DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Jodi Eyigor
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Dear Jodi Eyigor:

Thank you for your letter to Administrator Chiquita Brooks-LaSure regarding reporting requirements for nursing homes regarding COVID-19 through the National Healthcare Safety Network (NHSN) system. I will be responding on her behalf.

Elevated risks of respiratory viruses in the post-Public Health Emergency (PHE) era present ongoing threats, and there will be more burdensome respiratory virus seasons and periodic surges for the foreseeable future that threaten the health and safety of long-term care (LTC) facility residents. LTC facility residents are particularly vulnerable to COVID-19 infection because of chronic health conditions, immunosenesence, and residence in a communal living setting. Even after the end of the PHE, national data collected in LTC facilities has shown that LTC facility residents continue to be impacted by COVID-19 at higher rates than older adults in the community and are more likely to develop severe outcomes. Continuing to understand trends of COVID-19 and other significant respiratory diseases (for example, RSV, Influenza) in the LTC facility population is critical to understanding the burden of respiratory viruses on the country.

On November 1, 2024, the Centers for Medicare & Medicaid Services (CMS) released Calendar Year 2025 Home Health Prospective Payment System Final Rule (CMS-1803-F). This final rule replaces the existing COVID-19 reporting standards for Long-Term Care facilities that end December 31, 2024, with a new standard that will address a broader range of acute respiratory illnesses. CMS finalized new reporting requirements to improve the information LTC facilities have to be able to protect resident safety during surges in respiratory virus cases. LTC facility-reported data on COVID-19 infections among residents, as well as facility census, proved invaluable during the COVID-19 PHE, and these data have significant and ongoing value for protecting resident health and safety. Under the finalized requirements at the discretion of the Secretary, LTC facilities will continue to report data through the NHSN.

Continuous and systematic collection of data on a routine cadence is an essential component of any infection control program, as the data provides information about potential health threats and enables prevention planning to mitigate severe health outcomes.

Public health agencies have shifted prevention and control strategies from a focus on specific viruses to an approach that addresses the threats presented by the broader respiratory virus season, including focused efforts to mitigate impacts on nursing home residents and staff. Likewise, CMS believes it is vital to maintain national surveillance of these emerging and evolving respiratory illnesses as a means of guiding infection control interventions to keep residents safe. Timely and actionable data reported on acute respiratory illnesses is essential to help guide targeted efforts to reduce severe illnesses and deaths among the LTC resident population. A data driven approach will guide infection prevention and control interventions and LTC facility operations that directly relate to resident health and safety.

CMS carefully considered the data elements that proved most useful and informative over the course of the COVID-19 PHE, as well as more recent lessons that have emerged during the 2023-2024 respiratory virus response. CMS also considered ways to balance the burden of reporting on LTC facilities with the need to maintain a level of situational awareness that will benefit LTC facilities and the residents they serve. Although we note in the final rule that there is some overlap between NHSN and Minimum Data Set (MDS) collections, the final requirements scale back and streamline previous reporting requirements and limit data collection outside of an emergency to a minimum set of elements necessary to maintain situational awareness and protect residents' health and safety; as we note in the rule, the timing of MDS data collection and reporting does not support facility-level acute respiratory illness situational awareness, since minimal data lag is needed to inform response efforts. Over time, CMS also expects that reporting will become increasingly automated, standards-based, simplified, and real-time as data systems mature and become more interoperable.

Thank you for your ongoing commitment to the health and safety of individuals receiving care from providers and suppliers participating in the Medicare and Medicaid programs.

Sincerely,

Dora L. Hughes, M.D., M.P.H.
Acting Director,
Center for Clinical Standards and Quality
Chief Medical Officer
Centers for Medicare & Medicaid Services