

Report in Brief

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL



Why OIG Did This Audit

The United States currently faces a nationwide public health emergency because of the COVID-19 pandemic. Federal regulations, effective May 8, 2020, required nursing homes to report COVID-19 information, such as the number of confirmed COVID-19 cases among residents, at least weekly to the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network. Each week, CDC aggregates the reported information and sends the data to the Centers for Medicare & Medicaid Services (CMS) for posting to the CMS website. These data are used to assist with national surveillance of COVID-19 in nursing homes and to support actions to protect the health and safety of nursing home residents.

Our objective was to determine whether CMS's COVID-19 data for nursing homes were complete and accurate.

How OIG Did This Audit

Our audit covered CMS's COVID-19 data for 15,388 nursing homes that reported data to CMS for the 4-week period from June 22 through July 19, 2020. We interviewed CMS officials to understand the reporting process for COVID-19 data, reviewed CMS's COVID-19 data and quality assurance process, selected a statistical sample of 120 nursing homes and sent questionnaires to each sampled nursing home, and sent questionnaires to State health departments in 50 States and the District of Columbia.

CMS's COVID-19 Data Included Required Information From the Vast Majority of Nursing Homes, but CMS Could Take Actions To Improve Completeness and Accuracy of the Data

What OIG Found

CMS's COVID-19 data for nursing homes included the required data from the vast majority of nursing homes (e.g., the number of confirmed COVID-19 cases among residents); however, the data were not complete or accurate for some nursing homes. Specifically, for 775 of the 15,388 nursing homes (about 5 percent), CMS's COVID-19 data: (1) did not include all of the COVID-19 data that nursing homes were required to report and (2) were not complete or accurate after CMS had performed its quality assurance checks (e.g., the number of confirmed COVID-19 cases among residents may have been under- or overreported). These conditions occurred because, in part, CMS's quality assurance checks were not always effective in ensuring the accuracy and completeness of the COVID-19 data for nursing homes.

In addition, we identified two areas in which CMS could take additional actions to help ensure that its COVID-19 data are complete and accurate. First, CMS could provide technical assistance to all nursing homes that fail its quality assurance checks. Second, CMS could make additional efforts to ensure that: (1) CMS's and States' COVID-19 data elements (e.g., confirmed COVID-19 cases among residents) are comparable (i.e., CMS and States could use the same data elements) and (2) the reported data are not substantially different.

When CMS's COVID-19 data are complete and accurate, Federal and State officials and other stakeholders may be able to more effectively monitor trends in infection rates and develop public health policies when making decisions about how to ensure the health and safety of nursing home residents and staff.

What OIG Recommends and CMS Comments

We recommend that CMS assess the costs and benefits of implementing the six recommendations listed in our report (e.g., our recommendations that it revise its quality assurance checks and contact nursing homes that fail quality assurance checks to verify the accuracy of reported data or to correct inaccurate data), and if CMS determines that the benefits outweigh the costs, take action to implement the recommendations.

CMS concurred with three of our recommendations but did not concur with the other three recommendations. After reviewing CMS's comments, we maintain that our recommendations are valid.