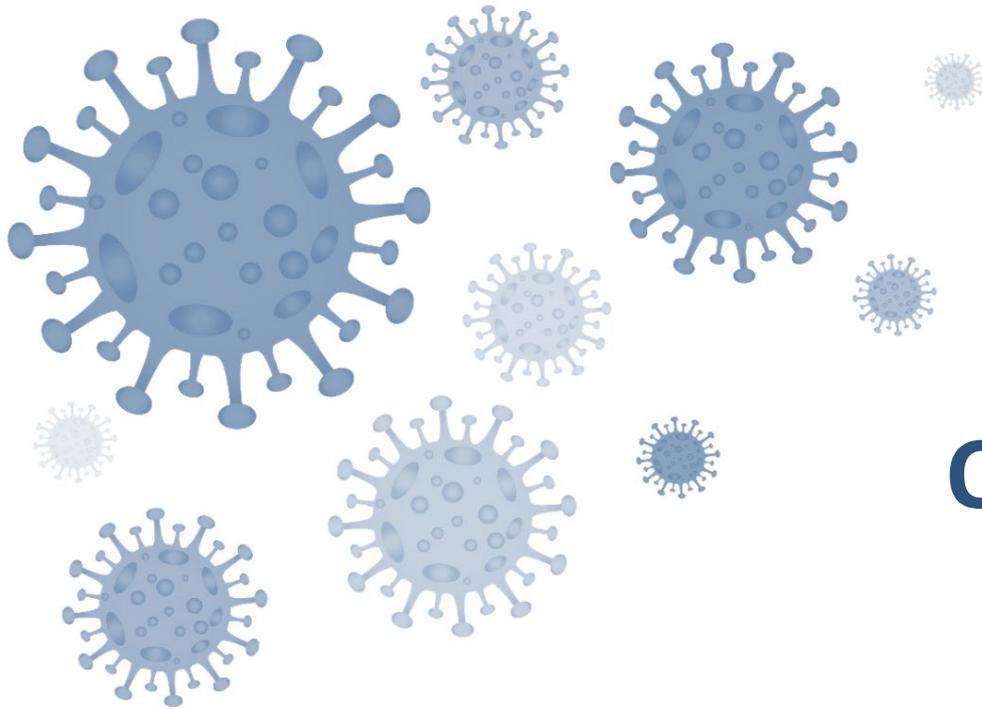


CMS Division of Tribal Affairs

COVID-19 Health Care Staff Vaccination Interim Final Rule



Clarifications & Questions/Answers



CMS Division of Tribal Affairs



Which provider and supplier types does this rule apply to?

- Ambulatory Surgery Centers, Community Mental Health Centers,
- Comprehensive Outpatient Rehabilitation Facilities, Critical Access Hospitals, End-Stage Renal
- Disease Facilities, Home Health Agencies, Home Infusion Therapy Suppliers, Hospices,
- Hospitals, Intermediate Care Facilities for Individuals with Intellectual Disabilities, Clinics,
- Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical
- Therapy and Speech-Language Pathology Services, Psychiatric Residential Treatment Facilities
- (PRTFs), Programs for All-Inclusive Care for the Elderly (PACE) Organizations, Rural Health
- Clinics/ Federally Qualified Health Centers (Medicare only), and Long Term Care facilities





How do I know if my facility is a Medicare certified facility?



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How do I know if my facility is a Medicare certified facility?

Visit <https://qcor.cms.gov>



S&C QCOR

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[Ambulatory Surgical Centers \(ASCs\)](#)
[CLIA Laboratories](#)
[Community Mental Health Centers \(CMHCs\)](#)
[Comprehensive Outpatient Rehab Facilities \(CORFs\)](#)
[Dialysis Facilities \(ESRDs\)](#)
[Federally Qualified Health Centers \(FQHCs\)](#)
[Home Health Agencies](#)
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- [OPO Public Performance Report](#)
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[Outpatient Physical Therapy/Speech Pathology \(OPT\)](#)
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Welcome to S&C's Quality, Certification and Oversight Reports (QCOR)

What's New on QCOR?

Full Reports of Hospice Complaint Surveys

Full [survey reports](#) for Hospices with deficiencies cited during State Survey Agency (SA) complaint investigations, as well as survey reports from follow-up surveys resulting from complaint investigations, are now available to view by state in the [Survey Reports section](#). [Survey reports](#) are available for the last three years and include Hospices certified through SAs, as well as Accrediting Organizations.

Attention QCOR users

If you require assistance using the QCOR application, please contact the QCOR Help Desk. For email requests, please use qcorhelp@innosoft.com.

Home Health Agencies (HHA) Information

Due to system migrations, HHA survey information may only be complete and accurate through May 19, 2021. CMS is working internally to update the QCOR website with more recent survey information.

[Accessibility Information](#), [Privacy & Security](#)

TRIBAL AFFAIRS



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How do I know if my facility is a Medicare certified facility?

Visit <https://qcor.cms.gov>



Tool

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Accredited Hospitals with Recent Substantial Deficiencies

Providers & Suppliers

Multi-Provider Reports



Once you open the QCOR page:

1. Look in the top left of the page
2. Click on “**Basic Search**”



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How do I know if my facility is a Medicare certified facility?

Visit <https://qcor.cms.gov>

Search for a Provider or Supplier

To search for a Provider, enter a CMS Certification Number, select a State, or enter a zip code (full or partial zip code with * replacing missing number(s), such as 223**).

You can limit or refine your results, by selecting Begin Year and End Year.

Click on the <Search> button to begin the search.

Provider Name (or partial name):	<input type="text"/>	Begin Year:	2022 ▾
AND/OR			
CMS Certification Number:	<input type="text"/>	End Year:	2022 ▾
AND/OR			
State:	<input type="text"/>		
AND/OR			
City:	<input type="text"/>		
AND/OR			
Zip Code:	<input type="text"/>		

Enter one or more of the search criteria.
Then click “Search”



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How do I know if my facility is a Medicare certified facility?

Visit <https://qcor.cms.gov>

Basic Search Results Report

Selection Criteria

Provider Name (or partial name): chickasaw
Year: 2022 ~ 2022

End Stage Renal Disease Facility

- [SATELLITE HEALTHCARE CHICKASAW GARDENS](#) - Memphis, TN

Home Health Agency

- [CHICKASAW CO PUBLIC HEALTH & HOME CARE SERVICES](#) - New Hampton, IA

Hospital

- [CHICKASAW NATION MEDICAL CENTER](#) - Ada, OK

Laboratory

- [CHICKASAW COUNTY PUBLIC HEALTH](#) - New Hampton, IA
- [CHICKASAW COUNTY SCHOOLS](#) - Houston, MS
- [NMMCI DBA CHICKASAW MEDICAL CLINIC](#) - Houston, MS
- [CHICKASAW NATION COVID TESTING MOBILE UNIT](#) - Ada, OK
- [CHICKASAW NATION MEDICAL CENTER](#) - Ada, OK
- [CHICKASAW NATION MEDICAL CENTER](#) - Ada, OK
- [CHICKASAW NATION MEDICAL CENTER](#) - Ada, OK
- [CHICKASAW NATION MEDICAL CENTER COVID CLINIC](#) - Ada, OK
- [CHICKASAW NATION MEDICAL CENTER PHARMACY](#) - Ada, OK
- [CHICKASAW NATION SICK CHILD CARE](#) - Ada, OK
- [CHICKASAW NATION ARDMORE CLINIC, THE](#) - Ardmore, OK
- [CHICKASAW NATION HEALTH CLINIC](#) - Ardmore, OK
- [CHICKASAW NATION HEALTH CENTER](#) - Tishomingo, OK
- [SATELLITE HEALTHCARE - CHICKASAW GARDENS](#) - Memphis, TN

For training purposes we searched for “Chickasaw” in the “Provider Name” field.

By searching under that key word QCOR found:

- 1 ESRD Facility
- 1 HHA Facility
- 1 Hospital
- And several Labs*

That means all these facilities are enrolled as Medicare providers.

* Reminder - Laboratories with a CMS certification number, but not located within a certified facility such as a hospital, would not fall under this requirement.

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How do I know if my facility is a Medicare certified facility?

Visit <https://qcor.cms.gov>

Provider or Supplier Details

Provider or Supplier Name:	CHICKASAW NATION MEDICAL CENTER
CMS Certification Number:	370180
Provider or Supplier Type:	Hospital
Address:	1921 STONECIPHER BLVD ADA, OK 74820
Phone Number:	580 436-3980
Participation Date:	12/10/1980
Region:	(VI) Dallas
Accreditation Organization:	JOINT COMMISSION
Accreditation Type:	Deemed Status
Number of Certified Beds:	48
Ownership Type:	Non-Profit
Subtype:	Short-Term

If you would like to see the details on a specific provider, simply **click** on the facility's name.

A pop up window will appear with the Provider/Supplier details, including the CMS Certification Number (CCN).



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Does this requirement apply to Indian Health Service (IHS), Tribal Health Programs (THP), and Urban Indian Organization (UIO) facilities?

- Generally, yes. IHS, THP, and UIO facilities that are regulated under the CoPs must comply with the rule, therefore the staff vaccination requirement outlined within this regulation applies.
- There are **many** IHS/THP and UIO facilities that are not covered by the rule:
 - Those enrolled in Medicare as physician offices and bill only under the Part B fee schedule;
 - Laboratories with a CMS certification number, but not located within a certified facility such as a hospital; and
 - Those enrolled in Medicaid ONLY as an FQHC, clinic or other Medicaid provider-type (e.g. Home and Community Based, school based, or assisted living facility) not regulated by Medicare.



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Are residential assisted-living facilities receiving Medicaid or Medicare funds subject to the requirement?

- No. This regulation only applies to Medicare and Medicaid-certified facilities. Since CMS does not have regulatory authority over care settings such as Assisted Living Facilities or group homes, this regulation does not apply.
- This regulation will also not apply to physician's offices because they are not subject to CMS health and safety regulations.





Does this requirement apply to visitors to the facility?

- Facilities are required to have a process or policy in place ensuring that all applicable staff are vaccinated against COVID-19, including contractors that visit the facility on a regular basis. This requirement does not apply to personal visitors such as family members or friends. Facilities are not required to ensure vaccination of vendors, volunteers, or professionals who infrequently provide ad hoc, non-health care services (annual elevator inspection) or services that are performed exclusively offsite and not at or adjacent to any site of patient care.



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Are Tribal Medicare and Medicaid certified facilities required to provide exemptions to the vaccine or other requirements of the Interim Final Rule as a reasonable medical accommodation for a disability under the American Disabilities Act or a religious accommodation under Title VII of the Civil Rights Act?

- Although we understand that Tribes are excluded from the definition of employer under the Americans with Disabilities Act (ADA) and Title VII of the Civil Rights Act, certain allergies, recognized medical conditions, or religious beliefs, observances, or practices may provide grounds for exemption. Facilities should consider establishing exemptions as part of its policies and procedures and ensure that such exemptions align with federal law.





When and how will enforcement of this rule begin?



CMS Division of Tribal Affairs

Phase 1

- Your staff must have received, at a minimum, the first dose of a primary series or a single dose COVID-19 vaccine prior to providing any care, treatment, or other services for the facility and/or its patients.
- In addition your facility must have policies and procedures in place that ensure your staff are fully vaccinated. You must also have a policy on providing exemptions and how you track staff vaccinations

Phase 2

- Your staff must be fully vaccinated (with the exception of those who have been granted exemptions from the COVID-19 vaccine).



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When will enforcement of this rule begin?

California

Colorado

Connecticut

Delaware

District of Columbia

Florida

Hawaii

Illinois

Maine

Maryland

Massachusetts

Michigan

Minnesota

Nevada

New Jersey

New Mexico

New York

North Carolina

Oregon

Pennsylvania

Rhode Island

Tennessee

Vermont

Virginia

Washington

Wisconsin

Phase One

January 27, 2022

Phase Two

February 28, 2022



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When will enforcement of this rule begin?

Kansas

Alabama
Alaska
Arizona
Arkansas
Georgia
Idaho
Indiana
Iowa

Kentucky
Louisiana
Mississippi
Missouri
Montana
Nebraska
New Hampshire

North Dakota
Ohio
Oklahoma
South Carolina
South Dakota
Utah
West Virginia
Wyoming

Phase One
February 14, 2022

Phase Two
March 15, 2022

Texas

Phase One
February 22, 2022

Phase Two
March 21, 2022



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What is fully vaccinated?

- For purposes of this regulation, CMS currently considers staff fully vaccinated if it has been two weeks or more since they completed all required doses (one dose of Johnson & Johnson or both doses of Pfizer-BioNTech or Moderna) of the initial vaccination.

However, staff who have completed the initial vaccination by the Phase 2 implementation date are considered to have met these requirements, even if they have not yet completed the 14-day waiting period required for full vaccination.

Please note booster shots are not required as part of this regulation.

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How do we meet this requirement?

- Your facility must have a process or plan in place for documenting and tracking staff vaccinations. You must appropriately document all COVID-19 vaccinations, which can be in an immunization record, health information files, or other relevant documents.
- You must keep all medical records, including vaccine documentation, confidential and stored separately from an employer's personnel files. Acceptable forms of proof of vaccinations include:
 - CDC COVID-19 vaccination record card (or legible photo of the card),
 - Documentation of vaccination from a health care provider or electronic health record,
 - State immunization information system record
- Ultimately, it is up to you to ensure that you have a process or plan in place for capturing COVID-19 vaccination status for all staff, including individuals who provide services under contract or other arrangements.



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How will this new requirement be enforced on facilities?

- CMS works directly with the state survey agencies and federal surveyors in the regional offices to regularly review compliance with Medicare/Medicaid regulations across multiple health care settings. While onsite, the surveyors will review:
 - The facility's COVID-19 vaccination policies and procedures
 - The number of resident and staff COVID-19 cases over the last 4 weeks
 - The facility's list of all staff and their vaccination status
- CMS will use this information, in addition to interviews and observations, to determine your compliance with these requirements. Additionally, Accrediting Organizations will be required to update their survey processes to assess facilities they accredit for compliance with vaccination regulations.



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How do the penalties work?

- CMS has a variety of established enforcement remedies:
 - For nursing homes, home health agencies, and hospice (beginning in 2022), this includes civil monetary penalties, denial of payment, and even termination from the Medicare and Medicaid programs as a final measure.
 - The remedy for non-compliance among hospitals and certain other acute and continuing care providers is termination.



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Resources

- Website to find out if your facility is enrolled in Medicare:
 - <https://qcor.cms.gov/main.jsp>
- CMS current listing of tribal facilities enrolled in Medicare:
 - <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Spotlight>
- Link to today's PowerPoint presentation:
 - <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Spotlight>
- Tribal Affairs infographic for COVID-19 Health Care Staff Vaccination Interim Final Rule:
 - <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Spotlight>
- CMS FAQ guide for COVID-19 Health Care Staff Vaccination Interim Final Rule:
 - <https://www.cms.gov/files/document/cms-omnibus-covid-19-health-care-staff-vaccination-requirements-2021.pdf>
- CMS Division of Tribal Affairs mailbox
 - TribalAffairs@cms.hhs.gov



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Question



Answer

