

January 6, 2022

HHS Revises Hospital COVID-19 Data Reporting

New data required on therapeutics and pediatric hospitalizations, but overall net reduction in number of federal data elements

The Department of Health and Human Services (HHS) today [updated its guidance](#) to hospitals on the reporting of COVID-19-related data. The guidance includes the most significant changes to HHS' reporting requirements since the spring of 2021. Newly added therapeutic and pediatric data elements will be available for reporting beginning Jan. 10, 2022, and required for reporting starting on the dates described below. Additional highlights of the new guidance follow.

New Required Therapeutic Data

HHS adds two new data elements related to the COVID-19 monoclonal antibody therapeutic sotrovimab. Similar to existing therapeutic data elements, hospitals will report on both the number of treatment courses on hand, and the number administered within the past week. HHS will require the reporting of these fields **on a weekly basis starting Jan. 19, 2022.**

New Required Pediatric Data

The guidance adds several new data elements related to pediatric capacity and utilization in hospitals, including:

- Inpatient pediatric beds;
- Inpatient pediatric bed occupancy;
- Pediatric ICU beds;
- Pediatric ICU occupancy;
- Pediatric confirmed COVID ICU hospitalizations; and
- Previous day's pediatric admissions with laboratory-confirmed COVID-19, reported by several age groups (0-4, 5-11 and 12-17).

HHS will require the reporting of these fields **on a daily basis starting Feb. 2, 2022.**

Required Reporting of Influenza Data

The guidance also converts several existing influenza hospitalization data elements from optional to mandatory reporting. **HHS will require the reporting of these data on a daily basis starting Feb. 2, 2022.** Specifically, hospitals will be required to report:

- Hospitalized patients with laboratory-confirmed influenza vaccination;

- Previous day's influenza admissions with laboratory-confirmed influenza virus infection; and
- Total hospitalized ICU patients with laboratory confirmed influenza virus infection.

Deactivation of Certain Data Elements for Federal Reporting

The new guidance “deactivates” the federal reporting of 27 data elements, primarily focused on supply chain and therapeutics whose use has been curtailed (e.g., remdesivir). HHS notes that while the federal government will not require hospitals to report the data, HHS will retain the data fields in its reporting templates and guidance in the event that local, state and territorial partners wish to use them in their own reporting processes. Taken together with the new fields described above, HHS’ data element deactivation results in a 30% net reduction in the number of data elements used in federal COVID-19 hospital data reporting.

HHS Webinars on New Reporting

HHS is hosting a series of optional, identical webinars at the below times to review the changes to its COVID-19 hospital reporting guidance. Each webinar will be about 30 minutes, with the key points covered in the first 5-10 minutes with additional details and time for questions after. Participants will need to [register](#) for the webinars:

- January 10: 11:30 a.m. ET, 2 p.m. ET, 3 p.m. ET
- January 11: 10 a.m. ET, 3 p.m. ET
- January 13: 12 p.m. ET
- January 14: 12 p.m. ET
- January 18: 10 a.m. ET

Further Questions

For information on how the Centers for Medicare & Medicaid Services is enforcing the condition of participation for hospitals to report the COVID-19 data requested by HHS, see the AHA’s Oct. 6 [Special Bulletin](#). If you have further questions, please contact AHA at 800-424-4301.