Daily and weekly reporting of specific COVID-19 data is required from all hospitals, including critical access hospitals, or termination from Medicare and Medicaid programs can occur.

In order to meet COVID-19 reporting requirements, hospitals, including critical access hospitals, must follow specified reporting of COVID-19 data, and CMS has issued guidance on the reporting. The failure to report the specified data needed to support broader surveillance of COVID-19 may lead to the imposition of the remedy of termination of a provider’s participation from the Medicare and Medicaid programs, CMS said. The guidance outlines specific information to be reported on a daily or weekly basis (CMS Letter, QSO-21-03, October 7, 2020).

Final Rule. On September 2, 2020, CMS issued an interim final rule requiring hospitals to report COVID-19 cases and other COVID-19 data to HHS. Under the rule, hospitals and critical access hospitals must report daily important data critical to support the fight against COVID-19. The data required includes, but is not limited to, elements such as the number of confirmed or suspected COVID-19 positive patients, Intensive Care Unit (ICU) beds occupied, and availability of essential supplies and equipment such as ventilators and personal protective equipment (PPE).

CMS Guidance. CMS created a chart that allows hospitals to see what is required daily, weekly, or weekly on Wednesdays, in a more detailed format. Except for psychiatric and rehabilitation hospitals that must report weekly on the following, daily reporting for the following is required for all other hospitals:

- total hospitalized patients with laboratory-confirmed influenza
- previous day’s influenza admissions
- total ICU patients with laboratory-confirmed influenza
- total hospitalized patients with both laboratory-confirmed COVID-19 and influenza
- previous day’s influenza deaths
- previous day’s deaths with both COVID-19 and influenza

One time per week, on Wednesdays, all facilities must report the following or answer the following questions:

- Are your PPE supply items managed (meaning bought, distributed, and/or stored) at the facility level or, if you are part of a health system, at the health system level (or other multiple facility group)? (system or facility).
- On hand supply (duration in days) of ventilator supplies; N95 respirators; surgical and procedure masks; eye protection including face shields and goggles; single-use gowns; and exam gloves (sterile and non-sterile).
- Are you able to obtain these items and keep a 3-day supply? Ventilator supplies (any supplies excluding medications); ventilator medications; N95 respirators; other respirators such as PAPRs or Elastomerics; surgical and procedure masks; eye protection including face shields and goggles; single-use gowns; exam gloves; and are you able to keep a supply of launderable gowns?
- Does your facility re-use or extend the use of PPE?
Twenty-five other pieces of data also must be reported weekly, although not on a specific day. The additional reporting requirements include the number of beds and occupancy, ICU beds and occupancy, the number of mechanical ventilators and number in use, total hospitalized adult and pediatric patients suspected of having COVID-19 and the number confirmed, hospitalized and ventilated patients, hospitalized onset, Emergency Department overflow, the number of COVID-19 deaths, and, until November 4 when it becomes optional, the current inventory of Remdesivir, among other data.