November 18, 2024 Weekly Clinical Update

IMPORTANT INFORMATION FROM AHCA: This power point is provided to the State Affiliates related to some vital information related to NHSN reporting changes and ALSO QRP reporting issues experienced by providers.

- Late Friday November 1st, the Centers for Medicare and Medicaid Services (CMS) released the [CY 2025 Home Health PPS Rate Update](#).

- This rule included a significant change to the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) reporting requirements for nursing homes.

What is Changing?

- Beginning on January 1, 2025, nursing homes will be required to electronically report information about COVID-19, influenza, and respiratory syncytial virus (RSV).

- This will replace the current nursing home COVID-19 reporting requirements to NHSN that are set to sunset on December 31, 2024.

Starting September 30th, the CDC already streamlined the data reporting for only one module for respiratory pathogens. They removed 34 data elements including the previous module for the staff pathway, total resident deaths, total beds and resident medical contraindications, declinations and other/unknown vaccination status for COVID-19.

NHSN Reporting Comparison

Current NHSN Reporting Requirements (weekly until 12/31/24)

- Number of residents in facility,
- Number of HCP eligible to work in facility,
- The number of residents and HCP who are up to date with COVID-19 vaccines.
    - HCP also includes information for those who are not up to date, if there is a medical contraindication, offered/declines or unknown vaccination status.
- Confirmed resident cases of COVID-19 (overall and by vaccination status).
- Hospitalized residents with confirmed cases of COVID-19 (overall and by vaccination status).

NHSN Reporting Requirements (weekly beginning 1/1/25)*

- The new data elements that will replace those currently listed under §483.80(g) include:
    - Facility census,
    - Resident vaccination status for COVID-19, influenza, and RSV,
    - Confirmed resident cases of COVID-19, influenza, and RSV (overall and by vaccination status), and
    - Hospitalized residents with confirmed cases of COVID-19, influenza, and RSV (overall and by vaccination status).

*HCP reporting after 1/1/2025 addressed on slide 6.

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CMS states this contains only a limited set of data fields to what is minimal necessary for situational awareness to protect resident health and safety.

1. The weekly mandatory NHSN reporting starting 1/1/25 will be via one simplified and more efficient reporting form on COVID-19, influenza and RSV combined (vs. 4 forms).

2. CMS did not expand reporting on collection of demographic data which is consistent with our comments and advocacy.

3. CMS did not finalize the portion of the proposed rule related to increasing data reporting if a significant threat for a PHE for an acute infectious illness exists.

    1. They did finalize allowing Secretary to increase frequency of reporting/add additional data fields in the event of an actual PHE.

4. CDC will provide enhanced user support, improved helpdesk ticket response system and training tailored to the LTC community to support the use of NHSN.

What is NOT Changing?

SNFs are required by the Skilled Nursing Facility Quality Reporting Program (SNF QRP) to report the following information to NHSN:

- COVID-19 vaccination data for eligible Healthcare Personnel (HCP) ***one week out of every month***, but SNFs have the option of which week to report.

- A single influenza vaccination summary report at the conclusion of the measure reporting period (annually in May).

Timeline

- November 1: CY 2025 HH FR displayed on Federal Register; CMS Fact Sheet posted.

- November 7: CY 2025 HH FR publishes on Federal Register.

- **December 5:** CMS Open Door Forum, 2pm EST.

- **December 11:** NHSN Long-term Care Respiratory Reporting Training

- **January 1, 2025:** Effective date for reporting/change for up-to-date for COVID-19 vaccination.

- **Mid-late January 2025:** New data will be posted on NHSN website.

Skilled Nursing Facility Quality Reporting Program (SNF QRP)

- Recently, we are hearing of increased concerns for facilities meeting MDS reporting requirements, in particular to GG0130E, Shower/bathe self.

- Facilities are noting decreased compliance rates due to dashing this item, due to CMS guidance.

SNR QRP-GG0130E, Shower/Bathe Self

- If the resident did not receive a bath/shower because the resident did not attempt the activity and a helper does not complete the activity for the resident during the entire assessment period, GG0130E: Shower/bathe self would be coded with one of the "activity not attempted" codes (07, 09, 10, or 88).

- ***If the resident did not receive a bath/shower because they were not scheduled for one during the entire assessment period***, the assessment did not occur and GG0130E: Shower/bathe self would be coded with a dash (-).

A dash value indicates that the data element was not assessed and therefore no information is available.

This direction is NOT in the RAI Manual but included in a FAQ guidance document from CMS (link at bottom) that resulted from their August 2023 summer MDS education sessions. This guidance is included in many state RAI Coordinator MDS education, especially those states that have adopted PDPM or are moving to PDPM.

If you are experiencing this issue, please let the association know. This question was also recently raised to CMS to confirm (as it is not in the RAI Manual, and the noted FAQ are in a CMS archive page.