

Questions from Webinars

Where can we see the Guidance for Hospital Reporting and FAQs document online?

<https://www.hhs.gov/sites/default/files/covid-19-faqs-hospitals-hospital-laboratory-acute-care-facility-data-reporting.pdf>

What is the definition of a COVID-patient?

The term “suspected” is defined as a person who is being managed as though he/she has COVID19 because of signs and symptoms suggestive of COVID-19 as described by CDC’s Guidance but does not have a laboratory positive COVID19 test result. This may include patients who have not been tested or those with pending test results. The count may also include patients with negative test results but whom continue to show signs/symptoms suggestive of COVID-19. Do not include those who are waiting for a screening test result as suspected cases unless they meet the signs and symptoms criteria described above.

What is the definition of a flu-patient?

Laboratory confirmation includes detection of influenza virus through molecular tests (e.g., polymerase chain reaction, nucleic acid amplification), antigen detection tests, immunofluorescence tests, and virus culture and can have occurred on an inpatient or outpatient basis in the prior 14 days.

What is the definition of an ICU? Are there criteria on what is to be considered an ICU bed?

An ICU is a special care unit in a hospital is a separate unit from general care areas that provides extensive lifesaving nursing services of the type generally associated with nursing services on a concentrated and continuous basis. From the FAQ, "when considering ICU beds, use the designated intended use to determine if a bed is an ICU bed or whether a patient currently occupies an ICU bed. This designation should be used over acuity."

Where can I get a copy of the slides from the webinars?

They will be emailed to attendees

What is compliance?

Hospitals are required to report the detailed information listed in the table in the FAQ on a daily basis except Psychiatric and Rehabilitation hospitals are required to submit once a week for Wednesday’s date.

- For items 26 – 32, report one time a week for Wednesday’s date.
- Hospitals that do not have the staffing or ability to report on weekends may update their information by end of day Monday or by the end of the business day following a holiday.
- The definitions in the Guidance for Hospital Reporting and FAQ document are written to be able to reported as a snapshot in time at any time that is convenient for the facility. If any field requires data for a 24 hour period, it is defined as the previous day’s values, such as previous day’s admissions. The reporting date for once a week reporting is Wednesday, and these data should be reported either on Wednesday or within one business day by Thursday night at midnight. Please try to pick a time to gather the data that can be consistent for your facility.

Are letters emailed or sent by USPS?

Primarily by email from aspen_info@hcqis.org For hospitals, the letter was sent by USPS. Reach out to CMS Hospital QSOG <QSOG_Hospital@cms.hhs.gov> to update your contact information.

Do we need to submit data by 8am or can we establish another consistent daily time?

You may establish another consistent time.

Where can we see our compliance rate? Can we have a real-time compliance visibility tool to look at our compliance?

You can see how your facility is meeting the compliance requirements at the links below.

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>

Are we a certified State?

You can check <https://healthdata.gov/covid-19-hospital-reporting-state-certification-status> to see if your state is certified.

If a hospital missed reporting a month ago, will they still be subject to enforcement actions in the future?

As long as the hospital gets back into compliance, the enforcement process is stopped unless the hospital has a weekly period in which they are not compliant. In this case, the enforcement process would begin again.

We have a question about our CCN number (we have a facility closed, we have a “hospital within a hospital, etc).

Contact CMS Hospital QSOG <QSOG_Hospital@cms.hhs.gov>

How do we request a copy of the friendly letter or other communication?

Contact CMS Hospital QSOG <QSOG_Hospital@cms.hhs.gov>

How do I confirm the way my hospital is reporting?

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>

If our State or third party is reporting for the hospital, does the hospital still need to report the same information?

No. If a certified State or third-party is reporting completely on behalf of a hospital, there is no need to report separately directly to HHS.

What are Data Liaisons?

Starting the week of July 27th, Hospitalization Data Liaisons began working collaboratively with states, state hospital associations, ASPR Regional Administrators, and individual hospitals to obtain information from their hospitals on barriers to reporting, frequency and completeness of data, and data reporting delays and discrepancies, such as those caused by potential data entry errors or by the misinterpretation of data element definitions. Once fully established, the liaison support can also provide a channel for the states and hospitals to obtain additional guidance and clarification of the data requests. We have data liaisons that will follow-up with you regarding data quality.

What does “if feasible” mean? How does it affect compliance?

These “if feasible” fields are preferred but not required, and they do not count towards your compliance rate. Please report, even optional fields, to the best of your knowledge as the data is very helpful to the federal response.

Can you clarify again on the CCN issue? If we have one hospital location, with two floors within the hospital with separate CCNs, you're saying we need to report those separately?

If the facility has its own CCN, each CCN reports individually. If facilities share CCNs, we ask that hospitals report as separate facilities but CMS enforcement is at the CCN level.

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?

If the rehab and psych units have their own CCNs, they need to report separately. If they share a CCN, the the facility should still report on its own.

What if the answer is zero (example, zero patients)?

Enter the digit 0. Entering zero (0) where applicable is a compliant response.

I have put we are low on reagents - reporting this will it assist us in getting more faster?

Entering accurate, quality data every day will help the federal government and others take action. You may receive a call from a data liaison to get more clarification on the situation to see if there are assistance options that the federal response teams can provide.

Please use fields #23-25, 32 to enter any shortages.

Do we need to refresh every day or can we just update once a week for supplies?

For supply data, For items 26 – 32 on the FAQ, report one time a week for Wednesday. If easier, you can report the same value for the week as long as you report for Wednesday.

Is it acceptable to report Saturday and Sunday data on Monday?

Hospitals that do not have the staffing or ability to report on weekends may update their information by end of day Monday or by the end of the business day following a holiday.

Are there any validations you do on the data after submission so we can mirror them on our end to ensure we are submitting the cleanest data the first time itself?

If you use Direct Upload in TeleTracking, you will receive feedback instantly about your data quality. The following link provides information on validations and acceptable values for each field: <https://help.cl-teletracking.com/en-us/c19/Content/covid-19/Data%20Sources.htm>

If someone is known to have flu because they were tested earlier in a clinic, and the retest isn't done in a hospital, should that patient be counted? This question is trying to get at what laboratory confirmed means.

If the patient has lab confirmed flu at the time of admission or has a laboratory-confirmed test within the prior 14 days whether inpatient or outpatient, then it counts for reporting.

How do you upload to TeleTracking? Is this a self-explanatory step or do you have instructions?

The following link shows a video tutorial of the upload process: https://help.cl-teletracking.com/en-us/c19/Content/covid-19/video_tutorial.htm. If you have additional questions, please contact the TeleTracking HelpDesk at 1-877-570-6903. You can also email questions to hhs-protect@teletracking.com

With the Bulk Data Upload Template, can we do multiple days on one sheet or is one excel sheet per day?

In TeleTracking, you can upload multiple days on one sheet. Please be sure to indicate the date in the date column, which is the first column in the spreadsheet.

How do we submit old missing data or correct data?

If you use TeleTracking, you can update your report (for errors or missing data) that same day. You can use Direct Upload for up to 4 days prior. Soon, you will be able to upload 7 days of historical data. If needed, older data can be emailed to HHS-Protect@Teletracking.com

If a patient died with influenza and COVID should they be counted in previous day COVID deaths (#16), previous day influenza deaths (#37) AND previous day COVID/influenza deaths (#38)? Or just #38?

Yes to #16, #37, and #38. Each field should include all the counts that meet the definition. We will know that the #38 are also in #16 and #37.

Relative to laboratory confirmed COVID and/or influenza...Does that laboratory result need to be from the admitting hospital or can it be from another facility?

It can be from the admitting hospital or another facility as long as it was in the prior 14 days.

Many of the questions do not apply to our facility, such as ICU, ventilators, because we do not have them. Do we have to fill in a zero every day or can we just fill in the actual questions that apply?

Can you confirm that N/A is now acceptable to use in the PPE section and we won't be penalized in the compliance reports?

The Guidance for Hospital Reporting and FAQ outlines the acceptable responses to the questions. Use N/A only where stated in the FAQ, such as for the reusable PPE supplies if you do not use those reusable supplies. For all other questions, such as ICU or ventilators, if you do not use them, enter a 0 to indicate that you do not have any ICUs or ventilators. Remember that the definition for ventilators includes adult, pediatric, neonatal ventilators, anesthesia machines and portable/transport ventilators available in the facility and also includes BiPAP machines if the hospital uses BiPAP to deliver positive pressure ventilation via artificial airways.

Are there specifications on screening methods to determine suspected patients?

The CDC's definition of suspected patients is found here:

<https://www.cdc.gov/nndss/conditions/coronavirus-disease-2019-covid-19/case-definition/2020/08/05/>. This is referenced in the Guidance for Hospital Reporting and FAQ as "The term 'suspected' is defined as a person who is being managed as though he/she has COVID19 because of signs and symptoms suggestive of COVID-19 as described by CDC's Guidance but does not have a laboratory positive COVID19 test result. This may include patients who have not been tested or those with pending test results. The count may also include patients with negative test results but whom continue to show signs/symptoms suggestive of COVID-19. Do not include those who are waiting for a screening test result as suspected cases unless they meet the signs and symptoms criteria described above."

What was the exact date that this survey became mandatory?

On March 29, 2020, Vice President Pence sent a letter to hospital administrators across the country requesting daily data reports on testing, capacity and utilization, and patient flows to facilitate the public health response to the 2019 Novel Coronavirus (COVID-19). CMS added the requirement to report daily to the Medicare Conditions of Participation in August and it became effective on September 2, 2020. The first educational letter was sent October 7th with the second warning letter being sent on October 29th and the first enforcement letter scheduled for November 19th.

When does the enforcement period officially begin?

The first date that the first enforcement letter could be sent is November 19th. Until then, all communication is educational.

Is there any indication that antigen test information will be required in the near future?

Refer to [CDC guidance](#) on how to use antigen tests as when reporting laboratory-confirmed antigen cases. Per the HHS guidance on lab reporting, line level details, including antigen tests should be reported to the state health department.

Regarding rehab and psych units that have their own CCNs and need to be reported separately, is there a specific day each week that needs to be reported (similar to supply data)?

Per the FAQs, psychiatric and rehabilitation hospitals are required to submit once a week for Wednesday's date and the information can be reported on Wednesday or within one business day for Wednesday's reporting date. It is critical that the date be Wednesday for compliance purposes.

What age are you considering pediatrics? We are an inpatient psych facility that has ages as young as 12.

Per the FAQs, "adult" references adult-designated equipment and locations and "pediatric" references pediatric-designated equipment and locations.

For 2a, when it's asking for all staffed outpatient beds, is this talking about outpatient surgery/procedure beds as well? Those numbers would change frequently and may be challenging to collect. Or is this only talking about designated Observation beds?

Per the FAQ, the total number of all staffed inpatient and outpatient beds in your hospital, including all overflow, observation, and active surge/expansion beds used for inpatients and for outpatients (includes all ICU, ED, and observation).

Is there a definition for "staffing shortages"?

Per the FAQ, each facility should identify staffing shortages based on their facility needs and internal policies for staffing ratios. The use of temporary staff does not count as a staffing shortage if staffing ratios are met according to the facility's needs and internal policies for staffing ratios. (Environmental services, nurses, respiratory therapists, pharmacists and pharmacy technicians, physicians, other licensed independent practitioners, temporary physicians, nurses, respiratory therapists, and pharmacists, phlebotomists, other critical healthcare personnel).

Are gloves counted as individual gloves or as pairs?

Per FAQ #28, count individual single gloves.

What guidance would you have for dividing PPE supply for reporting for just that unit? This would be very difficult to determine exactly how much supply would be associated with that particular psychiatric unit.

Please do your best to estimate and make it consistent each day. Adjust the numbers accordingly if you feel that your supply is decreasing.

While reviewing HHS TeleTracking data, we noticed leaving a blank on a follow-up question (like to launderable supplies or PAPR when we don't have those) causes an error.

All fields must be completed. Either enter N/A if you don't use reusable supplies (the Guidance for Hospital Reporting and FAQ document indicates when N/A applies) or enter 0 if you have none of the item. Blank values will be counted as missing and will affect compliance.

TeleTracking still lists PPE On Hand Supply in Units as "Required weekly on Wednesdays." Please confirm that these fields are indeed Optional.

Q28 is optional as stated in the FAQ.

The TeleTracking page has been corrected to clarify.

Can we just stay with the portal in TeleTracking and not worry about the template?

You can always enter data directly into TeleTracking without using the template for daily entries. If you need to correct past data or enter data for a day you missed, the template is required.

When hospitals are submitting to certified states and also electively entering data into Teletracking, how will the pilot impact their entries? Also, in these instances, when data is being entered reported dually, which entry is being used to determine non-compliance?

When data is being entered dually, the submission with the highest compliance rate is counted. Data up to 4 days old can be corrected by uploading the data using a template. Soon, TeleTracking will allow 7 days of historical data upload. Older data that needs to be corrected can be emailed to HHS-Protect@teletracking.com if necessary. We encourage you to focus on the last 7 days of data to get it correct and work toward accurate data moving forwards.

Will the template be available for download with the most recent data already pre-populated?

When submitting old data (up to 4 days now but will soon be 7 days) in TeleTracking, the template will be pre-populated with the identity and demographics of the hospitals, but not with the actual data values.

For the previous day's Influenza or COVID related-deaths and COVID-related ED visits, we may not know the entire volume of those patients the following day. Do we provide the known metrics the following day and move on, or Is the expectation that we provide preliminary data the following day and continue to update those fields if more complete data becomes available?

Please submit the data to the best of your ability that day. You may update your data retrospectively if necessary.

Will influenza data be updated from daily reporting to weekly?

This will be required daily for all hospitals, except for psychiatric and rehabilitation hospitals who submit Wednesday's value on a weekly basis (still a daily value but reported weekly).

Will any of the "optional" fields be "required" again in the future?

The 6 influenza fields are voluntary starting 10/19 but anticipated to be mandatory in the coming weeks.

Just want to confirm that the 2 remdesivir fields are optional after 11/4/20. If we elect not to report those and leave them blank, just want to make sure we will not be getting a noncompliance letter related to submitting blanks in these fields.

Yes, the remdesivir fields are optional after 11/04 and will not count towards your compliance rate.

Do we count influenza A&B?

Yes

How do we improve our compliance rate right away?

Hospitals are required to report the detailed information listed in the table in the FAQ on a daily basis, except Psychiatric and Rehabilitation hospitals who are required to submit once a week on Wednesdays.

For items 26 – 32, report one time a week on Wednesday.

Hospitals that do not have the staffing or ability to report on weekends may update their information by end of day Monday or by the end of the business day following a holiday. Report all fields per the above guidance to reach compliance over the past 7-day period.

If a psych hospital reports on Tuesday instead of Wednesday, would they still be in compliance for once per week?

No, psychiatric and rehabilitation hospitals must report for Wednesday. We know many hospitals only count supplies once a week, so if supplies are counted on another day of the week, enter the data for Wednesday's date.

There is a discrepancy with the compliance rate shown and what we submitted. How do I get this resolved?

Contact the HHS Protect Help Desk Protect-ServiceDesk@hhs.gov. Please provide documentation of your compliance rate shown and what you submitted.

If we have found a valid mistake in our CCN or in reporting, how long will it take for CMS to fix?

If there is a mistake with the CCN, contact CMS Hospital QSOG QSOG_Hospital@cms.hhs.gov and the process to research and update is usually within a few days. If there is an issue with reporting, contact protect-servicesdesk@hhs.gov and the issue is usually researched and responded to within a few days.

We have a question about our CCN number (we have a facility closed, we have a “hospital within a hospital, etc).

Contact CMS Hospital QSOG QSOG_Hospital@cms.hhs.gov

Can you clarify again on the CCN issue? If we have one hospital location, with two floors within the hospital with separate CCNs, you're saying we need to report those separately?

Each CCN reports individually

For the other days (other than Wednesday), do we leave those fields blank? Or keep the Wednesday's data in the fields?

This is up to you whether you want to report the same data for a week and then refresh it on Wednesday or if you want to leave the columns/fields blank for the days that are not Wednesday. Either option is fine.

What happens to our compliance rate if the system is down?

While occasional issues may occur, each facility can enter data by the end of the next business day. If for some unlikely reason there is a problem that prevents that, the help desk can help with documenting this issue and can ensure your historical data is entered as soon as possible.

When does the enforcement period officially begin?

The first enforcement letters will begin on November 19, 2020. If a facility needs assistance, a work plan can be requested which will automatically remove the facility from enforcement for 30 days as long as the facility has weekly meetings with their data liaison and their data improves.

Is there any indication that other information will be required on the FAQ in the near future?

The influenza fields are currently optional but are expected to become mandatory soon. At this time no but note that the FAQs are subject to change based on the public health emergency.

What if I have data submission errors with TeleTracking?

Contact TeleTracking Technical Support at the following contact information. TeleTracking Tech Support 1-877-570-6903 Press 7 to get direct access to support specifically for the COVID-19 Portal.