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U.S. Department of Health & Human Services

Hospital Data Reporting Status Update

November 6, 2020

Today's Agenda

1. Discuss changes to hospital reporting requirements
2. Explain the Medicare Hospital Reporting Conditions of Participation Process
3. Discuss posting of hospital reporting data online
4. Review template changes
5. Address common questions and how to get help

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Importance of the Hospital Data

- **Understanding virus growth** – number of new admissions, changes in age of hospitalized patients, capacity constraints
- **Allocation** of therapeutics (e.g. remdesivir) and other scarce resources
- **Get ground truth** – verify information and gain an understanding of what is actually happening in the hospital
- **Inform response teams** by providing a single source of truth and analysis they need for the response
- **Provide supply team** with trends and usage that inform on supply and demand
- **Educate public** by publishing daily bed counts, occupancy, and hospitalized patient counts by state

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Updates to the Guidance for Hospital Reporting and FAQ

1. ***Reduce supply field reporting to once a week*** for Wednesday
2. ***Reduce psychiatric and rehabilitation hospital reporting for all fields to once a week*** for Wednesday
3. Reduce burden by ***making four fields optional on November 4th***
   - ***Staffing shortage today***
   - ***Staffing shortage anticipated this week***
   - ***Current inventory of remdesivir***
   - ***Previous day's remdesivir used***
4. ***Add 6 influenza fields,*** voluntary starting 10/19 but anticipated to be mandatory in the coming weeks
5. ***Clarify the facilities who are required to report*** and match the facility categories listed to the CMS categories
6. Clarify existing field definitions based on ***frequently asked questions***

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Six Influenza Fields

Influenza fields 33 - 38 to be reported every day – Optional starting 10/19/20 but anticipated to become mandatory in the coming weeks.

Existing upload templates will continue to work during transition. Laboratory confirmation includes detection of influenza through molecular tests (e.g., polymerase chain reaction, nucleic acid amplification), antigen detection tests, immunofluorescence tests, and virus culture.

33.	Total hospitalized patients with laboratory-confirmed influenza	Patients (all ages) currently hospitalized in an inpatient bed who have laboratory-confirmed influenza. Include those in observation beds.
34.	Previous day's influenza admissions	Enter the number of patients (all ages) who were admitted to an inpatient bed on the previous calendar day who had laboratory-confirmed influenza at the time of admission. This is a subset of 33.
35.	Total ICU patients with laboratory-confirmed influenza	Patients (all ages) currently hospitalized in a designated ICU bed with laboratory-confirmed influenza.
36.	Total hospitalized patients with both laboratory-confirmed COVID-19 and influenza.	Patients (all ages) currently hospitalized in an inpatient bed who have laboratory-confirmed COVID-19 and laboratory-confirmed influenza. This is a subset of 33.
37.	Previous day's Influenza deaths	Number of patients with laboratory-confirmed influenza who died on the previous calendar day in the hospital, ED, or any overflow location.
38.	Previous day's influenza and COVID-19 deaths	Number of patients with laboratory-confirmed influenza AND laboratory-confirmed COVID-19 who died on the previous calendar day in the hospital, ED, or any overflow location.

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Medicare Conditions of Participation Process

Requirements

- All hospitals other than psychiatric and rehabilitation
  - Report ***every day***, within one business day
- Psychiatric and rehabilitation hospitals:
  - Report fields ***once a week*** for Wednesday within one business day

Process

1. October 7: Send 'friendly" educational letter to every hospital describing the requirements and providing a preliminary review of compliance
2. Oct 29: Three weeks later: Send a warning letter to those not in compliance
3. Nov: 19: Three weeks after the warning letter: send first enforcement letters

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Conditions of Participation Enforcement

1. First enforcement letter starts a 60-day process; the hospital can cure at any point in the 60 days.
2. Weekly letters will be sent for the first 30 days referencing the requirements, how to get help, how to challenge, and next steps.
3. A hospital can request a work plan which removes them from enforcement for 30 days if there are weekly calls with a data liaison and reporting improves week over week.
4. Hospitals can challenge by asking for reconsideration.
5. At 30 days, after 2 warning letters and 4 enforcement letters, a notice to terminate in 30 days is sent.
6. If 30 days later (day 60 of enforcement) the hospital is non-compliant, they are terminated from Medicare.

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Moving Toward Public Transparency

Timeframe	Action
Starting July 20	Provide detailed Hospital Coverage Reports weekly to governors, state health departments, national hospital associations, and state hospital associations
Starting August 3	Hospital Data Liaisons working with state health departments, hospital associations, and individual hospitals and reviewing the reports
Beginning October 7	Distribute ”friendly” letters as part of the Conditions of Participation enforcement process to let hospitals know if they are meeting requirements or not. Provide them the information on how to get help or let us know if there is any issue.
Pilot on October 2; Expand to other states	Ensure all data is shown in TeleTracking, even if reported directly to HHS Protect through a state or a third-party.
October 26	***Post Hospital Coverage Reports online***

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Data Went Live on October 26th

1. **Map view with search by hospital:** https://protect-public.hhs.gov/pages/covid19-module
2. **Raw Data in Excel:** https://healthdata.gov/dataset/covid-19-hospital-data-coverage-report
3. **Trend of Reporting:** https://healthdata.gov/covid-19-hospital-reporting-hospital-reporting-trend-dashboard
4. **Certified States:** https://healthdata.gov/covid-19-hospital-reporting-state-certification-status

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Reporting Templates

1. **Existing templates remain in place** and can be used until at least November 4th
2. **New modified templates exist** for HHS Protect and TeleTracking that add the new optional fields to the end
3. **An HHS Unified Template** is now available for upload into TeleTracking or HHS Protect
4. **New web page** shows all the options and is linked in the FAQ
   - https://healthdata.gov/covid-19_hospital_reporting

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Frequently Asked Questions

1. I think I reported all the fields every day. How can I find out what wasn't reported?
2. When do I count surge beds?
3. For hospital onset of COVID for a patient previously admitted for something else, when do I stop counting a patient as a COVID patient?
4. When is a patient counted as a COVID patient?
5. I do not want to enter this information manually. How can I get this automated?
6. We have one CCN but multiple facilities, does each facility need to report?
7. How do the new influenza fields affect the existing COVID fields (e.g. hospitalized with COVID)?
8. Do the new influenza death fields overlap with the previous COVID field?
9. If I am reporting once a week, do I report the daily value or the weekly value?

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Frequently Asked Questions

10. What counts as compliance?
11. How can I verify that I am compliant?
12. What is the definition of a COVID-patient?
13. What is the definition of a flu-patient?
14. Are letters letter emailed or sent by USPS?
15. Is there a time that the data needs to be submitted each day?
16. What does it mean if my state is certified?
17. What are Data Liaisons?
18. What does” if feasible” mean for some of the supply fields?
19. If you are including a psychiatric or rehabilitation "unit" (with distinct CCN) that is part of a hospital in your daily hospital data reporting, do you need to report separately?

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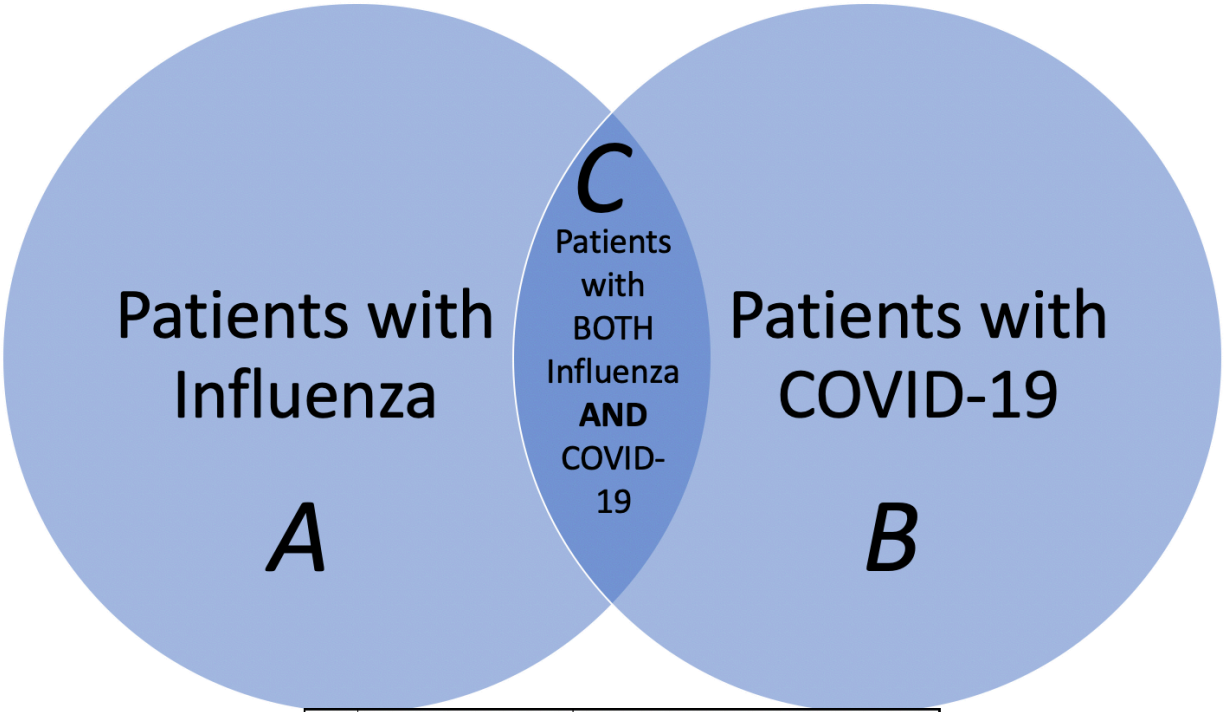
34.	Previous day's influenza admissions	Enter the number of patients (all ages) who were admitted to an inpatient bed on the previous calendar day who had laboratory-confirmed influenza at the time of admission. This is a subset of #33.
35.	Total ICU patients with laboratory-confirmed influenza	Patients (all ages) currently hospitalized in a designated ICU bed with laboratory-confirmed influenza. This is a subset of #33.

[COVID-19 Guidance for Hospital Reporting and FAQs For Hospitals, Hospital Laboratory, and Acute Care Facility Data Reporting Updated October 6, 2020]

9.	a) Total hospitalized adult suspected or confirmed positive COVID patients Subset: b) Hospitalized adult confirmed-positive COVID patients	Patients currently hospitalized in an adult inpatient bed who have laboratory-confirmed or suspected COVID-19. Include those in observation beds. Patients currently hospitalized in an adult inpatient bed who have laboratory-confirmed COVID-19. Include those in observation beds. Include patients who have both laboratory-confirmed COVID-19 and laboratory-confirmed influenza in this field.

$= A + C$



$= B + C$

36.	Total hospitalized patients with both laboratory-confirmed COVID-19 and influenza	Patients (all ages) currently hospitalized in an inpatient bed who have laboratory-confirmed COVID-19 and laboratory-confirmed influenza. This is a subset of #9b/10b and #33.
38.	Previous day's deaths with both COVID-19 and influenza	Number of patients with laboratory-confirmed influenza AND laboratory-confirmed COVID-19 who died on the previous calendar day in the hospital, ED, or any overflow location. This is a subset of #16.

$= C$

Questions

The Guidance for Hospital Reporting and FAQ is found on the HHS site: https://www.hhs.gov/sites/default/files/covid-19-faqs-hospitals-hospital-laboratory-acute-care-facility-data-reporting.pdf

For the HHS Protect Service Desk, contact Protect-ServiceDesk@HHS.gov

For CMS enforcement questions or if you have not received the letter sent on October 7th by email or mail, contact QSOG_Hospital@cms.hhs.gov

If you are interested in the automation pilot, email USDS@CDC.Gov.

Reporting metrics for each hospital will be posted (tentatively Monday the 26th) on https://protect-public.hhs.gov/ and posted in raw CSV format on https://healthdata.gov