

# Michigan Department of Health and Human Services

## Skilled Nursing Facility COVID-19 Reporting

### Frequently Asked Questions

August 28, 2020

On March 10, 2020, Governor Gretchen Whitmer declared a state of emergency in response to the 2019 Novel Coronavirus Disease (COVID-19). Following this declaration, the Michigan Department of Health and Human Services (MDHHS) has been taking action to leverage available regulatory authorities to support Michigan's healthcare infrastructure and maintain the commitment to high quality services and safety to Medicaid beneficiaries.

On June 15, 2020, DHHS issued an [Emergency Order Under MCL 333.2253](#) to skilled nursing facilities, referred to as "nursing homes," for administration of COVID-19 diagnostic testing, reiterate [existing reporting requirements](#) and formally establishes penalties for non-compliance to ensure timely and accurate data reporting. This FAQ document is intended to supplement these documents and provide further context for the reporting requirements described therein.

Updated information is highlighted.

#### **General**

**1. How do we stay up to date with the current data collection guidance and definitions?**

MDHHS uses the same data definitions as the Center for Disease Control and Prevention (CDC) for all shared data elements (this is all elements reported on the Daily COVID-19 LTC NHSN Report). These definitions may change or may be updated to provide additional clarity over time. MDHHS will update resources in EMResource to align with these changes however, facilities are encouraged to check the resources on the [CDC's NHSN LTC COVID Module website](#) periodically.

**2. Do hospice residences need to report in EMResource?**

Both non-licensed and licensed hospice residences are currently exempt from the Skilled Nursing Facility and Long-Term Care reporting requirements outlined in Executive Order 2020-148. MDHHS will communicate if that requirement changes.

**3. If the facility is reporting to NHSN does the facility need to report in EMResource?**

Executive Order 2020-148 requires facilities to report as defined by MDHHS, this includes daily COVID case and death information reported in EMResource. Pursuant to this executive order, facilities must report on two events within EMResource: "Daily COVID-19 LTC NHSN Report" and "Daily COVID-19 LTC State of Michigan Report." MDHHS will report appropriate data to NHSN on a behalf of facilities if they so choose. If a facility reports directly to NHSN, it does not replace the MDHHS reporting requirements. However, the facility should not include their NHSN facility ID in daily reports if they do not wish for MDHHS to submit data on their behalf.

MDHHS uses the information reported daily to ensure Michigan has the information necessary to respond to the COVID-19 outbreak by understanding the impact on residents and facilities. In addition, reporting will assist in identifying potential resource needs and prioritize public health action.

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**4. Can you clarify the reporting time frame(s) for the data elements on the “Daily COVID-19 LTC State of Michigan” event?**

MDHHS requires facilities to provide daily updates to their cumulative data elements with a historical lookback period to January 1, 2020 within the “Daily COVID-19 LTC State of Michigan” event. Therefore, if a facility is reporting no change, they should enter the same value from the previous day. When there is a change, the facility should update the cumulative number to reflect the new information plus the previously reported cumulative data. The data from this event is not submitted to NHSN.

**5. Can you clarify the reporting time frame(s) for the data elements on the “Daily COVID-19 LTC NHSN Report” event?**

MDHHS requires facilities to provide daily reports of the data elements within the “Daily COVID-19 LTC NHSN Report” event, these updates should include new information/data since the last report, or the past 24 hours (from midnight to midnight). This information is submitted to NHSN if a facility has provided their NHSN number. To ensure data is appropriately transmitted, facilities should update submission within EMResource daily. If there are no new cases, deaths, etc. facilities should report 0 (zero).

**6. Do you anticipate a shift to weekday only reporting? This is difficult to achieve on weekend/holiday times with only one or two staff able to report**

There are no current plans to adjust the daily reporting requirement.

**Data Definitions**

**1. If a resident or staff member previously tested positive, recovered and is now testing positive again, how should this be reported?**

If a resident or staff member have resolved the initial infection and are declared recovered but 3 or more months later have a positive viral test (not a blood test for antibodies) they would be reported as a new laboratory confirmed case.

**2. If my facility has been admitting residents from other nursing home locations or those discharged from the hospital how do I report case count?**

The reports are intended to capture information about facility acquired infection, as such residents that were admitted from the hospital or other nursing facility and known to have laboratory confirmed COVID-19, should not be included in “LTC Resident Confirmed COVID-19” or “Total Resident C-19 Positive” (Cumulative). The facility of residence (the facility that transferred the resident) must include the resident in their case count for the elements noted above. Individuals admitted from the hospital or another facility, that are known to have COVID-19 should be included in the “Admissions” count.

**3. Does the C-19 positive cumulative section only include residents who were swabbed and tested positive in-house, or would that total include any new admissions who were tested elsewhere prior to admit?**

The data elements associated with confirmed COVID-19 laboratory results for staff and residents on both the Daily LTC COVID-19 NHSN Report and the Daily LTC COVID-19

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State of Michigan Report are intended to collect information on the potential number of cases/infections associated with the facility in which an individual works or resides, respectively. If an individual is tested prior to admission then the case would not be reported under the facility that recently admitted them, as it would be recorded under the facility that discharged (other long-term care setting or otherwise). Additionally, these data elements should be collected at the person level, not the test level. Therefore, if the same resident or staff member tests positive on multiple occasions, it would only be recorded on the first occurrence.

**4. If we believe an asymptomatic resident or staff member received a false positive test result and all subsequent tests conducted indicate a negative result, how should we report?**

Rates of false positive or false negative results will vary based on the symptomatic presentation of the person, the timing from exposure to test collection, the specific test that was performed, and the local epidemiology of COVID-19 in the community. Generally, while false negative results are not uncommon, false positives are much less common, and in a LTC facility setting there should be a high pretest probability of finding one or more positive results (unless there is no COVID-19 in the surrounding community). Additionally, residents or staff who have truly asymptomatic infections, are pre-symptomatic or only mildly symptomatic, may have viral loads that are fairly modest and may turn from positive to negative much more quickly than highly symptomatic persons. Therefore, it is appropriate to treat any resident or staff with a positive viral test result as though they are potentially infectious and follow all recommended infection control practices until they meet [criteria to discontinue isolation](#). This would also prompt reporting as a confirmed positive lab result. Current definitions do not recognize false positives and as such, **all** positives are to be reported, and should **not** be adjusted retrospectively. This applies to both SoM and NHSN reporting. In the event facilities have made adjustments to reduce COVID-19 positive counts for presumed or confirmed false positive test results, facilities are instructed to correct reporting in EMResource to appropriately account for the results as positive.

**5. What is the difference between Total (All) Deaths and COVID-19 Deaths data elements?**

“Total deaths” should represent all deaths (any cause), including COVID-19 deaths. “COVID-19 deaths” includes both deaths suspected and confirmed as a result of COVID-19 and can never be higher than “total deaths.” The chart below provides a description within each of the required reports:

<b>Event Name</b>	<b>Data Element</b>	<b>Description</b>
“Daily LTC COVID-19 State of Michigan Report”	Total Deaths Cumulative	Running total of ALL deaths (any cause), including residents reported in the “Total Resident C-19 Deaths Cumulative,” since January 1, 2020.
	Total Resident C-19 Deaths Cumulative”	Running total of COVID-19 Deaths since January 1, 2020. Count can never

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		be higher than “Total Deaths Cumulative.”
“Daily LTC COVID-19 NHSN Report”	LTC: Total Deaths	Daily update of new deaths, must include ALL deaths (any cause), including residents reported in the “LTC: COVID-19 Deaths.”
	LTC: COVID-19 Deaths	Daily update of new COVID-19 deaths, count can never be higher than “Total Deaths.”

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- 6. The definition for deaths indicates “Residents who have died in the facility or another location.” Does this number include nursing facility residents who die in a hospital after being transferred from a nursing facility? Are facilities expected to track residents that have been discharged in the community?**

Yes, include deaths of individuals who were considered residents of the facility when they transferred to the hospital, even if the death occurred in the hospital. For example, if the facility is holding a bed for the return of the resident and the resident dies while in the hospital, the facility would include the resident in the “Total Deaths,” “COVID-19 Deaths” (new and cumulative), and “Total Resident C-19 Deaths” elements. Alternatively, if a resident is discharged to the community, the facility should not include the individual in the death count elements noted above.

- 7. Do I include deaths of residents who passed away in the hospital?**

Yes, include deaths of individuals who were residents of your facility when they were transferred to the hospital, even if they passed away in the hospital.

- 8. If a resident that was previously reported as laboratory confirmed positive for COVID-19, had since recovered, but then dies, should we assume the death is COVID-19 related and report as a COVID-19 death?**

If a resident previously had Confirmed (laboratory-positive COVID-19 test result) or Suspected COVID-19 but recovered and is no longer being treated as having COVID-19 (for example, resolved signs/symptoms and removed from isolation) at the time COVID-19 death counts are being collected, do not include the resident in COVID-19 death count. Instead, include the resident in the Total Deaths count.

For the purposes of reporting, recovery is defined as resident is alive 30 days after symptoms first appear or if symptom onset unknown, laboratory confirmed positive COVID-19 test result.

- 9. Must the state-required data go back to January 1, 2020? If yes, and I had not entered it that way originally, should I go back and edit the information to make it cumulative as of the date it was entered?**

Several data elements of the “Daily LTC COVID-19 State of Michigan Report” event are cumulative in nature with a look back period that dates back to January 1, 2020. If a facility has not been reporting this way, please see instructions on how to resolve data entry errors, below.

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**10. Does ALL BEDS include ALL beds in a combined facility where there are ALF and SNF beds together?**

ALL BEDS must include all licensed beds for that particular facility type. This count should not include beds for other facility types.

For example, a reporting skilled nursing facility should include the total licensed bed count for the skilled nursing facility. The counts should not include beds for the assisted living facility since the ALF should report via the LTC COVID-19 Survey Gizmo Reporting Platform (<https://www.surveygizmo.com/s3/5582391/MICHIGAN-LTCF-REPORTING>).

**11. If the numbers remain the same, do you have to re-enter the same number daily?**

If data remains the same from day to day (0 new cases to report, or cumulative case count remains the same, etc.) the facility does not have to actively re-enter the same data. However, once you have logged in to EMResource, you must use the following submission path to ensure all data elements are updated and timestamped for the day in which you are submitting:

1. Select the appropriate reporting event (“COVID-19 Daily LTC NHSN Report” or “COVID-19 Daily LTC State of Michigan Report”)
2. Selecting the “keys” icon next to your facility name
3. Select “Select All” to expand all data elements and statuses
  - a. If data has changed, enter into appropriate status box, add comments as necessary
  - b. If data has not changed, you can keep the previously reported data as entered and scroll to the bottom of the page
4. Select “Save” when complete

Following the path above will ensure every element/status is marked as “updated” even if the data remains the same.

**12. What “counts as staff” within the EMResource reports?**

MDHHS follows the Centers for Disease Control and Prevention definition of how to report staff for all associated data elements. Therefore, this includes anyone working or volunteering in the facility, which includes, but not limited to contractors, temporary staff, resident care givers, shared staff, etc.

Per CDC **“Healthcare Personnel (HCP):** HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, volunteer personnel).”

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**13. If I had staff that was out of the facility for an extended period (ex. medical leave) do I need to include them if they recently tested positive?**

Yes, if an individual is considered a member of your staff and has recently had laboratory confirmed positive SARS-CoV-2 test results, they should be included in facility reporting.

**14. If an individual is tested as a part of the facility's pre-employment process, and results are positive, how does the facility report?**

Testing completed for pre-employment purposes is not subject to reporting in EMResource. Therefore, if an individual tests positive during the pre-employment process and is subsequently hired, their positive result does not need to be reported, as a negative result would not be reported either. Once the new employee is subject to regular testing (per the [testing mandate](#) and [associated guidance](#)), only then would a positive result be captured in EMResource.

**15. Please elaborate on definition of what a COVID-19 suspected resident or staff member would be.**

The CDC defines "*Suspected*" as a resident (or staff member) with signs and symptoms suggestive of COVID-19 as described by CDC's [guidance](#) but does not have a laboratory positive COVID-19 test result. This may include residents (or staff members) who have not been tested or those with pending test results. It may also include residents (or staff members) with negative test results but continue to show signs/symptoms suggestive of COVID-19.

**16. Do total beds (all beds) include beds in non-available bed plan?**

NHSN requires all licensed beds to be reported. All beds included in non-available bed plans are licensed and should be included in the all bed count within the "Daily COVID-19 LTC NHSN Report."

**17. Should I remove residents who have recovered from my case count?**

No, daily case counts reported in the "Daily LTC COVID-19 NHSN Report" or cumulative case counts reported in the Daily LTC COVID-19 State of Michigan Report" should not be adjusted if an individual recovers. This field represents individuals who have been diagnosed with COVID-19 at any point during the outbreak, regardless of their current status. This is NOT a count of the current active cases (number of sick individuals) in your facility, but a reflection of all cases over the span of the pandemic.

**18. Are total deaths a cumulative or daily number?**

In the "Daily LTC COVID-19 NHSN" event there are two data elements related to resident deaths: "Total Deaths" and "COVID-19 Deaths." Both data elements are daily updates, meaning the facility should report **any new deaths attributed to any cause** under "Total Deaths" and report any new COVID-19 related deaths under "COVID-19 Deaths" on daily reports. Note, "Total Deaths" data should never be lower than "COVID-19 Deaths" as "Total Deaths" information should include COVID-19 confirmed and

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suspected deaths, as well as deaths attributed to any other cause. Staff COVID-19 deaths are reported as new daily counts for "LTC: Staff COVID-19 Deaths."

In the "Daily LTC COVID-19 State of Michigan" event there are also two data elements related to resident deaths: "Total Deaths Cumulative" and "Total Resident C-19 Deaths Cumulative." Both data elements should be reported as cumulative numbers or running totals, meaning they should only ever increase. Staff COVID-19 deaths are reported as cumulative counts for "Total Staff COVID-19 Deaths Cumulative."

**19. Why are we submitting number of deaths if it is NOT related to COVID?**

This data element was designed and is required by the CDC in relation to the reporting requirements established by CMS.

**20. For all categories that do not specify "cumulative," should we assume a single data point and not a running total?**

Be sure to consult the expanded [data collection and reporting instructions](#) and [reporting clarifications resources](#).

**21. If I have additional data definition questions who should I contact?**

Send an email to [MDHHS-MSA-COVID19@michigan.gov](mailto:MDHHS-MSA-COVID19@michigan.gov)

**National Healthcare Safety Network**

**22. How often does MDHHS report to NSHN? Daily or weekly? Just to know how often I should see data reported on my NHSN portal.**

MDHHS will transmit data to the CDC's NHSN system daily after 4:00PM EST. Facilities should be able to see these data entries in their NHSN portal after the daily upload is completed.

**23. Can you clarify on PPE inventory reporting, is this based on "optimal" usage aka one mask per encounter as it properly should be worn, or on what we are currently doing, which would be a contingency strategy "using one mask all day long"?**

PPE inventory reporting is based on optimal usage. Facilities can use the CDC PPE burn rate calculator, which is based on current inventory and number of positive residents. The burn rate is then calculated from those input values, so facilities can determine their supply for 7 days. Facilities can use the PPE Burn rate calculator to assist in reporting these variables at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>

**24. How will facilities be notified if EMResource has technical difficulties submitting data? Can we be alerted so we can submit data directly on NHSN until the EMResource transmit issue is fixed? How can I verify that MDHHS is submitting my data to NHSN?**

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MDHHS recommends facilities check their NHSN portal at least once a week to verify the information MDHHS has transmitted on their behalf. MDHHS may conduct outreach to individual facilities that have been identified with known validation and submission issues.

**25. How can we correct profile information (e.g. email) that is entered incorrectly in NHSN?**

Check the [CDC's NHSN LTC COVID-19 Module webpage](#) or contact the [NHSN helpdesk](#) for assistance.

**26. If I log in to NHSN should I see the information that MDHHS submitted on our behalf?**

Yes, facilities should be able to see information MDHHS has transmitted on their behalf within their NHSN portal.

**27. Can facilities opt out of having MDHHS submit their information and submit it themselves?**

Yes, facilities may submit their data directly to NHSN, however, they are required to maintain daily reporting to MDHHS in addition to directly reporting to NHSN. Facilities that would like to opt out of having MDHHS submit their information, should ensure the NHSN Facility ID is reported as "0" in EMResource.

**28. Why does EMResource add a comma in the NHSN number?**

This is a data formatting control within the EMResource platform. It does not impact use in transmitting data to NHSN.

**29. How should reporting of suspected or confirmed COVID-19 positive staff who work in multiple facilities be handled (inclusive of full-time, part-time and PRN staff)?**

Suspected or confirmed COVID-19 positive staff should be reported by all facilities in which staff worked during the exposure window as defined by CDC guidelines: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

**Data Entry**

**1. How do you resolve data entry errors?**

Resolution of data entry errors is dependent on which report ("event" or "board") and data element the error occurs on. Should a facility recognize a data entry error they should use the table below to ensure appropriate data entry resolution:

<b>Event Name</b>	<b>Reconciliation</b>
"Daily LTC COVID-19 State of Michigan Report"	Update reported data in EMResource during the following reporting period (next day) and provide a

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	note to indicate the change in values is due to a data entry correction
"Daily LTC COVID-19 NHSN Report"	<p>Data reported in this event are daily snapshots therefore to reconcile previously reported data, a facility should email <a href="mailto:MDHHS_MSA_COVID19@michigan.gov">MDHHS_MSA_COVID19@michigan.gov</a>.</p> <p>MDHHS does not have the ability to make historical data corrections to data that is pushed to the National Healthcare Safety Network (NHSN), therefore if MDHHS is submitting daily COVID-19 reports to meet CMS reporting requirements on your behalf, the facility must log in to their NHSN portal and manually correct the data entry error.</p> <p>There are two methods for data correction in the NHSN portal:</p> <ol style="list-style-type: none"> <li>1. <a href="#">Correcting a single data element at a time</a></li> <li>2. <a href="#">Correcting multiple elements at one time</a></li> </ol>

2. **Why is facility data being reported as "--" on the MDHHS Coronavirus Long-Term Care Data webpage when the facility reported in EMResource?**  
Facilities must report on every data element (unless noted as "Regional Hub only, or non-Regional Hub only), even if the data is "0." For example, if a facility has "0" cases to report, then "0" must be entered. If the field is skipped it will result in "--" or no entry, even if other data elements contain figures for the same day of reporting.
  
3. **If I see a discrepancy between data reported on the MDHHS Long Term Care Data webpage and data as submitted in EMResource, who should I contact?**  
Send an email to [MDHHS-MSA-COVID19@michigan.gov](mailto:MDHHS-MSA-COVID19@michigan.gov)