



Questions and Answers

EQRS Vaccine Report 2022

Purpose

This document is a consolidation of questions raised by the Renal Healthcare HIE vendor community for the new EQRS Vaccine Report schema and business rules for renal dialysis patient vaccination reporting. Each question was shared with CMS and the response is presented with each question. These questions and answers can be used for reference during the development for support of the vaccine report file.

Questions and Answers

Questions regarding historical vaccine data submissions:

Scenario 1 - A patient started a series of Hep B in January 2021, and received the 1st dose on January 1, 2021 and the 2nd dose on February 2, 2021, then for an unexpected reason the series was not completed. In January 2022 the series started again and the 1st dose was given on January 1, 2022, the 2nd dose on February 1, 2022 and the 3rd dose on March 1, 2022.

Question: Should both the series i.e., the first one which was not completed in 2021 and the one which was completed in 2022 be reported? If yes, how should the XML tag be built to report this. Should it have the latest record first followed by the older vaccines or in the opposite order? Does EQRS allow multiple tags for the same vaccine? Or should only the current series which was completed in 2022 be sent.

CMS Response: Submit the series that is current. There is no requirement to submit data that was previously submitted.

Scenario 2 - A patient started a series of Hep B in January 2021 and received the 1st dose on January 1, 2021 and the second dose on February 1, 2021, and was not able to complete the series in 2021 or restart the series in 2022.

Question: Should vaccine data be sent only from the most current year or the latest data available for the patient in the system?

CMS Response: Once the vaccine report goes live in production, you should send data as the event (*In event-based submissions, submitters are required to provide patient data regarding vaccinations only when a vaccination event occurs.*) happens. For example, patient received a vaccine in 2021 and the patient received another vaccine in September of 2022. Once the vaccination report is live in production facilities only need to send the data for September 2022 because that is the vaccine patient received. Vaccine data already submitted does not need to be resubmitted.

Scenario 3 – Will the vaccine file have historical data or should data be submitted as it is documented in the EHR via the monthly submission process? Again, if there is a break in the vaccine series and the series needs to be started again, should all data be submitted or just the recent newly started series?

CMS Response: As mentioned in the previous response, there is no need to submit historical vaccine data in the new module. The new vaccine module is event-based (*In event-based submissions, submitters are required to provide patient data regarding vaccinations only when a vaccination event occurs.*). When the vaccine report module goes live in production, the plan is to migrate only the latest vaccination data from the clinical submissions for a patient. However, at some point the plan is to migrate all historical vaccination data from clinical submissions for a patient to the vaccine module.

Questions regarding vaccine report schema:

Question 1: The PDF documentation indicates dates should be in the MM/DD/YYYY format. The example XML files use YYYY-MM-DD format. The XSD does not define the format of dates, but YYYY-MM-DD is standard. Which is correct?

CMS Response: The XML is correct, and the date is defined in the global xsd. The pdf has been updated and reposted to the Renal Healthcare HIE For Vendors [webpage](#) in the section called *EQRS Vaccination Reference Documents*.

Question 2: There is no record ID with the submission. How does EQRS match records when a previous vaccination submission must be corrected with an update?

CMS Response: EQRS will match on the date, vaccine type and name. Not including a record ID, allows the vaccination data to be updated by any facility where the patient is admitted which is the way the patient's attributes works.

Follow-up: What about cases where the date is the field that is changed/fixed? Will this result in a duplicate vaccination record in the EQRS system? What about cases where the vaccination date is Unknown? Will these vaccination records overwrite each other?

CMS Response: A new record will be added if the date does not match or if the date is not known. However, these types of updates can be done via the EQRS portal.

Clarifying Questions for Question 2 Referenced Above: This seems to be a big hole – If we understand the response, when a date needs to be corrected there is no way for the electronic submission process to handle this. So, if the date is incorrect and the user makes a correction by entering a new date in the EHR, and we resend with the corrected date, then a new vaccination record is created? So users will have to make any vaccination date corrections manually in the EQRS portal? - **CMS Response:** Yes, this works just like the patient's status does today. Any changes to status dates must be done in the UI.

- We cannot electronically submit corrections to previously submitted vaccination dates? **CMS Response:** See above
- What happens if we submit a date for a vaccination that has been previously submitted by another facility, but the date is different? - **CMS Response:** a new record is created with the new date.

- **Example:** a new patient provides past vaccination history – the facility must monitor patient vaccination status so they enter the patient recently had a pneumonia vaccine so patient tells new facility it was received on 4/5 (from the CMS response question 1 4/26 - the facility would record this since it is medically necessary and therefore we would send this vaccine entry).
- We send the Pneumonia vaccine with date of 4/5, however it was actually administered, and previously submitted by old facility, as received on 4/6. How would this be handled?
- What corrections or additions to previously submitted vaccinations should or can be submitted? – **CMS Response:** all of the other data as outlined in the XSD except date and vaccine.
- How does the approximate date work? Users should have patients guess or estimate an administration date rather than submit unknown? – **CMS Response:** You use approximate date when the patient gives you an approximate date.
- For Hep B we do not have to send what number in the series or number of booster the dose is? **CMS Response:** As outlined in the XSD, the booster / series number is not required.

Question 3: It appears EQRS is only using orgPatientId to identify the patient. For RHA facilities, the orgPatientId changes every time the patient changes facilities. Will EQRS be able to assign the vaccination data to the correct patient record if the data submission is after the patient has transferred out and now has a new orgPatientId?

CMS Response: Yes, the system will match on the date, vaccine type and name which is to how the patient’s attributes functions.

Question 4: For EHRs that use CVX vaccination codes, can EQRS publish a CVX translation? Other vendors may desire other code set translations like NDC, HCPC, etc.

CMS Response: No, CVX codes are not accepted.

Follow-up: This was a request for EQRS to provide us a crosswalk between CVX codes and the EQRS codes we will be submitting in the XML. If EQRS can give us a translation now, we can be sure to send the correct EQRS codes in the XML. The table below contains our initial attempt at a code crosswalk. It would help tremendously with reporting accuracy if EQRS would validate this translation table so we can do the translation correctly.

CMS Response: CVX code crosswalk was not part of the requirements or scope for vaccinations.

EQRS Vaccination Code	CVX
PCV13 - Pneumococcal conjugate vaccine (Pevnar 13)	133
PCV15 - Vaxnuevance (Pevnar 15)	215
PCV20 - Pneumococcal conjugate vaccine (Pevnar 20)	216
PPSV23 - Pneumococcal polysaccharide vaccine (Pneumovax23)	33
FLRIX - Fluarix (IIV4)	140
FLLVL - FluLaval (IIV4)	141

EQRS Vaccination Code	CVX
FLBLK - Flublok (RIV4)	185
FLZN - Fluzone (IIV4)	141
FLZNHD - Fluzone High-Dose Quad (IIV4-HD)	197
FLAQD - Afluria Quad (IIV4)	158
FLAD - Fluad (aIIV3)	168
FLQD - Fluad Quad(aIIV4)	205
FLCLVX - Flucelvax (cclIIV4)	153 or 186
HPLSVB - Hepilisav-B	189
RMCBHB - Recombivax HB	43 or 44
EGRXB - Engerix-B	43

Question 5: Currently we are allowed to send the '>' and '<' symbols with the Hepatitis B Surface Antibody (Anti-HBs) lab results. The documentation for this field in the new report indicates the data is to be integer.

Will the symbols '>' and '<' no longer be accepted?

If not, should the symbols be stripped, and the remaining numeric value be sent even though it is inaccurate?

Or should it be reported that the patient did not receive a test, which is also inaccurate?

CMS Response: We will be reviewing the data in the clinical module in the upcoming iteration and this field will be updated appropriately to accept what is currently submitted.

Question 6: According to the document "Vaccination Data Guide.pdf" this will be part of the Manage Patient module. Do we need to submit a separate file for vaccines now or it will still be a part of the EQRS Clinical HD/PD file submissions?

- If yes, then what about the current logic that is been used for Clinical PD/HD file for submitting vaccinations? Currently, historical data is submitted.
- What sequence should the Hep B series be sent? Should it follow the same format as UF i.e., current month on the top and historical ones at the end?

CMS Response: You will not need to send a new file until the new vaccination module goes live. Once the new module goes live under patient you will not need to submit historical vaccination data. Only send the data when there is a vaccination event. The file format for the new vaccination module is outlined in the XSD and sample files provided on the Renal Healthcare HIE For Vendors [webpage](#). The current clinical file format is not changing at this time. When the new vaccination module under patient goes live, the vaccination section in clinical will be optional for a period of time. This will give the EHR vendor community time to update clinical files to exclude vaccination data.

Question 7: In terms of the medication names and coding, for example for flu – Afluria vs. Flucelvax vs. Fluzone etc, - if we do not administer all of these medications, nor do we document if that medication was given at another facility, but rather it goes another a generic title of “influenza medication”, do we have to code for all the different medications? For example, we only carry 4 brands of the flu vaccination, and then if a patient states they have received another brand elsewhere, it goes into the record as “Received Elsewhere” and the medication name is either “Influenza vaccination” or “Unknown”. Are we required to have mappings for all the medication names you’ve described? Or, for those where it is not in our system, we can default to the medication name, “unknown?” –

CMS Response: Per the xsd, if the vaccine name is not known you would submit the file with the name as unknown. You would only submit the actual name if known.

Question 8: It looks like offeredDateApproximate node is always required for VaccinationNotReceivedType. It doesn’t make sense to submit this info if offered date is marked as NA. Can you please confirm that it’s intentional?

```
<xsd:complexType name="VaccinationNotReceived">
  <xsd:annotation>
    <xsd:documentation>Vaccination Not Received Information.</xsd:documentation>
  </xsd:annotation>
  <xsd:sequence>
    <xsd:element name="reasonId" type="VaccinationNotReceivedReasonType" />
    <xsd:element name="reasonText" type="String500" minOccurs="0" />
    <xsd:element name="offeredDate" type="Date-or-NA" />
    <xsd:element name="offeredDateApproximate" type="xsd:boolean" />
  </xsd:sequence>
</xsd:complexType>
```

Note - receivedDateApproximate element is optional, which makes sense as it shouldn’t be required if received date is NA.

CMS Response: The offeredDateApproximate is only required when a date is entered in offeredDate. The sample file provided to the Renal Healthcare HIE vendor community correctly demonstrates that; however, the xsd was incorrect. We have provided a corrected copy of the updated xsd to the Renal Healthcare HIE community for their use. Here is an example from the updated xsd:

```
<xsd:element name="reasonId" type="VaccinationNotReceivedReasonType" />
<xsd:element name="reasonText" type="String500" minOccurs="0" />
<xsd:element name="offeredDate" type="Date-or-NA" />
<xsd:element name="offeredDateApproximate" type="YesNoStatus" minOccurs="0"/>
```

Questions regarding vaccine report submission process:

Question 1: Will the submission of this separate vaccine report file be done monthly like the clinical HD, VA and PD files? Will it be the same as monthly submissions with historical data? For example, information from submission month and historical data?

CMS Response: In the new module, vaccination data only has to be submitted when an event occurs. For example, if the patient gets another pneumococcal vaccine in December, then you will only need to submit that data one time in December. There will be no need for you to resubmit that data ever again unless the patient receives another vaccine at a later date.

Question 2: Patient gets a hep B series before becoming a chronic dialysis patient. Should the historical hep B series be submitted in this case? For example – patient gets hep B series in Feb 21 and becomes a chronic dialysis patient in Nov 21. Should the Feb 21 series be submitted by the facility where patient starts as a new dialysis patient? Similarly for influenza and pneumococcal vaccines i.e. if patient gets these vaccines before starting as a chronic dialysis patient, should these vaccinations be reported?

CMS Response: This is more of a program question on whether you should track vaccination data prior to dialysis. However, the system will allow you to submit the data.

Question 3: The data guide suggests that vaccination reporting is now event based and should be submitted as soon as possible or monthly basis. Can you please clarify the monthly basis terminology? Does that mean it can be submitted along with the monthly submission? For example – patient receives an influenza vaccine on April 15th, can the vaccination information be submitted in the same timeline as the April month's submission i.e. by the end of June?

CMS Response: Ideally you want to submit vaccination data as soon as possible. However, you can submit vaccine data at any time.

Question 4: Adverse reaction information might not be documented as part of immunization administration workflow in the EMR. Do you have more information about the purpose of these new data fields?

CMS Response: You can indicate whether a serious adverse reaction to the vaccine is unknown if there is no documentation. Serious adverse reactions meet the definition of "serious" specified by the code of federal regulations because one of the following is reported: death, life-threatening illness, hospitalization, permanent disability, congenital anomaly, or birth defect.

Question 5: If we do not have any vaccination events in a month (patient isn't vaccinated, or doesn't report receiving a vaccine elsewhere, or doesn't refuse a vaccine), are we still required to submit anything? Or is it just going to be based on the occurrence of events?

CMS Response: Yes, it is based on the occurrence of events. Therefore, no need to load data unless an event (refusal, administration of a vaccine) has occurred.

Question 6: A patient comes into the dialysis clinic and says during the medication reconciliation "By the way, I got a Flu shot when I was at the doctor's office a couple months ago". Should we attempt to report this? It is unlikely that it would already be reported to the EQRS system since it was done in a physician's office, but the date is unknown and the exact influenza code is unknown.

CMS Response: Do you report this information today? If so, you can do the same in the new vaccination module. With the new vaccination module you can indicate that the date and vaccine name is unknown.