

## **CMS Includes Indefinite NHSN Reporting in HH PPS Proposed Rule**

On July 26, the Centers for Medicare and Medicaid Services (CMS) issued the [Calendar Year \(CY\) 2025 Home Health Prospective Payment System \(HH PPS\) Rate Update; HH Quality Reporting Program Requirements; HH Value-Based Purchasing Expanded Model Requirements; Home Intravenous Immune Globulin \(IVIG\) Items and Services Rate Update; and Other Medicare Policies](#) proposed rule, which is scheduled to be published in the Federal Register on July 3, 2024. In addition to a reduction in Medicare HH payments, CMS is recommending several changes to the HH program. Likely the most impactful change to most of our members is proposing to indefinitely extend the NHSN reporting for nursing homes.

On page 10 of the proposed rule, CMS states that the COVID-19 reporting will expire on December 31, 2024, except for reporting COVID-19 resident and staff vaccination status. Given the utility of the data, CMS is proposing to replace these requirements with streamlined continued data reporting requirements for certain respiratory illnesses and additional related data elements that could be activated in the event of a future acute respiratory illness public health emergency (PHE). CMS notes the benefits of the continued reporting is to monitor COVID-19, Influenza, and respiratory syncytial virus (RSV) cases to guide infection control interventions and operations that directly relate to resident safety, monitoring emerging and evolving respiratory illnesses, guide and motivate community-level disease control interventions, and enhance preparedness and resiliency to improve health system responses to future threats, including pandemics that pose catastrophic risks to resident safety and the health care system.

The proposed rule further explains the changes to reporting into NHSN which will be effective on January 1, 2025. CMS would like to continue weekly reporting through the Centers for Disease Control & Prevention (CDC)'s NHSN program, including the following elements:

- Census defined as the total number of residents occupying a bed for at least 24 hours during the week of data collection.
- Vaccination status for a limited set of respiratory illnesses including but not limited to COVID-19, influenza, and RSV (note resident vaccination status for COVID-19 and influenza will be duplicative of the MDS reporting that is already being reported [influenza] and will be reported [COVID-19] as of October 1, 2024).
- Confirmed resident cases of respiratory illnesses including but not limited to COVID-19, influenza, and RSV both overall and by vaccination status.
- Hospitalized residents with confirmed cases of respiratory illnesses including but not limited to COVID-19, influenza, and RSV both overall and by vaccination status.

CMS is also soliciting public comments on whether the collection of data regarding race, ethnicity, and socioeconomic status should be explicitly included as part of the proposed requirements and how these elements can be used to better protect resident and community health and safety. In addition, public comments are welcomed on how to protect resident privacy within demographic groups and how to best use the data to inform public health efforts without stigmatizing demographic groups and how to address system readiness and capacity to collect and report these

data. CMS is also seeking feedback on reporting systems to reduce the burden to providers of reporting the information.

In addition, CMS is proposing reporting during a declared national, State or local PHE for a respiratory infectious disease (or if the Secretary determines a significant threat for one exists) that may require nursing homes to report:

- Data up to a daily frequency without additional notice and comment rulemaking.
- Additional or modified data elements relevant to the PHE, including confirmed infections among staff, supply inventory shortages, staffing shortages, and relevant medical countermeasures and therapeutic inventories, usage, or both.
- If the Secretary determines that an event is significantly likely to become a PHE for an infectious disease, the Secretary may require LTC providers to report additional or modified data elements without notice and comment rulemaking.

CMS is also seeking feedback on if there should be limits to the data the Secretary can require without notice and comment rulemaking, such as limits on the duration of additional reporting or the scope of the jurisdiction of reporting, whether and how the Secretary should seek stakeholder feedback on additional elements without notice of rulemaking, and how HHS should notify providers of new required infectious disease data.

Comments on the proposed rule are due no later than 4 p.m. CT on August 26, 2024. Comment letters must reference file code CMS-1803-P and can be submitted by the following methods:

- Electronically at <https://www.regulations.gov> – follow instructions under the “submit a comment” tab.
- Regular mail addressed to:

Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attn: CMS-1803-P  
PO Box 8013  
Baltimore, MD 1244-8013

- Express or overnight mail addressed to:

Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attn: CMS-1803-P

Mail Stop C4-26005

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