found in the [inpatient psychiatric facility final rule](#) at the link provided on the slide.

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Our next question, related to the submission requirements, asks: Is there an expected threshold for vaccination rates? If so, what are the repercussions if a facility fails to meet the threshold? In the final rule, CMS finalized only the reporting of the COVID-19 healthcare personnel vaccination measure. Facilities will not be penalized for their quarterly rates. Any changes to this would be proposed in future rule making.

Many of the Hospital Inpatient Quality Reporting Program measures go through the CDAC validation process. Our next question asks: Will CMS validate the COVID-19 healthcare personnel vaccination measure? Currently, CMS did not propose to include in the COVID-19 healthcare personnel vaccination measure into the validation process. Any changes to the validation requirements for including this measure within the validation process would be proposed in future rule making.

We have already briefly touched on the submission deadlines, but it is important enough that we go over it again. So, what is the deadline for submission and are hospitals required to report one week a month when data are finalized? The submission of the COVID-19 healthcare vaccination measure follows the same submission deadline as the other clinical measures, such as the sepsis, or SEP-1, measure. The deadline for Quarter 4 2021 data, as we indicated earlier, will be May 16, 2022. For calendar year 2022, the submission deadlines will be for Quarter 1, August 15, 2022; for Quarter 2, November 16, 2022; for Quarter 3, February 15, 2023; and, for Quarter 4, May 15, 2023. 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 or at the link provided on this slide. 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 data if necessary.

As we have spoken about, CMS finalized that hospitals would collect the numerator and denominator for at least one self-selected week during each month of the reporting period.

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Our next question asks if monthly reporting is required or encouraged and if facilities report monthly. As we have already determined, facilities are required to report data on at least one week per month and must submit by the quarterly submission deadline. However, CMS and the Centers for Disease Control strongly encourage weekly reporting for epidemiologic surveillance purposes, especially during the continuing Public Health Emergency. Weekly reporting of data can then be used to monitor the vaccination activities at your facility and to monitor national trends for public health surveillance purposes. It is best to submit the data as close to real time as possible. If you choose to report every week for each month in the quarter, the Centers for Disease Control will use the last week of each month to calculate the quarterly rate.

Our next question asks if facilities can use a third-party vendor to submit data to NHSN. As with other measures, the NHSN COVID-19 healthcare personnel vaccination measure can be submitted by the facility or by a third-party vendor. Facilities looking to use a vendor will need to work directly with the vendor to provide their OrgID and establish the process. Vendors intending to submit data on behalf of a facility should submit an inquiry to NHSN@cdc.gov and use the title Vendor Support for NHSN COVID-19 HCP Vaccination Reporting. NHSN will follow up with the vendor to confirm procedural details as the process may differ by vendor. Please remember, if a facility has a vendor submit their data on their behalf, it is ultimately the responsibility of the facility to meet the Hospital Inpatient Quality Reporting Program requirements. The contractual agreement is between the facility and the vendor; CMS has no contractual agreements with third-party vendors. So, you will want to ensure that your data have been submitted and they are accurate. There are two options for data submission to NHSN. Facilities, or vendors on their behalf, can enter data directly into the NHSN application or they can submit the data via a CSV file upload. The CSV file templates and submission instructions are on [the CDC web page](#) at the link listed on the slide.

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Since the submission and reporting of the data does not occur until four and a half months after the end of the reporting period, this question asks if there is a concern regarding the usefulness of the data since they are being reported so long after collection. While the COVID-19 healthcare personnel vaccination data publicly reported on Care Compare will not reflect real-time data, CMS believes the hospital-specific information will still be beneficial for patients, consumers, their families, and caregivers as they choose their healthcare providers. Once again, I would like to reiterate that facilities are encouraged to report the counts on a weekly basis, so the data can be used to keep abreast of the COVID-19 vaccination activities at the facilities and to monitor national trends for public health surveillance purposes.

Once the quarter's worth of data has been submitted, the Centers for Disease Control and Prevention 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. This question asks why the CDC would use an average when the intent is to improve the rate, and an average could give the wrong message to consumers. It is felt that an average will give an estimation of COVID-19 vaccination coverage for a specific time period, which, in this case, is the reporting quarter. However, as we have talked about earlier in the presentation, facilities are encouraged to report the counts on a weekly basis to keep your facility abreast of your vaccination activities.

This question asks: How does CMS receive the data that were entered into NHSN? The Centers for Disease Control and Prevention 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 today. It could be days or a week or so before it will display, depending on when you enter it and when the CDC transmits that data to CMS.

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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. 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.

This question asks if the COVID-19 healthcare personnel vaccination data will be publicly reported. The answer is yes. With the adoption of the measure, it will begin to be publicly reported with the October 2022 Care Compare refresh or as soon as technically feasible, using data collected from Quarter 4 2021. 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.

Participating facilities must be enrolled in NHSN to be able to submit the COVID-19 healthcare personnel vaccination data. This usually takes at least four to six weeks. For guidance related to the enrollment process in NHSN, please refer to the [New to NHSN? Enroll Facility Here](#) web page at the link provided in the slide. Once your facility is enrolled in NHSN, you will then need to activate the Healthcare Personnel Safety Component to enter the data.

We are aware that many facilities have multiple campuses. So, our next question asks: How should hospitals with multiple sites or campuses, with the same CMS Certification Number, or CCN, and unique NHSN accounts submit data to NHSN? You will need to include all inpatient units and/or departments of the acute care facility sharing the exact same CCN as the acute care facility, regardless of distance from the facility. You would exclude all inpatient and outpatient units and/or departments of the acute care facility with a different CCN from the facility, even if it is different by only one letter or number.

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If you do have multiple campuses, you may want to submit data as a group. A group is a collection of facilities that have joined together within the NHSN framework to share some or all data at a single level for a mutual purpose, such as performance improvement, state reporting, or public reporting. Groups can upload the COVID-19 healthcare personnel vaccination data via a CSV file upload.

The next question covers unique psychiatric units, which we briefly covered earlier in the presentation. This question asks, specifically: If you have an inpatient psychiatric unit within the hospital with a CMS Certification Number that is only different by one character, does this mean we will need to report for the inpatient psychiatric unit separately? The answer would be yes. This unique psychiatric unit would be reported separately since the CMS Certification Number, or CCN, is different from the acute care facility's CCN.

There are several different situations or scenarios where you would enter the data under the unspecified category. This category is used if the healthcare personnel received the complete course of COVID-19 vaccination elsewhere and information for the specific vaccine manufacturer was unavailable, or if the healthcare personnel received the complete course of the two-dose vaccination series and had documentation of different manufacturers for each dose received, or if the healthcare personnel received the complete course of vaccination by a vaccine manufacturer not listed but specified for emergency use by the World Health Organization and had documentation of a complete vaccination, or if the healthcare personnel received a complete course of vaccination via a clinical trial by a vaccine manufacturer not listed and they had documentation of a complete course.

Our next question asks if there are any tools, like an Excel spreadsheet, that will help facilities calculate the vaccinations. Does each hospital develop their own tools? The Centers for Disease Control and Prevention has developed data tracking worksheets that will automatically calculate data for entry each week for the COVID-19 vaccination modules, including a worksheet that tracks the number of healthcare personnel who receive the vaccination.

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When using the worksheet, after you have entered the COVID-19 vaccination data for each healthcare personnel in the worksheet, you will simply select a reporting week, and the worksheet will automatically calculate each entry that should be reported to NHSN for that week. As noted in the previous slide, these data worksheets or spreadsheets are meant to be a tool for facilities to gather data, and only aggregate data (and not employee names) are submitted to NHSN.

Now that you are enrolled in NHSN, our next question asks if there will be options to upload the COVID-19 data into NHSN. Facilities have two options for data submission: Facilities can either enter the data directly into the NHSN application or they can submit the data to NHSN using a CSV file upload. Instructions on how to upload a CSV file can be found at the link provided on the slide. There are five key required questions for weekly vaccination reporting. They include: What is the number of current healthcare personnel? What number of these healthcare personnel have ever been vaccinated, which is the cumulative number vaccinated, with the COVID-19 vaccine? What number of these healthcare personnel have other conditions? What is the number of healthcare personnel who have received a complete COVID-19 vaccine series and who are eligible to receive an additional dose or booster? What is the number of healthcare personnel in the last question who have received an additional vaccine dose or booster since August 2021?

Our next question is regarding NHSN reports. The question asks: Will there be a CMS report in NHSN that will reflect what is sent to CMS for the COVID-19 healthcare vaccination measure? As we talked about earlier, the Centers for Disease Control and Prevention periodically transmits the COVID-19 vaccination data to CMS. In addition to the CMS feedback reports, which are the Provider Participation Report and the Facility, State, and National Report, that are available in the *Hospital Quality Reporting Secure Portal*, facilities can generate data reports in NHSN using the NHSN analysis and reporting functions. As we stressed earlier, it is recommended that you allow ample time before the submission deadline to review, and if necessary, correct your data.

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It is also important to note that data can be modified in NHSN at any time. However, 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.

Our last question is: We are currently reporting these data into the United States Department of Health and Human Services Corvena TeleTracking. Is this dual reporting required? The reporting of COVID-19 vaccination data for healthcare personnel into the Health and Human Services TeleTracking is optional. As it is now required for NHSN and CMS, it is recommended that you only enter the data into NHSN.

Again, if you have questions that are pertinent to the webinar topic, please submit them to the QualityNet Inpatient Question and Answer tool. Thank you for watching our On Demand webinar. We hope you have a great day.