

## Questions from Dec 17, 2020 Webinar

### Slides

**Where can I see the presentations from the past webinars?**

We will email the slide deck out to webinar participants.

### PHE

**How long do you anticipate needing to collect and report this data?**

The FAQs is related to the Public Health Emergency.

### COVID

**For both influenza fields and COVID fields for psychiatric hospitals that are only required to report once weekly on Wednesday, do we do a look back for positive cases or are we to report in the moment reporting? For example, we have a COVID positive patient on Friday who is discharged by Monday, do we report on Wednesday that we had a COVID positive patient?**

Yes, report in the moment reporting.

**With influenza, there is a 14 day look back for the influenza test. Is there a specific look back for COVID, 21 days, 28 days?**

If the patient is admitted and being treated for an active COVID infection (and not from complications from a previous COVID infection), then yes please count as a COVID-19 admission without reference to a specific look back date.

**How are positive COVID cases counted for the same person. If person is positive on e.g., on 12/10/20 and repeat test is done on 12/17/20 is that a separate case count?**

If the patient tested negative before being admitted or on admission after previously testing positive more than 10 days ago, they are not a COVID for this admission.

If they are being admitted for active COVID infection (not complications from a previous COVID infection), they should be counted as a COVID admission.

**Is there a timeframe like there is for influenza for COVID patients - for example, influenza patients are no longer considered contagious post 14 days. Does HHS have a range or criteria at which COVID patients are no longer considered positive. Some facilities are stating that if a patient is not immunocompromised or symptomatic 21 days after initial positive test, then they can be moved off of the COVID unit and isolation discontinued. At what point can we consider patients no longer positive and not count them as covid admission if they get readmitted for a different reason.**

This guidance only applies to FAQ field #13 only-- “Total current inpatients with onset of suspected or laboratory-confirmed COVID-19 fourteen or more days after admission for a condition other than COVID-19. For this field only, a patient should no longer be counted once they are no longer symptomatic and are removed from COVID-19 isolation precaution.”

For other fields, once a patient is admitted for an active laboratory-confirmed COVID diagnosis, they are always considered a COVID patient.

**How do you determine if covid positive patient is not positive anymore, until you get one negative test or two negative tests or 14 days after positive?**

This guidance only applies to FAQ field #13 only-- “Total current inpatients with onset of suspected or laboratory-confirmed COVID-19 fourteen or more days after admission for a condition other than COVID-19. For this field only, a patient should no longer be counted once they are no longer symptomatic and are removed from COVID-19 isolation precaution.”

For other fields, once a patient is admitted for an active laboratory-confirmed COVID diagnosis, they are always considered a COVID patient.

**Should hospitalized COVID+ patients include patients with post-COVID infection flag (meeting isolation criteria for 20 days)?**

If the patient tested negative before being admitted or on admission after previously testing positive more than 10 days ago, they are not a COVID for this admission.

If they are being admitted for active COVID infection (not complications from a previous COVID infection), they should be counted as a COVID admission.

**For reporting, should a COVID-19 positive patient be changed to non-COVID occupied bed after the patient is released from isolation (and not on transmission-based precautions) and no longer symptomatic, but is still hospitalized for other reasons? OR Is that COVID-19 positive patient to be counted as a COVID-19 hospitalization through the duration of their hospitalization?**

This guidance only applies to FAQ field #13 only-- "Total current inpatients with onset of suspected or laboratory-confirmed COVID-19 fourteen or more days after admission for a condition other than COVID-19. For this field only, a patient should no longer be counted once they are no longer symptomatic and are removed from COVID-19 isolation precaution." ><https://www.hhs.gov/sites/default/files/covid-19-faqs-hospitals-hospital-laboratory-acute-care-facility-data-reporting.pdf><

For other fields, once a patient is admitted for an active laboratory-confirmed COVID diagnosis, they are always considered a COVID patient.

## FLU

**Do influenza patients stay "influenza admissions" for their whole hospital stay like COVID?**

The influenza admissions filed is an incidence count and each patient should not be counted each day (only counted once). Once the patient is admitted the patient would be counted in the total hospitalization field. This is a prevalence count and the patients are counted in question #33 until they are discharged.

**Why a 14-day lookback for flu when contagious period for flu is generally 5-7 days post symptom onset?**

We anticipate some variance in the number of negative influenza cases reported within 14 days prior to or during hospitalization. A vast majority of these cases presented in an outpatient setting (e.g., emergency department) are hospitalized due to an underlying condition exacerbated by influenza such as viral pneumonia or COPD. Hence, our influenza syndromic surveillance systems' guidance is that all patients should be counted as in influenza case for the entire duration of their acute care hospitalization. We use this approach to maximize the data gathered, which provides us with critical information (e.g., hospital capacity or burden) on influenza at the hospital level across the U.S.

**For logic related to flu patients - when considering counting a patient as a flagged flu patient for that day's reporting, should that include patients only if they currently have the flu or should this include patients they should be included if they ever have had a positive flu test? we have been seeing false positives and false negatives in our testing so we wanted to confirm what the best way to provide this information**

Any patient who at time of admissions or during hospitalization who were found to be positive using an influenza diagnostic test (including PCR, antigen detection, virus culture, etc., regardless of the primary admission diagnosis) should be counted. A positive influenza diagnostic test for a patient would include those up to a maximum of 14 days prior to admissions/hospitalization.

**For question 34 on influenza, what if someone discharges shortly after and we discharge them before we do the day's report? that could mean admissions yesterday are higher than total current influenza patients.**

Yes, the patient should still be reported. Question 34 are for incidence counts for a patient that was admitted. total hospitalizations in question 33, are point prevalence counts. A patient can be included in question 33 for entire duration.

**Only admissions with Flu need to be reported. Not ER patients who test positive for Flu but are discharged?**

Enter the number of patients (all ages) who were admitted to an inpatient bed on the previous calendar day who had laboratory-confirmed influenza virus infection at the time of admission.

**On flu reporting, how is #34 a subset of #33? #33 is current, while #34 is previous day, right? It is possible that people admitted yesterday morning may not be hospitalized this evening.**

Yes, correct. Question #33 is current and question #34 is previous day. It is possible that a patient is discharged and not hospitalized and would not be reported in the total patients hospitalized with influenza. For influenza surveillance purposes, we use these types of reporting guidance to maximize the data gathered, which provides us with critical information (e.g., admission rates vs total hospitalization, hospital capacity or burden) on influenza at the hospital level across the U.S.

## TeleTracking Questions

**Question 34 says it is a subset of 33. 33 is total influenza confirmed right now, where as 34 is yesterday's admissions with influenza. what if we have an admission yesterday but they discharge before today's reporting? would we get a validation error, and if so, can that be fixed in Teletracking?**

You raise a very valid point -- I will pass your feedback on to the team deriving the definitions. In the interim, while the definition says that 34 should be a subset of 33, there is not a hard system validation that enforces that, so if you have more previous days admissions than existing hospitalized patients, please enter that data as accurately as possible. Thank-you for the suggestion. If you have any future issues, please feel free to reach out to our Support team at 1-877-570-6903. You can also email questions to [hhs-protect@teletracking.com](mailto:hhs-protect@teletracking.com).

**I tried to submit a teletracking report with the headers for C-J today and it failed, can we make it to where we can build this out and submit them blanks so we don't have to change the report yet again.**

Currently, the additional columns are in the template as "placeholders", anticipating future therapeutics, so that hospitals will not have to change templates as new therapeutics are added. Those columns should be left blank currently. If you submit a value for them, the report will generate an error. If you have any issues completing the template, please feel free to reach out to our Support team at 1-877-570-6903. You can also email questions to [hhs-protect@teletracking.com](mailto:hhs-protect@teletracking.com).

**Does the new CSV file found on teletracking include the new fields?!**

The therapeutics fields have been added for all facilities in the TeleTracking system, including the upload template. If you have any issues accessing the template, please feel free to reach out to our Support team at 1-877-570-6903. You can also email questions to [hhs-protect@teletracking.com](mailto:hhs-protect@teletracking.com).

**The new therapeutic fields are not visible for our hospital via the teletracking portal-is there a fix for this? We submitted a help desk request.**

The therapeutics fields have now been made visible to all facilities, you should be able to see them in the web form and the upload template. If you have any issues accessing the fields, please feel free to reach out to our Support team at 1-877-570-6903. You can also email questions to [hhs-protect@teletracking.com](mailto:hhs-protect@teletracking.com).

**We submit our data to NJHA and they submit it to HHS via TeleTracking. As of this afternoon the therapeutic fields have not been added to the reporting fields in the NJHA modules. Do you know when they would be added so I don't have to login to the HHS and add them manually?**

The therapeutics fields have been added for all facilities in the TeleTracking system, including the upload template. So NJHA should have access to these fields directly. I

am not sure if they have updated their state-level templates, they may be better positioned to address that question for you directly.

**When will the new therapeutic fields be added to the teletracking web form?**

December 22, 2020

**Should the excel uploads for multi-facility uploads include fields for Therapeutic C through J even though we are leaving them blank now?**

The excel template should include the additional non-specified columns – that way when new therapeutics are added, hospitals will not have to keep changing their template. For now, they can leave those columns blank and it will not impact them negatively.

**Greenlight**

**Is Greenlight Data and Dashboards available publicly?**

No, Greenlight data and dashboards are currently for internal use.

Public data can be found here: <https://protect-public.hhs.gov/>

**Can state and other state-wide entities use Project Greenlight to contact facilities?**

Yes.

**Do you anticipate Covid vaccine reporting being included in Project Greenlight down the line?**

**Will HHS require reporting on vaccination? For Healthcare workers? Patients?**

No information about this at this time.

**Are the Greenlight maps and rules/alerts available to the public, or only to "partners"? Who can qualify as a partner?**

Not available to the public at this time. It is available to US Federal and State officials or those with DUAs signed with the State or Federal sponsors.

### Therapeutics Reporting

**39a and 39c do not state they are weekly totals, we wanted to verify not daily number?**

Questions 39a and 39c are total current inventory and are not dependent on a daily number.

**Are the Therapeutics questions 39.a., 39.b., 39.c., and 39.d. all once a week reporting?**

Yes, report once weekly on Wednesday.

**For therapeutics reporting, are we to report only those therapeutics received and administered in spaces licensed/covered by the CNN? or all locations including those that might be near a hospital but not under the hospital license?**

**Some hospitals have outpatient operations that are not located in hospital licensed settings. Are hospital supposed to report on Course A and B administered in their outpatient settings which are not hospital licensed settings?**

Yes

**Are these only for courses at your hospital center?**

Yes

**I assume since the hospitals are the ones who are allocated the drugs, the administration site is irrelevant and should be reported; however, I received this question from our pharmacy staff: For questions 39b and 39d, it talks about the meds being administered in the inpatient, ED, or overflow location. Would this include the clinic we are planning to set up for administration of these drugs?**

Yes.

**Is remdesivir now a required daily submission?**

No, optional once a week as of Nov 4, 2020.

**Could you clarify the timing for the new therapeutic fields?**

**For reporting of therapeutics, is the previous calendar week, Sunday to Saturday, which is reported the following Wednesday?**

**Previous calendar week is the Sunday through Saturday period most recently before the Wednesday report?**

The reporting week is Wed-Tues.

**For courses currently in inventory: The inventory is on the reporting Wednesday and is there a specific time?**

No specific time on Wed, though we recommend you pick one specific time and keep it consistent.

**How do we report the therapeutics if the State has not added to their EEI report yet?**

Therapeutics are optional until January 8<sup>th</sup>, 2021. If your State has not added to their EEI by then, consider reporting separately to TeleTracking.

**Where do we go to find the new therapeutic data? I have not been able to find it.**

It is not mandatory to submit yet but will be made public shortly after the data is collected.

**We have a 3rd party vendor we are paying to administer the monoclonal antibody. They are doing this off-site---- are we required to report out those administrations?**

If they are not already reporting to HHS, then yes.

## Data Entry

### **If we discover an error in our capacity data, do we need to correct our historic hospital data or correct only the last week?**

As compliance is assessed moving forward, there is no requirement to submit historical data older than one week. However, you may upload historical data via TT if you choose. (see TT submission question for full instructions)

### **Our data has not been entered in the past, can we enter it retrospectively?**

As compliance is assessed moving forward, there is no requirement to submit historical data. However, you may upload historical data via TT if you choose. (see TT submission question for full instructions)

## PPE

### **If we do not have a shortage of PPE, can we update usage and amount on hand weekly?**

Yes

### **Are reprocessed N95 respirators supposed to be counted in our weekly supply count?**

If usable, yes.

## Automation

### **What was the email to be included in the automation upload for MediTech?**

Email [usds@cdc.gov](mailto:usds@cdc.gov) for questions or learning more about automation solutions. See <https://customer.meditech.com/en/d/regulatorybestpractices/pages/regulatorymailbox.htm> for Meditech automation support.

### **How do we sign up to be in the automation upload for EPIC?**

If you are interested in piloting one of the automation options discussed in the previous section, please fill out this form: <https://tinyurl.com/webinarintake>

Email: [usds@cdc.gov](mailto:usds@cdc.gov)

**Is this for laboratory, including AOE questions, or is it just for hospital reporting data?**

The FAQs are for hospital data reporting only.

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

**How does this automation work with states that require the data be submitted to them as well?**

We understand that reporting multiple times to separate authorities and organizations is a burden and we are working with states and HHS to discover ways to decrease this burden. If your state is certified to submit to HHS on your behalf, consider reporting through them instead of separately to TeleTracking to reduce the number of times you submit. You can check if your state is certified here: <https://healthdata.gov/covid-19-hospital-reporting-state-certification-status>

**Since states are required to define and collect EEI data as part of the cooperative agreement, how are these vendors planning to send the data back to the state software systems to ensure that hospitals are no longer required to do double reporting? As of today, neither Teletracking nor the EHR vendors are automating back to the state EEI systems**

We understand that reporting multiple times to separate authorities and organizations is a burden and we are working with states and HHS to discover ways to decrease this burden. If your state is certified to submit to HHS on your behalf, consider reporting through them instead of separately to TeleTracking to reduce the number of times you submit. You can check if your state is certified here: <https://healthdata.gov/covid-19-hospital-reporting-state-certification-status>

**I have gotten very poor response for discussing auto upload. How do I get in the loop besides sending to that email?**

We apologize for any delay in response when you communicate to the dedicated email address. We are working to improve our process and aim to respond to inquiries within one business day.

**If we used the Epic process to produce CSV files and automate the submission to TT using the API method, can the non-EHR data elements be uploaded and merged via a manual CSV upload?**

Yes. They would just be separate submissions and would show in the UI the same as other data in Assisted Entry.

**Does the automation include the laboratory reporting including the AOE questions?**

The hospital data automation project is focused on utilization and capacity data; however, other teams at the CDC are addressing lab reporting. Please email us at [usds@cdc.gov](mailto:usds@cdc.gov) with details about your problems with lab reporting and the types of assistance you are looking for.

**Automation related question. Our current workflow has a script compiling all the data required by HHS into a csv that is forwarded to the DL and we upload the file. 5 minute user involvement needed but as it seems, we can now close the circle where the script makes a API POST/PUT/PATCH to update our data. So, who do I reach out to to get our API keys?**

Info on getting access to the API is available here: [https://help.ci-teletracking.com/en-us/c19/Content/covid-19/file\\_submission\\_api\\_endpoint\\_setup.htm?tocpath=Automation%7C\\_\\_\\_\\_\\_3](https://help.ci-teletracking.com/en-us/c19/Content/covid-19/file_submission_api_endpoint_setup.htm?tocpath=Automation%7C_____3)

**Has there been any discussion on how this direct upload will negatively affect the states and their data collection?**

This does not impact hospitals who report to HHS via their states. We are currently investigating paths to streamline reporting efforts and help reduce the burden for facilities that double-report. If you have concerns or questions about how automating your facility's reporting relates to your reporting to your state, please reach out at [usds@cdc.gov](mailto:usds@cdc.gov).

**How is this all going to work for the 35 and counting states that are reporting for the facilities?**

We are working with states to automate their reporting to HHS as well, and are working with state and federal teams to further reduce the burden on hospitals who are reporting to their states.

**Is Epic planning to incorporate therapeutic data element into the search report?**

Epic is working to update their search to include the header columns for therapeutic data elements; however, similar to their handling of Remdesivir, the supply and administration is not currently supported by their search. They would expect that the therapeutics data elements would be tracked through other means and merged with the Epic-created .csv.

**Is Meditech the only EHR vendor that has supported their customers with a reporting solution? What about EPIC?**

Yes, Epic has a reporting solution and other vendors such as Cerner are in development of reporting tools.

**If the state reports the data on behalf of the hospital, will the autoreporting to the federal level cause issues?**

No

**So for the meditech API automation reporting, what all reports are needed? How far we along on this process to get this automated?**

If you are a Meditech customer, please see this page: <https://customer.meditech.com/en/d/regulatorybestpractices/pages/regulatorymailbox.htm> The link is in a password protected area of our webpage and includes the latest versions of our SQL reports. These versions do not yet include the API automation but updated versions will be released in the future.

**Does the EPIC automated reporting option work for any state submissions? If so, which states?**

Epic does not have released automated options for state submissions at this time. Some of the difficulties with a solution like this are the various methods which have to be used to achieve full data automation with different vendors requesting data formatted differently than a CSV like TeleTracking. As of now, it's not something that they can help implement broadly across the Epic community.

That being said, the data automation project team is working to help vendors build reusable and interoperable solutions, and working with states to help ease the burden of reporting on hospitals. For Epic and Meditech solutions, it is possible for your system

administrator to configure the tool to output the Unified Template data file to your state's API, if your state can support this.

**What is the email address to send Organization-specific API key?**

Please email [usds@cdc.gov](mailto:usds@cdc.gov) to get started with automation via the TeleTracking API.

**If you use your state for data submission are you required to change to this platform?**

No

Other

**Do you anticipate changes in mandatory reporting with new administration? What are you hearing about transition of leadership and reporting?**

No information at this time.

**“Mandatory 1.8.2021 for a report once a week field”, does that mean we have to report for the following Wednesday, 1.13.2021?**

Yes.

**For psych hospitals that only report once weekly on Wednesday, if we have a COVID+ patient on Friday who discharges on Monday - would we include that in our Wednesday reporting? Do we do a look back over the last week when we are considering what to report?**

Yes

**We received a warning letter that our reporting was not in compliance. It was the first of four letters. We did not get a second letter and the module website you referenced at <https://protect-public.hhs.gov/pages/covid19-module> appears to show we are in compliance now. The field "Percent of Required Fields Reported" shows "1.00" in the second column. Are we correct to assume that this means we again are in compliance?**

Yes.

**Do nursery/bassinets bed count in bed numbers?**

Yes, nursery beds are included in pediatric counts.

**Our facility noticed that the ICU\_Suspected\_All\_Age field was removed from our EMResource. Was this dropped from HHS reporting?**

**Did you remove the ICU suspect all age field?**

ICU all age field were never part of the HHS FAQ required fields. Some states may have required this information.

**What is the BEST way to ask a data element definition clarification?**

Email the PROTECT-SERVICEDESK@HHS.GOV

**Questions from October 2020 Webinar**

**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 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 7<sup>th</sup> with the second warning letter being sent on October 29<sup>th</sup> and the first enforcement letter scheduled for November 19<sup>th</sup>.

### **When does the enforcement period officially begin?**

The first enforcement letters will begin on November 19, 2020. Until then, all communication is educational. 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.

### **Are letters emailed or sent by USPS?**

Primarily by email from [aspen\\_info@hcqis.org](mailto:aspen_info@hcqis.org) For hospitals, the letter was sent by USPS.

Reach out to CMS Hospital QSOG <[QSOG\\_Hospital@cms.hhs.gov](mailto:QSOG_Hospital@cms.hhs.gov)> to update your contact information.

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

Contact CMS Hospital QSOG [QSOG\\_Hospital@cms.hhs.gov](mailto:QSOG_Hospital@cms.hhs.gov)

### **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.

### **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.

### **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.

**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.

**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."

### **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.

### **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.

### **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.

**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.

**Are there specifications on screening methods to determine suspected patients?**

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

<https://wwwn.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.”

**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.

**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.

**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](mailto:QSOG_Hospital@cms.hhs.gov)

**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.

**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.

**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.

**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.

### **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>

### **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](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](mailto: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](mailto:HHS-Protect@Teletracking.com)

**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.

**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](mailto: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.

**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

**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](mailto: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](mailto: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](mailto: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](mailto: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

**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.

**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.

## Questions from November 13, 2020 Webinar

**Can I get a copy of the slides?**

Yes, they will be emailed to the registered webinar attendees.

**Is it acceptable to report Saturday and Sunday data on Monday? Is it acceptable to report the day after a holiday?**

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.

**With Thanksgiving on a Thursday, will we be out of compliance if we wait until the following business day to enter data on the holiday?**

Please enter Thursday (Thanksgiving) data as soon as possible.

**Is the FAQ from 10/6 correct?**

Yes.

**Are NICU beds included in ICU beds?**

NICU and PICU are included in ICU bed counts. The FAQs ask for adult bed counts in fields 2b, 3b, 5b, 6b, 12a, 12b, so in these fields, exclude NICU and PICU beds.

**If the numbers do not change, do I need to manually add input daily or will it stay from previous day?**

If using TeleTracking, the template auto populates with the previous day's entries.

**We are not receiving any letters. Help!**

All requests sent to QSOG\_Hospital@cms.hhs.gov have been received and information updated. If we do not have an email address, letters will be sent by USPS. Please check your email settings to be sure that you are able to receive the email letters from the listed email address. Some facilities have spam filters that will not allow the letters to be delivered.

**Who is the POC receiving the letters?**

The hospital CEO or other designated point of contact listed for non-compliant providers.

**How do we report optional fields so that we can still be in compliance?**

Optional fields that are left blank will not count as non-compliant. Although there are optional fields, please do your best to answer them as data collected helps the Federal response.

**Do psych and rehab hospitals only have to report once a week?**

Yes. Psychiatric and Rehabilitation hospitals are required to submit once a week on Wednesday. You may report anytime on Wednesday but aim to keep it consistent each week.

**When is the time period for reporting for compliance measures (for non-psych and non-rehab hospitals)?**

Compliance is measured on a weekly basis from Friday to Thursday and the compliance report is posted on Mondays. For example, compliance is measured in all required fields from Nov 13<sup>th</sup> to Nov 19<sup>th</sup> and the report is posted on November 23<sup>rd</sup>. Be sure to submit all your data from Nov 13<sup>th</sup> to Nov 19<sup>th</sup> by Nov 19<sup>th</sup> so that you can be compliant for the week.

**Can you clarify whether or not we are required to report "on-hand supply" weekly, or is this optional? This is for "days supply on hand."**

Field 27, "on hand supply" is required. It is required to be reported one time a week on Wednesday. You may report anytime on Wednesday but aim to keep it consistent each week.

**How do we define critical staffing shortages?**

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).

**For the Hospitalizations section: Does that data also include the current day? Or is everything reported using previous day's data?**

Per the FAQ, the fields indicate whether it is today's data or the previous day's data.

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

**Whom do I contact to improve my compliance or enter a workplan to improve my compliance?**

Contact the HHS Help Protect Desk [Protect-ServiceDesk@hhs.gov](mailto:Protect-ServiceDesk@hhs.gov) to ask for a workplan to meet compliance.

**Is there someone I can contact to work through my current compliance rate and how to improve it?**

Contact the HHS Help Protect Desk [Protect-ServiceDesk@hhs.gov](mailto:Protect-ServiceDesk@hhs.gov) and they can tell you your current compliance rate and what fields need to be answered in order for you to meet compliance. If you need to enter a workplan, you will be put in touch with a data liaison.

**What's the difference between Adult and Pediatric in the FAQs?**

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

**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.

**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

**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 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.

**What if I have data submission errors or other issues 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.

**What if I have errors or other issues with HHS Protect?**

Contact the HHS Help Protect Desk [Protect-ServiceDesk@hhs.gov](mailto:Protect-ServiceDesk@hhs.gov)

**I need supplies and staff and assistance. What should I do?**

Please contact your regional ASPR coordinator.

**What about modifier CCNs, alpha CCNs, and parent child CCNs?**

- An inpatient unit does not have a separate CCN, but rather has a modifier in the parent CCN. This unit would not report separately.
- The CCNs with an alphanumeric character are not separate CCNs and will include their data with the main hospital data.
- HHS requires facility level reporting and should report separately. CMS enforcement will occur at the CCN level and would not send letters to individual facilities that are listed under the reporting CCN.
- HHS requires facility level reporting if they are not located in the main hospital. CMS will enforce non-compliance under the main hospital CCN. We do not differentiate distinct unit level compliance.

**If the "percentage of required fields reported" shows a 1.00, presumably that is actually 100% if all other fields are 7's and "yes"?**

Correct. 1.00 equals 100% compliance.

**How do I handle patients awaiting an inpatient bed?**

In fields 14 and 15, you can enter patients with suspected or laboratory-confirmed COVID-19 who currently are in the Emergency Department (ED) or any overflow location awaiting an inpatient bed.

**Where is the “census” field on the FAQ?**

In Field 2a, you can enter 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).

**How can CMS Hospital Quality Improvement Contractors (HQIC) request access to this data? Information on the correct process would be helpful. This will help reduce duplication of reporting on behalf of hospitals and enable networks with hospitals across several states to access this data without having to go through individual states processes to gain access.**

You can see aggregated data here: <https://protect-public.hhs.gov/>

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 you anticipating any new fields?**

The FAQ may be subject to change based on the state of the public health emergency.

**How to upload/report data automatically? Is there documentation that describes process related to API's, FTP or any other means to upload data?**

Yes, you can find detailed help on [https://help.ci-teletracking.com/en-us/c19/Content/covid-19/video\\_tutorial.htm?tocpath=Video%20Tutorials%7C](https://help.ci-teletracking.com/en-us/c19/Content/covid-19/video_tutorial.htm?tocpath=Video%20Tutorials%7C) 0