



COVID-19 HHS Reporting Requirements and Health Intake

The Department of Health and Human Services (HHS) and the Center for Disease Control (CDC) have reporting requirements for COVID-19. It is clear from the literature that "every effort should be made" to collect this information, including utilizing other resources, as appropriate. As the provider network, it is our clinical obligation to collect information to help understand and combat the pandemic, including collecting these specific data points. Like content and eligibility, we have been transparent to the best of our ability that reporting requirements may change and they may do so again in the future, so we appreciate our partners' flexibility as the pandemic evolves.

Therefore, the following information is required for anyone undergoing testing for SARS-CoV-2. These requirements are in addition to any information already being collected by eligibility questionnaires.

HHS Required Information

1. Is this your first COVID-19 test (of any kind)?
 - a. Yes, No, Unknown
 - b. If no, what type of test was the most recent prior test, and what was the result?
 - a. Molecular
 - i. Detected
 - ii. Not Detected
 - iii. Unknown
 - b. Antigen
 - i. Detected
 - ii. Not Detected
 - iii. Unknown
 - c. Antibody
 - i. Detected
 - ii. Not Detected
 - iii. Unknown
 - d. Unknown
 - c. If no, what was the date of your most recent prior test (date when test was performed)? mm/dd/yyyy
2. Are you employed in a healthcare setting with direct patient contact?
 - a. Yes, No, Unknown
3. Do you have COVID-19 symptoms (fever, cough, shortness of breath, etc.)?
 - a. Yes, No, Unknown
 - b. If yes, what was the date that your symptoms started? mm/dd/yyyy

- c. If yes, which of the following symptoms are you experiencing?
 - i. Fever over 100.4F
 - ii. Feeling feverish
 - iii. Chills
 - iv. Cough
 - v. Shortness of breath
 - vi. Difficulty breathing
 - vii. Fatigue
 - viii. Muscle or body aches
 - ix. Headache
 - x. New loss of taste
 - xi. New loss of smell
 - xii. Sore throat
 - xiii. Nasal congestion
 - xiv. Runny nose
 - xv. Nausea
 - xvi. Vomiting
 - xvii. Diarrhea
- 4. Are you currently in the ICU?
 - a. Yes, No, Unknown
- 5. Do you live or work in a congregate setting (*including nursing homes, residential care for people with intellectual and developmental disabilities, psychiatric treatment facilities, group homes, board and care homes, homeless shelter, foster care or other setting*)?
 - a. Yes, No, Unknown
 - b. If yes, which of the following settings?
 - i. Hospital
 - ii. Hospitalship
 - iii. Long term care hospital
 - iv. Secure hospital
 - v. Nursing home
 - vi. Retirement home
 - vii. Orphanage
 - viii. Prison-based care site
 - ix. Substance abuse treatment center
 - x. Boarding house
 - xi. Military accommodation
 - xii. Hospice
 - xiii. Hostel
 - xiv. Sheltered housing
 - xv. Penal institution
 - xvi. Religious institutional residence
 - xvii. Work (environment)

6. Are you pregnant?
 - a. Yes, No, Unknown
7. What is your race?
8. What is your ethnicity?

Additional Health Information

1. Are you experiencing any of the following severe symptoms of COVID-19?
 - a. Fever of greater than 102°F or a high fever that has lasted longer than 48 hours
 - b. Severe coughing spells or coughing up blood
 - c. Unable to speak in full sentences or do simple activities without feeling short of breath
 - d. Severe and constant pain or pressure in the chest
 - e. Feeling confused
 - f. Slurred speech or seizures
 - g. Having difficulty waking up or staying awake
 - h. Feeling very tired or lethargic
 - i. Dizziness, lightheadedness, or feeling too weak to stand
 - j. Pale, gray, or blue-colored skin, lips, or nail beds
 - k. Feeling like you can't stay at home because you feel seriously ill
 - i. If you are experiencing severe symptoms, please seek immediate medical care instead of ordering this test
2. Have you received a COVID-19 vaccination?
 - a. Yes
 - b. No

The Product Overview and Technical Implementation Guideline documents have been updated to include the relevant payload, API and tech specifications outlining how to capture and pass this information to PWN. Please see the corresponding document for the program each partner is executing.

If you have any questions, please view the COVID-19 Pandemic Response, Laboratory Data Reporting: CARES Act Section 18115 here:

<https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>