

CMS Reporting Requirements FAQs

General	
Which groups are required to be reported to CMS?	CMS requires reporting on three categories of HCP: employees (regardless of patient contact), licensed independent practitioners (non-employee physicians, advanced practice nurses, and physician assistants), and adult students/trainees and volunteers (aged 18 and over). In other words, there is one category pertaining to all employees, and two separate categories of non-employees. NHSN also includes a space to enter data on influenza vaccination coverage among contract workers, but currently these data are NOT required by CMS and are optional according to the NHSN protocol. Facilities wishing to track influenza vaccination rates among their contract personnel, can choose to use this optional reporting capacity.
Which data collection forms are facilities required to complete for reporting HCP influenza vaccination summary data?	In order to report HCP influenza vaccination summary data, staff members at each facility must complete two required forms: 1) the HCP Safety Monthly Reporting Plan form; and 2) the HCP Influenza Vaccination Summary form. The Seasonal Survey on Influenza Vaccination Programs for HCP is <u>not</u> required at this time. However, facilities are encouraged to complete this short survey, as the information will be very helpful for CDC.
Are the data reporting timeframes the same for the denominator and numerator?	The timeframes for the denominator and numerator are different. The denominator includes HCP who are physically present in the healthcare facility for at least 1 working day from October 1 through March 31, because October 1 through March 31 is the reporting period. The numerator timeframe begins “as soon as vaccine is available.” Therefore, vaccinations given any time during the influenza season from the time that vaccine is available at a facility through March 31 should be reported. For example, if a HCW was vaccinated in September but then ceased to work at the facility before October 1, he/she would not be counted. However, a vaccination given in September would be counted for a HCW who physically works at the facility for at least 1 day from October 1 through March 31. The reason the numerator and denominator cover different timeframes is to account for potential delays in vaccine availability.
What is the monthly reporting plan in NHSN?	The monthly reporting plan indicates to the NHSN system which modules and protocols a user intends to follow for surveillance purposes in a specific month. The plan must be completed before data are entered for that month. Monthly reporting plans must be created or updated to include HCP influenza vaccination summary reporting, i.e., HCP influenza vaccination must be “in-plan” in order for data to be shared with CMS. Once the “Influenza Vaccination Summary” box is checked on a monthly reporting plan, then the system will auto-check that same box on every monthly reporting plan throughout the entire NHSN-defined influenza season (defined as the 12 months from July 1 – June 30).
Do I need to report data each month?	HCP influenza vaccination summary reporting in NHSN consists of a single data entry screen per influenza season, and this can be entered at any time during the influenza season, which is

	defined by NHSN as July 1 to June 30. Therefore, monthly reporting in NHSN is not required, and entering a single influenza vaccination summary report at the end of the reporting period for the influenza season will meet the minimum data requirements for NHSN participation. However, CDC/NHSN encourages that HCP influenza vaccination summary counts be updated on a monthly basis so they can be used at the facility level to impact influenza vaccination activities. For the purposes of fulfilling CMS quality measurement reporting requirements, the summary report will only be submitted once to CMS.
How long will facilities be able to edit the vaccination data?	For the purposes of fulfilling CMS quality measurement reporting requirements, the HCP influenza vaccination summary report for each influenza season must be entered no later than May 15. In other words, each facility's HCP influenza vaccination summary data must be entered into NHSN by May 15 for data to be shared with CMS. However, the influenza season is defined by NHSN as July 1 to June 30. Facilities can edit data any time after May 15, but these changes will <u>not</u> be sent to CMS. In addition, changes after June 30 of an influenza season may not be used for national reporting by CDC for that season.
When is the deadline for submitting data to CMS?	To meet CMS requirements, the HCP influenza vaccination summary data report must be entered into NHSN no later than May 15 for each influenza season. Reporting facilities will be able to edit their data after May 15, but revised data will not be sent to CMS.
Acute Care Hospitals	
Where can I find information on the CMS final rules on reporting requirements for HCP influenza vaccination?	The final rules can be found at the following links: Final rule for Hospital Inpatient Prospective Payment: http://www.gpo.gov/fdsys/pkg/FR-2011-08-18/pdf/2011-19719.pdf (pp. 51631-51633). Final rule for Hospital Outpatient Prospective Payment: http://www.gpo.gov/fdsys/pkg/FR-2013-12-10/pdf/2013-28737.pdf (pp. 75097-75099).
Where can I find the operational guidance for acute care hospitals to report HCP influenza vaccination summary data for fulfilling CMS's Hospital Inpatient Quality Reporting (IQR) and Outpatient Quality Reporting (OQR) program requirements?	The operational guidance for the Hospital Inpatient Quality Reporting (IQR) and Outpatient Quality Reporting (OQR) program requirements can be found under "CMS Supporting Materials" at http://www.cdc.gov/nhsn/acute-care-hospital/hcp-vaccination/index.html .
Are we required to submit separate vaccination reports for HCP working in outpatient units and HCP working in inpatient units?	No. For the 2014-2015 season, acute care hospitals will be asked to report on the vaccination status of HCP working in certain outpatient departments. However, this reporting will be combined into a single summary report along with the vaccination status of HCP working in the inpatient acute care setting.
I work at a cancer hospital. Is this facility required to report influenza vaccination summary data to NHSN?	CDC encourages individual institutions to contact CMS directly to ascertain whether they are subject to CMS requirements, as CDC cannot make those determinations on behalf of CMS.

	<p>However, cancer hospitals that are not one of the “11-exempt cancer hospitals” are included in the IPPS reporting requirements for acute care hospitals. Specifically, the final IPPS rule from August 18, 2011 states that: “Under section 1886(d)(1)(B) of the Act, as amended, certain hospitals and hospital units are excluded from the IPPS. These hospitals and units are: Rehabilitation hospitals and units; long term care hospitals (LTCHs); psychiatric hospitals and units; children’s hospitals; and cancer hospitals.” Please note that facilities that are not required to report influenza vaccination data to CMS are still welcome to track their data using NHSN. However, NHSN data from facilities that are not required to report will not be transmitted to CMS.</p>
<p>My acute care facility has various units (e.g., rehabilitation units) that are physically located within the acute care hospital. Should I count these units when reporting HCP influenza vaccination summary data for the CMS hospital IQR and OQR programs?</p>	<p>To report HCP influenza vaccination summary data, hospitals should include all HCP who are physically working in certain inpatient and outpatient locations of the acute care facility for at least 1 day from October 1 through March 31 and who meet the criteria for one of the three required denominator categories: employees, licensed independent practitioners, or adult students/trainees and volunteers.</p> <p>Acute care facilities should count HCP working in all inpatient or outpatient units that are physically attached to the inpatient acute care facility site and share the same CMS certification number (CCN), regardless of the size or type of unit. Facilities should also count HCP working in outpatient/unit departments that are co-located on the same medical campus that function as units of the acute care facility and also share the same CCN. The decision to include or exclude HCP from the acute care facility’s HCP influenza vaccination counts should be based on whether individuals meet the specified NHSN criteria and are physically working in a location/unit that is considered any part of the on-site acute care facility that is being monitored.</p> <p>Facilities should <u>not</u> count HCP working in patient care units within the acute care hospital that have separate CCNs (even those that differ only by a letter in the third position of the CCN), unless these HCP also physically work in the inpatient or outpatient units of the acute care facility for at least 1 day between October 1 through March 31. This includes, but may not be limited to, the following facility types:</p> <ul style="list-style-type: none"> • Inpatient rehabilitation facilities (IRF) • Inpatient psychiatric facilities (IPF) • Long term acute care facilities (LTAC/LTCH) • Skilled nursing facilities (SNF) <p>For example:</p> <ul style="list-style-type: none"> • HCP working in an IRF unit that is mapped as an Inpatient Rehabilitation Ward within

	<p>an acute care facility (has a “T” or “R” in the 3rd position of the CCN) would <u>not</u> be included in the acute care facility’s HCP influenza vaccination counts, unless they also work elsewhere in the acute care facility during the influenza season. Instead, these HCP should be reported separately in NHSN to fulfill requirements of the CMS Inpatient Rehabilitation Quality Reporting (IRQ) Program.</p> <ul style="list-style-type: none"> • HCP working in a long-term acute care facility (LTAC) or a free-standing IRF that has enrolled as a separate facility within NHSN would not be included in the acute care facility’s influenza vaccination counts, because they are enrolled as a facility that is separate from the acute care facility, unless they also work in the acute care facility. • Long-term care facilities (LTCFs) (e.g., skilled nursing facilities) that are considered separate entities from the acute care facility should be enrolled in NHSN as a separate LTCF and therefore should not be included in the acute care facility’s influenza vaccination counts, unless they also work in the acute care facility. <p>If you require further guidance to make this decision, please e-mail the NHSN Helpdesk at nhsn@cdc.gov and include “HPS Flu Summary” in the subject line.</p>
<p>Our acute care hospital includes a long-term acute care unit that has its own CMS Certification Number (CCN). Should HCP working in this unit be counted?</p>	<p>Because the long-term acute care unit has its own CCN and should have already enrolled in NHSN as a separate HOSP-LTAC facility, HCP who work in this unit/facility would not be included in the vaccination summary report for the acute care hospital, unless they also work in the short-stay acute care facility. CMS reporting requirements for long-term acute care hospitals are separate from requirements for short-stay acute care hospitals.</p>
<p>Can I review my facility’s HCP influenza vaccination summary data in NHSN before they are sent to CMS?</p>	<p>Yes, acute care facilities may review the HCP influenza vaccination summary data report that will be sent to CMS. Instructions on generating the report in NHSN can be found at: CMS Reporting: Healthcare Personnel Influenza Vaccination (Acute Care Hospitals) [http://www.cdc.gov/nhsn/cms/index.html].</p>
<p>How will the data collected through the measure be used?</p>	<p>The tracking and reporting of HCP influenza vaccination status will assist healthcare facilities to identify and target unvaccinated HCP. This may result in reduced morbidity and mortality related to influenza virus infection among HCP and patients. HCP influenza vaccination summary data submitted to NHSN by May 15 will be reported by CDC to CMS for each acute care hospital. CDC will provide a hospital-specific HCP influenza vaccination percentage for each reporting hospital that has entered in-plan HCP influenza vaccination summary data into NHSN. Public reporting of the data from acute care hospitals on Hospital Compare will begin with the 2013-2014 influenza season.</p>
<p>Ambulatory Surgery Centers</p>	
<p>Where can I find information on the CMS final rule on reporting requirements for HCP influenza</p>	<p>The final rule can be found at the following link: http://www.gpo.gov/fdsys/pkg/FR-2013-12-10/pdf/2013-28737.pdf (75139-75140).</p>

vaccination?	
Where can I find the operational guidance for ASCs to report HCP influenza vaccination summary data for fulfilling CMS’s Ambulatory Surgical Center Quality Reporting (ASCQR) requirements?	The operational guidance for Ambulatory Surgical Center Quality Reporting (ASCQR) program requirements can be found under “CMS Supporting Materials” at http://www.cdc.gov/nhsn/ambulatory-surgery/hcp-vaccination/index.html .
Can I review my facility’s HCP influenza vaccination summary data in NHSN before they are sent to CMS?	Yes, ASCs may review the HCP influenza vaccination summary data report that will be sent to CMS. Instructions on generating the report in NHSN can be found at: CMS Reporting: Healthcare Personnel Influenza Vaccination (Ambulatory Surgery Centers) [http://www.cdc.gov/nhsn/cms/index.html].
My ASC is attached to an acute care hospital. Should HCP influenza vaccination data for the ASC be combined with the hospital HCP influenza vaccination summary report?	No. Facilities should <u>not</u> count HCP working in ASCs attached to the acute care hospital that has separate CCNs (even those that differ only by a letter in the third position of the CCN), unless these HCP also physically work in the inpatient or outpatient units of the hospital for at least 1 day between October 1 through March 31. ASCs must submit their HCP influenza vaccination summary data separately to NHSN to fulfill CMS ASCQR requirements.
How will the data collected through the measure be used?	The tracking and reporting of HCP influenza vaccination status will assist healthcare facilities to identify and target unvaccinated HCP. This may result in reduced morbidity and mortality related to influenza virus infection among HCP and patients. HCP influenza vaccination summary data submitted to NHSN by May 15, (currently detailed in proposed ASC QRP rule out for public comment) will be reported by CDC to CMS. CDC will provide an ASC-specific HCP influenza vaccination percentage for each ASC that has entered in-plan HCP influenza vaccination summary data into NHSN.
Inpatient Rehabilitation Facilities	
Where can I find information on the CMS final rule on reporting requirements for HCP influenza vaccination?	The final rule can be found at the following link: http://www.gpo.gov/fdsys/pkg/FR-2013-08-06/pdf/2013-18770.pdf (47905-47906).
Where can I find the operational guidance for IRFs to report HCP influenza vaccination summary data for fulfilling CMS’s Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP) requirements?	The operational guidance for CMS’s Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP) the hospital IRF QRP requirements can be found under “CMS Supporting Materials” at http://www.cdc.gov/nhsn/inpatient-rehab/hcp-vacc/index.html .
I am reporting HCP influenza vaccination summary data for an IRF unit that is physically within our acute care facility. The IRF unit has the same CCN as the hospital except for an “R” (or “T”) in the third position. How should I report the IRF unit data in NHSN?	Influenza vaccination data for HCP working in this IRF unit should be reported separately from the acute care hospital summary data. You would need to add a separate monthly reporting plan for the IRF unit by checking “Influenza Vaccination Summary for Inpatient Rehabilitation Facility Unit(s)” under the box for “Healthcare Personnel Vaccination Module” on the monthly reporting plan screen. Under the location field on the influenza vaccination summary data entry screen, you should use the dropdown box to select “IRF Unit(s)” before entering your data-. HCP working in the IRF unit should not be counted in the summary report for the rest of the acute care facility unless they also work in other inpatient or outpatient units of the acute

	care facility between October 1 and March 31.
There are multiple IRF units located within my facility. Should I report HCP influenza vaccination summary data separately in NHSN for each individual unit?	No, the HCP influenza vaccination summary data of each individual IRF unit should be combined and submitted to NHSN as a single summary data report.
Can I review my facility's HCP influenza vaccination summary data in NHSN before they are sent to CMS?	Yes, IRFs may review the HCP influenza vaccination summary data report that will be sent to CMS. Instructions on generating the report in NHSN can be found at: CMS Reporting: Healthcare Personnel Influenza Vaccination (Inpatient Rehabilitation Facilities) [http://www.cdc.gov/nhsn/cms/index.html].
How will the data collected through the measure be used?	The tracking and reporting of HCP influenza vaccination status will assist healthcare facilities to identify and target unvaccinated HCP. This may result in reduced morbidity and mortality related to influenza virus infection among HCP and patients. HCP influenza vaccination summary data submitted to NHSN by May 15 will be reported by CDC to CMS. CDC will provide an IRF-specific HCP influenza vaccination percentage for each IRF that has entered in-plan HCP influenza vaccination summary data into NHSN.
Long term Acute Care Facilities	
Where can I find information on the CMS final rule on reporting requirements for HCP influenza vaccination?	The final rule can be found at the following link: http://www.gpo.gov/fdsys/pkg/FR-2013-08-19/pdf/2013-18956.pdf (50857-50858).
Where can I find the operational guidance for LTACs to report HCP influenza vaccination summary data for fulfilling CMS's Long Term Care Hospital Quality Reporting (LTCHQR) requirements?	The operational guidance for the CMS's Long Term Care Hospital Quality Reporting (LTCHQR) program requirements can be found under "CMS Supporting Materials" at http://www.cdc.gov/nhsn/LTACH/hcp-flu-vac/index.html .
I am reporting from a LTAC that is physically within the acute care facility. How should I report the LTAC data in NHSN?	Because the long-term acute care unit has its own CCN and should have already enrolled in NHSN as a separate HOSP-LTAC facility, HCP who work in this unit/facility would not be included in the influenza vaccination summary for the acute care hospital, unless they also work in the short-stay acute care facility. CMS reporting requirements for long-term acute care hospitals are separate from requirements for short-stay acute care hospitals. To fulfill CMS LTCHQR requirements, the LTAC must report HCP influenza vaccination summary data by adding a monthly reporting plan and submitting data separately through the enrolled NHSN LTAC facility.
Can I review my facility's HCP influenza vaccination summary data in NHSN before they are sent to CMS?	Yes, LTACs may review the HCP influenza vaccination summary data report that will be sent to CMS. Instructions on generating the report in NHSN can be found at: CMS Reporting: Healthcare Personnel Influenza Vaccination (Long term Acute Care Facilities) [http://www.cdc.gov/nhsn/cms/index.html].
How will the data collected through the measure be	The tracking and reporting of HCP influenza vaccination status will assist healthcare facilities to

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identify and target unvaccinated HCP. This may result in reduced morbidity and mortality related to influenza virus infection among HCP and patients. HCP influenza vaccination summary data submitted to NHSN by May 15, will be reported by CDC to CMS. CDC will provide a LTAC-specific HCP influenza vaccination percentage for each LTAC that has entered in-plan HCP influenza vaccination summary data into NHSN.