



July 17, 2020

Following release of the Department of Health and Human Services (HHS) COVID-19 hospital reporting changes, IHA has compiled an FAQ from Indiana hospitals to aid with this transition and have been categorized by inquiry. In addition, the HHS Guidance and FAQ can be found [here](#).

Global Reporting & Metric Definitions

1. Is this data reported to HHS daily?
[Yes, daily including weekends](#)
2. To clarify do we start this new reporting process today? / Is there data due to HHS today? [July 15]
[Yes](#)
3. Why does the COVID reporting FAQs #9 a and b not recognize physician diagnosis or radiology tests to trigger a positive COVID patient and only confirmed lab test? [Referring to HHS FAQs]
[We are uncertain of this answer and have escalated for direction](#)
4. For Remdesivir count are we to count doses that have been put aside for a patient's 5-day course? In other words, should we count vials that are already spoken for?
[We are uncertain of this answer and have escalated for direction](#)
5. XXX System has to complete data for 17+ hospitals. Is there a way to make this reporting more efficient?
[IHA and the Indiana State Department of Health are continually seeking manners to lessen data reporting burden to avoid duplication and added work. For multi-site system reporting, we welcome suggestions how as the end-user, you believe this could be adapted.](#)
6. Will Remdesivir data need reported daily?
[Yes](#)
7. If we are reporting via the TeleTracking portal, can we continue to do so OR is EMResources the required route?
[Hospitals have the following options to meet reporting needs. **NOTE: IF YOU ELECT TO REPORT THROUGH THE HHS TELETRACKING PORTAL, YOU MUST STILL REPORT TO EMRESOURCE TO MEET ISDH REPORTING REQUIREMENTS. THIS WILL HELP INFORM AND AID STATE LEADERS' DECISION MAKING.**](#)
 - a. [Reporting data to their state health departments, provided that their states have assumed responsibility for reporting hospital data to HHS. Such states have written authorization from their Assistant Secretary for Preparedness and Response \(ASPR\) regional administrator that they are assuming data reporting responsibilities. In turn, states should provide hospitals with written notification they are submitting data to HHS on their behalf.](#)
 - b. [Report to the HHS TeleTracking portal, an existing option for daily reporting. The TeleTracking portal also has been used for special data reporting requests related to high-impact funds distribution, as well as Remdesivir distribution. For issues with accessing the TeleTracking portal or questions about the data, contact TeleTracking Technical Support at 1-877-570-6903](#)
8. Will the current process for reporting through Juvare EMResources (ISDH) fulfill option #1 [7a above] going forward?
[Yes](#)



9. Our corporate headquarters will be doing the HHS reporting for us based on information we are required to submit. We will be happy to provide EM with this data also but will not want it passed on to HHS as this would cause two entries daily to HHS.

EMResource data entry will NOT override separate reporting completed by your corporate HQ.

Data Use

1. Is this reporting site going to be used for hot spot money requests previously made by HHS?

Yes, From the HHS Guidance Document and FAQs: We will no longer be sending out one-time requests for data to aid in the distribution of Remdesivir or any other treatments or supplies. This daily reporting is the only mechanism used for the distribution calculations, and the daily is needed daily to ensure accurate calculations.

July 17 a.m. Update from ISDH to EMResource Contacts re: Platform Updates

Good Morning,

Due to the data reporting changes outlined in the July 15th, 2020 letter from the U.S. Health and Human Services (HHS) to hospital facilities, the Indiana State Department of Health (ISDH) and Juvare are actively making modifications to EMResource in order to include the new reporting metrics. These modifications will affect the facility dashboards presented in EMResource. The changes to the layout may occur as soon as today, July 17th, but no later than Sunday, July 19th. The attached document depicts screenshots of what the dashboard will look like. Note: the new data tabs will replace the former NHSN COVID-19 Pathways tabs in a easier to use format.

To reiterate what was said on the Indiana Hospital Association (IHA) webinar on July 15th, 2020, if a facility completes all of the data fields in EMResource they are considered compliant with the Federal data reporting requirements. Data will be fed directly to the Federal database, HHS Protect. Data transmission will occur as soon as the new dashboard does live. Further, we will follow-up next week with a letter of notification confirming data transmission to HHS Protect, similar to what was sent in early June. Rest assured that by completing the new data fields, you will remain compliant in all Federal data reporting requirements, as outlined in the July 15th guidance from HHS exercising option 1 "1. Report data to their state health departments (f states have assumed responsibility for reporting hospital data to HHS)." Further correspondence will be forthcoming to assist with defining some of the new fields. I've also attached the HHS COVID-19 Guidance for Hospital Reporting and FAQs that was published in conjunction with the July 15th Announcement.

If you have any questions, please forward those to either myself or Kaitlin Watson, KaWatson@isdh.IN.gov. For technical inquiries regarding EMResource, please send those questions to Eric Shelley, eshelley1@isdh.in.gov.

Thank you all for your patience as we work through some of the data reporting updates,

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EMResource

1. For ISDH to submit for us did you say we had to complete a release of some kind?
[ISDH will provide correspondence in the coming days per the July 17 communication above.](#)
2. Please clarify, if ISDH hasn't received ASPR approval do we still need to submit to HHS as well as EM Resources?
[See July 17 correspondence from ISDH above.](#)
3. Will you add the Remdesivir elements as HHS requires?
Will the fields for Remdesivir reporting be added to EMResource?
[Yes, required fields will be updated to meet federal reporting needs within EMResource](#)
4. When Juvare updates EM Resources to meet the new reporting requirements, can the required information all be in one central portion of the hospital page? Currently it is a bit scattered and using the tabs is complicated due to needing to scroll across page and losing the hospital name at the left or the column names at the top.
[Juvare and ISDH are taking your end-user experience into consideration for updates and navigation updates and want to make use of the platform intuitive and efficient.](#)
5. If we choose to report through the state health department, how do we ensure our data is actually transferred to HHS?
[ISDH will provide correspondence in the coming days per the July 17 communication above.](#)
6.
 - a. Can you run a facility accumulative report on data submitted from a facility?
 - b. EM Resources we submit data daily. Can we run a report on the data submitted like an excelspreadsheet?
 - c. Is there a way to comprehensively review data submitted to Juvare in a historical fashion? For example, would I be able to look at our #s reported a week ago?[Juvare will provide guidance for users to better understand the platform report capabilities.](#)
7. What happens if a day is missed for unforeseen reason?
[Guidance will be forthcoming with EMR enhancements regarding the opportunity to correct or add entries for days past.](#)
8. Can we just update the fields that are changed on EM resource and the previous day information will still be saved and reported for us or all fields need completed everyday even if no change from previous.
[Guidance will be forthcoming with EMR enhancements.](#)
9. If reporting is not in by 10am, will it still be reported? And when you say 10am, is that eastern time I assume? Some of us aren't in eastern time zone.
[Juvare is investigating how ET vs CT reporting time may be impacted.](#)
10. Will the long-term care reporting in EMResources continue as currently being submitted?
[Yes, these changes only impact hospital reporting. EMResource will continue to transfer LTC COVID-19 data to NHSN.](#)