

## Operational Guidance for Long Term Care Hospitals\* to Report Healthcare Personnel (HCP) Influenza Vaccination Data to CDC's National Healthcare Safety Network (NHSN) for the Purpose of Fulfilling CMS's Long-Term Care Hospital Quality Reporting (LTCHQR) Program Requirements

**\*Note that Long-Term Care Hospitals (LTCH) are called Long-Term Acute Care (LTAC) Hospitals in NHSN.**

The Centers for Medicare & Medicaid Services (CMS) published a final rule in the *Federal Register* on August 19, 2013 that included healthcare personnel (HCP) influenza vaccination summary reporting from long-term care hospitals (LTCHs) via the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) in the CMS Long-Term Care Hospital Quality Reporting Program (QRP) requirements beginning with the 2014-2015 influenza season.<sup>1</sup> More specifically, the rule announced a requirement for LTCHs to report HCP influenza vaccination summary data beginning on October 1, 2014. Beginning with the 2014-2015 influenza season, LTCHs must submit data for the entire influenza vaccination season (October 1 through March 31) to NHSN.

CMS additionally published an IPPS/Long-Term Care Hospital PPS (LTCH PPS) final rule effective on October 1, 2019 requiring that IPPS-excluded hospitals are no longer precluded from having an excluded psychiatric and/or rehabilitation unit.<sup>2</sup> Therefore, reporting requirements for inpatient psychiatric facility (IPF) units and inpatient rehabilitation facility (IRF) units are now extended to IPF and IRF units located within LTCHs. Beginning with the 2020-2021 influenza season, IRF units located within LTCHs must submit HCP influenza vaccination summary data for the entire influenza vaccination season (October 1 through March 31) to NHSN, consistent with the requirements of CMS's Inpatient Rehabilitation Facility (IRF) QRP.<sup>3</sup>

This operational guidance provides additional information about reporting HCP influenza vaccination to NHSN as part of the LTCH QRP. The requirements for HCP influenza vaccination reporting to NHSN for this CMS program do not preempt or supersede any state mandates for HCP influenza vaccination reporting to NHSN (i.e., LTCHs in states with a HCP influenza vaccination reporting mandate must also abide by their state's requirements, even if they are more extensive than the requirements for this CMS program).

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NHSN guidance and definitions for reporting HCP influenza vaccination summary data can be found in the NHSN Influenza Vaccination Summary Protocol: <https://www.cdc.gov/nhsn/PDFs/HPS-manual/vaccination/HPS-flu-vaccine-protocol.pdf>. The NHSN protocol provides guidance for healthcare facilities to report HCP influenza vaccination summary data from October 1 (or when the vaccine became available) through March 31, which includes all influenza vaccinations administered during the influenza season at the facility or elsewhere, influenza vaccine declinations, and determinations of a medical contraindication to influenza vaccination. Users must also report associated denominator data for HCP physically working in the LTCH for at least 1 working day between October 1 through March 31 of an influenza season, regardless of clinical responsibility or patient contact. Data should be reported separately for employees, licensed independent practitioners, and adult students/trainees and volunteers. At this time, reporting summary data from other contract personnel is optional.

In order to report HCP influenza vaccination summary data, the NHSN Healthcare Personnel Safety (HPS) Component must be activated for the facility. Within the HPS Component, monthly reporting plans must be created or updated to include HCP influenza vaccination summary reporting, i.e., HCP influenza vaccination must be “in-plan” for data to be shared with CMS. Although facilities are not required to report influenza vaccination summary data through NHSN each month, facilities must still create a monthly reporting plan in NHSN before entering any influenza vaccination summary data. IRF units located as patient care units within a LTCH must designate this reporting in the monthly reporting plan separately from the affiliated hospital’s HCP influenza vaccination summary reporting. Once the “Influenza Vaccination Summary” box is checked on a monthly reporting plan, 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). 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 into the NHSN web-based application.

CDC/NHSN strongly encourages that HCP influenza vaccination summary counts be updated on a monthly basis and encourages healthcare facilities to update new counts within 30 days of the end of each month (e.g., all October data should be added by November 30) so it has the greatest impact on influenza vaccination activities. HCP influenza vaccination summary reporting in NHSN consists of a single data entry screen per influenza season, so each time a user enters updated data for a particular influenza season, all previously entered data for that season will be overwritten and a new modified date will be auto-filled by the system.

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Facilities and units wishing to maintain monthly records should save their own copies of each data entry on their own systems. The summary report must be entered by May 15 for data to be shared with CMS. For the purposes of fulfilling CMS quality measurement reporting requirements, the summary report will only be submitted once to CMS, after the May 15 submission deadline has passed.

HCP influenza vaccination summary data submitted to NHSN by May 15 will be reported by CDC to CMS for each LTCH CMS Certification Number (CCN). CDC will share all in-plan HCP influenza vaccination summary data with CMS. CDC will provide an HCP influenza vaccination percentage for each reporting LTCH CCN.

<sup>1</sup> US Department of Health and Human Services. Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long Term Care; Hospital Prospective Payment System and Fiscal Year 2014 Rates; Quality Reporting Requirements for Specific Providers; Hospital Conditions of Participation; Payment Policies Related to Patient Status; Final Rule Federal Register 2013;78:50857-50858.

<http://www.gpo.gov/fdsys/pkg/FR-2013-08-19/pdf/2013-18956.pdf>

<sup>2</sup> US Department of Health and Human Services. Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital for Federal Fiscal Year 2019; Final Rule Federal Register 2018; 83:41513.

<https://www.govinfo.gov/content/pkg/FR-2018-08-17/pdf/2018-16766.pdf>

<sup>3</sup> US Department of Health and Human Services. Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2014; Final Rule Federal Register 2013; 78:47905-47906.

<http://www.gpo.gov/fdsys/pkg/FR-2013-08-06/pdf/2013-18770.pdf>