Operational Guidance for Reporting COVID-19 Vaccination Data to CDC's NHSN for the purpose of Fulfilling CMS's COVID-19 Vaccination Reporting Requirements

Developed March 2022

The Centers for Medicare and Medicaid Services (CMS) published a final rule in the Federal Register on August 13, 2021, that included weekly healthcare personnel (HCP) COVID-19 vaccination reporting from facilities via the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) in the CMS Quality Reporting Programs requirements. This is in accordance with National Quality Forum (NQF) endorsed quality measure for Quarterly Reporting of COVID-19 Vaccination Coverage among Healthcare Personnel (NQF# 3636). The NHSN Weekly COVID-19 Vaccination Module for HCP was developed to help guide the public health emergency response to the COVID-19 pandemic. CDC has aligned NHSN COVID-19 vaccination coverage surveillance with the National Quality Forum (NQF)-endorsed quality measure for annual influenza vaccination coverage among Healthcare Personnel (NQF #0431), which is collected through the NHSN Healthcare Personnel Influenza Vaccination Module.

The rule announced a requirement for facilities to report weekly HCP COVID-19 vaccination data beginning on October 1, 2021. Beginning on October 1, facility types that are part of the Inpatient Quality Reporting Program, PPS-exempt cancer hospital quality reporting program, Inpatient psychiatric facility quality reporting program, Inpatient rehabilitation facility quality reporting program, or Long-term acute care quality reporting program will need to submit COVID-19 vaccination data via the Weekly COVID-19 Vaccination Module for at least one week per month to fulfill CMS reporting requirements. CMS also published the Calendar year 2022 Ambulatory Surgical Center Payment System Final Rule which includes a requirement to report healthcare personnel COVID-19 Vaccination data via the Weekly COVID-19 Vaccination Module in NHSN at least one week per month beginning on January 1, 2022. This operational guidance provides additional information about reporting COVID-19 vaccination data to NHSN as part of CMS Quality Reporting Programs. The requirements for HCP COVID-19 vaccination reporting to NHSN for this CMS program do not preempt or supersede any state mandates for HCP COVID-19 vaccination reporting to NHSN (i.e., facilities in states with HCP COVID-19 vaccination reporting mandate must also abide by their state's requirements, even if they are more extensive than the requirements for this CMS program).

NHSN guidance and definitions for reporting weekly HCP COVID-19 vaccination data can be found in the NHSN HCP COVID-19 Vaccination Protocol: https://www.cdc.gov/nhsn/hps/weekly-covid-vac/#protocol. The NHSN protocol provides guidance for facilities to report HCP COVID-19 vaccination data from December 2020 when the vaccine became available through the current date, which includes all HCP COVID-19 vaccinations administered at the facility or elsewhere, COVID-19 vaccine declinations, medical contraindications to COVID-19 vaccination, unknown COVID-19 vaccination status, and additional and booster doses. Facilities must also report associated denominator data for number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection, regardless of clinical responsibility or patient contact. Data should be reported separately for employees, licensed independent practitioners, adult students/trainees, volunteers, and other contract personnel. The table of instructions for collecting vaccination data on HCP is available



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(https://www.cdc.gov/nhsn/forms/instr/57.219-toi-508.pdf), and data should be collected according to the instructions in this

document.

Inpatient and Dialysis Facilities:

To report weekly COVID-19 vaccination summary data, the NHSN Healthcare Personnel Safety Component must be activated.

Within the HPS Component, monthly reporting plans must be created or updated to include weekly COVID-19 vaccination

module reporting, i.e., COVID-19 vaccination must be "in-plan" for data to be shared with CMS. The "Weekly COVID-19

Vaccination Module" box will need to be checked on a monthly reporting plan for each month.

Long-term Care Facilities:

To report weekly COVID-19 vaccination summary data, the NHSN Long-Term Care Facility Component must be activated.

Within this component, monthly reporting plans must be created or updated to include weekly COVID-19 vaccination module

reporting, i.e., COVID-19 vaccination must be "in-plan" for data to be shared with CMS. The "Weekly COVID-19 Vaccination

Module" box will need to be checked on a monthly reporting plan for each month.

Required Fields:

All data fields required for both numerator and denominator data collection must be submitted to NHSN. Data must be

reported to NHSN by means of manual data entry or .CSV file upload into the NHSN web-based application.

The numerator consists of the complete primary vaccination series and may require 1 or more doses depending on the

specific vaccine used. Vaccination coverage is defined as a measure of the estimated percentage of people in a sample or

population who received a specific vaccine or vaccines.

Denominator data are collected for four categories of HCP:

1. Employees: This includes all persons receiving a direct paycheck from the reporting facility (i.e., on the facility's

payroll), regardless of clinical responsibility or patient contact.

2. Licensed independent practitioners (LIPs): This includes physicians (MD, DO), advanced practice nurses, and physician

assistants who are affiliated with the reporting facility, but are not directly employed by it (i.e., they do not receive a

paycheck from the facility), regardless of clinical responsibility or patient contact. Post-residency fellows are also

included in this category if they are not on the facility's payroll.

3. Adult students/trainees and volunteers: This includes medical, nursing, or other health professional students, interns,

medical residents, or volunteers aged 18 or older who are affiliated with the healthcare facility, but are not directly

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employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact.

4. Other contract personnel: Contract personnel are defined as persons providing care, treatment, or services at the facility through a contract who do not fall into any of the other denominator categories. Please note this also includes vendors providing care, treatment, or services at the facility who may or may not be paid through a contract.

The denominator for this measure excludes HCP with medical contraindications to COVID-19 vaccine. CDC considers contraindications to vaccination with COVID-19 vaccines to be:

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine
- Known diagnosed allergy to a component of the COVID-19 vaccine

HCP COVID-19 vaccination summary data submitted to NHSN will be reported by CDC to CMS for each facility by CMS Certification Number (CCN). For facilities that report more than one week per month, the last week of the reporting month will be shared with CMS. CDC will provide a HCP COVID-19 vaccination percentage for each reporting CCN.

Each quarter, CDC will calculate quarterly HCP COVID-19 vaccination coverage rates for each facility, by taking the average of the data from the three weekly rates submitted by the facility for that quarter. This calculation includes data from the core HCP categories of employees, licensed independent practitioners, and adult students/trainees and volunteers who completed a COVID-19 vaccination course. HCP with contraindications to COVID-19 vaccination are excluded from the denominator. For example, the calculation of the COVID-19 vaccination coverage rate for All Core HCP is listed below.

Cumulative total of Core HCP vaccinated

Core HCP eligible to have worked (excluding contraindications)

*100 = Pct. of Core HCP vaccinated

¹ Centers for Medicare & Medicaid Services (CMS). Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long [1] Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2022 Rates; Quality Programs and Medicare Promoting Interoperability Program Requirements for Eligible Hospitals and Critical Access Hospitals; Changes to Medicaid Provider Enrollment; and Changes to the Medicare Shared Savings Program. Federal Register 2021; 86:44774-45615.

https://www.govinfo.gov/content/pkg/FR-2021-08-13/pdf/2021-16519.pdf

² CMS Value Based Programs.

 $\frac{\text{https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Value-B$

